

ECLS-B CHILD CARE PROVIDER INTERVIEW

SECTION UP - UPDATE TYPE OF CARE INFORMATION

UP000BX

PRELOAD THE FOLLOWING INFORMATION FROM THE 24-MONTH PARENT INTERVIEW:

1. CHILD/TWIN'S FULL NAME
2. CHILD/TWIN'S GENDER
3. CHILD/TWIN'S DATE OF BIRTH
4. CHILD/TWIN'S ID FROM PARENT INTERVIEW
5. PARENT/ RESPONDENT'S FULL NAME FROM 24-MONTH PARENT INTERVIEW
6. PARENT/RESPONDENT'S RELATIONSHIP TO CHILD FROM 24-MONTH PARENT INTERVIEW
7. FLAG FOR CARE PROVIDER WHERE CHILD SPENDS MOST HOURS (Based on 24-Month Parent Interview CC312BX, #8)
8. FLAG INDICATING CHILD CARE PROVIDED IN CHILD'S HOME (CC045/CC145 AS APPROPRIATE TO TYPE OF CARE)
9. FLAG INDICATING WHETHER CARE PROVIDER LIVES IN CHILD'S HOME (CC048/CC148 AS APPROPRIATE TO TYPE OF CARE)
10. FLAG INDICATING CHILD CARE IN A CENTER
11. TWIN HAS SAME CARE ARRANGEMENT AS CHILD (CC005)
12. TWIN HAS SAME CAREGIVER AS CHILD (CM095)
13. CENTER DIRECTOR NAME/PRIMARY PROVIDER NAME IN NON-CENTER (CM080/CM085), CENTER NAME (CM090) AND ADDRESS (CM115/CM120/CM125/CM130/CM135)
14. PHONE NUMBER FOR CARE PROVIDER (CM140)
15. PRIMARY CAREGIVER AT CENTER NAME (CM100, CM105)
16. ACYF FLAG (BOX CM055BX) AND HAS PERMISSION TO CONTACT (CM065)
17. COMMENTS FROM PARENTS (CM079)

FILLS:

{CHILD} display child's first name.

{CHILD'S FULL NAME} display child's first, middle and last name.

{TWIN} display twin's first name.

{TWIN'S FULL NAME} display twin's first, middle and last name.

If UP022 = YES and UP024 = YES or was not asked ({CHILD} and {TWIN} are in the same care), then use the "and {TWIN}" fill and all plural fills.

If, based on preloaded information, {CHILD} is male, use masculine fills (e.g. "his", "he", "him").

Else use feminine fills ("her", "she"), or for twins, use plural fills ("they").

CALCULATE AND STORE CHILD'S (AND TWIN'S) CURRENT AGE IN MONTHS USING THE PRELOADED DOB:

CHILD/TWIN'S AGE IN MONTHS = (TODAY'S YEAR*12 +TODAY'S MONTH) - (CHILD/TWIN'S BIRTH YEAR *12 +CHILD/TWIN'S BIRTH MONTH);

IF TODAY'S DAY < CHILD/TWIN'S BIRTH DAY, then AGE IN MONTHS=CHILD/TWIN'S AGE IN MONTHS-1;

THROUGHOUT THE CCP INTERVIEW, ALLOW DON'T KNOW AND REFUSED RESPONSES UNLESS OTHERWISE DIRECTED

24-MONTH FLAGS

Set a variable holding the date the CCP was first started. Do not change this value once set.

UP001

YOU HAVE ENTERED THE CCP INTERVIEW FOR CASE {CASEID}, {CHILD'S FULL NAME}{ AND {TWIN'S FULL NAME}}.

PRESS "1" AND THEN ENTER TO BEGIN THE INTERVIEW.

PRESS F10 TO BREAKOFF AND RETURN TO MAIN MENU.

Hard Range

1 to 1

UP002

DISPLAY INSTRUCTIONS:

Display "{FULL NAME OF PARENT/RESPONDENT}" from 24-month Parent Interview.

If flag indicates child care in CENTER (UP000BX #10), display "{a center, not located in a private home}".

Else, display "{a home}".

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

- 1 CARE IS PROVIDED IN A HOME
- 2 CARE IS PROVIDED IN A CENTER

UP003

DISPLAY INSTRUCTIONS:

If UP002=2 (CENTER), display "This interview takes about 30 minutes. Your part only takes about five minutes and asks about your center's program and staffing. We will send your center \$20 to thank you for agreeing to do the interview."

Else display, "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 caring for children. We will send you \$20, to thank you for doing the interview."

If case is selected for ACYF observation (UP000BX #16), display “We would also like to observe {CHILD} { and {TWIN}} while {he/she/they} {is/are} in your care at a time that is convenient to you. The observation will take about 3 hours and we will give you an additional \$30 to thank you”.

If case is selected for ACYF observation (UP000BX #16) AND UP002=2 (CENTER), also display “At that time we will also ask you to complete a 10-minute self-administered questionnaire.”

{This interview takes about 30 minutes. Your part only takes about five minutes and asks about your center’s program and staffing. We will send your center \$20 to thank you for agreeing to do the interview. /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 caring for children. We will send you \$20, to thank you for doing the interview.}}

{We would also like to observe {CHILD}{ and {TWIN}} while {he/she/they} {is/are} in your care, at a time that is convenient for you. The observation will take about 3 hours and we will give you an additional \$30 to thank you.} {At that time we will also ask you to complete a 10-minute self-administered questionnaire.}}

UP004

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 providers, children, or child care settings. 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.

PRESS “1” AND THEN ENTER TO CONTINUE

Hard Range

1 to 1

UP006

Do I have your permission to start the interview?

- 1 YES
- 2 NO

UP008BX

IF UP002=2 (CENTER CARE), GO TO UP020BX.

ELSE, GO TO UP010.

UP010

Are you related to {CHILD}?

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

- 1 YES
- 2 NO (UP020)

UP012

How are you related to {him/her}?

- 1 GRANDMOTHER (UP020BX)
- 2 AUNT (UP020BX)
- 3 SISTER (UP020BX)
- 4 UNCLE (UP020BX)
- 5 COUSIN (UP020BX)
- 6 GRANDFATHER (UP020BX)
- 7 MOTHER (UP016)
- 8 FATHER (UP016)
- 9 BROTHER (UP020BX)
- 10 OTHER RELATIVE (SPECIFY)

UP014

[How are you related to {him/her}??]

SPECIFY OTHER RELATIONSHIP

UP016

DISPLAY INSTRUCTIONS:

If UP012=7 DISPLAY "mother".

If UP012=8 DISPLAY "father".

IF RESPONDENT IS A MOTHER OR FATHER OF CHILD END INTERVIEW.

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} we cannot finish the interview. Thank you for your time.

PRESS "1" TO CONTINUE

Hard Range

1 to 1

UP017BX

IF UP012=7 OR 8, THEN BREAKOFF.

ELSE, GO TO UP020BX.

UP020BX

IF CASE HAS A TWIN FLAGGED IN PRELOAD AS HAVING THE SAME CHILD CARE, AND TYPE OF CHILD CARE IS CENTER, GO TO UP022.

IF CHILD HAS A TWIN FLAGGED IN PRELOAD AS HAVING THE SAME CHILD CARE PROVIDER, AND TYPE OF CARE IS RELATIVE OR NON-RELATIVE, GO TO UP024.

ELSE, GO TO UP025BX

UP022

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

- 1 YES
- 2 NO

(UP025BX)

UP024

Do {CHILD} {and {TWIN}} have the same primary child care provider? By primary child care provider, I mean the person who spends the most time taking care of them while they are in this child care setting.

- 1 YES
- 2 NO

UP025BX

IF TYPE OF CHILD CARE IS SET TO RELATIVE (UP010=1) OR NON-RELATIVE (UP010=2), GO TO UP026.

ELSE GO TO VERIFY.

UP026

DISPLAY INSTRUCTIONS:

If UP024 is YES, then display { and {TWIN}}. Else do not display.

If UP024 is YES, then display {live}. Else display {lives}.

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.

- 1 YES
- 2 NO

(VERIFY)

UP028

DISPLAY INSTRUCTIONS:

If UP024 is YES, then display {and {TWIN}}. Else do not display.

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.

- 1 YES
- 2 NO

VERIFY

DISPLAY INSTRUCTIONS:

CHILD {CHILD'S FULL NAME}
TWIN {TWIN'S FULL NAME}

LOCATION FILLS:

IF UP002=2 (CENTER), DISPLAY "CENTER" FOR {LOCATION}
IF UP002=1 (HOME), DISPLAY "HOME" FOR {LOCATION}

RELATION FILLS:

IF UP010=1 (RELATIVE), DISPLAY "YES" FOR {PROVIDER IS RELATED}
ELSE DISPLAY "NO" FOR {PROVIDER IS RELATED}
IF TYPE OF CARE IS RELATIVE (UP010=1), DISPLAY RELATIONSHIP TO CHILD FROM UP012 (IF UP012 = 1, DISPLAY "GRANDMOTHER"; UP012 = 2, DISPLAY "AUNT"; UP012 = 3, DISPLAY "SISTER"; UP012 = 4, DISPLAY "UNCLE"; UP012 = 5, DISPLAY "COUSIN"; UP012 = 6, DISPLAY "GRANDFATHER"; UP012 = 9, DISPLAY "BROTHER"; UP012 = 10, DISPLAY OTHER RELATIVE", ELSE DISPLAY "NOT RELATED")

PROVIDES CARE IN CHILD'S HOME:

IF UP026=1, DISPLAY "YES", ELSE, DISPLAY "NO"

PROVIDER LIVES WITH CHILD:

IF UP028=1 DISPLAY "YES", ELSE DISPLAY "NO"

CARE IS PROVIDED IN A {LOCATION}

PROVIDER IS RELATED: {YES/NO}

RELATIONSHIP:

{GRANDMOTHER/AUNT/SISTER/UNCLE/COUSIN/GRANDFATHER/BROTHER/OTHER RELATIVE/NOT RELATED}

PROVIDES CARE IN CHILD'S HOME: {YES/NO}

LIVES WITH CHILD: {YES/NO}

IF ALL OF THIS INFORMATION IS CORRECT, PRESS "1" TO CONTINUE.
IF ANY OF THE INFORMATION IS NOT CORRECT, PLEASE GO BACK TO THE ITEM AND
MAKE NECESSARY CHANGES

Hard Range

1 to 1

UP030BX

IF UP006=YES (CONSENT OBTAINED) AND TYPE OF CHILD CARE IS
CENTER-BASED, GO TO SECTION CI.

