



GROWING UP IN IRELAND – national longitudinal study of children
Strictly Confidential – CENTRE-BASED CARE, 3-year Main Study

Group: Household Date ___ day ___ month ___ year

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information pack. 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.

The questionnaire should be completed by the person who has most contact with the child in question

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

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

Q4. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q5a. On a typical day, how many children in total are in the centre (including Study Child)? _____ children

Q5b. Thinking about these children (Please indicate the number of children in these age categories)

0 – 11 months ₁ _____ no. of children

1- 3 years ₂ _____ no. of children

4-6 years ₃ _____ no. of children

7-9 years ₄ _____ no. of children

10-12 years ₅ _____ no. of children

12 years and over ₆ _____ no. of children

Q6a. In some centres younger children may be cared for in separate rooms or sections of the centre. On a typical day how many children (including the study child) are in the room or section of the centre where the study child spends most of his/her time?

_____ children OR all children together in the centre ₁ Go to Q7

Q6b. What ages are the children who are in the same room or section of the centre as the study child? (Please indicate the number of children in these age categories)

0 – 11 months ₁ _____ no. of children

1- 3 years ₂ _____ no. of children

4-6 years ₃ _____ no. of children

7-9 years ₄ _____ no. of children

10-12 years ₅ _____ no. of children

12 years and over ₆ _____ no. of children

Q7. If there are 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

Q8. How many children in the centre (excluding the Study Child) are from a non-English / non-Irish speaking family background? _____ children

Q9. How many children in the centre (excluding the Study Child) have a mental or physical disability?
_____ children

Q10a. 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 3 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 [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with sand/water etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing outdoors – hopping, skipping, football etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q10b. Approximately how much time does the study child spend in group activity that is led by an adult and how much time in activities which the study child chooses him/herself?

Led by adult (percentage of time) _____ %
 Led by child (percentage of time) _____ % **[Must add to 100%]**

Q11. When the Study Child is in your care how many children's books are available to the Study Child to look at / to be read from etc? Do you estimate...

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

Q12. On average, how many minutes per day does someone read to the child? [include time when the child is being read to as part of a group] _____ minutes

Q13. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q15. On a typical day, how often would you or another carer get the chance to talk to the child on a one-to-one basis?

Almost never 1 Sometimes 2 Often..... 3 Always..... 4

Q16. 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	Video games / X-box / Nintendo DS etc	<input type="checkbox"/> 8
Sports equipment (footballs, trampolines, etc)	<input type="checkbox"/> 2	Musical equipment	<input type="checkbox"/> 9
Construction toys (e.g. meccano, etc)	<input type="checkbox"/> 3	Arts materials	<input type="checkbox"/> 10
Other toys (dolls, teddies, etc).....	<input type="checkbox"/> 4	Pretend play items	<input type="checkbox"/> 11
Television/video/DVD	<input type="checkbox"/> 5	Other (please specify) _____	
Computer	<input type="checkbox"/> 7		

Q17. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys attending childcare							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q18. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour in the last month.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q19. In general terms how would you rate the care provided to the Study Child by this centre?

Very good	Good	Neither good nor bad	Bad	Very bad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q20. Do you feel that the personal care provided to Study Child by the centre meets his/her needs in terms of:

	Yes	No
(a) eating/drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) child's personal hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) sleeping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) mobility	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) quiet time/ cultural identity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q21. 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

Q22. Do you have any concerns about any aspects of the Study Child's behaviour or development?

Yes 1 No 2

Q23. What concerns do you have?

Q24. How worried are you about the Study child's language development?

- Not at all worried.....1
- A little worried.....2
- Worried3
- Very worried.....4

Q25. What is the total number of staff (whole-time equivalents) employed in the centre as a whole to look after the children (do not include administrative or maintenance staff, etc)? _____ staff

Q26. Now thinking of the room or section of the centre in which the Study Child is cared for, how many staff (full-time equivalents) are employed to look after these children? _____ staff

Q27. How many staff have achieved a major award in childcare / early childhood education at level 5 on the National Qualifications Framework or equivalent? _____ no. of staff

Q28. How many of these child care staff have English (or Irish) as their first language? _____ no. of staff

Q29. Are parents allowed to leave sick children into the centre?

- Never.....1
- Rarely2
- Frequently3
- Always.....4

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

Q30. Which of the following best describes your role in this child care centre?

- a. Director/Manager1
- b. Full-time employee.....2
- c. Part-time employee.....3
- d. Other (please specify)4

Q31. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q32. Are you? Male.....1 Female.....2

Q33. What is your nationality? _____

Q34. Which of the following best describes the type of care your centre provides?

- Work-based crèche1
- Other crèche / nursery.....2
- Montessori.....3
- Playschool or Preschool4
- Naoinra.....5
- Other(please specify)6

Q35. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- (a) No formal childcare qualification1 → **Go to Q38**
- (b) FETAC Major Award in Childcare (Levels 4,5 or 6)2
- (c) FETAC minor component award(s) in childcare at Levels 4,5 or 6.3
- (d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache.....4
- (e) HETAC or Third Level5
- (f) International awards in childcare at higher level6
- (g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc).....5

Q36. Please indicate the subject area in which the qualification was obtained:

- Childcare1
- National school teaching2
- Other education3
- Child psychology/development4
- Special needs assistance5
- Behaviour management.....6
- Speech and language therapy7
- Nursing8
- Other (please specify)9

Q37. When did you receive this qualification? Year: _____

Q38. Have you undertaken any other training relevant to caring for children? Tick all that apply.

Child psychology ₁ Nutrition/Diet ₄
Sign language ₂ Other (please specify) ₅
First aid ₃

Q39. Is caring for children your main occupation? Yes ₁ No ₂

Q40. If no, please describe your main occupation as fully as possible

Q41. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____ mths

Q42. How long have you worked in this particular care centre? _____ years _____ months

Q43. Will the centre participate in the free preschool year scheme? Yes ₁ No ₂

Q44. Overall, are you happy working in childcare?

Strongly Agree Agree Neutral Disagree Strongly Disagree
₁ ₂ ₃ ₄ ₅

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**