



GROWING UP IN IRELAND – national study of children
Strictly Confidential – CENTRE-BASED CARE

Area Code Centre Code Date ____ day ____ month ____ year

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the *Growing Up in Ireland* team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

First of all, we would like to ask you some things about the study child in particular.

Q1. How long has the study child been attending this centre? _____ years _____ months _____ weeks

Q2. How many hours per week does the study child attend the centre? _____ hours

Q3. How many days per week does the study child attend the centre? _____ days

Q4. Compared with other children, do you think this child is . . . ?

Much easier to get on with than average ₁ More difficult to get on with than average ₄
Easier to get on with than average..... ₂ Much more difficult to get on with than average.. ₅
About average ₃

Q5. We would like to know how the study child spends his or her time while in the centre's care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.

	All of the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Using a computer.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Doing homework.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Playing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q6. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

We would also like some general information about the care centre.

Q7. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q8. On a typical day, how many children are in the centre (excluding study child)? _____ no. of children

Q9. What ages are these children? (Please indicate the number of children in these age categories)

0 – 11 months	_____	7-9 years.....	_____
1- 3 years	_____	10 - 12 years	_____
4-6 years	_____	12 years and over	_____

Q10. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ₁ No ₂ Sometimes ₃

Q11. How many children in the centre (excluding the study child) are from a non-English speaking family background? _____ children

Q12. How many children in the centre (excluding the study child) have a mental or physical disability? _____ children

Q13. How many staff (whole-time equivalents) are employed in the centre to look after the children (do not include administrative or maintenance staff, etc)? _____ no. of staff

Q14. How many of these staff have a formal childcare qualification? _____ no. of staff

Q15. We would like you to think about the facilities that are available to the Study Child attending the centre. A list of suggestions is given below. Please tick all that are currently available to him / her.

- | | | | | | |
|--|--------------------------|---|----------------------------|--------------------------|----|
| Supervised outdoor play | <input type="checkbox"/> | 1 | Internet | <input type="checkbox"/> | 7 |
| Sports equipment (footballs, trampolines, etc) ... | <input type="checkbox"/> | 2 | Musical equipment | <input type="checkbox"/> | 8 |
| Educational toys (e.g. meccano, etc) | <input type="checkbox"/> | 3 | Arts materials | <input type="checkbox"/> | 9 |
| Other toys (dolls, teddies, etc) | <input type="checkbox"/> | 4 | Pretend play items | <input type="checkbox"/> | 10 |
| Television/video/DVD | <input type="checkbox"/> | 5 | Organised team games | <input type="checkbox"/> | 11 |
| Other (please specify) _____ | <input type="checkbox"/> | | | <input type="checkbox"/> | 12 |

Q16. How many children's books are available to children to read/look at? Do you estimate

- None 1
Less than 10 2
Between 10 and 20 3
21 – 30 4
More than 30 5

Q17. Are parents allowed to leave sick children into the centre?

- Never..... 1 Rarely 2 Frequently 3 Always..... 4

Finally, we would like to know some things about you.

Q18. Are you (a) the Director of the centre 1 (b) an employee of the centre 2

Q19. What is your date of birth?
Day Month Year

Q20. Are you? Male 1 Female..... 2

Q21. What is your nationality? _____

Q22. Which of the following best describes the type of care your centre provides?

- | | | | | | |
|---------------------------------|--------------------------|---|------------------------------|--------------------------|---|
| After-school supervision | <input type="checkbox"/> | 1 | Youth centre..... | <input type="checkbox"/> | 3 |
| Study group/homework club | <input type="checkbox"/> | 2 | Other (please specify) _____ | <input type="checkbox"/> | 4 |

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori)?

- | | | | | | |
|-------------------------------|--------------------------|---|---------------------------|--------------------------|---|
| No formal qualification | <input type="checkbox"/> | 1 | Degree | <input type="checkbox"/> | 4 |
| Certificate | <input type="checkbox"/> | 2 | Postgraduate Degree | <input type="checkbox"/> | 5 |
| Diploma | <input type="checkbox"/> | 3 | | | |

Q24. Please indicate the subject area in which the qualification was obtained:

- | | | | | | |
|------------------------------------|--------------------------|---|-----------------------------------|--------------------------|---|
| Childcare | <input type="checkbox"/> | 1 | Special needs assistance | <input type="checkbox"/> | 5 |
| National school teaching | <input type="checkbox"/> | 2 | Speech and language therapy | <input type="checkbox"/> | 6 |
| Other education | <input type="checkbox"/> | 3 | Nursing | <input type="checkbox"/> | 7 |
| Child psychology/development | <input type="checkbox"/> | 4 | Other | <input type="checkbox"/> | 8 |

Q25. When did you receive this qualification? Year: _____

Q26. Have you undertaken any other training relevant to caring for children? Tick all that apply

- | | | | | | |
|------------------------------------|--------------------------|---|-----------------------------------|--------------------------|----|
| Childcare | <input type="checkbox"/> | 1 | Special needs assistance | <input type="checkbox"/> | 7 |
| National school teaching | <input type="checkbox"/> | 2 | Speech and language therapy | <input type="checkbox"/> | 8 |
| Other education | <input type="checkbox"/> | 3 | Nursing | <input type="checkbox"/> | 9 |
| Child psychology/development | <input type="checkbox"/> | 4 | Other | <input type="checkbox"/> | 10 |
| Nutrition/Diet | <input type="checkbox"/> | 5 | First aid | <input type="checkbox"/> | 11 |
| Sign language | <input type="checkbox"/> | 6 | | | |

Q27. Is caring for children your main occupation? Yes..... 1 No..... 2

Q28. If no, please describe your main occupation as fully as possible

Q29. How many hours do you work each week in child care? _____ hours

Q30. How long have you worked in this particular care centre? _____ years _____ months

Q31. Overall, are you happy working in childcare?

- | | | | | |
|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| Very Happy | Happy | Neither happy or
Unhappy | Unhappy | Very unhappy |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.**