OMB No.:

Expiration Date: xx/xx/20xx

Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT): Caregiver Questionnaire

Draft

*August 24, 2011*

|  |
| --- |
| According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this collection of information is estimated to average 15 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [ADD ADDRESS HERE] and reference the OMB Control Number xxxx-xxxx. Note: Please do not return the completed questionnaire to this address. |

|  |
| --- |
| **ABOUT THIS QUESTIONNAIRE** |
| **This questionnaire is an important part of a larger study supported under a contract from the U.S. Department of Health and Human Services, Administration for Children and Families. The overall purpose of the Quality of Caregiver-Child Interactions for Infant and Toddlers (Q-CCIIT) project is to understand the ways caregivers interact with infants and toddlers in center-based and family child care. Participation in this project is voluntary.**  **This form requests information about your background and experience. The information will be used for research purposes only and will be kept confidential to the extent allowed by law. Your answers to these questions will not be shared with your employer. Your name will not be attached to any information you give us.**  **Most of the questions can be answered by marking an “X” in the box. For a few questions you will be asked to write in a response.**  1 □ 2 □ 3 □  **Thank you very much for your help.** |

**A. YOUR CHILD CARE SETTING & CLASSROOM**

A1. Which type of child care setting are you currently working in?

**MARK ONE ONLY**

1 □ Early Head Start

2 □ A State Child Care program

3 □ A child care center, preschool or nursery school (other than Early Head Start or a State Child Care program)

4 □ A Family Child Care (FCC) business

A2. In your setting, who makes most of the decisions about the day-to-day instructional plans for children, such as the calendar or sequence of activities?

**MARK ONE ONLY**

1 □ Program/company administrators

2 □ Individual center directors/managers

3 □ Content area specialists/coordinators

4 □ Individual teachers

5 □ Parents

6 □ Someone else *(Please specify)*

A3. How many children enrolled in your classroom are . . .

|  |  |
| --- | --- |
|  | **CHILDREN** |
| a. Younger than 1 year old (under 12 months)? | | | | |
| b. 1 year old (younger than 2 years old, 12-23 months)? | | | | |
| c. 2 years old (younger than 3 years old, 24-35 months)? | | | | |
| d. 3 years old (younger than 4 years old, 36-47 months)? | | | | |
| e. 4 years old (younger than 5 years old, 48-59 months)? | | | | |
| f. 5 years old and older (60 months or older)? | | | | |
| **TOTAL NUMBER OF CHILDREN IN CLASSROOM** | | | | |

A4. How many families of children in your classroom speak . . .

|  |  |
| --- | --- |
|  | **FAMILIES** |
| a. English only? | | | | |
| b. Spanish only? | | | | |
| c. English and another language? | | | | |
| d. Only another language (not English or Spanish)? | | | | |
| **TOTAL NUMBER OF FAMILIES IN CLASSROOM** | | | | |

A5. What language(s) do you speak in the classroom?

**MARK ALL THAT APPLY**

1 □ English

2 □ Spanish

3 □ Other *(Please specify)*

A6. How many children in your classroom have an Individual Family Service Plan (IFSP)? These are written documents that describe plans and goals for the child and the services he or she should receive.

| | | number of students with ifsp

B1. How many hours a year do you attend staff trainings?

**B. STAFF DEVELOPMENT**

| | | | hours

B2. How often do you have one-on-one supervision meetings or group supervision meetings?

**MARK ONE ONLY**

0 □ Never

1 □ Once a year

2 □ A few times a year

3 □ Every 2 months

4 □ Once a month

5 □ Twice a month

6 □ Once a week

7 □ More than once a week

8 □ N/A

B3. Is there someone who mentors you in your classroom, that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training?

1 □ Yes

0 □ No

B4. Are you a member of a professional support network such as the Family Day Care Professional Association or the National Association for the Education of Young Children (NAEYC)?

1 □ Yes

0 □ No **GO TO B6**

B5. If yes, do you meet on a regular basis with other caregivers as part of a support network?

1 □ Yes

0 □ No

B6. Does your child care setting provide you with any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MARK ONE PER ROW** | | |
|  | **YES** | **NO** | **DON’T KNOW** |
| a. Tuition reimbursement for relevant college courses | 1 □ | 0 □ | d □ |
| b. Reimbursement for workshop fees or other costs for outside training | 1 □ | 0 □ | d □ |
| c. Time during work hours for staff development activities such as attending courses or workshops | 1 □ | 0 □ | d □ |

**C COMMUNICATION WITH PARENTS**

C1. There are many different ways that program staff can share information and let parents know about important meetings or events. Do you use any of the following to communicate with parents?

|  |  |  |
| --- | --- | --- |
|  | **MARK ONE PER ROW** | |
|  | **YES** | **NO** |
| a. Newsletters | 1 □ | 0 □ |
| b. Daily logs | 1 □ | 0 □ |
| c. Personal/individualized notes | 1 □ | 0 □ |
| d. Email/internet/website | 1 □ | 0 □ |
| e. Flyers | 1 □ | 0 □ |
| f. Posted notices | 1 □ | 0 □ |
| g. Word of mouth | 1 □ | 0 □ |
| h. Other *(Please specify)* | 1 □ | 0 □ |

C2. How often do you talk to parents about how their children are doing on a formal or informal basis?

**MARK ONE ONLY**

0 □ Never

1 □ Only at parent-teacher conferences

2 □ Every 2 or 3 months

3 □ Once or twice a month

4 □ Once or twice a week

5 □ Daily

C3. How often do you hold formal parent-teacher conferences with parents about individual children?