IF UP006=YES, AND TYPE OF CHILD CARE IS RELATIVE OR NON-RELATIVE,
GO TO SECTION CF.

ELSE, RETURN TO MAIN MENU.

SECTION CI - CENTER INFORMATION

CI002PRE

Let's start by talking about the structure and organization of the center.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

CI005

HELP AVAILABLE

Is your center nonprofit or for-profit?

- 1 NONPROFIT
- 2 FOR-PROFIT
- REFUSED
- DON'T KNOW

CI010

In what type of place or building is your program located?

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

- 2 ANOTHER HOME (CI013BX)
- 3 A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP (CI013BX)
- 4 A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL (CI013BX)
- 5 A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL (CI013BX)
- 6 A COLLEGE OR UNIVERSITY (CI013BX)
- 7 A COMMUNITY CENTER (CI013BX)
- 8 A PUBLIC LIBRARY (CI013BX)
- 9 ITS OWN BUILDING (CI013BX)
- 10 MORE THAN ONE PLACE (CI013BX)
- 11 PLACE OF EMPLOYMENT OR BUSINESS (CI013BX)
- 91 SOME OTHER PLACE (SPECIFY)
REFUSED (CI013BX)
DON'T KNOW (CI013BX)

CI011

[In what type of place or building is your program located?]

SPECIFY OTHER PLACE.

CI013BX

IF CI005 = 2 (FOR PROFIT), GO TO CI022.

ELSE, GO TO CI015.

CI015**HELP AVAILABLE****Is your program independent or is it sponsored by another organization, such as a church or community agency?**

- | | | |
|---|-------------|---------|
| 1 | INDEPENDENT | (CI022) |
| 2 | SPONSORED | |
| | REFUSED | (CI022) |
| | DON'T KNOW | (CI022) |

CI020**HELP AVAILABLE****What type of organization sponsors your center?**

CODE ALL THAT APPLY.

PROBE: Is your program sponsored by any other organization?

- | | | |
|----|--|---------|
| 1 | HEAD START | (CI022) |
| 2 | EARLY HEAD START | (CI022) |
| 3 | SOCIAL SERVICE ORGANIZATION OR AGENCY | (CI022) |
| 4 | CHURCH OR RELIGIOUS GROUP | (CI022) |
| 5 | PUBLIC SCHOOL/BOARD OF EDUCATION | (CI022) |
| 6 | PRIVATE SCHOOL, RELIGIOUS | (CI022) |
| 7 | PRIVATE SCHOOL, NON-RELIGIOUS | (CI022) |
| 8 | COLLEGE OR UNIVERSITY | (CI022) |
| 9 | PRIVATE COMPANY OR INDIVIDUAL | (CI022) |
| 10 | NON-GOVERNMENT COMMUNITY ORGANIZATION | (CI022) |
| 11 | STATE OR LOCAL GOVERNMENT | (CI022) |
| 91 | SOME OTHER TYPE OF SPONSORING AGENCY (SPECIFY) | |
| | REFUSED | (CI022) |
| | DON'T KNOW | (CI022) |

CI021**[What type of organization sponsors your center?]**

ENTER OTHER TYPE OF SPONSORING AGENCY.

CI022**HELP AVAILABLE****Is your center accredited by any national, state, or local organization?**

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON'T KNOW |

CI024BX

IF CI005 = 1 (NONPROFIT), GO TO CI040.

ELSE, GO TO CI025.

CI025

HELP AVAILABLE

Is your program part of a local chain, part of a national chain, or is it independently owned and operated?

- 1 LOCAL CHAIN
- 2 NATIONAL CHAIN
- 3 INDEPENDENTLY OWNED
- REFUSED
- DON'T KNOW

CI040

HELP AVAILABLE

How many children are you licensed to care for?

ENTER ZERO IF CENTER IS NOT LICENSED.

ENTER 995 IF CENTER IS EXEMPT FROM LICENSING.

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

ENTER NUMBER OF CHILDREN.

- Hard Range 0 to 995
- REFUSED (CI045)
- DON'T KNOW (CI045)

CI041BX

IF CI040 = 0, 995, REFUSED OR DON'T KNOW, GO TO CI045.

ELSE GO TO CI042.

CI042

How many 24-month-olds are you licensed to care for?

PROBE: How many 24-month-old children are permitted to be at the center at one time?

ENTER NUMBER OF 24-MONTH-OLDS.

- Hard Range 0 to 200
- REFUSED
- DON'T KNOW

CI045

What is the average fee for children 24 months old who attend the center full-time and whose parents pay the full cost of care?

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

ENTER AMOUNT.

- Hard Range 0 to 40000
- REFUSED (CI049BX)
- DON'T KNOW (CI049BX)

CI046

[What is the average fee for children 24 months old who attend the center full-time and whose parents pay the full cost of care?]

ENTER UNIT.

CI047

[What is the average fee for children 24 months old who attend the center full-time and whose parents pay the full cost of care?]

SPECIFY OTHER UNIT.

CI049BX

GO TO SECTION ST

SECTION ST - STAFFING

ST002PRE

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

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range 1 to 1

ST005

How long have you been the director at this center?

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

ENTER NUMBER OF YEARS.

Hard Range 0 to 50
REFUSED
DON'T KNOW

ST010

[How long have you been the director at this center?]

IF LESS THAN 1 MONTH, ENTER 1.

ENTER NUMBER OF MONTHS.

Hard Range 0 to 12
REFUSED
DON'T KNOW

ST015

How many of the caregivers on your payroll are full-time, that is, work 35 or more hours per week?

By caregiver, we mean staff, including yourself, who work directly with the children. Do not include bus drivers, cooks, or other staff who do not work directly with children.

PROBE: Also include assistant caregivers and aides, caregiver-directors, administrative directors and other staff who work directly with children.

ENTER NUMBER FULL TIME STAFF (35 HOURS OR MORE/WEEK).

Hard Range 0 to 60
REFUSED
DON'T KNOW

ST017

How many of the caregivers on your payroll are part-time, that is, work less than 35 hours per week?

[By caregiver, we mean staff, including yourself, who work directly with the children at least some of the time. Do not include bus drivers, cooks, or other staff who do not work directly with children.]

PROBE: Also include assistant caregivers and aides, caregiver-directors, administrative directors and other staff who work directly with children.

ENTER NUMBER PART TIME STAFF (LESS THAN 35 HOURS/WEEK).

Hard Range 0 to 99
REFUSED
DON'T KNOW

ST020

DISPLAY INSTRUCTIONS:

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

Think about the staff members who work directly with children. How many 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, assistant caregivers and aides, caregiver-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 count. What is your best guess?

ENTER NUMBER OF STAFF HIRED IN THE LAST 12 MONTHS.

Hard Range 0 to 50
REFUSED
DON'T KNOW

ST025

DISPLAY INSTRUCTIONS:

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

[Think about the staff members who work directly with children.] How many 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, assistant caregivers and aides, caregiver-directors, administrative directors and any other staff who work directly with children. What is your best guess?

ENTER NUMBER OF STAFF WHO HAVE LEFT THE CENTER IN THE LAST 12 MONTHS.

Hard Range 0 to 50
REFUSED
DON'T KNOW

ST033BX

GO TO SECTION CS

SECTION CS - CENTER SERVICES

CS002PRE

Some centers are able to provide additional services to children or families. Next, I would like to ask you about some of the services your center provides.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

CS005a-h

HELP AVAILABLE

Does your center provide any of the following services to children or their families?

- a. Physical screenings or examinations?
- b. Dental screenings or examinations?
- c. Hearing screenings or evaluations?
- 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?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS007a-c

Do you allow parents to leave children who . . .

- a. Have a feverish appearance?
- b. Have severe coughs?
- c. Have unusual spots or rashes?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS008

Do you have an area where sick children can be isolated from the other children?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS009a-b

HELP AVAILABLE

At the parent's or a physician's request do you administer ...

a. Over-the-counter medications?

b. Prescription medications?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS015

HELP AVAILABLE

Do you receive commodities or cash reimbursement from the Child and Adult Care Food Programs or the Child Care Food Program for the meal and snacks you serve?

- 1 YES
- 2 NO
- 3 DOES NOT PROVIDE MEALS OR SNACKS
- REFUSED
- DON'T KNOW

CS017a-b

HELP AVAILABLE

Does your center currently provide care to any children who have been referred to you by . . .

a. Head Start?

b. Early Head Start?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS017bBX

IF EITHER CS017a OR CS017b IS YES, GO TO CS018.

ELSE GO TO CS019

CS018

DISPLAY INSTRUCTIONS:

If CS017a is YES and CS017b is YES, then display “Head Start or Early Head Start”

Else if CS017a is YES, then display “Head Start”

Else if CS017b is YES, then display “Early Head Start”

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

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS019

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

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS052BX

IF CASE SELECTED FOR ACYF OBSERVATION GO TO BOX OB120BX, ELSE
GO TO OB130.

SECTION OB - ACYF OBSERVATION

OB120BX

IF PRELOAD DATA INDICATES CASE WAS SELECTED FOR ACYF OBSERVATION, AND WE RECEIVED CONSENT FROM THE CHILD'S PARENT/RESPONDENT, THEN GO TO OB125.

ELSE GO TO OB130.

OB125

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display "and {TWIN}".

As I mentioned earlier, there is a second part of the study where we would like to do an observation of the child care arrangement of {CHILD}{ and {TWIN}}.

An ECLS-B field representative will contact you in about a week to tell you more about this part of the study. Then, if you agree to participate, he or she will also schedule a time to do the observation. Is that all right with you?

- 1 YES
- 2 NO (OB130)

OB126

When is the best day and time for someone to call you?

ENTER DAY AND TIME

OB128

Is there anything else I should let the field representative know about contacting you? For example, that you would like to be called on a different phone number.

