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ICPSR 31622

Fragile Families and Child Wellbeing Study [Public Use Data]

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Child Care Providers -- Family Child Care/Kith and Kin Interview

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FRAGILE FAMILIES

Child Care Providers

FAMILY CHILD CARE/KITH & KIN INTERVIEW

October 2002

DATE: |__|__| / |_2_|_0_|_0_|__| MONTH YEAR *ffcc_famsurvey_datem/ffcc_famsurvey_datey*	**LANGUAGE OF INTERVIEW:** *ffcc_famsurvey_loi* ENGLISH.....01 SPANISH.....02

NOTES:

***WHEN NOT OTHERWISE INDICATED, THE MAJORITY OF QUESTIONS WERE DRAWN FROM THE CHILD CARE PROVIDER AND DIRECTOR INTERVIEWS FOR THE NATIONAL EVALUATION OF EARLY HEAD START.**

This data file associated with this survey uses the naming convention, ffcc_famsurvey_*, where "" denotes the question number (ex. "ffcc_famsurvey_a1" for "a1").

*The "-9 =missing" convention is used in this file to denote when a response is missing for a particular question/variable; the "-2=enforced skip"convention is used to indicate when the question was not required to be filled in based on a previous response. Throughout the survey, additional missing codes, such as "-1" and "-5" may also used.

*****Two versions of this survey were administered (either an "October" or "May" version) and are differentiated with the variable, ffcc_famsurvey_version. Throughout the survey, codes for missing data of "-7" and "-8" will indicate if there was a differences in questions, wording, or response choice between the versions.

INTRODUCTION TO PROVIDER:

Hello. My name is _____. As you may know, (PARENT) is part of a study of parents and children called the Survey of Parents, being conducted by Princeton and Columbia Universities. When we interviewed (PARENT), you were named as the person who takes care of (CHILD). (PARENT) gave us permission to contact you and invite you to be part of the study. We are trying to learn about the different types of child care that children experience, and the experiences of people who care for young children. We would really appreciate your help. It is critical to learn from people like yourself about child care's place in the lives of children and families.

We would like to ask you some questions about your experiences caring for (CHILD). We would also like to visit you to watch (CHILD) while (he/she) is in child care. To thank you for your help, we will give you (FCC $25/K&K $50) at the end of the visit.

Any information you provide will be kept absolutely confidential. No information will be shared with any government agency or with any parents or other people in your community. Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. We really thank you for your help, and we will be grateful for any time that you can give us.

The interview will take approximately 30 minutes. Do you have any questions about the interview?

INTENTIONALLY BLANK

SECTION A: CARE PROVIDED

To begin, I'd like to ask you some general questions about the time you spend caring for young children in general, and (CHILD) in particular.

a1 A1. Are you related to (CHILD)?

YES..... 01

NO ..... 00 → **GO TO A2**

a1_a A1a. What is your relation to (CHILD)?

MATERNAL GRANDMOTHER..... 01

PATERNAL GRANDMOTHER 02

MATERNAL AUNT 03

PATERNAL AUNT 04

GREAT GRANDMOTHER..... 05

SIBLING..... 06

COUSIN..... 07

BIOLOGICAL MOTHER 08

BIOLOGICAL FATHER..... 10

a1_a9oth OTHER (SPECIFY) 09

_____

a2 A2. When you care for (CHILD) do you care for (him/her) in your home, or do you care for (him/her) in (his/her) home?

PROVIDER'S HOME ..... 01 → **GO TO A3**

CHILD'S HOME 02

SOMETIMES ONE/SOMETIMES
THE OTHER 03

CHILD AND PROVIDER LIVE
IN SAME HOUSEHOLD ..... 04 → **GO TO A3**

a2_9oth OTHER 09

_____

a2_a A2A. Which of the following best describes where you live?

In the same neighborhood
where you work..... 01 → **GO TO A3**

In a different neighborhood from
where you work..... 02

a2_b A2B. Approximately how long does it take you to get to (the child's home/RESPONSE FROM A2)?

|___|___| MINUTES TO GET TO WORK

a2_c A2C. Do you . . .

Walk to work, ... 01

Drive to work,..... 02

Take public transportation, or 03

Get to work some
other way? (SPECIFY) 09

a2_c9oth

_____

VOLUNTEERED: IT VARIES 00

a3 A3. Including (CHILD), how many children do you care for on a regular basis while (CHILD) is here? Please include your own children who are there when (CHILD) is there.

(CHILD) PLUS ONE OTHER..... 01

NUMBER OF CHILDREN
INCLUDING (CHILD)..... |___|___| → **GO TO A5**

NO OTHERS, ONLY (CHILD)..... 00 → **GO TO A6**

IF ONE OTHER CHILD:

a4 A4. Is this other child your own child?