**MARK ONE ONLY**

0 □ Never

1 □ Once a year

2 □ Twice a year

3 □ 3 times a year

4 □ 4 or more time a year

**D. EMPLOYMENT**

D1. Are you currently working at your child care setting full or part-time?

**MARK ONE ONLY**

1 □ Full time

0 □ Part time

D2. Counting this school year, how many years have you worked in your current child care setting?

| | | years

D3. Counting this school year, how many years have you worked in your current classroom?

| | | years

D4. How likely are you to continue working in any child care setting next year?

**MARK ONE ONLY**

1 □ Very unlikely

2 □ Somewhat unlikely

3 □ Somewhat likely

4 □ Very likely

D5. Are you a parent?

1 □ Yes

0 □ No **GO TO D8, PAGE 6**

D6. If yes, have any of your children been enrolled in the child care setting where you are employed?

1 □ Yes

0 □ No **GO TO D8, PAGE 6**

D7. If yes, are any of your children currently in your classroom?

1 □ Yes

0 □ No

D8. What is your annual income from this child care setting? Is it . . .

**MARK ONE ONLY**

1 □ Less than $15,000

2 □ $15,000 to $24,999

3 □ $25,000 to $49,999

4 □ $50,000 to $74,999

5 □ $75,000 to 150,000

6 □ $150,000 or more

D9. As part of your employment does your child care setting offer any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **MARK ONE PER ROW** | | |
|  | **YES** | **NO** | **DON’T KNOW** |
| a. Retirement/pension plan | 1 □ | 0 □ | d □ |
| b. Life insurance | 1 □ | 0 □ | d □ |
| c. Paid maternity leave | 1 □ | 0 □ | d □ |
| d. Paid health insurance | 1 □ | 0 □ | d □ |
| e. Dental insurance | 1 □ | 0 □ | d □ |
| f. Paid sick leave | 1 □ | 0 □ | d □ |
| g. Paid holidays | 1 □ | 0 □ | d □ |
| h. Paid vacations | 1 □ | 0 □ | d □ |
| i. Free or reduced child care for your own child(ren) | 1 □ | 0 □ | d □ |
| j. Anything else? (*Please specify*) | 1 □ | 0 □ | d □ |

**E. EDUCATION AND EXPERIENCE**

E1. What is the highest level of education you have completed?

**MARK ONE ONLY**

1 □ High school diploma or GED

2 □ Associate’s degree

3 □ Bachelor’s degree

4 □ Master’s degree

5 □ Education specialist or professional diploma based on at least one year of course work past a Master’s degree level

6 □ Doctorate

7 □ Other (*Please specify)*

E2. In what field did you obtain your highest degree?

**MARK ONE ONLY**

1 □ Child development or developmental psychology

2 □ Early childhood education

3 □ Elementary education

4 □ Special education

5 □ Other (*Please specify)*

E3. How many college courses have you completed in the following areas?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **MARK ONE PER ROW** | | | | | | |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6 or more** |
| a. Early childhood education | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| b. Elementary education | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| c. Special education | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| d. English as a second language (ESL) | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| e. Child development | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| f. Infant development | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| g. Methods of teaching reading | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| h. Methods of teaching mathematics | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| i. Methods of teaching science | 0 □ | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |

E4. Do you currently hold a Child Development Associate (CDA) credential?

1 □ Yes

0 □ No

E5. Including this year, how many years have you worked with infants and/or toddlers?

| | | years

**F. DEMOGRAPHIC INFORMATION**

**F1. Are you…**

1 □ Male

2 □ Female

F2. In what year were you born?

| | | | | year

**F3. What is your first language?**

**MARK ONE ONLY**

1 □ English

2 □ Spanish

3 □ Other (SPECIFY)

**F4. Please indicate any other languages you speak fluently.**

**MARK ONE ONLY**

1 □ English

2 □ Spanish

3 □ Other (SPECIFY)

**F5. Are you of Spanish, Hispanic or Latino origin?**

1 □ Yes

0 □ No

**F6. What is your race?**

**SELECT ONE OR MORE**

1 □ White

2 □ Black or African-American

3 □ Asian

4 □ American Indian or Alaskan Native

5 □ Native Hawaiian or other Pacific Islander

F7. How often during the past week have you felt ...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **MARK ONE PER ROW** | | | |
|  | **RARELY OR NEVER** | **SOME OR A LITTLE OF THE TIME** | **OCCASIONALLY OR A MODERATE AMOUNT OF TIME** | **MOST OR ALL OF THE TIME** |
| a. Bothered by things that usually don’t bother you | 1 □ | 2 □ | 3 □ | 4 □ |
| b. You did not feel like eating; your appetite was poor | 1 □ | 2 □ | 3 □ | 4 □ |
| c. That you could not shake off the blues, even with help from family and friends | 1 □ | 2 □ | 3 □ | 4 □ |
| d. You had trouble keeping your mind on what you were doing | 1 □ | 2 □ | 3 □ | 4 □ |
| e. Depressed | 1 □ | 2 □ | 3 □ | 4 □ |
| f. That everything you did was an effort | 1 □ | 2 □ | 3 □ | 4 □ |
| g. Fearful | 1 □ | 2 □ | 3 □ | 4 □ |
| h. Your sleep was restless | 1 □ | 2 □ | 3 □ | 4 □ |
| i. You talked less than usual | 1 □ | 2 □ | 3 □ | 4 □ |
| j. Lonely | 1 □ | 2 □ | 3 □ | 4 □ |
| k. Sad | 1 □ | 2 □ | 3 □ | 4 □ |
| l. You could not get going | 1 □ | 2 □ | 3 □ | 4 □ |

**Thank you for taking the time to complete this survey.**