- 1 YES
- 2 NO (OB130)
- REFUSED (OB130)
- DON'T KNOW (OB130)

OB129

ENTER DIRECTOR'S COMMENT

OB130

Thank you very much for taking the time to do this interview.

PRESS "1" AND THEN ENTER TO END DIRECTOR INTERVIEW.
READ SCRIPT FOR TRANSITION TO CENTER CARE PROVIDER

Hard Range

1 to 1

OB140BX

GO TO SECTION TC.

SECTION TC - TRANSITION TO CAREGIVER

TC002

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

[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 caring for children. We will send your center \$20 to thank you for agreeing to do the interview.]

PRESS “1” AND THEN ENTER TO CONTINUE

TC003

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”, and “they”. If CHILD is male, display “he”. Else, display “she”.

{We would also like to observe {CHILD}{ and {TWIN}} while {he/she/they} are in your care, at a time that is convenient for you. The observation will take about 3 hours and we will give you an additional \$30 after the visit.} {At that time we will also ask you to complete a 10-minute self-administered questionnaire.}

TC004

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 providers or children. 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.

PRESS “1” AND THEN ENTER TO CONTINUE

Hard Range

1 to 1

TC005

Do I have your permission to start the interview?

- 1 YES
- 2 NO

TC006

PRESS "1" AND THEN ENTER TO CONTINUE WITH THE CHILD CARE PROVIDER INTERVIEW.

PRESS F10 TO BREAKOFF WITH DIRECTOR AND CENTER CARE PROVIDER CONSENT.

Hard Range

1 to 1

TC080BX

GO TO SECTION CF.

SECTION CF - CARE OF FOCAL CHILD

CF002PRE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

I’d like to start our discussion with some questions about {CHILD}{ and {TWIN}}.

PRESS “1” AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

CF005

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

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

ENTER NUMBER OF MONTH(S)

IF LESS THAN ONE MONTH, ENTER ‘1’ MONTH.

Hard Range

1 to 35

REFUSED

DON’T KNOW

CF014

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How many hours each week do you provide care for {CHILD}{ and {TWIN}}?

PROBE: How many hours would that be?

ENTER NUMBER OF HOURS PER WEEK.

Hard Range

1 to 100

REFUSED

DON’T KNOW

CF015

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “them”.
If CHILD is male display “him”. Else display “her”.

Typically, how many days each week do you care for {him/her/them}?

ENTER NUMBER OF DAYS.

- Hard Range 1 to 7
- REFUSED
- DON'T KNOW

CF025

DISPLAY INSTRUCTIONS:

If child care flag is RELATIVE or NONRELATIVE, then display “Do you”.
Else display “Does your center”

{Do you/Does your center} currently provide care during nontraditional hours, such as during the evening, overnight, or on weekends?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CF027BX

IF TYPE OF CHILD CARE IS CENTER-BASED OR CHILD IS NOT CARED FOR IN OWN HOME (UP026 = 2 “ NO”), GO TO CF030.

ELSE, GO TO CF040.

CF030

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How many paid caregiving staff, including yourself, provide direct care to {CHILD}{ and {TWIN}} on a typical day?

By caregiver, we mean staff who work directly with the children at least some of the time. Do not include bus drivers, cooks, or other staff who do not work directly with children.

PROBE: The total number of paid caregiving staff who provide any direct care at some point during the day.

ENTER NUMBER OF PAID STAFF.

- Hard Range 1 to 20
- REFUSED
- DON'T KNOW

CF035

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How many adult volunteers also provide direct care to {CHILD}{ and {TWIN}} on a typical day?

PROBE: The total number of volunteer staff who provide any direct care at some point during the day.

ENTER NUMBER OF VOLUNTEERS.

Hard Range

0 to 10

REFUSED

DON'T KNOW

CF040

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

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

PROBE: The number of adults includes volunteers who usually help care for child/twin.

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

ENTER NUMBER OF ADULTS.

Hard Range

1 to 9

REFUSED

DON'T KNOW

CF050

HELP AVAILABLE

What is your primary language?

PROBE: What language do you speak the most?

CODE '91' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

0	ENGLISH	(CF055)
1	ARABIC	(CF055)
2	CHINESE	(CF055)
3	FILIPINO	(CF055)
4	FRENCH	(CF055)
5	GERMAN	(CF055)
6	GREEK	(CF055)
7	ITALIAN	(CF055)
8	JAPANESE	(CF055)
9	KOREAN	(CF055)
10	POLISH	(CF055)
11	PORTUGUESE	(CF055)
12	SPANISH	(CF055)
13	VIETNAMESE	(CF055)
14	AFRICAN	(CF055)
15	EAST EUROPEAN	(CF055)
16	NATIVE AMERICAN	(CF055)
17	SIGN LANGUAGE	(CF055)
18	MIDDLE EASTERN	(CF055)
19	WEST EUROPEAN	(CF055)
20	INDIAN SUBCONTINENT	(CF055)
21	SOUTHEAST ASIAN	(CF055)
22	PACIFIC ISLAND	(CF055)
23	CANNOT CHOOSE	(CF055)
	REFUSED	(CF055)
	DON'T KNOW	(CF055)

CF051

[What is your primary language?]

SPECIFY OTHER LANGUAGE.

CF055

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

What language do you speak most when caring for {CHILD}{ and {TWIN}}?

- | | | |
|----|-------------------------------|-----------|
| 0 | ENGLISH | CF062BX) |
| 1 | ARABIC | (CF062BX) |
| 2 | CHINESE | (CF062BX) |
| 3 | FILIPINO | (CF062BX) |
| 4 | FRENCH | (CF062BX) |
| 5 | GERMAN | (CF062BX) |
| 6 | GREEK | (CF062BX) |
| 7 | ITALIAN | (CF062BX) |
| 8 | JAPANESE | (CF062BX) |
| 9 | KOREAN | (CF062BX) |
| 10 | POLISH | (CF062BX) |
| 11 | PORTUGUESE | (CF062BX) |
| 12 | SPANISH | (CF062BX) |
| 13 | VIETNAMESE | (CF062BX) |
| 14 | AFRICAN | (CF062BX) |
| 15 | EAST EUROPEAN | (CF062BX) |
| 16 | NATIVE AMERICAN | (CF062BX) |
| 17 | SIGN LANGUAGE | (CF062BX) |
| 18 | MIDDLE EASTERN | (CF062BX) |
| 19 | WEST EUROPEAN | (CF062BX) |
| 20 | INDIAN SUBCONTINENT | (CF062BX) |
| 21 | SOUTHEAST ASIAN | (CF062BX) |
| 22 | PACIFIC ISLAND | (CF062BX) |
| 23 | CANNOT CHOOSE | (CF062BX) |
| 91 | SOME OTHER LANGUAGE (SPECIFY) | |
| | REFUSED | (CF062BX) |
| | DON'T KNOW | (CF062BX) |

CF056

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

[What language do you speak most when caring for {CHILD}{ and {TWIN}}?]

SPECIFY OTHER LANGUAGE.

CF062BX

GO TO SECTION OC

SECTION OC - OTHER CHILDREN IN CARE

OC002PRE

Next, I have some questions about other children you may care for.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

OC005

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display "and {TWIN}".

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

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (OC055BX) |
| | REFUSED | (OC055BX) |
| | DON'T KNOW | (OC055BX) |

OC010

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display "and {TWIN}".

How many children do you typically care for at the same time as {CHILD}{ and {TWIN}}? Please include your own children and children you care for before and after school, but do not include {CHILD}{ and TWIN}}.

ENTER NUMBER OF CHILDREN.

Soft Range

0 to 30

Hard Range

0 to 50

REFUSED

DON'T KNOW

OC020

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “or {TWIN}”.

In years and months, what is the age of the oldest child you care for at the same time as {CHILD}{ and {TWIN}}? Please do not include {CHILD}{ or {TWIN}}.

PROBE: Please give your best estimate, in years and months

IF LESS THAN ONE YEAR, ENTER ‘0’ YEARS AND PROMPT FOR MONTHS.
ENTER NUMBER OF YEARS

Hard Range 0 to 21
REFUSED
DON’T KNOW

OC022

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “or {TWIN}”.

QUESTION TEXT:

[In years and months, what is the age of the oldest child you care for at the same time as {CHILD}{ and {TWIN}}? Please do not include {CHILD}{ or {TWIN}}.]

PROBE: Please give your best estimate, in years and months.

IF LESS THAN ONE MONTH, ENTER ‘1’ MONTH OR IF MONTHS ARE NOT SPECIFIED BY CAREGIVER, ENTER ‘0’.
ENTER NUMBER OF MONTHS

Hard Range 0 to 12
REFUSED
DON’T KNOW

OC025

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “or {TWIN}”.

In years and months, what is the age of the youngest child you care for at the same time as {CHILD}{ and {TWIN}}? Again, please do not include {CHILD}{ or {TWIN}}.

PROBE: Please give your best estimate, in years and months.

IF LESS THAN ONE YEAR, ENTER ‘0’ YEARS AND PROMPT FOR MONTHS.
ENTER NUMBER OF YEARS

Hard Range 0 to 21
REFUSED
DON’T KNOW

OC027

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “or {TWIN}”.

[In years and months, what is the age of the youngest child you care for at the same time as {CHILD}{ and {TWIN}}? Again, please do not include {CHILD}{ or {TWIN}}.]

IF LESS THAN ONE MONTH, ENTER ‘1’ MONTH OR IF MONTHS ARE NOT SPECIFIED BY CAREGIVER, ENTER ‘0’.

PROBE: Please give your best estimate, in years and months.

ENTER NUMBER OF MONTHS

Hard Range 0 to 12
REFUSED
DON’T KNOW

OC030a-g

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” .

Not including {CHILD} {and {TWIN}}, how many of the other children that you care for at the same time as {CHILD} {and {TWIN}} are . . .

- a. Asian?**
- b. Native Hawaiian or Pacific Islander?**
- c. Hispanic, regardless of race?**
- d. Black, not of Hispanic origin?**
- e. White, not of Hispanic origin?**
- f. American Indian or Native Alaskan?**
- g. Some other race (SPECIFY)?**

Hard Range 0 to 50
REFUSED
DON’T KNOW

OC031

What are the other races of those other children that you care for?

