ECLS-B KINDERGARTEN 2006 NATIONAL STUDY
EARLY CARE AND EDUCATION PROVIDER (ECEP) INTERVIEW

SECTION 0-VA: VERIFY ADDRESS INFORMATION

The following information is uploaded from the Kindergarten Year Parent Interview.

1. Child and twin's full name.
2. Child and twin's gender.
3. Child and twin's date of birth.
4. Child and twin's ID.
5. Parent's or other interview respondent's full name.
6. Parent's or other interview respondent's relationship to child.
7. Care and education setting where child spends most hours.
8. Care provided in child's home.
9. Care provider lives in child's home.
10. Care and education setting is a center/program.
11. Twin has same care arrangement as child.
12. Twin has same caregiver/teacher as child.
13. Name, address and phone number of early care and education setting.
14. Director/administrator/home care provider's name.
15. Name of center-based primary caregiver/teacher.
16. Selection of setting for Administration on Children, Youth and Families (ACYF) observation.
17. Parent/guardian permission to contact for interview/observation.
18. Comments from parents.

VAINTRO

PRIOR TO CONTACTING THE ECEP PROVIDER, PLEASE UPDATE/CONFIRM THE CONTACT INFORMATION IN THIS SECTION.

COMMENTS FROM PARENT COMPUTER-ASSISTED PERSONAL INTERVIEW (CAPI):

{Comments from parents}

ENTER "1" TO CONTINUE

DISPLAY FOR MINOR PROVIDERS ONLY:

IMPORTANT – MINOR PROVIDER: THE CHILD CARE PROVIDER, {Caregiver/Teacher First and Last Name} IN THIS CASE WAS REPORTED TO BE LESS THAN 18 YEARS OF AGE. YOU NEED TO DETERMINE THE AGE AND DATE OF BIRTH FOR {Caregiver/Teacher First and Last Name}. IF {Caregiver/Teacher First and Last Name} IS 15, 16, OR 17 YEARS OLD, PARENTAL CONSENT MUST BE OBTAINED PRIOR TO CONDUCTING THE INTERVIEW. IF {Caregiver/Teacher First and Last Name} IS LESS THAN 15, THIS INTERVIEW CANNOT BE CONDUCTED. THE FIRST QUESTIONS IN THE INTERVIEW PORTION OF THIS INTERVIEW ASK FOR THE AGE AND DATE OF BIRTH. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO PROCEED WITH THIS CASE, CONSULT WITH YOUR FIELD SUPERVISOR.

VA002BX

IF HOME-BASED, GO TO VA004.

IF CENTER-BASED, GO TO VA002.

VA002

DISPLAY THE FOLLOWING INSTRUCTIONS FOR FIELD INTERVIEWER:

DURING THE PARENT INTERVIEW THE INFORMATION BELOW WAS PROVIDED FOR THE CHILD CARE PROVIDER. PLEASE UPDATE/VERIFY THIS INFORMATION AND THEN TRANSMIT THE CASE TO RTI.

{Center/Program Name}

PLEASE ENTER/CORRECT THE NAME OF THE CENTER/PROGRAM.

VA004

{{Director/Administrator First Name}/{Care Provider First Name}}

PLEASE ENTER/CORRECT THE DIRECTOR/ADMINISTRATOR'S FIRST NAME.

DISPLAY INSTRUCTIONS:

For center-based, display "Director/Administrator's First Name."

For home-based, display "Care Provider's First Name."

VA005

{{Director/Administrator Last Name}/{Care Provider Last Name}}

PLEASE ENTER/CORRECT THE DIRECTOR/ADMINISTRATOR'S FIRST NAME.

DISPLAY INSTRUCTIONS:

For center-based, display "Director/Administrator's Last Name."

For home-based, display "Care Provider's Last Name."

VA006BX

IF HOME-BASED, GO TO VA009.

IF CENTER-BASED, GO TO VA006.

VA006

{Care Provider's First Name}

DISPLAY INSTRUCTIONS:

PLEASE ENTER/CORRECT THE CARE PROVIDER'S FIRST NAME.

VA007

{Care Provider's Last Name}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S LAST NAME.

VA009

{{Center Mailing Address First Line}/{Care Provider's Mailing Address First Line}}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S FIRST LINE OF THE MAILING ADDRESS.

DISPLAY INSTRUCTIONS:

For home-based, display "Care Provider's Mailing Address First Line."

For center-based, display "Center Mailing Address First Line."

VA011

{{Center Mailing Address Second Line} /{Care Provider's Home Mailing Address Second Line}}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S SECOND LINE OF THE MAILING ADDRESS.

DISPLAY INSTRUCTIONS:

For home-based, display "Care Provider's Mailing Address Second Line."

For center-based, display "Center Mailing Address Second Line."

VA013

{{Center City} /{Care Provider's City}}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S CITY.

DISPLAY INSTRUCTIONS:

For home-based, display "Care Provider's City."

For center-based, display "Center City."

VA015

{{Center State} /{Care Provider's State}}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S STATE.

DISPLAY INSTRUCTIONS:

For home-based, display "Care Provider's State."

For center-based, display "Center State."

VA017

{Center Zip Code}/{Care Provider's Zip Code}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S ZIP.

DISPLAY INSTRUCTIONS:

For home-based, display "Care Provider's Zip."

For center-based, display "Center Zip."

VA018

{Center Phone Number} /{Care Provider's Home Phone Number}

PLEASE ENTER/CORRECT THE CARE PROVIDER'S PHONE NUMBER (XXX-XXX-XXXX FORMAT).

DISPLAY INSTRUCTIONS:

For home-based, display "Care Provider's Phone Number."

For center-based, display "Center Phone Number."

VA050

PLEASE VERIFY THE FOLLOWING INFORMATION IS THE BEST THAT IS AVAILABLE AT THIS TIME AND INDICATE WHETHER OR NOT THIS CAN BE USED AS A MAILING ADDRESS.

> **CENTER NAME: {Center Name}**
> **DIRECTOR/ADMINISTRATOR: {Director/Administrator First and Last Name}**
> **CARE PROVIDER: {Care Provider First and Last Name}**
> **ADDRESS 1: {Center Mailing Address Line 1/Care Provider's Home Mailing Address Line 1}**
> **ADDRESS 2: {Center Mailing Address Line 2/Care Provider's Home Mailing Address Line 2}**
> **CITY: {Center Mailing Address City/Care Provider's Home Mailing Address City}**
> **STATE: {Center Mailing Address State/Care Provider's Home Mailing Address State}**
> **ZIP: {Center Mailing Address Zip Code/Care Provider's Home Mailing Address Zip Code}**
> **PHONE: {Center Telephone Number/Care Provider's Home Telephone Number}**
>> INFORMATION COMPLETE; CAN BE USED FOR MAILING 1
>> INFORMATION INCOMPLETE BUT THIS IS BEST AVAILABLE 2

VA060

INTERVIEWER: IF POSSIBLE, BREAKOUT OF THE INTERVIEW USING "ALT-X" AND TRANSMIT THE ADDRESS INFORMATION TO RTI.

IF YOU ARE CURRENTLY IN CONTACT WITH THE PROVIDER, YOU CAN PRESS "1" AND THEN "ENTER" TO CONTINUE.

IF THIS IS THE SITUATION, TRANSMIT AT YOUR EARLIEST OPPORTUNITY.

PVAGEBX

IF CARE PROVIDER IS A MINOR, GO TO PVAGE.

ELSE, GO TO SECTION UP.

PVAGE

What is {Caregiver First and Last Name} age?

ENTER AGE IN YEARS.

Answer must be in range from 10 to 25.

DISPLAY INSTRUCTIONS:

THE PARENT REPORTED THAT {Caregiver First and Last Name} MIGHT BE UNDER 18 YEARS OF AGE. IF {Caregiver First and Last Name} IS 15, 16, OR 17 YEARS OLD, PARENTAL CONSENT MUST BE OBTAINED PRIOR TO CONDUCTING THE INTERVIEW. IF {Caregiver First and Last Name} IS LESS THAN 15, THIS INTERVIEW CANNOT BE CONDUCTED. WE NEED TO DETERMINE THE EXACT AGE TO KNOW HOW TO PROCEED.

PVAGEDOB

What is {Caregiver First and Last Name}'s birth date?

ENTER MONTH OF BIRTH.