YES..... 01

NO 00

a4_a A4A. Is this other child a brother or sister of (CHILD)?

YES..... 01

NO 00

a4_b A4B. How old is this other child?

LESS THAN 12 MONTHS OLD 01
12-18 MONTHS OLD..... 02
19-23 MONTHS OLD..... 03
2 YEARS OLD 04
3 YEARS OLD 05
4 YEARS OLD 06
5 YEARS OLD, OR..... 07
6 YEARS OLD OR OLDER 08

GO TO A6

a5 A5. Are any of these (NUMBER IN A3) children your own child(ren)?

YES..... 01

NO ..... 00 → **GO TO A5B**

a5_a A5A. How many of your own children do you care for while you provide child care for others?

|___|___| NUMBER OF OWN CHILDREN

a5_b A5B. Are any of these (NUMBER IN A3) children brothers or sisters of (CHILD)?

YES..... 01

NO ..... 00 → **GO TO A5D**

a5_c A5C. How many of these (NUMBER IN A3) children are brothers or sisters of (CHILD)?

|___|___| NUMBER OF BROTHERS/SISTERS

A5D. How many of the (NUMBER IN A3) children you care for when (CHILD) is here are . . .

STOP WHEN NUMBER IN A3 IS REACHED

a5d_1	Less than 12 months old?	|___|___|
a5d_2	12-18 months old?	|___|___|
a5d_3	19-23 months old?	|___|___|
a5d_4	2 years old?	|___|___|
a5d_5	3 years old?	|___|___|
a5d_6	4 years old?	|___|___|
a5d_7	5 years old?	|___|___|
a5d_8	6 years old or older?	|___|___|
total	TOTAL	|___|___|

TOTAL SHOULD EQUAL A3

a6 A6. (Does [CHILD]/Including [CHILD], how many of these children) have special needs? By special needs, we mean, for example, children who have been designated as physically disabled, chronically ill, or with chronic medical problems, emotionally or behaviorally disturbed, or learning disabled.

|___|___| NUMBER OF SPECIAL NEEDS CHILDREN

NONE 00
DON'T KNOW..... -1
REFUSED..... -3

→ **GO TO A7**

A6A. What special needs (does this child/do these children) have? **YOU MAY READ LIST AS PROBES IF NECESSARY.**

CIRCLE ALL THAT APPLY

a6_a1	CEREBRAL PALSY	01
a6_a2	SPINA BIFIDA	02
a6_a3	DEAFNESS	03
a6_a4	BLINDNESS	04
a6_a5	MENTAL RETARDATION	05
a6_a6	MOTOR DELAYS	06
a6_a7	LANGUAGE PROBLEMS	07
a6_a8	EMOTIONAL PROBLEMS	08
a6_a9	AUTISM	09
a6_a10	SEVERE ASTHMA	10
a6_a11	DIABETES	11
a6_a12	ATTENTION DEFICIT DISORDER (ADD)	12
a6_a13	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	13
a6_a14	OTHER (SPECIFY)	14
a6_a14ot	_____	

a6_b A6B. Do you feel that you are sufficiently trained to meet the needs of (this child/these children)?

YES 01

NO 00

A7. My next questions are about the languages you speak and the language that (CHILD) (and the other [child/children]) speak(s). **INTERVIEWER: IF THERE ARE CHILDREN LESS THAN THREE YEARS OLD IN A4B OR A5D, READ:** If you take care of very young children, please tell me about the language they are starting to learn.

INTERVIEWER: ASK EACH QUESTION IN ORDER. CODE RESPONSES IN THE GRID.

a7_a1-a7_a9oth

A7A. First, what language or languages do you speak with the children?

a8_1-a8_9oth

A8. What language or languages does (CHILD) speak?

a8_a a8_aoth

A8A. **IF FOCUS CHILD SPEAKS ONLY ONE LANGUAGE, CODE THE SAME LANGUAGE IN A8A AS YOU CODED IN A8. DO NOT ASK A8A.**

IF FOCUS CHILD SPEAKS MORE THAN ONE LANGUAGE, ASK: What language is (CHILD) most comfortable using?

a9_1-a9_9oth

A9. What about (CHILD's) parents? What language or languages do they speak?

IF PROVIDER KNOWS ONLY ONE PARENT, CODE LANGUAGE(S) FOR THAT PARENT.

a10

A10. **CHECK A4 AND A5. DOES PROVIDER CARE FOR CHILDREN OTHER THAN FOCUS CHILD AND PROVIDER'S OWN CHILDREN (A4 OR A5=BLANK OR 00)?**

YES..... 01

NO ..... 00 → **GO TO A11**

a10_a1-a10_a9ot

A10A. (Not including your own children), What language or languages (does the other child/do the other children) speak when they are with you?