SPECIFY OTHER RACE

OC035

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

Not including {CHILD}{ and {TWIN}}, do any of the children that you care for at the same time as {CHILD}{and {TWIN} speak a language other than English?

- 1 YES
- 2 NO (OC050)
- REFUSED (OC050)
- DON'T KNOW (OC050)

OC040

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How many of the other children that you care for at the same time as {CHILD} {and {TWIN}} speak a language other than English?

ENTER NUMBER OF CHILDREN.

- Hard Range 0 to 50
- REFUSED
- DON'T KNOW

OC045**HELP AVAILABLE****Which languages other than English are spoken by the other children you care for?**

CODE ALL THAT APPLY.

1	ARABIC	(OC050)
2	CHINESE	(OC050)
3	FILIPINO	(OC050)
4	FRENCH	(OC050)
5	GERMAN	(OC050)
6	GREEK	(OC050)
7	ITALIAN	(OC050)
8	JAPANESE	(OC050)
9	KOREAN	(OC050)
10	POLISH	(OC050)
11	PORTUGUESE	(OC050)
12	SPANISH	(OC050)
13	VIETNAMESE	(OC050)
14	AFRICAN	(OC050)
15	EAST EUROPEAN	(OC050)
16	NATIVE AMERICAN	(OC050)
17	SIGN LANGUAGE	(OC050)
18	MIDDLE EASTERN	(OC050)
19	WEST EUROPEAN	(OC050)
20	INDIAN SUBCONTINENT	(OC050)
21	SOUTHEAST ASIAN	(OC050)
22	PACIFIC ISLAND	(OC050)
91	SOME OTHER LANGUAGE (SPECIFY)	
	REFUSED	(OC050)
	DON'T KNOW	(OC050)

OC046**[Which languages other than English are spoken by the other children you care for?]**

SPECIFY OTHER LANGUAGE.

OC050

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

Not counting {CHILD} { and {TWIN}}, how many of the other children that you currently care for at the same time as {CHILD} {and {TWIN}} have ‘special needs’? This includes those children with a diagnosed disability, a chronic illness or medical problem, or a severe social/emotional problem.

ENTER NUMBER OF CHILDREN WITH SPECIAL NEEDS.

Hard Range

0 to 50

REFUSED

DON'T KNOW

OC055BX

GO TO SECTION DV

SECTION DV - DEVELOPMENT

DV002PRE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “{TWIN}”.

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

PRESS “1” AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

DV005

Thinking about a typical day, generally, how much time do you spend calming {CHILD/TWIN} during the day?

Would you say . . .

- 0 Less than 1 hour,
- 1 1 to 2 hours, or
- 2 3 or more hours?
- REFUSED
- DON'T KNOW

DV017

On the whole, which of these statements best describes the way {CHILD}/{TWIN} communicates?
Would it be...

- 1 Mostly talking in one-word sentences, such as “milk” or “down”.
 - 2 Talking in 2 to 3 word phrases, such as “give doll” or “me got ball”.
 - 3 Talking in fairly complete short sentences, such as “I got a doll” or “can I go outside?”.
 - 4 Talking in long and complicated sentences, such as “when we went to the park, I went on the swings” or “I saw a man standing on the corner”.
- REFUSED
DON'T KNOW

DV018

To talk about activities, we sometimes add “ing” to verbs. Examples include looking, running and crying.

Has {CHILD/TWIN} begun to do this?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

DV019

To talk about things that happened in the past, we often add “ed” to the verb. Examples include kissed, opened, pushed.

Has {CHILD/TWIN} begun to do this?

- 1 YES
- 2 NO
REFUSED
DON'T KNOW

DV020BX

GO TO SECTION CR

SECTION CR - CAREGIVER-CHILD RELATIONSHIP

CR002PRE

Now I have a few questions about your relationship with {CHILD/TWIN}.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

CR005a-f

DISPLAY INSTRUCTIONS:

If care is provided in child's home (UP026=1), but caregiver does not live there(UP028=2), display "I" and "arrive and {CHILD/TWIN} is".

Else, if caregiver lives in child's home, display "{CHILD/TWIN}" and "wakes up".

Else display "{CHILD/TWIN}" and "arrives".

If CHILD is male, display "he". Else display "she".

For each statement I read, tell me how much it is true for your relationship with {CHILD/TWIN}.

Would you say the statement is never true, sometimes true, or always true?

- a. If upset, {he/she} will seek comfort from me.**
- b. {CHILD/TWIN} and I always seem to be struggling with each other.**
- c. {He/She} is uncomfortable with physical affection or touch from me.**
- d. {CHILD/TWIN} remains angry or is resistant after being disciplined.**
- e. When {I/CHILD/TWIN} {arrive and {CHILD/TWIN} is/arrives/wakes up} in a bad mood, I know we're in for a long and difficult day.**
- f. It is easy to be in tune with or to know what {CHILD/TWIN} is feeling.**

- 1 NEVER
- 2 SOMETIMES
- 3 ALWAYS
- REFUSED
- DON'T KNOW

CR012BX

IF TWIN HAS SAME CARE PROVIDER (UP024=YES AND UP022 WAS EITHER NOT ASKED OR IS =YES) AND DV THROUGH CR HAS NOT YET BEEN ASKED FOR TWIN, RETURN TO DV005 AND ASK DV THROUGH CR FOR TWIN.

ELSE, GO TO SECTION PI.

SECTION PI - PARENTAL INVOLVEMENT

PI002PRE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

Now I’d like to ask you about your contact with {CHILD}{and {TWIN}}’s parent(s).

PRESS “1” AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

PI003BX

IF UP010 =2 (NON-RELATIVE) OR UP002=2 (CENTER), THEN GO TO PI005.

ELSE, GO TO PI015.

PI005

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How often in the past year have {CHILD}{ and {TWIN}}’s parents participated in activities such as celebrating birthdays or coming for lunch? Would you say . . .

PROBE: Please consider only those events during the time the child is in your care.

IF PROVIDER SAYS THERE ARE NO SUCH ACTIVITIES, ENTER ‘0’.

- 0 NO SUCH ACTIVITIES**
- 1 Not at all,**
- 2 Once or twice,**
- 3 Three to five times, or**
- 4 Once a month or more often?**
- REFUSED
- DON’T KNOW

PI015

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How often do {CHILD}{and {TWIN}}’s parent(s) ask you how things are going with {him/her/them}? Would you say . . .

- 1 Almost never,
 - 2 Sometimes,
 - 3 Often, or
 - 4 Always?
- REFUSED
DON’T KNOW

PI023BX

IF UP010 = 2 (NON-RELATIVE) OR UP002=2 (CENTER), THEN GO TO PI025a.

ELSE, GO TO PI027.

PI025a-g

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “their”.
If CHILD is a male, display ‘his’. Else display “her”.

Please answer the next questions about {CHILD}{ and {TWIN}}’s parent that you talk to the most. For each of the following statements, please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

- a. {CHILD}{and {TWIN}}’s parent is someone I can trust.
- b. {His/Her/Their} parent feels uneasy when I ask certain things or when I talk about certain things.
- c. I feel that {CHILD}{and {TWIN}}’s parent feels at ease with me.
- d. I have the impression that {CHILD}{and {TWIN}}’s parent is bothered by some aspects of how I treat {CHILD}{and {TWIN}}, that she or he doesn’t tell me, and this makes our contacts awkward.
- e. {CHILD}{and {TWIN}}’s parent is not really interested in what I do.
- f. {His/Her/Their} parent almost always knows exactly what I mean.

- 1 STRONGLY AGREE
 - 2 AGREE
 - 3 NEITHER AGREE NOR DISAGREE
 - 4 DISAGREE
 - 5 STRONGLY DISAGREE
- REFUSED
DON’T KNOW

PI027

We understand that child care providers are often very busy and may not always have the time to do everything they would like, given their many responsibilities. How often do you get the time to tell parents something that happened during their child's day?

Would you say almost never, sometimes, often, or always?

- 1 ALMOST NEVER
 - 2 SOMETIMES
 - 3 OFTEN
 - 4 ALWAYS
- REFUSED
DON'T KNOW

PI029

Some people have different feelings about when parents drop in. How difficult is it for you when parents drop in during the day unannounced? Would you say it is . . .

PROBE: If parent works in home where child care is provided, answer for how difficult it is when parent comes into room where child is.

IF PARENTS NEVER DROP IN, ENTER '0'.

- 0 NEVER DROP IN
 - 1 Very difficult,
 - 2 Somewhat difficult,
 - 3 A little difficult, or
 - 4 Not at all difficult?
- REFUSED
DON'T KNOW

PI030BX

GO TO SECTION CB.

SECTION CB - CAREGIVER BELIEFS AND ATTITUDES

CB020a-k

Most children get angry or act out from time to time. What do you do when the children that you care for have fights or conflicts? For example, when a child hits or grabs a toy from another child. Do you . . .

- a. Spank him or her?**
- b. Have him or her take a time out?**
- c. Hit him or her back?**
- d. Talk to him or her about what he or she did wrong?**
- e. Ignore it?**
- f. Make fun of him or her?**
- g. Make him or her apologize?**
- h. Take away a privilege?**
- i. Give a warning?**
- j. Yell at or threaten him or her?**
- k. Something else? (SPECIFY)**

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CB022

SPECIFY OTHER TYPE OF DISCIPLINE

CB025a-e

Next I'm going to read some statements about raising children. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.

- a. I teach a child that misbehavior or breaking the rules will always be punished one way or another.**
- b. I do not allow a child to get angry with me.**
- c. I am easygoing and relaxed with a child.**
- d. There are times I just don't have the energy to make a child behave as he or she should.**
- e. I have little or no difficulty sticking with my rules for a child even when the child's parents or other adult relatives are there.**

- 1 STRONGLY AGREE
- 2 AGREE
- 3 NEITHER AGREE NOR DISAGREE
- 4 DISAGREE
- 5 STRONGLY DISAGREE
- REFUSED
- DON'T KNOW

CB030a-f

Here are some statements that describe typical ways in which young children behave. How often do each of the following things happen during a typical day? Would you say often, sometimes, hardly ever, or never?