Answer must be in range from 1 up to 12.

ENTER DAY OF BIRTH.

Answer must be in range from 1 to 31.

ENTER YEAR OF BIRTH.

Answer must be in range from 1970 to 1995.

CONSENT18BX

IF PVAGE IS BETWEEN 15 AND 17, GO TO CONSENT18.

IF PVAGE IS EQUAL TO OR > THAN 18, GO TO SECTION UP.

IF PVAGE IS < 15, GO TO TOO YOUNG.

Consent18

BECAUSE {Caregiver First and Last Name} IS LESS THAN 18 YEARS OF AGE, YOU MUST OBTAIN PARENTAL CONSENT.

PLEASE INDICATE IF YOU HAVE RECEIVED CONSENT TO CONDUCT THIS INTERVIEW FROM THE PROVIDER'S PARENT OR GUARDIAN.

CHOOSE ONE OF THE OPTIONS BELOW.

CONSENT OBTAINED..1   (SECTION UP)
CONSENT PENDING – CONTACTING
   PARENT TO OBTAIN CONSENT..............................2   (BREAK OFF INTERVIEW)
CONSENT CANNOT BE OBTAINED –
   INTERVIEW WILL TERMINATE...............................3   (ENDNOCONSENT)

ENDNOCONSENT

THE INTERVIEW WILL NOW EXIT. THIS CASE CANNOT BE COMPLETED WITHOUT PARENTAL CONSENT.

ENTER "1" TO EXIT.

INTERVIEW IS TERMINATED.

TOOYOUNG

DISPLAY INSTRUCTIONS:

BECAUSE THE PROVIDER IS LESS THAN 15 YEARS OF AGE, THE INTERVIEW WILL NOW TERMINATE AND ASSIGN A FINAL CODE OF 450.

ENTER "1" IF YOU ARE READY TO ASSIGN THE CASE A FINAL CODE OF 450.

INTERVIEW IS TERMINATED.

SECTION 1-UP: UPDATE TYPE OF CARE INFORMATION

SECTION IS ADMINISTERED TO
THE CENTER-BASED DIRECTOR/ADMINISTRATOR AND HOME-BASED CAREGIVERS

UP001PRE U

YOU HAVE ENTERED THE ECEP INTERVIEW FOR CASE {INTERVIEW CASE}, {PROVIDER NAME}.

COMMENTS FROM PARENT CAPI

{INSERT COMMENTS}

ENTER "1" TO CONTINUE.

UP002

According to {FULL NAME OF PARENT/RESPONDENT}, you provide care for {CHILD} {and{TWIN}} in a {home/{center/not located in a private home/program, not located in a private home}}. Is this correct?

```
              CARE IS PROVIDED IN A HOME ...................................................1
              CARE IS PROVIDED IN A CENTER/PROGRAM..........................2
              REFUSED.........................................................................................RF
              DON'T KNOW.................................................................................DK
```
If RF or DK, display message:

WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.

PRESS "ENTER" TO GO BACK AND CHANGE THE ANSWER OR PRESS "S" TO CONTINUE AND TERMINATE INTERVIEW.

CKLOCCenter   PLEASE VERIFY THE INFORMATION YOU JUST ENTERED.

YOU HAVE ENTERED THAT THE CHILD CARE IS PROVIDED IN A CENTER OR PROGRAM. IF THIS IS CORRECT, ENTER "7." IF THIS IS NOT CORRECT, USE THE UP ARROW KEY TO BACK UP AND CHANGE YOUR RESPONSE.

```
              CARE IS PROVIDED IN A CENTER OR PROGRAM ...................7
```
CKLOCHome   PLEASE VERIFY THE INFORMATION YOU JUST ENTERED.

YOU HAVE ENTERED THAT THE CHILD CARE IS PROVIDED IN A HOME. IF THIS IS CORRECT, ENTER "6." IF THIS IS NOT CORRECT, USE THE UP ARROW KEY TO BACK UP AND CHANGE YOUR RESPONSE.

```
              CARE IS PROVIDED IN A HOME ...................................................6
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UP005

Are you {CHILD}{and {TWIN}}'s administrator, teacher, or both?

```
              ADMINISTRATOR ...........................................................1
              TEACHER.........................................................................2
              BOTH ADMINISTRATOR AND TEACHER.................3
```

UP007

This interview takes about {30/40} minutes. {Your part only takes about 10 minutes and asks about your {center's/school's} program and staffing./We will ask questions about your relationship with {CHILD}{and {TWIN}}, {his/her/their} development, and your background and beliefs about caring for and educating children.} We will send {you/your center} $20 to thank you for doing the interview. What you tell us in this study is private, and will be kept private to the fullest extent allowed by law. We will not tell parents anything you say during the interview or report information about individual caregivers, teachers, children, or programs. What you tell us will be combined with information from other interviews for research and statistical reports. Taking part in the study is completely voluntary. You do not have to take part. You may stop at any time or choose not to answer a question you do not want to answer. There are no penalties whether or not you choose to take part.

DISPLAY INSTRUCTIONS:

If home-based, display "30" minutes. If center-based, display "40" minutes.

If center-based and in public school prekindergarten and UP005 [AdmTeach] = 1, display "Your part only takes about 10 minutes and asks about your school's program and staffing."

If center-based and any other care setting and UP005 [AdmTeach] = 1, display "Your part only takes about 10 minutes and asks about your center's program and staffing."

If home-based or center-based and UP005 [AdmTeach] = 2 or 3, display "We will ask questions about your relationship with {CHILD}{and {TWIN}}, {his/her/their} development, and your background and beliefs about caring for and educating children."

If home-based, display "you." If center-based, display "your center."

Do I have your permission to begin the interview?

                        YES..1
                        NO (INTERVIEW WILL TERMINATE).........................2   BREAK OFF

UP008BX

IF CENTER-BASED (UP002 = 2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW), AND TALKING WITH TEACHER (UP005 = 2), GO TO TC005A.

IF CENTER-BASED (UP002 = 2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW), AND TALKING TO ADMINISTRATOR (UP005 = 1), GO TO SECTION CI.

IF CENTER-BASED (UP002 = 2) AND TWIN IN CARE (FROM PARENT INTERVIEW) GO TO UP022.

ELSE, GO TO UP010.

UP010

Are you related to {CHILD}{and {TWIN}}?

PROBE: By related we mean a grandparent, sister/brother, aunt/uncle, cousin or any relative other than {CHILD}{and {TWIN}}'s parent or guardian.

YES...1
NO...2 (UP024)
REFUSED...RF
DON'T KNOW..DK

UP012

How are you related to {him/her/them}?

GRANDMOTHER 1 (UP015BX)
AUNT 2 (UP015BX)
SISTER 3 (UP015BX)
UNCLE 4 (UP015BX)
COUSIN...5 (UP015BX)
GRANDFATHER..6 (UP015BX)
MOTHER/STEPMOTHER 7 (UP016)
FATHER/STEPFATHER 8 (UP016)
BROTHER..9 (UP015BX)
OTHER RELATIVE (SPECIFY)..................................10
REFUSED...RF
DON'T KNOW..DK

If UP012 = 1 and R < 40, display message:

YOU ENTERED THAT THE {AGE} YEAR OLD RESPONDENT IS A GRANDMOTHER. PRESS "ENTER" TO GO BACK AND CHANGE THE ANSWER OR PRESS "S" TO CONTINUE INTERVIEW.

If UP012 = 3 or 9 and R > 40, display message:

YOU ENTERED THAT THE {AGE} YEAR OLD RESPONDENT IS THE CHILD'S {SISTER/BROTHER}. PRESS "ENTER" TO GO BACK AND CHANGE THE ANSWER OR PRESS "S" TO CONTINUE INTERVIEW.

UP014

ENTER OTHER RELATIONSHIP (SPECIFY).

[What is the relationship?]

UP015BX
HOME-BASED AND NOT CHILD'S FATHER OR MOTHER AND TWIN IS NOT IN SAME CARE SETTING GO TO UP026.
HOME-BASED AND NOT CHILD'S FATHER OR MOTHER AND TWIN IS IN SAME CARE SETTING GO TO UP022.

UP016

If mother (UP012 = 7) display "mother."

Else, display "father."

For this part of the study we are only interviewing child care providers who are not parents or guardians. Because you are the {mother/father} of {CHILD}{and {TWIN}} we cannot finish the interview. Thank you for your time.

BREAK OFF INTERVIEW

UP022

Are {CHILD} and {TWIN} both cared for at this setting?

