

## Participant Characteristics

*This instrument is designed to collect data about participants and will enable you to obtain information on their demographic characteristics. It can be used to assess whether the participants in your initiative were those you sought to serve. For example, your training initiative might have been designed to address the specific needs of providers new to the field, but most of the participants who attended may have been experienced providers.*

*The instrument provides information about participants' education backgrounds, ethnicity and language as well as information about their income levels. This example is intended to be adapted for your program and your participant population. You may already collect much of this data through participant intake forms.*

*The sample is adapted from several pre-existing instruments including the Census and the Family Child Care Provider Interview developed by Abt Associates for the National Study of Child Care for Low-Income Families. In addition some questions were drawn from two additional instruments: the Child Care Development Grant Program Survey from Minnesota and a questionnaire used by Smart Start in North Carolina. The Abt, Minnesota and Smart Start instruments were all designed to collect data on child care practitioners for different kinds of surveys. To make the sample instrument generic we used the ethnic/racial categories from the Census.*

## Participant Characteristics

1. What is the highest level of schooling you completed? If you attended school outside of the United States, mark the closest equivalent schooling.
  - Less than high school
    - Grade \_\_\_\_\_
  - GED
  - High school diploma
  - Early childhood or related vocational or technical school after high school
  - Vocational or technical school after high school that is not early childhood-related
  - Two-year early childhood or related degree
  - Associate's degree in early childhood or related degree
  - Two or more years of college but no college degree
  - Early childhood or related college degree
  - College degree that is not early childhood related
  - Early childhood-related post-graduate or professional degree
  - Post-graduate or professional degree that is not early childhood-related
  - Other (specify) \_\_\_\_\_
2. Excluding any experience you have had in caring for your own children, have you had any special child care or early education training? Include formal school (college, high school), extension school, night school, and special training programs.
  - Child Development Associate (CDA) training
  - Teacher training
  - Nurse's training or health courses
  - Training by referral or government agency
  - Child care courses or workshops
  - Child development or psychology courses in school
  - Parent education training/workshops
  - Other training focused on education (such as elementary education)
  - Other training focused on social services (such as social work)
  - Other (specify) \_\_\_\_\_

3. Which, if any, of these child care quality initiatives are you or your program currently participating in, plan to participate in, or have participated in previously?

<b>Activities</b>	<b>Currently Participating in</b>	<b>Would like to Participate in</b>	<b>Participated in Previously</b>	<b>Did not participate in</b>
<b><i>Professional Development/ Training</i></b>				
Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit-earning course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree program (College)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Technical Assistance</i></b>				
Phone consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site/home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Mentoring</i></b>				
On site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Materials and Equipment</i></b>				
Distributed through home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offered at initiative's central location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Accreditation</i></b>				
Application for accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Compensation</i></b>				
Funds to supplement your earnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds to attend school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Facilities Improvement</i></b>				
Funds to improve services for children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds to purchase new equipment or renovate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start-Up (for family child care or centers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds to purchase new materials and toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Health and Child Care</i></b>				
Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activities	Currently Participating in	Would like to Participate in	Participated in Previously	Did not participate in
<i>Child Care and Adult Food Program</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What type of child care do you provide?
- License-exempt care (legally unregulated care provided by family, friends and neighbors). **(If yes, skip to question 6.)**
  - Regulated/licensed family child care **(If yes, skip to question 6).**
  - Regulated/licensed center-based child care
  - School-age programs

5. If you work in center-based child care, what is your position?
- Teacher
  - Teacher Assistant
  - Teacher Aide
  - Director
  - Other \_\_\_\_\_

6. How long have you provided child care for children other than your own?
- \_\_\_\_\_

7. Do you consider yourself *(Check all that apply)*:
- Caucasian/European American
  - African American
  - American Indian or Alaska Native
  - Asian/Asian American
    - Asian Indian
    - Chinese
    - Filipino
    - Japanese
    - Korean
    - Vietnamese
    - Other Asian \_\_\_\_\_
  - Pacific Islander/Pacific Islander American
    - Native Hawaiian
    - Guamanian or Chamorro
    - Samoan
    - Other Pacific Islander \_\_\_\_\_
  - Other *(List different ethnic groups if desired/appropriate.)*  
\_\_\_\_\_

8. Do you consider yourself Spanish/Hispanic/Latino?
- Yes
    - Mexican, Mexican American, Chicano
    - Puerto Rican
    - Cuban
    - Other Spanish/Hispanic/Latino \_\_\_\_\_
  - No

9. What is the primary language spoken in your home?

- English
- Spanish
- Other (*Additional languages can be listed if desired/appropriate.*)

\_\_\_\_\_

10a. How many other adults age 18 or over live with you in your household?

- No other adults live in my home (**Skip to question 11**)
- One
- Two
- Three
- Four
- Five
- Six or more

10b. How are the adults age 18 or over related to you?

	Adult #1	Adult #2	Adult #3	Adult #4	Adult #5	Adult #6
Spouse or domestic partner (e.g., partner, boyfriend, girlfriend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother, father, or parent-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother, sister, or brother/ sister-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Son, daughter, or son/ daughter-in-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11a. How many children under 18 live with you in your household?

- No children live with me in my home (**Skip to question 12**)
- One
- Two
- Three
- Four
- Five
- Six or more

11b. How are the children related to you?

	Child #1	Child #2	Child #3	Child #4	Child #5	Child #6
Your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your step-child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other related child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other unrelated child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What is your age range?

- Under 20
- 20 to 25
- 26 to 34
- 35 to 44
- 45 to 54
- 55 or older

13. What was your **total gross household income** (before deducting taxes and expenses) last year including income from providing child care? (Please include your own income and that of all members of your immediate family who are living with you and any other sources of income you may have.)

- \$0 to \$6,000
- \$6,001 to \$12,000
- \$12,001 to \$18,000
- \$18,001 to \$24,000
- \$24,001 to \$30,000
- \$31,000 to \$45,000
- Over \$45,000

14. What was your **total gross child care income** (income from providing child care before deducting taxes and expenses) last year?

- \$0 to \$3,000
- \$3,001 to \$6,000
- \$6,001 to \$9,000
- \$9,001 to \$12,000
- \$12,001 to \$15,000
- \$15,001 to \$18,000
- \$18,001 to \$21,000
- \$21,001 to \$24,000
- \$24,001 to \$27,000
- \$27,001 to \$30,000
- Over \$30,000