- a. Children are laughing and smiling.**
- b. Children are kind or helpful to other children.**
- c. Children are crying or upset as a result of a conflict or fight with another child.**
- d. Children seem anxious.**
- e. Children play well together without fighting.**
- f. Children bite, shove, kick, hit other children you care for.**

- 1 OFTEN
- 2 SOMETIMES
- 3 HARDLY EVER
- 4 NEVER
- REFUSED
- DON'T KNOW

CB035a1

I am going to read a list of events that routinely occur in child care settings with young children. These events sometimes make life difficult. Please tell me how often it happens to you and then tell me how much of a “hassle” or problem you feel it is for you.

Continually cleaning up messes of toys or food.

Does it happen rarely, sometimes, a lot, or constantly?

- 1 RARELY
 - 2 SOMETIMES
 - 3 A LOT
 - 4 CONSTANTLY
- REFUSED
DON'T KNOW

CB035a2

Now tell me how much of a “hassle” or problem you feel that it is for you.

[Continually cleaning up messes of toys or food.]

Is it no problem, a moderate problem, or a big problem?

- 1 NO PROBLEM
 - 2 MODERATE PROBLEM
 - 3 A BIG PROBLEM
- REFUSED
DON'T KNOW

CB035b1

[I am going to read a list of a number of events that routinely occur in child care settings with young children. These events sometimes make life difficult. Please tell me how often it happens to you and then tell me how much of a “hassle” or problem you feel that it is for you.]

The kids are constantly underfoot, interfering with other chores.

Does it happen rarely, sometimes, a lot, or constantly?

- 1 RARELY
 - 2 SOMETIMES
 - 3 A LOT
 - 4 CONSTANTLY
- REFUSED
DON'T KNOW

CB035b2

[Now tell me how much of a “hassle” or problem you feel that it is for you.]

[The kids are constantly underfoot, interfering with other chores.]

Is it no problem, a moderate problem, or a big problem?

- 1 NO PROBLEM
- 2 MODERATE PROBLEM
- 3 A BIG PROBLEM
- REFUSED
- DON'T KNOW

CB035c1

[I am going to read a list of a number of events that routinely occur in child care settings with young children. These events sometimes make life difficult. Please tell me how often it happens to you and then tell me how much of a “hassle” or problem you feel that it is for you.]

Having to change your plans because of unpredicted child needs.

Does it happen rarely, sometimes, a lot, or constantly?

- 1 RARELY
- 2 SOMETIMES
- 3 A LOT
- 4 CONSTANTLY
- REFUSED
- DON'T KNOW

CB035c2

[Now tell me how much of a “hassle” or problem you feel that it is for you.]

[Having to change your plans because of unpredicted child needs.]

Is it no problem, a moderate problem, or a big problem?

- 1 NO PROBLEM
- 2 MODERATE PROBLEM
- 3 A BIG PROBLEM
- REFUSED
- DON'T KNOW

CB035d1

[I am going to read a list of a number of events that routinely occur in child care settings with young children. These events sometimes make life difficult. Please tell me how often it happens to you and then tell me how much of a “hassle” or problem you feel that it is for you.]

The kids get dirty several times a day requiring changes of clothes.

Does it happen rarely, sometimes, a lot, or constantly?

- 1 RARELY
 - 2 SOMETIMES
 - 3 A LOT
 - 4 CONSTANTLY
- REFUSED
DON'T KNOW

CB035d2

[Now tell me how much of a “hassle” or problem you feel that it is for you.]

[The kids get dirty several times a day requiring changes of clothes.]

Is it no problem, a moderate problem, or a big problem?

- 1 NO PROBLEM
 - 2 MODERATE PROBLEM
 - 3 A BIG PROBLEM
- REFUSED
DON'T KNOW

CB035e1

[I am going to read a list of a number of events that routinely occur in child care settings with young children. These events sometimes make life difficult. Please tell me how often it happens to you and then tell me how much of a “hassle” or problem you feel that it is for you.]

The need to keep a constant eye on where the kids are and what they're doing.

Does it happen rarely, sometimes, a lot, or constantly?

- 1 RARELY
 - 2 SOMETIMES
 - 3 A LOT
 - 4 CONSTANTLY
- REFUSED
DON'T KNOW

CB035e2

[Now tell me how much of a “hassle” or problem you feel that it is for you.]

[The need to keep a constant eye on where the kids are and what they’re doing.]

Is it no problem, a moderate problem, or a big problem?

- 1 NO PROBLEM
- 2 MODERATE PROBLEM
- 3 A BIG PROBLEM
- REFUSED
- DON’T KNOW

CB037BX

IF UP010 = 1 (RELATIVE) OR 2 (NON-RELATIVE), THEN GO TO CB040.

ELSE GO TO CB045.

CB040

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How would you rate the neighborhood where you care for {CHILD} { and {TWIN}} as a place to raise children? Would you say it is . . .

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?
- REFUSED
- DON’T KNOW

CB045

Do you consider the neighborhood where you care for {CHILD}{ and {TWIN}} to be very safe, fairly safe, fairly unsafe, or very unsafe?

- 1 VERY SAFE
- 2 FAIRLY SAFE
- 3 FAIRLY UNSAFE
- 4 VERY UNSAFE
- REFUSED
- DON’T KNOW

CB047BX

GO TO SECTION LE

SECTION LE - LEARNING ENVIRONMENT

LE002PRE

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”, “they”, and “are”.
If CHILD is a male, display “he” and “is”. Else display “she” and “is”.

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.

PRESS “1” AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

LE005

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “them”.
If CHILD is a male, display “him”. Else display “her”.

About how many children’s books are available to {him/her/them} now, including library books?

ENTER NUMBER OF BOOKS

PROBE: Please include any books that child can use throughout the day. These books may be
shared with other children.

Hard Range

0 to 1000

REFUSED

DON’T KNOW

LE010

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

About how many children’s records, audio tapes, or CD’s do you have available to {CHILD} {and
{TWIN}}, including any from the library? Please only include what you have for children.

PROBE: These may be shared with other children. Give your best estimate.

ENTER COMBINED NUMBER OF RECORDS, TAPES, OR CDS.

Hard Range

0 to 500

REFUSED

DON’T KNOW

LE020

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

About how many, if any, cuddly, soft or role-playing toys, like stuffed animals, are available to {CHILD} {and {TWIN}}?

PROBE: Please include any soft toys that child can use throughout the day. These toys may be shared with other children. Give your best estimate.

ENTER NUMBER OF TOYS.

Hard Range 0 to 500
REFUSED
DON'T KNOW

LE025

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

About how many, if any, push or pull toys are available to {CHILD}{and {TWIN}}?

PROBE: Please include any push or pull toys that child can use throughout the day. These toys may be shared with other children. Give your best estimate.

ENTER NUMBER OF TOYS

Hard Range 0 to 200
REFUSED
DON'T KNOW

LE030

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

On a typical day, how often do you have a chance to talk with {CHILD}{and {TWIN}}? Would you say . . .

- 1 Almost never,
 - 2 Sometimes,
 - 3 Often, or
 - 4 Always?
- REFUSED
DON'T KNOW

LE040

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “do”.
Else display “does”.

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

ENTER NUMBER OF HOURS

IF RESPONDENT REPORTS NOT OWNING A TV OR NO TV IN CENTER, ENTER ‘995’.

IF RESPONDENT REPORTS THAT CHILD DOES NOT WATCH TV, ENTER ‘0’.

IF RESPONDENT REPORTS CHILD WATCHES LESS THAN ONE HOUR OF TV WHILE IN CARE
ENTER ‘0’

Soft Range	0 to 16
Hard Range	0 to 995
REFUSED	
DON’T KNOW	

LE042

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”, “are”, and “they”.
If CHILD is male, display “he”, “is” and “does”. Else display “she”, “is” and “does”.

In a typical day while {CHILD}{and {TWIN}} {is/are} in your care, how long {do/does} {he/she/they} sleep?

IF RESPONDENT REPORTS CHILD DOES NOT SLEEP WHILE IN CARE, OR SLEEPS LESS THAN ONE HOUR, ENTER ‘0’.

ENTER NUMBER OF HOURS.

Hard Range	0 to 16
REFUSED	
DON’T KNOW	

LE043a-c

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

In a typical week, how often do you do the following things with {CHILD}{ and {TWIN}}. This can be either alone or in a group. Would you say not at all, once or twice, 3 to 6 times, or every day?

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

- 1 NOT AT ALL
- 2 ONCE OR TWICE
- 3 3 TO 6 TIMES
- 4 EVERY DAY
- REFUSED
- DON'T KNOW

LE044

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “them”.

If CHILD is male, display “him”. Else display ‘her”.

How often do you ask {CHILD}{ and {TWIN}} specific questions about what you read to {him/her/them}? Would you say . . .

PROBE: This includes a story time with other children.

IF RESPONDENT DOES NOT READ TO CHILD ENTER 995

- 1 ALMOST NEVER
- 2 SOMETIMES
- 3 OFTEN
- 4 ALWAYS
- 995 DOES NOT READ TO CHILD
- REFUSED
- DON'T KNOW

LE045a-b

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “them”.
If CHILD is male, display “him”. Else display “her”.

About how many times in the past month have you done any of the following activities with {CHILD} and {TWIN}? This can be either alone or in a group.

Was it more than once a day, about once a day, a few times a week, a few times a month, rarely or not at all?

a. Play chasing games?

b. Take {him/her/them} outside for a walk or to play in the yard, a park, or playground?

PROBE: By rarely, I mean once a month

- 1 MORE THAN ONCE A DAY
 - 2 ABOUT ONCE A DAY
 - 3 A FEW TIMES A WEEK
 - 4 A FEW TIMES A MONTH
 - 5 RARELY
 - 6 NOT AT ALL
- REFUSED
DON'T KNOW

LE046a-c

[In the past month, that is since {MONTH} {DAY} have you done the following things with {CHILD} {and {TWIN}}?]

a. Visited an art gallery, museum, or historical site?

b. Visited a zoo, aquarium, or petting farm?

c. Visited a library?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

LE050a-f

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}” and “stay”. Else, display “stays”.
If UP002=2 (CENTER CARE), display “room”. Else, display “home”

Please tell me if you follow certain safety practices. Please tell me if it is never, sometimes, most of the time, or always. Do you...