```
            YES ............................................................................... 1
            NO ................................................................................. 2   (UP025)
            REFUSED .................................................................... RF
            DON'T KNOW ............................................................. DK
```

If RF or DK, display:

WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.

PRESS "ENTER" TO GO BACK AND CHANGE THE ANSWER OR PRESS "S" TO CONTINUE AND TERMINATE INTERVIEW.

UP024

DISPLAY INSTRUCTIONS:

If home-based (UP002 = 1) display "caregiver and child care."

If center-based (UP002 = 2) display "teacher and early childhood."

{Do/Does} {CHILD} {and {TWIN}} have the same primary {caregiver/teacher}? By primary {caregiver/teacher}, I mean the person who spends the most time taking care of {him/her/them} while {he/she/they} are in this {child care setting/early childhood program}.

```
            YES ............................................................................... 1   (UP026BX)
            NO ................................................................................. 2   (UP025)
            REFUSED .................................................................... RF   (UP026BX)
            DON'T KNOW ............................................................. DK   (UP026BX)
```

UP025

If home-based (UP002, [LOCATION] = 1) display "you."

If center-based (UP002, [LOCATION] = 2) display "this provider."

Which child is cared for at this setting by {this provider/you}?

{CHILD'S NAME} 1
{TWIN'S NAME} 2
REFUSED..RF
DON'T KNOW...DK

If RF or DK, display:

WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.

PRESS "ENTER" TO GO BACK AND CHANGE THE ANSWER OR PRESS "S" TO CONTINUE AND TERMINATE INTERVIEW.

UP026BX

IF CENTER-BASED, (UP002 = 2), GO TO SECTION CI.

ELSE GO TO UP026.

UP026

Do you provide care for {CHILD} {and {TWIN}} in the home where {he/she/they} {live/lives}?

ENTER YES IF CARE IS PROVIDED IN CHILD'S HOME OR IN BOTH CHILD'S HOME AND ANOTHER'S HOME.

YES...1
NO..2   (UP029)
REFUSED..RF
DON'T KNOW...DK

UP028

Do you live with {CHILD} {and {TWIN}}?

PROBE: This can include living in an in-law suite, above the garage, or in quarters attached to the house.

YES...1
NO..2
REFUSED..RF
DON'T KNOW...DK

UP029

Can you tell me what you prefer to be called in your role as an early childhood professional? Do you prefer to be called a teacher, a provider, or a caregiver?

TEACHER 1   (CF Section)
PROVIDER 2   (CF Section)
CAREGIVER..3   (CF Section)

LATER FILLS:
If UP029 = 1 or TC005a = 1 then
{caregiver/provider/teacher} = teacher
{caring for/teaching} = teaching
{care for/teach} = teach
{caregiving/teaching} = teaching
{care/instruction} = instruction
{direct care/instruction} = instruction
{providing care/teaching} = teaching
{teach/care for} = teach
{teaching/child care} = teaching

IF UP029 = 2 or TC005a = 2 then
{caregiver/provider/teacher} = provider
{caring for/teaching} = caring for
{care for/teach} = care for
{caregiving/teaching} =caregiving
{care/instruction} = care
{direct care/instruction} = direct care
{providing care/teaching} = providing care
{teach/care for} = care for
{teaching/child care} = child care

If UP029 = 3 or TC005a = 3 then
{caregiver/provider/teacher} = caregiver
{caring for/teaching} = caring for
{care for/teach} = care for
{caregiving/teaching} = caregiving
{care/instruction} = care
{direct care/instruction} = direct care
{providing care/teaching} = providing care
{teach/care for} = care for
{teaching/child care} = child care

UP030BX

IF HOME-BASED (UP002 = 1) GO TO SECTION CF.

ELSE, GO TO SECTION CI.

GO TO SECTION CI

SECTION 2-CI: CENTER INFORMATION

SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR

CI001BX

IF UP005 [ADMTEACH] = 2, GO TO TC005.

ELSE GO TO CI001 [ADCONSNT].

CI001

DISPLAY INSTRUCTIONS:

Display "40" if the administrator is also the teacher.

Else, display "10."

This interview takes about 10 minutes and asks about your {center's/school's} program and staffing. We will send your center $20 to thank you for doing the interview. What you tell us in this study is private, and will be kept private to the fullest extent allowed by law. We will not tell parents anything you say during the interview or report information about individual caregivers, teachers, children, or programs. What you tell us will be combined with information from other interviews for research and statistical reports. Taking part in the study is completely voluntary. You do not have to take part. You may stop at any time or choose not to answer a question you do not want to answer. There are no penalties whether or not you choose to take part.

Do I have your permission to begin the interview?

```
        YES ....................................................................1
        NO (INTERVIEW WILL TERMINATE) ........................2   (DoneOth)
```

CI002

DISPLAY INSTRUCTIONS:

If PUBLIC SCHOOL PREKINDERGARTEN in PK round, use "school."

If HEAD START PROGRAM in PK round use "program."

Else in PK round, use "center."

Let's start by talking about the structure and organization of your {school/center/program}

What type of program is {CHILD}{and {TWIN}} enrolled in?

```
        PUBLIC SCHOOL PREKINDERGARTEN ....................1   (CI010)
        PRIVATE SCHOOL PREKINDERGARTEN .................2   (CI010)
        A CHILD CARE CENTER  ...........................3   (CI010)
        HEAD START PROGRAM ............................4   (CI010)
        PRESCHOOL/NURSERY SCHOOL  ...........5   (CI010)
        PUBLIC AFTER-SCHOOL CARE .................6   (CI010)
        PRIVATE AFTER-SCHOOL CARE ...............7   (CI010)
        SOME OTHER PROGRAM (PLEASE SPECIFY) .........8
        REFUSED .......................................RF   (CI010)
        DON'T KNOW .....................................DK   (CI010)
```

CI005OS

PLEASE SPECIFY.

CI010

LATER FILLS: If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "program." Else, display "center."

In what type of place is your program located?

PROBE: Is it located in a religious building, school, workplace, or in its own building?

YOUR HOME 1	(CI018)
ANOTHER HOME...2	(CI018)
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP 3	(CI018)
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 4	(CI018)
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 5	(CI018)
A COLLEGE OR UNIVERSITY 6	(CI018)
A COMMUNITY CENTER 7	(CI018)
A PUBLIC LIBRARY...8	(CI018)
ITS OWN BUILDING..9	(CI018)
MORE THAN ONE PLACE..................................10	(CI018)
OFFICE BUILDING 11	(CI018)
SOME OTHER PLACE 91	
REFUSED...RF	(CI018)
DON'T KNOW..DK	(CI018)

CI011

ENTER OTHER PLACE.

CI018

Is the organization that legally administers your program a public organization or a private organization?

PROBE: A public organization is a government organization such as a public school or a government social services agency.

PUBLIC ORGANIZATION...................................1	
PRIVATE ORGANIZATION 2	(CI023)
REFUSED...RF	(CI023)
DON'T KNOW..DK	(CI023)

CI019

Is the public organization that administers your program a public elementary, middle, or junior high school or a public school district?

YES..1
NO...2
REFUSED..RF
DON'T KNOW...DK

CI023   **HELP AVAILABLE**

What type of organization sponsors your {center/program}?

CODE ALL THAT APPLY.

PROBE: Is your program sponsored by an organization?

HEAD START..1   (CI030a)
SOCIAL SERVICE ORGANIZATION OR AGENCY 2   (CI030a)
CHURCH OR RELIGIOUS GROUP...3   (CI030a)
PUBLIC SCHOOL/BOARD OF EDUCATION..............................4   (CI030a)
PRIVATE SCHOOL, RELIGIOUS...5   (CI030a)
PRIVATE SCHOOL, NON-RELIGIOUS.......................................6   (CI030a)
COLLEGE OR UNIVERSITY...7   (CI030a)
PRIVATE COMPANY OR INDIVIDUAL 8   (CI030a)
NON-GOVERNMENT COMMUNITY ORGANIZATION.............9   (CI030a)
STATE OR LOCAL GOVERNMENT 10   (CI030a)
SOME OTHER TYPE OF SPONSORING AGENCY
   (SPECIFY) 91
REFUSED..RF   (CI030a)
DON'T KNOW...DK   (CI030a)

CI024

ENTER OTHER TYPE OF SPONSORING AGENCY.

CI030a   **HELP AVAILABLE**

Is your {center/program} accredited by any national, state, or local organization?

DISPLAY: DO NOT PROBE FOR "EXEMPT" IF PARTICIPANT RESPONDS "NO"

YES..1
NO...2   (CI045e)
NO, EXEMPT...3   (CI045e)
REFUSED..RF
DON'T KNOW...DK

CI030c   **HELP AVAILABE**

Is your {center/program} licensed by any national, state, or local organization?

> YES 1
> NO 2 (CI045e)
> REFUSED ....RF (CI045e)
> DON'T KNOW ....DK (CI045e)

CI040   **HELP AVAILABLE**

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "teach."

Else, display "care for."

How many children are you licensed to {care for/teach}?

ENTER "0" IF CENTER IS NOT LICENSED OR EXEMPT FROM LICENSING.

FOR PROBE: If CI002 = 1 (public school prekindergarten), display "school." Else follow display instructions found at end of section UP.

PROBE: How many children of any age are permitted to be at the {center/program} at one time?

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 1 to 250.

Interviewer may override range up to 995.

> REFUSED ....RF
> DON'T KNOW ....DK

CI043

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "teach."

Else, display "care for."

How many 4- and 5-year old children are you licensed to {care for/teach}?

PROBE: How many 4- and 5-year old children are permitted to be at the {center/program} at one time?

ENTER NUMBER OF 4- AND 5-YEAR OLD CHILDREN.

Answer must be in the range from 0 to 100.

Interviewer may override range up to 200.

> REFUSED ....RF
> DON'T KNOW ....DK

CI045e

What is the average fee for 5-year-old children who attend the {center/program} full-time and whose parents pay in full?

PROBE: By full-time, we mean approximately 35-40 hours per week.

ENTER AMOUNT.

Answer must be in the range from 1.00 to 25000.00.

Interviewer may override range up to 40000.00.

IF FULL-TIME CARE IS NOT OFFERED, ENTER "-1."

IF RESPONDENT SAYS "NO FEE CHARGED" ENTER "0."

