

Teachers/Care Providers in Center-based Care: About Yourself

Prepared for the U.S. Department of Education

National Center for Education Statistics by:

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Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

LABEL

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 **1850-0750**. Approval expires **03/31/2012**. The time required to complete this information collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

Dear Caregiver/Teacher,

This questionnaire is part of an important long-term study of children's early education starting with kindergarten and going through to the fifth grade. We have sent it to you because one or more of the children you watch after or teach are in this study.

The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011), is getting information from before- and after-school child care providers and teachers of children who are in the study to understand how what children do early in life relates to how they grow and learn later.

This questionnaire takes about 8 minutes to finish. The information that you give us is being gathered for research purposes only and will be protected from disclosure to the fullest extent allowable by law. We will not tell parents any information you give us or report information about individual caregivers, teachers, children, or programs. What you tell us will be put together with information from other questionnaires for research and statistical reports. Taking part in the study is completely voluntary. You may stop at any time or choose not to answer a question you do not want to answer.

Please put your answers directly on the questionnaire by marking the boxes or writing your answers in the spaces given. Your best guesses are okay as answers.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO WRITE ON THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly. Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



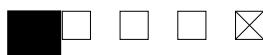
Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write numbers like this:

1 2 3 4 5 6 7 8 9

0

Write words like this:

John Smith

CAREGIVER/TEACHER BACKGROUND

In this section we ask you about your background and beliefs about teaching and caring for children.

1. Are you male or female?

- Male
- Female

2. In what month and year were you born?

Source: BK010

MONTH		YEAR	

3. Are you Hispanic/Latino?

- Yes
- No

4. Which best describes your race? MARK ALL THAT APPLY.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. **What is the highest level of school you have completed? MARK ONE**

<input type="checkbox"/> No formal schooling	<input type="checkbox"/> High school equivalent/GED
<input type="checkbox"/> 1st grade	<input type="checkbox"/> High school diploma
<input type="checkbox"/> 2nd grade	<input type="checkbox"/> Vocational/technical program after high school, but no vocational/technical diploma
<input type="checkbox"/> 3rd grade	<input type="checkbox"/> Vocational/technical program after high school with a vocational/technical diploma
<input type="checkbox"/> 4th grade	<input type="checkbox"/> Some college, but no degree
<input type="checkbox"/> 5th grade	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> 6th grade	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> 7th grade	<input type="checkbox"/> Graduate or professional School, but no degree
<input type="checkbox"/> 8th grade	<input type="checkbox"/> Master's degree (MA, MS)
<input type="checkbox"/> 9th grade	<input type="checkbox"/> Doctorate degree (PhD, EDD)
<input type="checkbox"/> 10th grade	<input type="checkbox"/> Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)
<input type="checkbox"/> 11th grade	
<input type="checkbox"/> 12th grade but no diploma	

6. **Do you have a Child Development Associate (CDA) credential or some other type of credential related to the care of children?**

NOTE: A Child Development Associate (CDA) credential is earned after finishing courses and training in child development set by the National Council for Early Childhood Professional Recognition. A person getting this credential has shown his/her skill in working with young children and their families in six competency standard areas and has finished the required documentation. Also, a person who wants to get the CDA must have finished at least 120 hours of education in the field of early childhood and have 480 recorded hours of working directly with young children.

Yes
 No (**SKIP TO BOX ABOVE 9**)

7. **Which credential do you have?**

Child Development Associate (CDA)
 State credential
 Other (SPECIFY)

8. Are you currently working on a Child Development Associate (CDA) credential?

Yes
 No

IF YOU WENT TO SCHOOL AFTER HIGH SCHOOL, CONTINUE WITH 9.

OTHERWISE SKIP TO 10.

9. Do you have a college degree in early childhood education or a related field (other than a Child Development Associate (CDA) credential)?

NOTE: Related fields include nursing, child development, psychology, elementary education, social work, speech pathology, or special education.

Yes
 No

10. Have you taken part in a course or training to meet licensing, certification, or degree requirements in the last 12 months?

Yes
 No

11. Have you taken part in any other types of professional development activities in the last 12 months (including workshops, mentoring, coaching, consultation, provider/teacher reflection groups, etc.)?

Yes
 No

12. Which of the following subjects were talked about in your course, training, or activity?

MARK ALL THAT APPLY.

<input type="checkbox"/> Improving child care quality	<input type="checkbox"/> School readiness
<input type="checkbox"/> Social or emotional development	<input type="checkbox"/> Art/Music
<input type="checkbox"/> Cognitive development (e.g., how children think, learn, reason, and solve problems), math, or science	<input type="checkbox"/> Guidance/discipline
<input type="checkbox"/> Language or literacy development	<input type="checkbox"/> Working with parents
<input type="checkbox"/> Gross or Fine Motor development	<input type="checkbox"/> Health/safety
<input type="checkbox"/> Brain development	<input type="checkbox"/> Managing program/business
<input type="checkbox"/> Child development overall	<input type="checkbox"/> Use of curriculum
	<input type="checkbox"/> Care of the teacher/care provider (e.g., stress management)
	<input type="checkbox"/> Other (Specify)

13. What is your primary language? (What language do you speak the most in general, not just while you are caring for children?)

NOTE: If your primary language is not listed below, please write it in under "some other language."

<input type="checkbox"/> English	<input type="checkbox"/> Italian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Japanese
<input type="checkbox"/> Chinese language/dialect	<input type="checkbox"/> Korean
<input type="checkbox"/> Farsi	<input type="checkbox"/> Polish
<input type="checkbox"/> Filipino language	<input type="checkbox"/> Portuguese
<input type="checkbox"/> French	<input type="checkbox"/> Spanish
<input type="checkbox"/> German	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Greek	<input type="checkbox"/> Some other language (Specify)
<input type="checkbox"/> Hmong	

14. Not counting raising your own children, how long have you been watching after children or working in the early education field? Please give your best estimate in years and months. PLEASE ANSWER FOR BOTH YEARS AND MONTHS.

NOTE: If it is less than one month, please write “1” for months.

Source: BK120

1.

AND

1. **What is the primary purpose of the study?**

Number
of
years

Number of months

15. How many children do you currently watch after or teach? Please include all children who you watch after or teach on an average day, in all classes or groups. If you provide care for a child both before- and after-school, please count that child only once.

Source: NEW

1.

Number of children

16. How are children grouped for activities during the time they are in your care?

MARK ALL THAT APPLY

- Age
- Interest
- Activity
- Gender
- Skill ability or developmental level
- Depends on activity
- Kids choose own groups
- Randomly assigned
- Parents decide
- All together/only one group
- (Other Specify)

1. **What is the primary purpose of the study?**

17. To what extent do you agree or disagree with each of the following statements on providing child care or teaching?
 MARK ONE RESPONSE ON EACH ROW.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I really enjoy my present child care/teaching position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I watch after/teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose teaching or child care again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. To what extent do you agree or disagree with the following statements?

MARK ONE RESPONSE ON EACH ROW

Source: CB025

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I teach children that misbehavior or breaking the rules will always be punished one way or another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I do not allow children to get angry with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am easygoing and relaxed with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are times I just don't have the energy to make children behave as they should.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have little or no difficulty sticking with my rules for children even when parents or close relatives are there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date questionnaire completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR

PLEASE GO TO THE CAREGIVER/TEACHER QUESTIONNAIRE FOR INDIVIDUAL CHILDREN.

THANK YOU FOR YOUR COOPERATION.