- a. Use a safety seat or seat belt for {CHILD} {and {TWIN}} when in the car?**
- b. Have at least one operating smoke detector in your {home/room} with a working battery?**
- c. Have a first aid kit available?**
- d. Keep the poison control center number and other emergency numbers by the telephone?**
- e. Have covers on all electrical outlets that don’t have plugs in them?**
- f. Use gates for the top of the stairs or use something so {CHILD} {and {TWIN}} {stay/stays} off them?**

- 1 NEVER
- 2 SOMETIMES
- 3 MOST OF THE TIME
- 4 ALWAYS
- 5 DOES NOT USE CAR
- REFUSED
- DON’T KNOW

LE051BX

IF CHILD CARE FLAG IS SET TO RELATIVE OR NONRELATIVE CARE, GO TO LE051a.

ELSE IF CHILD CARE FLAG IS SET TO CENTER-BASED CARE, GO TO SECTION BK

LE051a-c

DISPLAY INSTRUCTIONS:

If OC005 = 2 (No, does not care for other children), then display “still provide care for {CHILD} who” and “has”.

If twin in household and OC005 = 2 (No, does not care for other children), and UP012 = 1 (Yes, child and twin cared for by same provider), then display “still provide care for {CHILD} {and {TWIN}} who” and “have”. Else display “allow parents to leave children who” and “have”.

If twin in this child care arrangement, display “and {TWIN}”.

Do you {allow parents to leave children who}{still provide care for {CHILD}}{ and {TWIN}} who...

- a. {has/have} a feverish appearance?**
- b. {has/have} severe coughs?**
- c. {has/have} unusual spots or rashes?**

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

LE052BX

IF OC005 = 1 (YES, CARE FOR OTHER CHILDREN AT SAME TIME) THEN GO TO LE053.

ELSE GO TO LE055a.

LE053

HELP AVAILABLE

Do you have an area where sick children can be isolated from the other children?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

LE055a-b

HELP AVAILABLE

At the parent's or a physician's request do you administer...

- a. Over-the-counter medications?**
- b. Prescription medications?**

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

LE056BX

IF TYPE OF CHILD CARE IS NONRELATIVE AND CHILD IS NOT CARED FOR
IN THEIR OWN HOME (UP026=2 "NO"), GO TO LE058.

ELSE, GO TO LE062BX.

LE058

Do you provide meals or snacks for children in your care?

- | | | |
|---|------------|-----------|
| 1 | YES | (LE060) |
| 2 | NO | (LE062BX) |
| | REFUSED | (LE062BX) |
| | DON'T KNOW | (LE062BX) |

LE060

HELP AVAILABLE

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

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON'T KNOW |

LE062BX

GO TO SECTION BK

SECTION BK - CAREGIVER BACKGROUND

BK002PRE

Next I have some questions about you.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

BK003BX

IF UP002 = 2 (CENTER), THEN GO TO BK004.

ELSE IF UP010 = 1 (RELATIVE) OR 2 (NON-RELATIVE), GO TO BK008.

BK004

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display "and {TWIN}".

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.

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (BK008) |
| | REFUSED | (BK008) |
| | DON'T KNOW | (BK008) |

BK006

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “them”.
If CHILD is male, display “him”. Else display “her”.

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

- | | | |
|----|--------------------------|---------|
| 1 | GRANDMOTHER | (BK008) |
| 2 | AUNT | (BK008) |
| 3 | SISTER | (BK008) |
| 4 | UNCLE | (BK008) |
| 5 | COUSIN | (BK008) |
| 6 | GRANDFATHER | (BK008) |
| 7 | MOTHER | (BK008) |
| 8 | FATHER | (BK008) |
| 9 | BROTHER | (BK008) |
| 10 | OTHER RELATIVE (SPECIFY) | |
| | REFUSED | (BK008) |
| | DON'T KNOW | (BK008) |

BK007

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “them”.
If CHILD is male, display “him”. Else display “her”.

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

SPECIFY OTHER RELATIONSHIP.

BK008

CODE IF KNOWN, OTHERWISE ASK:

Are you female or male?

ENTER GENDER OF RESPONDENT.

- | | |
|---|------------|
| 1 | MALE |
| 2 | FEMALE |
| | REFUSED |
| | DON'T KNOW |

BK010

In what month and year were you born?

ENTER MONTH.

- | | |
|------------|---------|
| Hard Range | 1 to 12 |
| REFUSED | |
| DON'T KNOW | |

BK012

[In what month and year were you born?]

ENTER YEAR.

- Soft Range 1910 to 1984
- Hard Range 1910 to 1992
- REFUSED
- DON'T KNOW

BK015

HELP AVAILABLE

Where were you born?

- 1 UNITED STATES (50 STATES OR DC) (BK032)
- 2 U.S. TERRITORIES: PUERTO RICO, GUAM, (BK032)
AMERICAN SAMOA, U.S. VIRGIN ISLANDS,
MARIANA ISLANDS, SOLOMON ISLANDS
- 3 SOME OTHER COUNTRY (SPECIFY)
- REFUSED (BK032)
- DON'T KNOW (BK032)

BK018

SPECIFY OTHER COUNTRY.

BK032

HELP AVAILABLE

Are you of Spanish, Hispanic, or Latino origin?

- 1 YES
- 2 NO (BK039)
- REFUSED (BK039)
- DON'T KNOW (BK039)

BK033

Which one or more of these groups are you ...

CODE ALL THAT APPLY.

- 1 Mexican, Mexican American, Chicano, (BK039)
- 2 Puerto Rican, (BK039)
- 3 Cuban, or (BK039)
- 91 Another Spanish/Hispanic/Latino group? (SPECIFY)
- REFUSED
- DON'T KNOW

BK034

SPECIFY OTHER SPANISH/HISPANIC/LATINO GROUP.

BK039**HELP AVAILABLE****What is your race?**

- | | | |
|----|---|---------|
| 1 | AMERICAN INDIAN OR ALASKA NATIVE | (BK042) |
| 2 | ASIAN | (BK042) |
| 3 | BLACK OR AFRICAN AMERICAN | (BK042) |
| 4 | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | (BK042) |
| 5 | WHITE | (BK042) |
| 91 | ANOTHER RACE (SPECIFY) | |
| | REFUSED | (BK042) |
| | DON'T KNOW | (BK042) |

BK040**[What is your race?]**

SPECIFY OTHER RACE

BK042**Are you now . . .**

- | | |
|---|------------------------------|
| 1 | Married, |
| 2 | Separated, |
| 3 | Divorced, |
| 4 | Widowed, or |
| 5 | Have you never been married? |
| | REFUSED |
| | DON'T KNOW |

BK045**Do you have any children?**

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (BK060) |
| | REFUSED | (BK060) |
| | DON'T KNOW | (BK060) |

BK050**Do you have any children under age 16? Include birth, adopted, foster, or stepchildren.**

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (BK060) |
| | REFUSED | (BK060) |
| | DON'T KNOW | (BK060) |

BK055

How many of your children under age 16 live with you full-time or part-time?

ENTER NUMBER OF CHILDREN.

Hard Range 1 to 15
REFUSED
DON'T KNOW

BK060

With the exception of children's books or books required for work or school, did you read any books in the last 12 months?

1 YES
2 NO (BK070)
REFUSED (BK070)
DON'T KNOW (BK070)

BK065

About how many books did you read during the past 12 months?

ENTER NUMBER OF BOOKS.

Hard Range 1 to 150
REFUSED
DON'T KNOW

BK070**HELP AVAILABLE****What is the highest level of school you have completed?**

- | | | |
|----|--|---------|
| 0 | NO FORMAL SCHOOLING | (BK085) |
| 1 | 1ST GRADE | (BK085) |
| 2 | 2ND GRADE | (BK085) |
| 3 | 3RD GRADE | (BK085) |
| 4 | 4TH GRADE | (BK085) |
| 5 | 5TH GRADE | (BK085) |
| 6 | 6TH GRADE | (BK085) |
| 7 | 7TH GRADE | (BK085) |
| 8 | 8TH GRADE | (BK085) |
| 9 | 9TH GRADE | (BK085) |
| 10 | 10TH GRADE | (BK085) |
| 11 | 11TH GRADE | (BK085) |
| 12 | 12TH GRADE BUT NO DIPLOMA | (BK085) |
| 13 | HIGH SCHOOL DIPLOMA/EQUIVALENT | (BK075) |
| 14 | VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA | (BK075) |
| 15 | VOC/TECH DIPLOMA AFTER HIGH SCHOOL | (BK075) |
| 16 | SOME COLLEGE BUT NO DEGREE | (BK075) |
| 17 | ASSOCIATE'S DEGREE | (BK075) |
| 18 | BACHELOR'S DEGREE | (BK075) |
| 19 | GRADUATE OR PROFESSIONAL SCHOOL BUT
NO DEGREE | (BK075) |
| 20 | MASTER'S DEGREE (MA, MS) | (BK075) |
| 21 | DOCTORATE DEGREE (PHD, EDD) | (BK075) |
| 22 | PROFESSIONAL DEGREE AFTER BACHELOR'S
DEGREE (MD, DDS, JD, LLB ETC.) | (BK075) |
| | REFUSED | (BK085) |
| | DON'T KNOW | (BK085) |

BK075**HELP AVAILABLE****Do you have any degree in early childhood education or a related field other than a Child Development Associate (CDA) credential?****PROBE: Related fields include nursing, psychology, elementary education, social work, speech pathology, or special education.**

- | | | |
|---|------------|---------|
| 1 | YES | (BK085) |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

BK077

HELP AVAILABLE

Do you have any coursework leading to a degree in early childhood education or a related field?

PROBE: This could be classes taken to obtain a degree in early childhood education from an associates program, bachelors program, or graduate program. Examples of a related field include nursing, psychology, elementary education, social work, speech pathology, or special education.

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

BK085

HELP AVAILABLE

Have you received any early childhood education training in the last 12 months? By training, I mean courses, workshops, or seminars?

- 1 YES
- 2 NO (BK095)
- REFUSED (BK095)
- DON'T KNOW (BK095)

BK090

In the last 12 months, did you receive . . .

- 1 Less than 15 hours of training, or
- 2 15 or more hours?
- REFUSED
- DON'T KNOW

BK093BX

IF BK070 = 13 - 22, THEN GO TO BK095.

ELSE GO TO BK110.