```
            NO FEE CHARGED ......................................................0   (CI053)
            REFUSED................................................................RF   (CI053)
            DON'T KNOW.........................................................DK   (CI053)
```

CI047

[What is the average fee for 5-year-old children who attend the {center/program} full-time and whose parents pay the full cost of {care/education}?]

ENTER UNIT.

```
            HOUR ...................................................................1
            DAY......................................................................2
            WEEK....................................................................3
            MONTH.................................................................4
            YEAR ...................................................................5
            OTHER (SPECIFY) ............................................91
```
[What is the unit for the fee paid to the program?]

CI049

SPECIFY OTHER UNIT.

CI053

Does your {school/center/program} receive any local, state, or government funding?

```
            YES......................................................................1
            NO........................................................................2
            REFUSED................................................................RF
            DON'T KNOW.........................................................DK
```

CI055BX

IF THE PROGRAM RECEIVES GOVERNMENT FUNDS (CI053 = 1), ASK CI055.

ELSE, SKIP TO SECTION ST.

CI055

Do you receive funds from…

> **a. Title 1?**
>
> **b. Title XX?**
>
> **c. Local or State funds?**
>
> **d. No Child Left Behind supplemental services funds?**
>
> **e. Other Grant Funds? (SPECIFY)**
>
>> YES..1 (Section ST)
>> NO...2 (Section ST)
>> REFUSED..RF (Section ST)
>> DON'T KNOW...DK (Section ST)

CI057

SPECIFY OTHER FUNDS.

GO TO SECTION ST

DoneOth

INTERVIEWER: IS THE ADMINISTRATOR REFUSING BECAUSE HE/SHE ALREADY COMPLETED THE ADMINSTRATOR SECTION FOR ANOTHER CHILD WHO ATTENDS THE SAME CENTER?

> YES..1
> NO...2 (AdminPending)

KnowOth

INTERVIEWER: DO YOU KNOW THE CASEID FOR THE CASE COMPLETED BY THIS ADMINISTRATOR?

> YES..1
> NO...2 (AdminPending)

OthID

INTERVIEWER: WHAT IS THE CASEID FOR THE CASE COMPLETED BY THIS ADMINISTRATOR?

AdminPending

BECAUSE CONSENT WAS REFUSED, THE ADMINISTRATION SECTION IS TERMINATING.

ENTER "1" TO CONTINUE

GO TO AdminRefBX

SECTION 3-ST: STAFFING

SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR

ST005

Now, I have some questions about you and your staff.

In months and years, how long have you been the administrator of this program?

IF LESS THAN 1 YEAR, ENTER "0" AND PROMPT FOR NUMBER OF MONTHS.

ENTER NUMBER OF YEARS.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 50.

REFUSED ....RF	(ST020)
DON'T KNOW ....DK	(ST020)

ST010

[In months and years, how long have you been the {director/administrator} at this {center/program}?]

IF LESS THAN 1 MONTH, ENTER "1."

ENTER NUMBER OF MONTHS.

Answer must be in the range from 0 to 11.

REFUSED...RF
DON'T KNOW...DK

ST019

How many total staff members, who work directly with children, are employed at the {center/program}? Include full and part time staff but do not include bus drivers, cooks, or other staff who do not work directly with children.

PROBE: Please include only {caregivers/teachers}, assistant {caregivers/teachers} and aides, {caregiver/teacher}-directors, administrative directors and other staff who work directly with children.

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF.

Answer must be in range from 1 to 30.

Interviewer may override range up to 50.

REFUSED...RF
DON'T KNOW ....DK

ST020

DISPLAY INSTRUCTIONS:

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "teachers" and "teacher."

Else, display "caregivers" and "caregiver."

Display current month as word month for MONTH, and current year minus 1 as four digit year for YEAR.

How many of the {center/program}'s staff members who work directly with children have you hired in the last 12 months, since {MONTH YEAR}? Include full and part time staff but do not include bus drivers, cooks, or other staff who do not work directly with children.

PROBE: Please include only {caregivers/teachers}, assistant {caregivers/teachers} and aides, {caregiver/teacher}-directors, administrative directors and other staff who work directly with children. The person hired does not have to still be employed to be included in the count.

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF HIRED IN THE LAST 12 MONTHS.

Answer must be in the range from 0 to 12.

Interviewer may override range up to 50.

REFUSED...RF
DON'T KNOW ....DK

ST025

DISPLAY INSTRUCTIONS:

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "teachers" and "teacher."

Else, display "caregivers" and "caregiver."

Display current month as word month for MONTH, and current year minus 1 as four digit year for YEAR.

How many of the {center's/program's} staff who work directly with children have left the program in the last 12 months, since {MONTH YEAR}? Include full and part time staff but do not include bus drivers, cooks, or other staff who do not work directly with children.

PROBE: Please include only {caregivers/teachers}, assistant {caregivers/teachers} and aides, {caregiver/teacher}-directors, administrative directors and other staff who work directly with children.

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF LEFT IN THE LAST 12 MONTHS.

Answer must be in the range from 0 to 12.

Interviewer may override range up to 50.

REFUSED...RF
DON'T KNOW ....DK

GO TO SECTION CS

SECTION 4-CS: CENTER SERVICES

SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR

CS005a-h   **HELP AVAILABLE**

Next, I would like to ask you about some of the services your {center/program} provides.

Does your {center/program} provide any of the following services to children or their families?

PROBE: This service can be provided by making referrals, or hosting other agencies who provide the services on or off site.

     a. **Physical screenings or examinations other than dental, hearing and vision?**

     b. **Dental screenings or examinations?**

     c. **Hearing screenings or examinations?**

     d. **Vision screenings or examinations?**

     e. **Speech/language screenings or evaluations?**

     f. **Developmental assessments?**

     g. **Assessments of social skills or behavior problems?**

     h. **Sick child care on an as-needed basis?**

              YES 1
              NO 2
              REFUSED ....RF
              DON'T KNOW ....DK

CS010

Do you serve meals or snacks to children in your {center/program}?

              YES 1
              NO 2 (CS016)
              REFUSED ....RF (CS016)
              DON'T KNOW ....DK (CS016)

CS013   **HELP AVAILABLE**

Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program or the Child Care Food Program for the meals and snacks you serve?

              YES 1
              NO 2
              REFUSED ....RF
              DON'T KNOW ....DK

CS016

Does your program collaborate with a Head Start or Early Head Start program to offer extended care or other services?

YES...1
NO...2   (Section TC)
REFUSED...RF
DON'T KNOW...DK

CS018

Did Head Start or Early Head Start require your center to make any changes to the {center/program} or the care you provide as a condition for making referrals?

YES...1
NO...2
REFUSED...RF
DON'T KNOW...DK

GO TO SECTION TC

ADMINENDBX

IF THE ADMINISTRATOR IS ALSO THE PROVIDER/TEACHER, GO TO SECTION CF.

IF THE ADMINISTRATOR IS NOT ALSO THE CAREGIVER/TEACHER AND SECTION AU HAS NOT BEEN COMPLETED, GO TO SECTION AU.

ADMINREFBX

IF THE TEACHER INTERVIEW HAS ALREADY BEEN COMPLETED, GO TO SECTION FI

ELSE, GO TO TEACHTRANS.

TeachTrans

THE ADMINISTRATOR PORTION OF THE INTERVIEW HAS BEEN {COMPLETED/COMPLETED FOR A DIFFERENT CHILD/REFUSED}.

PLEASE ASK THE ADMINISTRATOR TO SPEAK WITH THE CHILD'S

CAREGIVER/TEACHER AND BEGIN THAT PORTION OF THE INTERVIEW.

IS THE TEACHER AVAILABLE FOR THE INTERVIEW?

        YES..1   (Section TC)
        NO...2   (Break4Teach)

Break4Teach

USE "ALT-X" TO BREAK OUT OF THIS INTERVIEW.

YOU CAN RESUME THE INTERVIEW WHEN THE CAREGIVER/TEACHER IS AVAILABLE.

                BEGIN TEACHER/PROVIDER PORTION OF THE INTERVIEW.

SECTION 5-TC: TRANSITION TO CAREGIVER/TEACHER

SECTION IS ADMINISTERED TO
THE CENTER-BASED CAREGIVER/PROVIDER/TEACHER

TC004BX

IF UP005 [ADMTEACH] = 3, GO TO TC005A [PROVTYPE2].

ELSE GO TO TC005 [CONSENT2].

TC005

DISPLAY INSTRUCTIONS:

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "teachers."

Else, display "caregivers."

This interview takes about 30 minutes and includes questions about your relationship with {CHILD}{and TWIN}}, {his/her/their} development, and your background and beliefs about teaching children. We will send your {center/program} $20 to thank you for agreeing to do the interview. What you tell us in this study is private, and will be kept private to the fullest extent allowed by law. We will not tell parents anything you say during the interview or report information about individual teachers, children or programs. What you tell us will be combined with information from other interviews for research and statistical reports. Taking part in the study is completely voluntary. You do not have to take part. You may stop at any time or choose not to answer a question you do not want to answer. There are no penalties if you choose not to take part.

Do I have your permission to start the interview?

