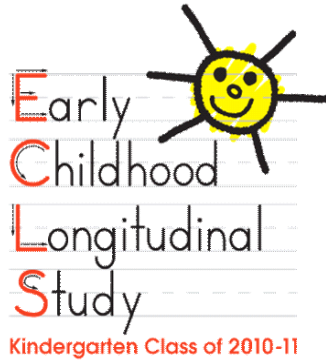




51156



# Care Providers in Home Based Care: Your Program and You

Prepared for the U.S. Department of Education  
National Center for Education Statistics by:

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

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 05/31/2013. 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. 20202-4537. 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.



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Dear Care Provider,

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 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 and has questions about your relationship with the children in your program, their development, and your background and beliefs about teaching and caring for children. 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.**



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**MARKING DIRECTIONS**

**PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO COMPLETE 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.

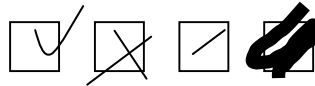
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



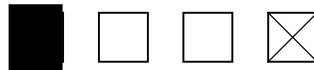
**Incorrect Marks:**

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:**

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 one number per box like this:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Write words like this:

John Smith
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### BEFORE- OR AFTER-SCHOOL CARE SETTING

These questions are about your wrap-around care program or setting. By wrap-around care we mean regularly scheduled care by someone other than the children's parents for at least 5 hours per week, during the hours before and/or after school.

1. The following statements describe some of the purposes of school-age child care. Do you provide care for any of the following reasons?

MARK YES OR NO ON EACH ROW. IN THE THIRD COLUMN, PLACE ONE CHECK TO SHOW THE MOST IMPORTANT PURPOSE.

	Yes	No	Which of these purposes is your most important purpose?
a. To provide adult supervision and a safe environment for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To provide recreational activities for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To improve academic skills of all children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To provide cultural and/or enrichment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To provide remedial help to children who are having difficulty in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. To provide a flexible, relaxed, home-like environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Where do you watch after children? MARK ALL THAT APPLY.

- The child/children's home
- Your home
- Another home
- Some other place (Please specify)



**IF YOU PROVIDE CHILD CARE ONLY IN THE CHILD'S OWN HOME, GO TO 5.  
OTHERWISE, CONTINUE WITH 3.**

**3. Do you serve meals or snacks to children when you watch after them?**

Yes

No (SKIP TO 5)

**4. Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program (CACFP) or the Child Care Food Program for any meals and snacks you serve?**

**NOTE: The U.S. Department of Agriculture's Child and Adult Care Food Program reimburses or pays back the cost of meals for centers and day care homes that take part in the program. Also, food (commodities) or cash is sometimes given. Providers must sign an agreement with a sponsoring organization to participate. The sponsoring organization organizes training, checks on the program, and helps with planning menus and filling out reimbursement forms.**

Yes

No

**5. Do you watch after more than one child at the same time?**

Yes

No (SKIP TO 12)

**6. Do kindergarten children in your care setting come during the same hours as older children?**

Yes

No

I do not watch after older children



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7. Are there any pre-kindergarten children cared for along with the older children in your care setting?

**NOTE: By "pre-kindergarten" we mean children ages 3 to 5 not yet enrolled in kindergarten.**

Yes

No

8. Do you follow a written curriculum when planning before- and/or after-school activities for the children?

Yes

No (SKIP TO 10)

9. Have you received training on the use of these curricula?

Yes

No

10. Do you plan individualized activities for specific children?

Yes

No



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11. **School-age child care programs or settings sometimes serve specific groups of children. Indicate whether or not most of the children you care for have the following characteristics.**

**MARK YES OR NO FOR EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Both parents or the child's only parent works	<input type="checkbox"/>	<input type="checkbox"/>
b. From low-income families	<input type="checkbox"/>	<input type="checkbox"/>
c. From a certain religious group	<input type="checkbox"/>	<input type="checkbox"/>
d. Special needs	<input type="checkbox"/>	<input type="checkbox"/>
e. From migrant families	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-English-speaking	<input type="checkbox"/>	<input type="checkbox"/>
g. Homeless	<input type="checkbox"/>	<input type="checkbox"/>



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12. What is the average fee for a 5-year-old child whom you watch after full-time and whose parents pay in full?

NOTE: By full-time, we mean that a 5-year-old child is enrolled for all days each week that you would watch after kindergartners.

WRITE AMOUNT (in dollars and cents) AND MARK ONLY ONE BELOW.

\$											
----	--	--	--	--	--	--	--	--	--	--	--

- A day
- A week
- A month
- A year
- Other (Specify)

--

No fee

13. Do you help parents link to subsidies or give parents information about payment assistance for before- or after-school care that they may qualify for?

- Yes
- No

14. Do you offer care... (MARK YES OR NO FOR EACH ROW.)

	<u>Yes</u>	<u>No</u>
After 8 PM?	<input type="checkbox"/>	<input type="checkbox"/>
Overnight?	<input type="checkbox"/>	<input type="checkbox"/>
On the weekends?	<input type="checkbox"/>	<input type="checkbox"/>





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## CAREGIVER BACKGROUND

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

15. **Are you male or female?**

Male

Female

16. **In what month and year were you born?**

--	--

MONTH

--	--	--	--

YEAR

17. **Are you Hispanic/Latino?**

Yes

No

18. **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



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

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

20. 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 22)

21. Which credential do you have?

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



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

Yes

No

IF YOU WENT TO SCHOOL AFTER HIGH SCHOOL, CONTINUE WITH 23.

OTHERWISE SKIP TO 24.

23. 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

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

Yes

No



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

- Yes
- No

**IF YOU SAID “NO” TO BOTH 24 AND 25, PLEASE SKIP TO 27.**

**OTHERWISE CONTINUE WITH 26.**

**26. 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 care provider (e.g., stress management) |
|  | <input type="checkbox"/> Other (Specify)                                     |



27. 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 check "Some other language" and write name of language in box.

- |   |  |
|---|--|
| <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                    | <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: 100px;"></div> |

28. 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.

<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div>	AND	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div>
Number of years		Number of months

29. To what extent do you agree or disagree with each of the following statements on providing child care?

MARK ONE RESPONSE ON EACH ROW.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I really enjoy my present child care 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose child care again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

MARK ONE RESPONSE ON EACH ROW.

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neither agree nor disagree</u>	<u>Disagree</u>	<u>Strongly disagree</u>
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"/>

**IF YOU WATCH AFTER A CHILD ONLY IN THE CHILD'S OWN HOME, GO TO 38.**

**OTHERWISE, CONTINUE WITH 31.**



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31. Does the state or community require a license to provide child care?

Yes

No

Don't know

32. Do you have any kind of state or community license for providing child care?

Yes

No (GO TO 36)

Don't know (GO TO 36)

33. How many 0- to 3-year-old children are you licensed to care for at one time?

**NOTE: If none, write "0."**

Number of 0- to 3-year-old children

34. How many 4- year-old children are you licensed to care for at one time?

**NOTE: If none, write "0."**

Number of 4-year old children



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35. How many 5-year-old children are you licensed to care for at one time?

NOTE: If none, write "0."

--	--

 Number of 5-year old children

36. Are you a member of a group that organizes family child care in your area?

Yes

No

37. Do you coordinate services for children with schools or other organizations?

NOTE: Coordinating services may mean communicating regularly with other organizations about children's care, making referrals, or arranging services to be given to children.

Yes

No

38. Date Questionnaire Completed:

--	--	--	--	--	--

MONTH      DAY      YEAR

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

THANK YOU FOR YOUR COOPERATION





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