BK095

HELP AVAILABLE

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

- 1 YES
- 2 NO
- 3 CURRENTLY WORKING ON IT
- REFUSED
- DON'T KNOW

BK100

Do you have any other state awarded certificates or credentials pertaining to early childhood education or a related field such as nursing, social work, psychology or special education?

- 1 YES
- 2 NO (BK110)
- REFUSED (BK110)
- DON'T KNOW (BK110)

BK105

Which ones do you have?

CODE ALL THAT APPLY

- 1 A STATE CERTIFICATE IN EARLY CHILDHOOD EDUCATION (BK110)
- 2 A STATE CERTIFICATE IN ELEMENTARY EDUCATION (BK110)
- 3 A STATE CERTIFICATE IN SECONDARY EDUCATION (BK110)
- 4 A STATE CERTIFICATE IN SPECIAL EDUCATION (BK110)
- 5 ANOTHER STATE EDUCATION CERTIFICATE (BK110)
- 6 A LICENSE AS A REGISTERED NURSE (RN) (BK110)
- 7 A LICENSE AS A LICENSED PRACTICAL NURSE (LPN) (BK110)
- 8 A CERTIFICATION OR LICENSE AS A SOCIAL WORKER (BK110)
- 9 A CERTIFICATE OR LICENSE AS A PSYCHOLOGIST (BK110)
- 10 A CERTIFICATE OF CLINICAL COMPETENCE/SPEECH PATHOLOGIST (CCC/SP) (BK110)
- 11 CHILDREN'S CENTER PERMIT (CALIFORNIA) (BK110)
- 91 OTHER LICENSE, CERTIFICATE OR CREDENTIAL (SPECIFY)
REFUSED (BK110)
DON'T KNOW (BK110)

BK107

SPECIFY OTHER LICENSE, CERTIFICATE OR CREDENTIAL.

BK110

Are you currently a member of a national, state, or local professional association for early childhood education?

PROBE: Some examples are National Association for the Education of Young Children (NAEYC), National Head Start Association (NHSA), National Association for Family Child Care (NAFCC), National Education Association (NEA)

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

BK112BX

IF UP002=2, THEN GO TO BK114.

ELSE, GO TO BK120.

BK114

HELP AVAILABLE

Is your program or the care you provide sponsored by any organization, such as a church or community agency?

- 1 YES
- 2 NO (BK120)
- REFUSED
- DON'T KNOW

BK115

What type of organization sponsors your program or child care arrangement?

CODE ALL THAT APPLY.

PROBE: Is your program sponsored by any other organization?

- 1 HEAD START (BK120)
- 2 EARLY HEAD START (BK120)
- 3 SOCIAL SERVICE ORGANIZATION OR AGENCY (BK120)
- 4 CHURCH OR RELIGIOUS GROUP (BK120)
- 5 PUBLIC SCHOOL/BOARD OF EDUCATION (BK120)
- 6 PRIVATE SCHOOL, RELIGIOUS (BK120)
- 7 PRIVATE SCHOOL, NON-RELIGIOUS (BK120)
- 8 COLLEGE OR UNIVERSITY (BK120)
- 9 PRIVATE COMPANY OR INDIVIDUAL (BK120)
- 10 NON-GOVERNMENT COMMUNITY ORGANIZATION (BK120)
- 11 STATE OR LOCAL GOVERNMENT (BK120)
- 91 SOME OTHER TYPE OF SPONSORING AGENCY (SPECIFY)
- REFUSED (BK120)
- DON'T KNOW (BK120)

BK116

[What type of organization sponsors your program or child care arrangement?]

ENTER OTHER TYPE OF SPONSORING AGENCY

BK120

DISPLAY INSTRUCTIONS:

If BK045 = Yes (has children), display “Not counting raising your own children, how”.
Else display “How”.

{Not counting raising your own children, how/How} long have you been providing child care or working in the child care 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.

Hard Range 0 to 70
REFUSED
DON’T KNOW

BK122

DISPLAY INSTRUCTIONS:

If BK045 = Yes (has children), display “Not counting raising your own children, how”.
Else display “How”.

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

ENTER NUMBER OF MONTHS.
IF LESS THAN 1 MONTH, ENTER 0.

Hard Range 0 to 12
REFUSED
DON’T KNOW

BK124BX

IF CHILD CARE FLAG = CENTER-BASED CARE, (UP002=2) GO TO BK125.

ELSE, GO TO BK130.

BK125a

How long have you worked at this center?

IF LESS THAN 1 YEAR ENTER ‘0 YEARS’ AND PROMPT FOR MONTHS.
ENTER NUMBER OF YEARS.

Hard Range 0 to 70
REFUSED
DON’T KNOW

BK125b

[How long have you worked at this center?]

ENTER NUMBER OF MONTHS.

IF LESS THAN 1 MONTH, ENTER 0.

Hard Range

0 to 12

REFUSED

DON'T KNOW

BK126a-d

Next, I would like to ask you about the reasons you became a child care provider. I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason, or not a reason in your decision to become a child care provider.

- a. I became a child care provider to be with young children.**
- b. To make some money.**
- c. To use my experience and/or education in child development.**
- d. Because it was the only job I could find.**

- 1 STRONG REASON
 - 2 WEAK REASON
 - 3 NOT A REASON
- REFUSED
DON'T KNOW

BK128BX

GO TO SECTION HL

BK130

Are you registered with the city or county as a child care provider?

PROBE: Registered means you are signed up with the local government and identified in their records as a child care provider.

- 1 YES
 - 2 NO
 - 3 NOT REQUIRED
- REFUSED
DON'T KNOW

BK135

HELP AVAILABLE

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

- 1 YES
 - 2 NO (BK140)
 - 3 NOT REQUIRED (BK140)
- REFUSED (BK140)
DON'T KNOW (BK140)

BK136

How many 24-month-old children are you licensed to care for at the same time?

ENTER NUMBER OF CHILDREN.

Hard Range 1 to 100
REFUSED
DON'T KNOW

BK140

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

1 YES
2 NO
REFUSED
DON'T KNOW

BK142PRE

Next, I would like to ask you about the reasons you became a child care provider.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range 1 to 1

BK145a-d

I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason, or not a reason in your decision to become a child care provider.

- a. I became a child care provider to be with young children.**
- b. To make some money.**
- c. To use my experience and/or education in child development.**
- d. Because it was the only job I could find.**

1 STRONG REASON
2 WEAK REASON
3 NOT A REASON
REFUSED
DON'T KNOW

BK145dBX

IF TYPE OF CHILD CARE IS RELATIVE OR NONRELATIVE CARE AND CHILD IS NOT CARED FOR AT HOME (UP026=2 "NO"), GO TO BK145e.

ELSE, GO TO BK145fBX.

BK145e-f

[I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason, or not a reason in your decision to become a child care provider.]

e. To be able to work at home.

f. To be my own boss (to make my own decisions and set my own hours).

- 1 STRONG REASON
 - 2 WEAK REASON
 - 3 NOT A REASON
- REFUSED
DON'T KNOW

BK145fBX

IF BK050=YES (CAREGIVER HAS CHILDREN UNDER AGE 16), ASK BK145g.

ELSE, GO TO BK145gBX.

BK145g

[I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason, or not a reason in your decision to become a child care provider].

To continue looking after my own children.

- 1 STRONG REASON
 - 2 WEAK REASON
 - 3 NOT A REASON
- REFUSED
DON'T KNOW

BK145gBX

IF CAREGIVER IS RELATED TO CHILD (UP010=1 "YES"), GO TO BK145h.

ELSE, GO TO BK147BX.

BK145h-j

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

[I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason, or not a reason in your decision to become a child care provider.]

h. To allow {CHILD}{and {TWIN}}’s parent(s) to work or go to school.

i. To care for {CHILD}{ and {TWIN}}.

j. Because children should be cared for by a relative.

- 1 STRONG REASON
- 2 WEAK REASON
- 3 NOT A REASON
- REFUSED
- DON’T KNOW

BK147BX

GO TO SECTION HL.

SECTION HL - CAREGIVER HEALTH

HL002PRE

Now I'd like to ask you some questions about your health.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

HL005

Would you say your health in general is . . .

- 1 Excellent,
 - 2 Very Good,
 - 3 Good,
 - 4 Fair, or
 - 5 Poor?
- REFUSED
DON'T KNOW

HL015

Do you smoke cigarettes?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HL025

DISPLAY INSTRUCTIONS:

If HL015 = Yes then display "Do you or does".

Else display "Does".

If twin in this child care arrangement, display "and {TWIN}", "they" and "are".

If CHILD is male, display "he" and "is". Else display "she" and "is".

{Do you or does/Does} anyone smoke around {CHILD}{ and {TWIN}} while {he/she/they} {is/are} in your care?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HL027BX

GO TO SECTION IC.

SECTION IC - INCOME

IC002PRE

The next questions ask about your earnings and household income.

PRESS "1" AND THEN ENTER TO CONTINUE.

Hard Range

1 to 1

IC004BX

IF CHILD CARE FLAG = RELATIVE OR NONRELATIVE CARE (UP010=1 OR 2),
GO TO IC005.

ELSE IF CHILD CARE FLAG = CENTER-BASED CARE (UP002=2), GO TO IC040.

IC005

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display "and {TWIN}".

Do you charge for providing child care for {CHILD}{ and {TWIN}}?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (IC027BX) |
| | REFUSED | (IC027BX) |
| | DON'T KNOW | (IC027BX) |

IC010

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display "and {TWIN}".

What do you charge for {CHILD}{ and {TWIN}}'s care?

ENTER AMOUNT CHARGED.

- | | | |
|--|------------|------------|
| | Hard Range | 1 to 40000 |
| | REFUSED | (IC027BX) |
| | DON'T KNOW | (IC027BX) |

IC011

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

[What do you charge for {CHILD}{ and {TWIN}}’s care?]

ENTER UNIT.

1	PER HOUR	(IC019BX)
2	PER DAY	(IC019BX)
3	PER WEEK	(IC019BX)
4	PER BI-WEEKLY (EVERY 2 WEEKS)	(IC019BX)
5	PER MONTH	(IC019BX)
6	PER YEAR	(IC019BX)
91	OTHER (SPECIFY)	

IC012

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

[What do you charge for {CHILD}{ and {TWIN}}’s care?]