```
YES...................................................................................1
NO (INTERVIEW WILL TERMINATE).........................2   BREAKOFF
```

TC005a

Can you tell me what you prefer to be called in your role as an early childhood professional? Do you prefer to be called a teacher, a provider, or a caregiver?

```
TEACHER ...................................................................1   (CF Section)
PROVIDER ..................................................................2   (CF Section)
CAREGIVER................................................................3   (CF Section)
```

LATER FILLS:
If UP029 = 1 or TC005a = 1 then
{caregiver/provider/teacher} = teacher
{caring for/teaching} = teaching
{care for/teach} = teach
{caregiving/teaching} = teaching
{care/instruction} = instruction
{direct care/instruction} = instruction
{providing care/teaching} = teaching
{teach/care for} = teach
{teaching/child care} = teaching

IF UP029 = 2 or TC005a = 2 then
{caregiver/provider/teacher} = provider
{caring for/teaching} = caring for
{care for/teach} = care for
{caregiving/teaching} =caregiving
{care/instruction} = care
{direct care/instruction} = direct care
{providing care/teaching} = providing care
{teach/care for} = care for
{teaching/child care} = child care

If UP029 = 3 or TC005a = 3 then
{caregiver/provider/teacher} = caregiver
{caring for/teaching} = caring for
{care for/teach} = care for
{caregiving/teaching} = caregiving
{care/instruction} = care
{direct care/instruction} = direct care
{providing care/teaching} = providing care
{teach/care for} = care for
{teaching/child care} = child care

GO TO SECTION CF

SECTION 6-CF: CARE OF FOCAL CHILD

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

CF002PRE

FILL INSTRUCTIONS:

If home based (UP002, [LOCATION] = 1), display "you."

If center-based (UP002, [LOCATION] = 2), display "your administrator.

For some questions I ask you, there will be a long list of possible responses you can give. We recently mailed a packet of Response Cards to {you/your administrator}. Please get those out and have them handy while we begin. I'd like to start our discussion with some questions about {CHILD}{and {TWIN}}.

CF005

How many months have you been {caring for/teaching} {CHILD/TWIN}?

IF LESS THAN ONE MONTH, ENTER "1" MONTH.

ENTER MONTHS.

Answer must be in the range from 1 to 80.

                    REFUSED...RF
                    DON'T KNOW...DK

CF010

Typically, how many days each week do you {care for/teach} {CHILD/TWIN}?

ENTER NUMBER OF DAYS.

Answer must be in the range from 1 to 7.

                    REFUSED...RF
                    DON'T KNOW...DK

CF015

How many hours each week do you {care for/teach} {CHILD/TWIN}?

PROBE: How many hours would that be?

ENTER NUMBER OF HOURS PER WEEK.

Answer must be in the range from 1 to 60.

Interviewer may override range up to 100.

                    REFUSED...RF
                    DON'T KNOW...DK

If CF015 > CF010, display check message:

YOU REPORTED ABOVE THAT RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF010} DAYS PERWEEK. PLEASE CORRECT RESPONSE HERE OR AT CF010.

CF040   **HELP AVAILABLE**

Including yourself, how many adults usually help {care for/teach} {CHILD}{and {TWIN}} at the same time?

IF RESPONDENT ANSWERS "IT VARIES," ASK FOR THE MAJORITY OF TIME CHILD IS IN CARE.

PROBE: The number of adults includes volunteers who usually help care for children.

ENTER NUMBER OF ADULTS.

Answer must be in the range from 1 to 4.

Interviewer may override range up to 9.

REFUSED...RF	
DON'T KNOW...DK	

CF055a   **HELP AVAILABLE**

What is your primary language?

PROBE: What language do you speak the most in general, not just while you are caring for children?

DISPLAY: IF RESPONDENT'S PRIMARY LANGUAGE IS NOT ON THE LIST, ENTER "91."

ENGLISH 1	(CF055c)
ARABIC 2	(CF055c)
CHINESE...3	(CF055c)
FILIPINO LANGUAGE..4	(CF055c)
FRENCH..5	(CF055c)
GERMAN 6	(CF055c)
GREEK 7	(CF055c)
ITALIAN 8	(CF055c)
JAPANESE..9	(CF055c)
KOREAN..10	(CF055c)
POLISH 11	(CF055c)
PORTUGUESE 12	(CF055c)
SPANISH...13	(CF055c)
VIETNAMESE..14	(CF055c)
AFRICAN...15	(CF055c)
EAST EUROPEAN 16	(CF055c)
NATIVE AMERICAN 17	(CF055c)
SIGN LANGUAGE..18	(CF055c)
MIDDLE EASTERN..19	(CF055c)
WEST EUROPEAN 20	(CF055c)
INDIAN SUBCONTINENT...21	(CF055c)
SOUTHEAST ASIAN...22	(CF055c)
PACIFIC ISLAND 23	(CF055c)
SOME OTHER LANGUAGE (SPECIFY) 91	
REFUSED...RF	(CF055c)
DON'T KNOW...DK	(CF055c)

28

CF055b

SPECIFY OTHER LANGUAGE.

CF055c   **HELP AVAILABLE**

What language or languages do you speak most when {caring for/teaching} {CHILD}{and {TWIN}}?

DISPLAY: IF RESPONDENT'S PRIMARY LANGUAGE IS NOT ON THE LIST, ENTER "91."

CODE ALL THAT APPLY.

ENGLISH	1	(OC Section)
ARABIC	2	(OC Section)
CHINESE	3	(OC Section)
FILIPINO LANGUAGE	4	(OC Section)
FRENCH	5	(OC Section)
GERMAN	6	(OC Section)
GREEK	7	(OC Section)
ITALIAN	8	(OC Section)
JAPANESE	9	(OC Section)
KOREAN	10	(OC Section)
POLISH	11	(OC Section)
PORTUGUESE	12	(OC Section)
SPANISH	13	(OC Section)
VIETNAMESE	14	(OC Section)
AFRICAN	15	(OC Section)
EAST EUROPEAN	16	(OC Section)
NATIVE AMERICAN	17	(OC Section)
SIGN LANGUAGE	18	(OC Section)
MIDDLE EASTERN	19	(OC Section)
WEST EUROPEAN	20	(OC Section)
INDIAN SUBCONTINENT	21	(OC Section)
SOUTHEAST ASIAN	22	(OC Section)
PACIFIC ISLAND	23	(OC Section)
SOME OTHER LANGUAGE (SPECIFY)	91	
REFUSED	RF	(OC Section)
DON'T KNOW	DK	(OC Section)

CF056

SPECIFY OTHER LANGUAGE.

GO TO SECTION OC

SECTION 7-OC: OTHER CHILDREN IN CARE/CLASS

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

OC005

Do you {care for/teach} other children at the same time that you are {caring for/teaching} {CHILD}{and {TWIN}}?

          YES..1
          NO..2   (CD section)
          REFUSED...RF   (CD section)
          DON'T KNOW...DK   (CD section)

OC010   **HELP AVAILABLE**

Now I'd like to ask you a few questions about the other children that you {care for/teach}. For these questions, please do NOT include {CHILD}{and {TWIN}} in your answers.

How many children do you typically {care for/teach} at the same time as {CHILD}{and {TWIN}}?

DISPLAY FOR HOME-BASED ONLY: Please include your own children and children you {care for/teach} before and after school, but do NOT include {CHILD}{and TWIN}}.

DISPLAY FOR CENTER-BASED ONLY: Do NOT include {CHILD}{and TWIN}}.

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 1 to 25.

Interviewer may override range up to 50.

          REFUSED...RF
          DON'T KNOW...DK

OC050   **HELP AVAILABLE**

How many of the other children that you currently {care for/teach} at the same time as {CHILD} {and {TWIN}} have special health needs? This includes those children with a diagnosed physical, cognitive, or behavioral disability, with a chronic illness or medical problem, or with emotional problems.

ENTER NUMBER OF CHILDREN WITH SPECIAL NEEDS.

Answer must be in the range from 0 to 10.

Interviewer may override range up to 50.

          REFUSED...RF
          DON'T KNOW...DK

GO TO SECTION CD

SECTION 8-CD: CHILD DEVELOPMENT
SECTION IS ADMINISTERED TO CAREGIVER/PROVIDER/TEACHER

CD002PRE

Next, I would like to ask you some questions about {CHILD/TWIN}.

CD015

SECTION 9-CB: CAREGIVER BELIEFS AND ATTITUDES

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

CB040PRE

Now, I'd like to talk to you about your beliefs about children's readiness for school.

CB040a-p

How important do you believe the following characteristics are for a child to be ready for kindergarten? Would you say not important, not very important, somewhat important, very important, or essential…

Please choose your response from Response Card number 2.

    a. **Finishes tasks.**

    b. **Can count to 20 or more.**

    c. **Takes turns and shares.**

    d. **Has good problem-solving skills.**

    e. **Is able to use pencils and paint brushes.**

    f. **Is not disruptive of the class.**

    g. **Knows the English language.**

    h. **Is sensitive to other children's feelings.**

    i. **Sits still and pays attention.**

    j. **Knows most of the letters of the alphabet.**

    k. **Can follow directions.**

    l. **Identifies primary colors and shapes.**

HELP AVAILABLE

    m. **Communicates needs, wants, and thoughts verbally in his or her primary language.**

    n. **writes own name.**

    o. **reads or pretends to read storybooks.**

    p. **cooperates with the teacher on classroom activities.**

