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MATHEMATICA
Policy Research

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

October 25, 2011

AFFIX LABEL HERE

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Amy Madigan at 202-401-5143 or Amy.Madigan@acl.hhs.gov and reference the OMB Control Number 0970-0392.

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-CCIT) 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 child-care setting and 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. Please note that pages are double-sided, and please complete the entire 9 pages of the questionnaire, but you may skip any question you do not wish to answer.

Most of the questions can be answered by marking an "X" in the box. For a few questions you may be asked to write in a response.

1 2 3

Thank you very much for your help.

A1. Please record today's date:

|_|_|/|_|_|/|2|0|_|_|

A2. How many hours a year do you attend staff trainings?

|_|_|_| HOURS

A3. 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
- n/a Not applicable

A4. 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

A5. 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 A7**

A6. If yes, do you meet on a regular basis with other caregivers as part of a support network?

- 1 Yes
- 0 No

A7. 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 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Reimbursement for workshop fees or other costs for outside training....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Time during work hours for staff development activities such as attending courses or workshops.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

B1. There are many different ways that program staff can share information with parents. Do you use any of the following to communicate with parents?

MARK ONE PER ROW

	YES	NO
a. Newsletters.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Daily logs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Personal/individualized notes.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Email/internet/website.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Flyers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Posted notices.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Word of mouth.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Other (<i>Please specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

B2. 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

B3. 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

C1. Are you currently working at your child care setting full or part-time?

MARK ONE ONLY

- 1 Full time
0 Part time

C2. Counting this school year, how many years have you worked in your current child care setting?

|_|_| YEARS

C3. Counting this school year, how many years have you worked in your current classroom?

|_|_| YEARS

C4. 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

C5. Please indicate your role(s) at this child care setting.

MARK ALL THAT APPLY

- 1 Owner
2 Director
3 Lead Teacher
4 Assistant Teacher
5 Teacher
6 Administrative Assistant
7 Other role (*please specify*) _____

C6. Are you a parent?

- 1 Yes
0 No **GO TO C9, PAGE 4**

C7. If yes, have any of your children been enrolled in the child care setting where you are employed?

- 1 Yes
0 No **GO TO C9, PAGE 4**

C8. If yes, are any of your children currently in your classroom?

- 1 Yes
0 No

C9. 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

C10. As part of your employment does your child care setting offer any of the following benefits?

MARK ONE PER ROW

	YES	NO	DON'T KNOW
a. Retirement/pension plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Life insurance.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Paid maternity leave.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Paid health insurance.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Dental insurance.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Paid sick leave.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Paid holidays.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Paid vacations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Free or reduced child care for your own child(ren).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Anything else? (<i>please specify</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

D1. 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*) _____

D2. 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*) _____

D3. 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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Elementary education.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Special education.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. English as a second language (ESL) . .	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Child development.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Infant development.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Methods of teaching reading.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Methods of teaching mathematics.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Methods of teaching science.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

D4. Do you currently hold a Child Development Associate (CDA) credential?

- 1 Yes
- 0 No

D5. Including this year, how many years have you worked with infants and/or toddlers?

|_|_| YEARS

E1. Are you...

- 1 Female
- 2 Male

E2. In what year were you born?

|_|_|_| YEAR

E3. What is your first language?

MARK ONE ONLY

- 1 English
- 2 Spanish
- 3 Other (*please specify*) _____

E4. Please indicate any other languages you speak fluently.

MARK ONE ONLY

- 1 English
- 2 Spanish
- 3 Other (*please specify*) _____

E5. Are you of Spanish, Hispanic or Latino origin?

- 1 Yes
- 0 No

E6. 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

E7. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. You did not feel like eating; your appetite was poor.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. That you could not shake off the blues, even with help from family and friends.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Depressed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. That everything you did was an effort.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Fearful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Your sleep was restless.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. You talked less than usual.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Lonely.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Sad.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. You could not get going.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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F. YOUR CHILD CARE SETTING & CLASSROOM

**F1. 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

**F2. 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*) _____

F3. During our observation, how many of the children in your classroom were . . .

	CHILDREN
a. Male?.....	_ _
b. Female?.....	_ _
TOTAL NUMBER OF CHILDREN IN CLASSROOM	_ _

F4. Among the children present during our observation, how many families 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	_ _

F5. What language(s) are spoken by teachers and caregivers in your classroom?

SELECT ONE OR MORE

- 1 English
- 2 Spanish
- 3 Other (*please specify*) _____

F6. Among the children present during our observation, how many of the children 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

F7. Which best describes how the workload is shared among caregivers in this classroom ...

MARK ONLY ONE

- 1 You are the only caregiver in the room,
- 1 Caregivers share responsibility equally for all children,
- 2 Individual caregivers are assigned primary responsibility for small groups of children,
- 3 A lead caregiver is primarily responsible for the children while the assistant supports the lead caregiver, or
- 4 Some other arrangement? (*please specify*) _____

F8. Are there any caregivers who work in your classroom part-time?

- 1 Yes
- 0 No → Thank you, you are finished with the questionnaire

F9. Is information about the children's daily activities shared with part-time caregivers each day?

- 1 Yes
- 0 No → Thank you, you are finished with the questionnaire

F10. How is the information about the children's daily activities shared with part-time caregivers?

SELECT ONE OR MORE

- 1 Verbally
- 2 In written form
- 3 Another method (*please specify*) _____

Thank you for your participation. If you have any questions about this questionnaire or the Q-CCIIT project, please call the survey director, Shannon Monahan, at (609) 275-2207.

Please return this questionnaire in the envelope provided. If you no longer have the envelope, please mail this questionnaire to:

**Mathematica Policy Research
Attn: Receipt Control – Project 06861
P.O. Box 2393
Princeton, NJ 08543-2393**