SPECIFY OTHER UNIT.

<p style="text-align: center;">IC019BX</p> <p style="text-align: center;">IF OC005 = 1 (CARE FOR OTHER CHILDREN), GO TO IC020.</p> <p style="text-align: center;">ELSE, GO TO IC027BX.</p>

IC020

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

Is this amount for {CHILD}{ and {TWIN}} only or does it include other children?

1	CHILD ONLY	(IC027BX)
2	CHILD AND OTHER(S)	(IC025)
3	CHILD AND TWIN	(IC027BX)
4	CHILD, TWIN, AND OTHERS	(IC025)
	REFUSED	(IC027BX)
	DON’T KNOW	(IC027BX)

IC025

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

How many children is this amount for, including {CHILD}{ and {TWIN}}?

ENTER NUMBER OF CHILDREN.

Hard Range	1 to 9
REFUSED	
DON'T KNOW	

IC027BX

IF CHILD CARED FOR AT HOME (UP026=1 “YES”), GO TO IC030.

ELSE GO TO IC040.

IC030

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

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

1	YES	(IC035)
2	NO	(IC040)
3	CHILD LIVES IN RELATIVE’S HOME	(IC040)
	REFUSED	(IC040)
	DON'T KNOW	(IC040)

IC035

HELP AVAILABLE

Do you pay for your own room and board expenses?

1	YES
2	NO
	REFUSED
	DON'T KNOW

IC040

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

About how much do you earn before taxes and other deductions for providing child care?

PROBE: For all children, not just {CHILD}{ and {TWIN}}. Include any subsidies you receive for providing child care.

ENTER AMOUNT EARNED.

- | | |
|------------|------------|
| Hard Range | 0 to 99000 |
| REFUSED | (IC045) |
| DON'T KNOW | (IC045) |

IC042

[About how much do you earn before taxes and other deductions for providing child care?]

ENTER UNIT.

- | | | |
|----|-------------------------------|---------|
| 1 | PER HOUR | (IC045) |
| 2 | PER DAY | (IC045) |
| 3 | PER WEEK | (IC045) |
| 4 | PER BI-WEEKLY (EVERY 2 WEEKS) | (IC045) |
| 5 | PER MONTH | (IC045) |
| 6 | PER YEAR | (IC045) |
| 91 | OTHER (SPECIFY) | |

IC043

[About how much do you earn before taxes and other deductions for providing child care?]

SPECIFY OTHER UNIT.

IC045

HELP AVAILABLE

Now I want to ask you about household income. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it . . .

PROBE: Total income means gross income - that is, income before taxes are taken out.

- | | | |
|---|----------------------|-----------|
| 1 | \$25,000 or less, or | |
| 2 | More than \$25,000? | |
| | REFUSED | (IC050BX) |
| | DON'T KNOW | (IC050BX) |

IC047

DISPLAY INSTRUCTIONS:

If IC045=1 (\$25,000 or less), display response codes 1-5 (\$5,000 or less - \$20,001 to \$25,000);

Else if IC045=2 (More than \$25,000), display response codes 6-13 (\$25,001 to 30,000 - \$200,001 or more).

Was it . . .

PROBE: Total income means gross income - that is, income before taxes are taken out.

- 1 \$5,000 or less,
 - 2 \$5,001 to \$10,000,
 - 3 \$10,001 to \$15,000,
 - 4 \$15,001 to \$20,000, or
 - 5 \$20,001 to \$25,000?
 - 6 \$25,001 to \$30,000,
 - 7 \$30,001 to \$35,000,
 - 8 \$35,001 to \$40,000,
 - 9 \$40,001 to \$50,000,
 - 10 \$50,001 to \$75,000,
 - 11 \$75,001 to \$100,000
 - 12 \$100,001 to \$200,000 or
 - 13 \$200,001 or more.
- REFUSED
DON'T KNOW

IC050BX

GO TO SECTION OP

SECTION OP - OBSERVATION-PROVIDER

OP120BX

IF PRELOAD DATA INDICATES CASE WAS SELECTED FOR ACYF OBSERVATION, AND IF UP002 = 2 (CENTER BASED) AND WE RECEIVED CONSENT FROM THE CENTER DIRECTOR (OB125 = 1), THEN GO TO OP125.

ELSE, GO TO OP130.

ELSE, IF UP010=1(RELATIVE) OR UP010=2 (NON RELATIVE) AND CASE WAS SELECTED FOR ACYF OBSERVATION, GO TO OP125.

OP125

DISPLAY INSTRUCTIONS:

If twin in this child care arrangement, display “and {TWIN}”.

As I mentioned earlier, there is a second part of the study where we would like to do an observation of the child care arrangement of {CHILD} {and {TWIN}}.

An ECLS-B field representative will contact you in about a week to tell you more about this part of the study. Then, if you agree to participate, he or she will also schedule a time to do the observation.

Is that all right with you?

- 1 YES
- 2 NO
- 3 INTERVIEW IS IN A LANGUAGE OTHER THAN ENGLISH OR SPANISH

OP126

When is the best day and time for someone to call you?

OP127BX

IF OP125=YES, SET FLAG FOR RELEASE TO THE FIELD FOR OBSERVATION.

OP128

Is there anything else I should let the field representative know about contacting you? For example, that you would like to be called on a different phone number.

- 1 YES
- 2 NO (OP130)

OP129

ENTER PROVIDER’S COMMENT.

OP130

Thank you for taking the time to answer these questions.

PRESS "1" AND THEN ENTER TO END INTERVIEW AND BEGIN UPDATING CONTACT INFORMATION IN SECTION AU.

Hard Range

1 to 1

SECTION AU - ADDRESS UPDATE

AU001BX

IF TYPE OF CHILD CARE IS CENTER BASED, GO TO AU002.

ELSE, GO TO AU006.

IF BREAKOFF (F10) DURING SECTION AU, SET DISPOSITION CODE TO
BREAKOFF AFTER PROVIDER INTERVIEW

AU002

DISPLAY INSTRUCTIONS:

Prefill AU002 with preloaded name of child care center. If no name in preload then display blank.

PLEASE ENTER/CORRECT THE NAME OF THE CHILD CARE CENTER.

AU004

DISPLAY INSTRUCTIONS:

Prefill AU004 with preloaded first name of center director. If no name in preload then display blank.

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

AU005

DISPLAY INSTRUCTIONS:

Prefill AU005 with preloaded last name of care director. If no name in preload then display blank.

PLEASE ENTER/CORRECT THE CENTER DIRECTOR'S LAST NAME.

AU006

DISPLAY INSTRUCTIONS:

Prefill AU006 with preloaded first name of child care provider. If no name in preload then display blank.

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

AU007

DISPLAY INSTRUCTIONS:

Prefill AU007 with preloaded last name of child care provider. If no name in preload then display blank.

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

AU009**DISPLAY INSTRUCTIONS:**

Prefill AU009 with preloaded child care provider's first street address. If no address in preload then display blank.

If type of child care is center-based, display "CENTER'S".

Else display "CARE PROVIDER'S".

PLEASE ENTER/CORRECT THE {CENTER'S/CARE PROVIDER'S} FIRST STREET ADDRESS.

AU011**DISPLAY INSTRUCTIONS:**

Prefill AU011 with preloaded child care provider's second street address. If no address in preload then display blank.

If type of child care is center-based, display "CENTER'S".

Else display "CARE PROVIDER'S".

PLEASE ENTER/CORRECT THE {CENTER'S/CARE PROVIDER'S} SECOND STREET ADDRESS.

AU013**DISPLAY INSTRUCTIONS:**

Prefill AU013 with preloaded child care provider's city. If no city in preload then display blank.

If type of child care is center-based, display "CENTER'S".

Else display "CARE PROVIDER'S".

PLEASE ENTER/CORRECT THE {CENTER'S/CARE PROVIDER'S} CITY.

AU015**DISPLAY INSTRUCTIONS:**

Prefill AU015 with preloaded child care provider's state. If no state in preload then display blank.

If type of child care is center-based, display "CENTER'S".

Else display "CARE PROVIDER'S".

PLEASE ENTER/CORRECT THE {CENTER'S/CARE PROVIDER'S} STATE.

AU017

DISPLAY INSTRUCTIONS:

Prefill AU017 with preloaded child care provider's zip code. If no zip code in preload then display blank.
If type of child care is center-based, display "CENTER'S".
Else display "CARE PROVIDER'S".

PLEASE ENTER/CORRECT THE {CENTER'S /CARE PROVIDER'S} ZIP CODE.

AU018

DISPLAY INSTRUCTIONS:

Prefill AU018 with preloaded center/child care provider's phone number. If no phone number in preload then display blank.
If type of child care is center-based, display "CENTER'S".
Else display "CARE PROVIDER'S".

PLEASE ENTER/CORRECT THE {CENTER'S/CARE PROVIDER'S} PHONE NUMBER.

AU019

ARE YOU AWARE OF ANY ADDITIONAL INFORMATION THAT MIGHT BE USEFUL TO THE CHILD CARE OBSERVER? (FOR EXAMPLE, THE PROVIDER SOUNDS EXCITED ABOUT PARTICIPATING OR THE DIRECTOR HAD CONCERNS THAT THE PARENTS OF OTHER CHILDREN IN THE SETTING WOULD NOT WANT AN OBSERVATION.)

- | | | |
|---|-----|---------|
| 1 | YES | |
| 2 | NO | (AU022) |

AU020

PLEASE ENTER ANY ADDITIONAL INFORMATION FOR THE CHILD CARE OBSERVER

AU022

WHAT LANGUAGE DID YOU USE TO CONDUCT THIS INTERVIEW?

- | | | |
|----|-----------------|---------|
| 1 | ENGLISH | (AU025) |
| 2 | SPANISH | (AU025) |
| 3 | CHINESE | (AU025) |
| 91 | OTHER (SPECIFY) | |

AU023

SPECIFY OTHER LANGUAGE.

AU025

THIS IS THE END OF THE CHILD CARE PROVIDER DATA COLLECTION.

PRESS "1" AND THEN ENTER TO EXIT THIS CASE AS A FINAL COMPLETE.

Hard Range

1 to 1