```
NOT IMPORTANT .......................................................... 1
NOT VERY IMPORTANT ............................................. 2
SOMEWHAT IMPORTANT .......................................... 3
VERY IMPORTANT ...................................................... 4
ESSENTIAL .................................................................. 5
REFUSED ................................................................... RF
DON'T KNOW ............................................................ DK
```

CB041BX

HOME-BASED GO TO SECTION LE.

CB045a

In some {centers/programs}, special efforts are made to make the transition into kindergarten less difficult for children. Do you, or someone at the {center/program}, phone or send home information about the kindergarten program to parents?

YES...1
NO...2
REFUSED..RF
DON'T KNOW...DK

GO TO SECTION LE

SECTION 10-LE: LEARNING ENVIRONMENT

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

LE005

FILL INSTRUCTIONS:

If home-based (UP002 = 1) display care.

If center-based (UP002 = 2) display classroom.

Now, I would like to ask you a few questions about the toys and materials available to {CHILD}{and {TWIN}} while {he/she/they} {is/are} in your {care/classroom}, and about the activities that you do.

About how many children's books are available to the {him/her/them}?

PROBE: Please only include books for children.

ENTER NUMBER OF BOOKS.

Answer must be in range from 0 to 250.

Interviewer may override range up to 1000.

```
REFUSED..................................................................RF
DON'T KNOW.............................................................DK
```

LE015

Do you have a computer available for the {him/her/them} to use?

```
YES.......................................................................1
NO........................................................................2   (LE022BX)
REFUSED...............................................................RF   (LE022BX)
DON'T KNOW.........................................................DK   (LE022BX)
```

LE020a

How many days per week in a typical week does {CHILD/TWIN} use the computer?

```
NEVER .................................................................0   (LE022BX)
ONE .....................................................................1
TWO .....................................................................2
THREE .................................................................3
FOUR....................................................................4
FIVE .....................................................................5
SIX........................................................................6
SEVEN .................................................................7
REFUSED...............................................................RF
DON'T KNOW.........................................................DK
```
If LE020a > CF010, display check message:

YOU REPORTED ABOVE THAT RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF010} DAYS PERWEEK. PLEASE CORRECT RESPONSE HERE OR AT CF010.

LE020b

On an average how many minutes per day does {CHILD/TWIN} use the computer?

ENTER MINUTES.

Answer must be in the range from 0 to 90.

Interviewer may override range up to 500.

```
REFUSED...................................................................RF
DON'T KNOW...........................................................DK
```

If LE020b > CF015, display check message:

YOU REPORTED ABOVE THAT RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF015} HOURS PER WEEK. PLEASE CORRECT RESPONSE HERE OR AT CF015.

LE022BX

IF HOME-BASED (UP002 = 1), GO TO LE029.

LE025a-i

Does your classroom have the following interest areas or centers for activities?

    a. **Reading area with books.**

    b. **Listening center.**

    c. **Writing center or area.**

    d. **Blocks or construction area.**

    e. **Math area with things for children to count, measure, compare, or sort.**

    f. **Area for playing with puzzles, board games, and small blocks.**

    g. **Water or sand table.**

    h. **Dramatic play area or corner.**

    i. **Art area.**

