

Child Care Center Provider Forms

Evaluation Product Smart Start Evaluation Team

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CHILD CARE PROVIDER DEMOGRAPHIC FORM

	e would like to ask some questions about you to help interpre- cording to the background of the respondents.	et the results of t	he study	
		DATE COMP	L ETED / _	/
Di	EMOGRAPHIC INFORMATION		month	day year
		ono)		
١.	What is your highest level of education (please check only	•		
	A	rsework		
2.	How long have you taught in this particular center?	years	months	
3.	How long have you taught children under age 5?	years	months	
4.	Do you have any experience working with infants, toddlers, If yes , plese indicate the number of years of experience: ☐ 1 year or less ☐ more than 1 year, but less than 5 years ☐ 5 years or more	or prescrioolers	s with disabilities?	Lifes Lino
5.	Do you receive any salary enhancements that are paid to y \square Yes \square No If yes, from whom and how much do you re-	•	other than your ch	ild care center?
	From whom? How much? \$	•	per hour/wee	ek/month/year (circle one
CL	ASSROOM INFORMATION			
	On a typical day, how many children are in your class?			
7.	On a typical day, how many adults are usually in your class	(counting yours	elf)?	
FA	MILY INVOLVEMENT			
8.	How many families are served by this class?			
9.	Approximately what number of these families participated in (write N/A for those activities that aren't available at the cert		lowing activities du	uring the past 6 months?
	A Visited the child's classroom for at least 30 minutes B Volunteered in the child's classroom C Went on field trips with the child's class D Ate lunch with the child's class E Attended parent-teacher conferences F Attended parent education meetings or other parent meetings	I Helped w J Other (ple	th repairing or renova th fund raising ease specify)	
				

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TRAINING EXPERIENCES

10. Have you participated in any of the following types of early childhood training activities during the past year (July 1, 1996-present)? Please circle Yes or No, check the content area of training, and rate the quality of training for each question.

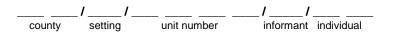
TYPE OF TRAINING	Have you experienced this type of training?	Which of these content areas were covered in this type of training?	What is the q	uality of	this type of tr	aining e	experience?
	(Circle Yes or No)	(Check all that apply)	(Circle the number to indicate the quality. Note: If you experienced r than one activity within the same type [more than 1 workshop/meeting the overall quality of your combined experiences.)				
A Workshops	Yes No	 child development (language, motor, cognitive, social, and emotional development) behavior management health and safety (CPR, nutrition) child care environment serving children who have disabilities working with families and other professionals planning individual and group activities other (please list) 	1 low	2	3 medium	4	5 high
B Ongoing consultations from a specialist	Yes No	 child development (language, motor, cognitive, social, and emotional development) behavior management health and safety (CPR, nutrition) child care environment serving children who have disabilities working with families and other professionals planning individual and group activities other (please list) 	1 low	2	3 medium	4	5 high
C Visits to other child care classes	Yes No	child development (language, motor, cognitive, social, and emotional development) behavior management health and safety (CPR, nutrition) child care environment serving children who have disabilities working with families and other professionals planning individual and group activities other (please list)	1 low	2	3 medium	4	5 high

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TRAINING EXPERIENCES

10. Have you participated in any of the following types of early childhood training activities during the past year (July 1, 1996-present)? Please circle Yes or No, check the content area of training, and rate the quality of training for each question.

TYPE OF TRAINING	Have you experienced this type of training?	Which of these content areas were covered in this type of training?	What is the quality of this type of training experience?	
	(Circle Yes or No)	(Check all that apply)	(Circle the number to indicate the quality. Note: If you experienced more than one activity within the same type [more than 1 workshop/meeting] rate the overall quality of your combined experiences.)	
D Professional organization meetings	Yes No	 child development (language, motor, cognitive, social, and emotional development) behavior management health and safety (CPR, nutrition) child care environment serving children who have disabilities working with families and other professionals planning individual and group activities other (please list) 	1 2 3 4 5 low medium high	
E Courses at high school	Yes No	 child development (language, motor, cognitive, social, and emotional development) behavior management health and safety (CPR, nutrition) child care environment serving children who have disabilities working with families and other professionals planning individual and group activities other (please list) 	1 2 3 4 5 low medium high	
F Courses at a community college or four-year college	Yes No	child development (language, motor, cognitive, social, and emotional development) behavior management health and safety (CPR, nutrition) child care environment serving children who have disabilities working with families and other professionals planning individual and group activities other (please list)	1 2 3 4 5 low medium high	



DIRECTIONS FOR DOCUMENTATION OF YOUR TRAINING

We want to know about the in-service training hours that you have participated in this past year. You may need to ask your director for a copy of your training log or the form your center uses to record your hours of in-service training for state documentation.

Please do one of these:

- If you have access to a copy machine, make a copy of your training log and attach the copy to this survey. If you attach a copy of your training hours, you do <u>not</u> need to write on the following page. You are finished with the survey.
- 2. If you do not have access to a copy machine, please write on the following page. Use the information from your training log to complete each column for each training experience you have participated in this year (July 1, 1996-present). For each training experience, write in the title of the activity, the date of the activity, the number of hours for which you received credit, the trainer's name and the sponsoring agency.

Thank you!

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DOCUMENTATION OF YOUR TRAINING

Title/Description of Training	Date Received	Number of Hours	Trainer's Name	Sponsoring Agency