

**To Be Completed by Practitioner and Interviewer**

The Mississippi Child Care Registry is an ongoing data collection and research project of the Mississippi State University Early Childhood Institute. The institute collects information about the employment and educational backgrounds of teachers and caregivers at early childhood programs across Mississippi. Several employees of the MSU Early Childhood Institute (662-325-3855) and the Community Information Resources Center at the University of Missouri collaborate on this ongoing study. The purpose of the study is to identify the professional development needs of early childhood teachers and caregivers at individual programs participating in institute projects and in various geographic areas of the state. The research is conducted by one-time completion of this form, which should take approximately five minutes. Participation is voluntary and you can refuse to participate at any time without a penalty. You also can skip any question. There are no anticipated risks or discomforts for teachers and caregivers. Although there are no direct benefits to you, this registry will help improve early childhood education in Mississippi. The MSU Early Childhood Institute and its sub-contractor, the Community Information Resources Center, will not release any personally identifiable information about any participant to any third party. Please keep a copy of this form for your records. For more information about the Mississippi Child Care Registry, any participant may contact the MSU Early Childhood Institute at the address and telephone number below. For additional information about their rights as research subjects, participants can contact the MSU Regulatory Compliance Office (662-325-5220).

To indicate your willingness to participate in the Mississippi Child Care Registry, please sign and enter the date here:

\_\_\_\_\_ Participant Signature

\_\_\_\_\_ Date

**Check one:** Ms.  Miss  Mrs  Mr.  Dr.  Last four digits of Social Security number: \_\_\_\_\_

\_\_\_\_\_ First Name or Initial Middle Name or Initial Last Name

\_\_\_\_\_ Previous Last Name \_\_\_\_\_ /\_\_\_\_ /\_\_\_\_ Date of Birth E-mail

\_\_\_\_\_ Home Street Address \_\_\_\_\_ City State Zip

( ) ( )

\_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ County

Interviewer: \_\_\_\_\_ Date Completed \_\_\_\_ /\_\_\_\_ /\_\_\_\_

Copy of this completed form given to participant.

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<p><b>Current Place of Employment:</b></p> <p>_____</p> <p>Employer License Number: _____</p> <p>Start Date of Current Employment: ____ / ____ / ____</p> <p>Months in current position: _____</p> <p>Total years in child care: _____</p> <p>Do you work</p> <p><input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time</p> <p>If part-time, how much do you work?</p> <p>Hours Per Week: _____ Months Per Year: _____</p>	<p><b>Highest Education Level Achieved (check one):</b></p> <p><input type="checkbox"/> Some High School</p> <p><input type="checkbox"/> High School Diploma</p> <p><input type="checkbox"/> G.E.D.</p> <p><input type="checkbox"/> One-year Certificate of Proficiency</p> <p><input type="checkbox"/> Associate Degree (check one) ____ A.A ____ A.A.S ____ A.S.</p> <p><input type="checkbox"/> Bachelor Degree (check one) ____ B.A ____ B.S</p> <p><input type="checkbox"/> Master Degree (check one) ____ M.A ____ M.S ____ M.Ed.</p> <p><input type="checkbox"/> Specialist Degree</p> <p><input type="checkbox"/> Doctoral Degree (check one) ____ Ph.D. ____ Ed.D</p> <p><b>College/University Attended or Awarding Highest Degree:</b></p> <p>_____</p> <p>Date of Highest Degree: ____ / ____ / ____</p> <p><b>College Major (choose one):</b></p> <p><input type="checkbox"/> Child Development</p> <p><input type="checkbox"/> Early Childhood Education</p> <p><input type="checkbox"/> Elementary Education</p> <p><input type="checkbox"/> Secondary Education</p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Other: _____</p> <p>Number of Early Childhood Education Credits: _____</p> <p>Number of Business Administration Credits: _____</p>
<p><b>Position (check one):</b></p> <p><input type="checkbox"/> Teacher</p> <p><input type="checkbox"/> Assistant Teacher</p> <p><input type="checkbox"/> Facility Administrator</p> <p><input type="checkbox"/> Non-Teaching Professional Staff</p> <p><input type="checkbox"/> ECI AmeriCorps member</p> <p><input type="checkbox"/> Other _____</p>	
<p><b>Ethnicity (check one):</b></p> <p><input type="checkbox"/> Non-Hispanic White    <input type="checkbox"/> Asian American</p> <p><input type="checkbox"/> Non-Hispanic Black    <input type="checkbox"/> Bi-racial</p> <p><input type="checkbox"/> Native American        <input type="checkbox"/> Non-specified</p> <p><input type="checkbox"/> Hispanic                    <input type="checkbox"/> Other _____</p>	