```
YES.......................................................................1
NO.........................................................................2
REFUSED...............................................................RF
DON'T KNOW........................................................DK
```

LE029BX

IF HOME-BASED (UP002 =1), SKIP LE029 T, U, AND Y.

LE029

I'm going to read a list of activities offered by programs. For each activity I mention, please tell me whether it is offered daily, weekly, monthly, occasionally, as needed, or never.

PROBE: By offered, we mean available for children to participate in.

Please choose your response from Response Card number 3.

a. **Creative arts or crafts such as painting, sewing, or carpentry.**

b. **Construction or building with hollow blocks, Lego, or sand.**

c. **Science activities or experiments.**

d. **Board or card games, puzzles.**

e. **Reading independently or in small groups.**

f. **Being read to, alone or as a class.**

g. **Creative writing.**

i. **Computer or electronic games.**

j. **Television watching.**

k. **Video or movie viewing.**

l. **Cooking or food preparation.**

m. **Dramatic play.**

n. **Unstructured dramatic play or dress up play.**

o. **Storytelling, role-playing, or theatrical activities.**

p. **Musical activities, including singing and dance.**

q. **Movement, dance, or exercise activities.**

r. **Musicmaking, music appreciation or singing activities.**

s. **Unstructured physically active play such as running or swimming.**

t. **Organized individual skill-building sports such as swimming, track, field, gymnastics.**

u. **Organized team sports such as soccer.**

v. **Field trips, excursions.**

w. **Socializing.**

x. **Tutoring.**

y. **Formal guidance or psychological counseling or therapy.**

z. **Free time.**

DAILY 1
WEEKLY..2
MONTHLY 3
OCCASIONALLY 4
AS NEEDED 5
NEVER 6

LE030a-e

I am going to ask you about activities you might do with {CHILD/TWIN}. I will ask on average how many times per week you do each activity with {CHILD/TWIN}. This can be either alone or in a group. On average, how many times per week do you…

DISPLAY ON SCREEN: IF RESPONDENT SAYS "NEVER", ENTER "0."

> **a. Read books to {CHILD/TWIN}?**
>
> **b. Tell stories to {CHILD/TWIN}?**
>
> **c. Sing songs with {CHILD/TWIN}?**

HELP AVAILABLE

> **d. Play games or do puzzles with {CHILD/TWIN}?**
>
> **e. Build something or play with construction toys with {CHILD/TWIN}?**

ENTER NUMBER

Answer must be in the range from 0 to 21.

Interviewer may override range up to 50.

> REFUSED...RF
> DON'T KNOW..DK

LE045

FILL INSTRUCTIONS:

Fill date as today's date minus 1 month.

If home-based (UP002 = 1) and no other children in care (UP024 = 2 and OC005 = 2) display "CHILD."

If home-based (UP002 = 1) and CHILD and TWIN together in care (UP024 = 1) and no other children in care (OC005 = 2) display "CHILD and TWIN."

Else display "the group of children you care for."

In the past month, that is, since {MONTH} {DAY}, how many times have you and {the group of children you care for/{CHILD}{and {TWIN}} visited the library?

ENTER NUMBER OF TIMES.

Answer must be in the range from 0 to 16.

> REFUSED...RF
> DON'T KNOW..DK

LE050

FILL INSTRUCTIONS:

If home-based (UP002 = 1) display "care."

If center-based (UP002 = 2) display "class."

On average, about how many hours a day does {CHILD/TWIN} watch television or videos while in your {care/class}?

IF RESPONDENT REPORTS NOT OWNING A TV OR NO TV IN CENTER OR CHILD DOES NOT WATCH TV, ENTER "95."

IF LESS THAN ONE HOUR, ENTER "0."

ENTER RESPONSE.

Answer must be in the range from 0 to 4.

Interviewer may override range up to 24.

> REFUSED..RF
> DON'T KNOW...DK

LE051BX

IF CENTER-BASED (UP002 = 2), GO TO SECTION CA.

LE053BX

IF HOME-BASED (UP002 = 1) AND CARE IS PROVIDED IN CHILD'S HOME (UP026 = 1),

GO TO SECTION CA.

LE085a

Do you provide meals or snacks while {CHILD}(and {TWIN}} {is/are} in your care?

> YES..1
> NO..2 (CA Section)
> REFUSED..RF (CA Section)
> DON'T KNOW...DK (CA Section)

LE085b   **HELP AVAILABLE**

Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program (CACFP) or the Child Care Food Program for the meals and snacks you serve?

> YES..1
> NO..2
> REFUSED..RF
> DON'T KNOW...DK

GO TO SECTION CA

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

CA001PRE

Now, I'd like to ask you some questions about your curriculum and activities.

CA005BX

IF HOME-BASED (UP002 = 1), GO TO CA030A-K.

CA005

Do {caregivers/teachers/providers} follow a written curriculum when planning activities for the children in their group?

YES 1
NO 2
REFUSED ....RF
DON'T KNOW ....DK

CA025a-d

DISPLAY INSTRUCTIONS:

If home-based (UP002 = 1) and no other children in care (UP024 = 2 and OC005 = 2) display "CHILD" and "adult directed."

If home-based (UP002 = 1) and CHILD and TWIN together in care (UP024 = 1) and no other children in care (OC005 = 2) display "CHILD and TWIN" and "adult directed individual."

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "the children in your class" and "adult-directed individual."

Else, display "the children in your care" and "adult directed individual."

We would like you to tell us how you spend a typical day with {the children in your class/the children in your care/{CHILD}}.

Not including lunch or nap breaks, how much time per day {do/does} {the children in your class/the children in your care/{CHILD}} spend in the following kinds of activities? [READ ITEM]

CA025APREBX

IF OC005 = 1 (OTHER CHILDREN IN CARE BESIDES CHILD AND TWIN), GO TO CA025A

ELSE, GO TO CA025C

---

a. **Adult-directed whole class activities**
b. **Adult-directed small group activities**
c. **{Adult-directed individual/adult-directed} activities**
d. **Child-selected activities**

ENTER HOURS_____.

Answer must be in range from 0 to 4.

Interviewer may override range up to 10.

MINUTES_____

Answer must be in range from 0 to 59.

REFUSED..RF
DON'T KNOW..DK

CA030a-k

FILL INSTRUCTIONS for CA030a-k, CA035a-j, AND CA037:

If home-based (UP002 = 1) and no other children in care (UP024 = 2 and OC005 = 2) display "CHILD."

If home-based (UP002 = 1) and CHILD and TWIN together in care (UP024 = 1) and no other children in care (OC005 = 2) display "CHILD and TWIN."

If Head Start (CI002 = 4) or public school prekindergarten (CI002 = 1) display "the children in your class."

Else, display "the children in your care."

How often {do/does} {the children in your class/the children in your care/{CHILD} {and {TWIN}} do each of the following reading and language activities?

Would you say about once a month or less, two or three times a month, once or twice a week, three or four times a week, or everyday?

Please choose your response from Response Card number 4.

   a.   **Work on learning names of letters.**
   b.   **Practice writing the letters of the alphabet.**
   c.   **Discuss new words.**
   d.   **Tell stories to a {caregiver/teacher/provider}.**
   e.   **Work on phonics.**
   f.   **Listen to you read stories where they see the print, for example, Big Books.**
   g.   **Listen to you read stories but they don't see the print.**
   h.   **Retell stories.**
   i.   **Learn about conventions of print, for example, left to right orientation, book holding.**
   j.   **Write own name.**
   k.   **Learn about rhyming words and word families.**

   ABOUT ONCE A MONTH OR LESS 1
   TWO OR THREE TIMES A MONTH 2
   ONCE OR TWICE A WEEK 3
   THREE OR FOUR TIMES A WEEK 4
   EVERYDAY 5
   REFUSED..RF
   DON'T KNOW...DK

CA035a-j

How often {do/does} {the children in your class/the children in your care/{CHILD} {and {TWIN}} do each of the following math activities?

Would you say about once a month or less, two or three times a month, once or twice a week, three or four times a week, or everyday?

Please choose your response from Response Card number 4.

    a. **Count out loud.**

    b. **Work with geometric manipulatives, for example, parquetry blocks, or shape puzzles.**

    c. **Work with counting manipulatives, for example, things for children to count, measure, compare, or sort and to learn basic operations, such as adding or subtracting.**

    d. **Play math-related games.**

    e. **Use music to understand math concepts.**

    f. **Use creative movement or creative drama to understand math concepts.**

    g. **Work with rulers, measuring cups, spoons, or other measuring instruments.**

    h. **Engage in calendar-related activities.**

    i. **Engage in activities related to telling time.**

    j. **Engage in activities that involve shapes and patterns.**

        ABOUT ONCE A MONTH OR LESS 1
        TWO OR THREE TIMES A MONTH 2
        ONCE OR TWICE A WEEK 3
        THREE OR FOUR TIMES A WEEK 4
        EVERYDAY 5
        REFUSED...RF
        DON'T KNOW..DK

CA037

In a typical day, how much time {{do/does} {the children in your class/the children in your care/{CHILD} {and {TWIN}} spend in the following activities?

DISPLAY INSTRUCTIONS: ENTER IN MINUTES (NOT HOURS)

DISPLAY EDIT CHECK IF ANSWER IS 5 OR LESS: PLEASE MAKE SURE YOU ARE ENTERING MINUTES, NOT HOURS. PRESS ENTER TO CORRECT OR "S" TO SUPPRESS.

    a. **Lunch.**

    b. **Free play indoors.**

    c. **Free play outdoors.**

Answer must be in range from 0 to 240.

Interviewer may override range up to 480.

        MINUTES _____
        REFUSED...RF

        DON'T KNOW..DK

GO TO SECTION BK

SECTION 12-BK: CAREGIVER BACKGROUND

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

BK008

Next I have some questions about you.

CODE IF KNOWN, OTHERWISE ASK:

Are you female or male?

> MALE 1
> FEMALE 2
> REFUSED...RF
> DON'T KNOW..DK

BK010

In what month and year were you born?

ENTER MONTH.

Answer must be in the range from 1 to 12.

> REFUSED...RF
> DON'T KNOW..DK

BK012

ENTER YEAR.

Answer must be in the range from 1910 to 1992.

> REFUSED...RF
> DON'T KNOW..DK

BK025   **HELP AVAILABLE**

Are you of Spanish, Hispanic, or Latino origin?

> YES...1
> NO 2
> REFUSED...RF
> DON'T KNOW ....DK

What is your race?

Please choose your answer from Response Card number 5.

CODE ALL THAT APPLY.

         AMERICAN INDIAN OR ALASKA NATIVE 1   (BK070)
         ASIAN 2   (BK070)
         BLACK OR AFRICAN AMERICAN...3   (BK070)
         NATIVE HAWAIIN OR OTHER PACIFIC ISLANDER.................4   (BK070)
         WHITE...5   (BK070)
         ANOTHER RACE (SPECIFY) 6   (BK039)
         REFUSED...RF   (BK070)
         DON'T KNOW ....DK   (BK070)

BK039

ENTER ANOTHER RACE (SPECIFY).

[Please specify any other race that you are].

         REFUSED..RF
         DON'T KNOW...DK

BK070   **HELP AVAILABLE**

What is the highest level of school you have completed?

NO FORMAL SCHOOLING 0
1ST GRADE 1
2ND GRADE 2
3RD GRADE 3
4TH GRADE 4
5TH GRADE 5
6TH GRADE 6
7TH GRADE 7
8TH GRADE 8
9TH GRADE 9
10TH GRADE 10
11TH GRADE 11
12TH GRADE BUT NO DIPLOMA 12
HIGH SCHOOL DIPLOMA/EQUIVALENT 13
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH
  DIPLOMA 14
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 15
SOME COLLEGE BUT NO DEGREE 16
ASSOCIATE'S DEGREE 17
BACHELOR'S DEGREE 18
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE 19
MASTER'S DEGREE (MA, MS) 20
DOCTORATE DEGREE (PHD, EDD)..21
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS,
  JD, LLB ETC.) 22
REFUSED..RF
DON'T KNOW...DK

If respondent is a minor (CALCAGE < 18) and reports having an associate's degree or higher (BK070 = 17-22), display check message:

YOU REPORTED THAT THE HIGHEST LEVEL OF SCHOOL RESPONDENT HAS COMPLETED IS {BK070}. IF THAT IS CORRECT, PRESS "S." IF NOT, CORRECT HERE.

BK074BX

IF RESPONDENT IS A MINOR (CALCAGE < 18), THEN SKIP TO BK075BX.

ELSE, GO TO BK074.

BK074   **HELP AVAILABLE**

Do you have a Child Development Associate (CDA) credential?

YES 1
NO..2
REFUSED..RF
DON'T KNOW...DK

IF BK070 = 0 – 14 OR RF OR DK, THEN SKIP TO BK120.

IF BK070 = 15 – 22, GO TO BK075.

BK075   **HELP AVAILABLE**

Do you have any college degree in early childhood education or a related field other than Child Development Associate (CDA) credential?

PROBE: Related fields include nursing, psychology, elementary education, social work, speech pathology, or special education.

> YES 1
> NO...2
> REFUSED...RF
> DON'T KNOW...DK

If respondent is a minor (CALCAGE < 18), and reports having a college degree (BK075 = 1), display check message:

YOU REPORTED RESPONDENT HAS A COLLEGE DEGREE IN EARLY CHILDHOOD EDUCATION OR A RELATED FIELD. IF THAT IS CORRECT, PRESS "S." IF NOT, CORRECT HERE.

BK120

Not counting raising your own children, how long have you been providing child care or working in the early education field? Please give your best estimate in years and months.

IF LESS THAN 1 YEAR, ENTER "0" YEARS AND PROMPT FOR MONTHS.

ENTER NUMBER OF YEARS.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 70.

> REFUSED...RF   (BK126)
> DON'T KNOW...DK   (BK126)

BK122

[Not counting raising your own children, how long have you been providing child care or working in the early education field? Please give your best estimate in years and months.]

ENTER NUMBER OF MONTHS.

Answer must be in the range from 0 to 11.

> REFUSED...RF
> DON'T KNOW...DK

BK126a-c

Please tell me the extent to which you agree with each of the following statements on {providing care/teaching}. Tell me whether you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree.

Please choose your response from Response Card number 6.

    a. **I really enjoy my present {teaching job/child care position}.**

    b. **I am certain I am making a difference in the lives of the children I {teach/care for}.**

    c. **If I could start over, I would choose {teaching /child care} again as my career.**

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STRONGLY AGREE......................................................1
AGREE ......................................................................2
NEITHER AGREE OR DISAGREE...............................3
DISAGREE.................................................................4
STRONGLY DISAGREE ..............................................5
REFUSED...................................................................RF
DON'T KNOW............................................................DK
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BK127BX

IF CENTER-BASED (UP002 = 2), GO TO SECTION IC.

IF HOME-BASED (UP002 = 1) AND CARE IS PROVIDED IN CHILD'S HOME (UP026 = 1), GO TO SECTION IC.

ELSE, GO TO BK135A & B.

BK135a   **HELP AVAILABLE**

Does the state or community require a license to provide child care?

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YES...........................................................................1
NO.............................................................................2
REFUSED ..................................................................RF
DON'T KNOW ..........................................................DK
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BK135b   **HELP AVAILABLE**

Do you have any kind of state or community license for providing child care?

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YES...........................................................................1
NO.............................................................................2   (BK140)
REFUSED ..................................................................RF  (BK140)
DON'T KNOW ..........................................................DK  (BK140)
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BK136

How many 4- and 5-year old children are you licensed to care for at the same time?

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 100.

REFUSED ....RF
DON'T KNOW ....DK

BK140

Are you a member of a group that organizes family child care in your area?

YES..1
NO..2
REFUSED ....RF
DON'T KNOW ....DK

GO TO SECTION IC

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

IC002BX

IF RESPONDENT IS A MINOR (CALCAGE < 18) OR IS RELATED TO THE FOCAL CHILD (UP010 = 1), THEN GO TO ICO29BX.

ELSE, GO TO IC002PRE.

IC002PRE

The next questions ask about subsidies.

IC026

Do you accept children with subsidies?

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YES...................................................................................1
NO....................................................................................2   (IC029BX)
REFUSED.....................................................................RF   (IC029BX)
DON'T KNOW..............................................................DK   (IC029BX)
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IC028

Do you help parents link to subsidies or give parents information about payment assistance for child care that they may qualify for?

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YES...................................................................................1
NO....................................................................................2
REFUSED.....................................................................RF
DON'T KNOW..............................................................DK
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IC029BX

IF HOME-BASED (UP002 = 1) AND CARE IS NOT PROVIDED IN CHILD'S HOME (UP026 NE 1), GO TO SECTION AU.

IF CENTER-BASED (UP002 = 2), GO TO SECTION AU.

ELSE GO TO IC030.

IC030

Do you spend the night at least 5 days a week in {CHILD}{and {TWIN}}'s home?

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YES...................................................................................1
NO....................................................................................2   (SECTION AU)
CHILD LIVES IN RELATIVE'S HOME........................3   (SECTION AU)
REFUSED.....................................................................RF   (SECTION AU)
DON'T KNOW..............................................................DK   (SECTION AU)
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Do you pay for your own room and board expenses?

> YES...1
> NO..2
> REFUSED..RF
> DON'T KNOW...DK