	A7A. LANGUAGE(S) OF PROVIDER	A8. LANGUAGE(S) OF FOCUS CHILD	A8A. MAIN LANGUAGE OF FOCUS CHILD	A9. LANGUAGE(S) OF FOCUS CHILD PARENTS	A10A. LANGUAGES OF OTHER CHILDREN
	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ONE	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
ENGLISH	01	01	01	01	01
SPANISH	02	02	02	02	02
FRENCH	03	03	03	03	03
CREOLE	04	04	04	04	04
OTHER #1 (SPECIFY) _____	05	05	05	05	05
OTHER #2 (SPECIFY) _____	06	06	06	06	06
OTHER #3 (SPECIFY) _____	07	07	07	07	07
OTHER #4 (SPECIFY) _____	08	08	08	08	08
OTHER #5 (SPECIFY) _____	09	09	09	09	09

a11 A11. **CHECK A7A AND A8. DOES THE CHILD SPEAK A LANGUAGE THAT THE PROVIDER DOES NOT SPEAK?**

YES..... 01

NO ..... 00 → **GO TO A12**

a11_a A11A. GUP How much trouble do you have communicating with (CHILD) because you don't speak (one of) (his/her) language(s)? Is it . . .

A great deal, ... 01

Some, or 02

No trouble at all?..... 03 → **GO TO A12**

a11_b A11B. Is there anyone else readily available to help you communicate with (CHILD) in (his/her) own language(s)?

YES..... 01

NO 00

a12 A12. **CHECK A7A AND A9. DO EITHER OF FOCUS CHILD'S PARENTS SPEAK A LANGUAGE THAT THE PROVIDER DOES NOT SPEAK?**

YES..... 01

NO ..... 00 → **GO TO A13**

a12_a A12A. GUP How much trouble do you have communicating with (CHILD's) parent(s) because you don't speak (one of) (his/her/their) language(s)? Is it . . .

A great deal, ... 01

Some, or 02

No trouble at all?..... 03 → **GO TO A13**

a12_b A12B. Is anyone else readily available to help you communicate with (CHILD's) parent(s) in (his/her/their) own language(s)?

YES..... 01

NO 00

A13. My next questions are about you and (CHILD).

GUP

When did you first start taking care of (CHILD) on a regular basis?

a13_m
a13_y

|___|___| / |___|___|___|___|
MONTH YEAR

a14 A14. How many hours do you usually watch (CHILD) in a typical week?

|___|___|___| HOURS

ENTIRE TIME.....168

a15 A15. **CHECK A2: IS CARE ONLY IN CHILD'S HOME (A2=02 OR 04)?**

YES..... 01 → **GO TO A16**

NO 00

a15_a A15A. Does (CHILD) have a special place (in your home/the place where you watch [CHILD]) to keep (his/her) toys or personal belongings?

YES..... 01

NO 00

a16 A16. Is there a television available for ([CHILD]/the children) to watch when you are taking care of (him/her/them)?

YES..... 01

NO ..... 00 → **GO TO A17**

a16_a A16A. How many hours is there a television on during a typical day when you care for (CHILD)? Is it . . .

Never, ... 00 → **GO TO A17**

One hour or less per day, ... 01

1-2 hours per day,..... 02

3-4 hours per day,..... 03

5-7 hours per day, or 04

More than 7 hours per day?..... 05

A16B. What television shows are generally on while you are watching (CHILD)? Please give me a few examples. **RECORD FIRST TWO MENTIONED**

a16_b1 1._____

a16_b2 2._____

a17 A17. PHDCN If (CHILD) hits you, what do you do? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY IN A17A.**

PROBE: Anything else?

_____

_____

A17A. CIRCLE ALL THAT APPLY

	THIS NEVER HAPPENS	00
a17a_0 **a17a_1**	HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH	01
a17a_2	EXPLAIN THE RULES	02
a17a_3	SCOLD	03
a17a_4	TIME OUT	04
a17a_5	NO RESPONSE, IGNORE	05
a17a_6	REDIRECT BEHAVIOR	06
a17a_7	TELL CHILD NOT TO HIT/TO STOP	07
a17a_9	OTHER (SPECIFY)	09
a17a_9ot	_____	

a18 A18. If (CHILD) disagrees with you or says negative things about you, what do you do?
RECORD VERBATIM AND CIRCLE ALL THAT APPLY IN A18A.

PROBE: Anything else?

_____

_____

A18A. CIRCLE ALL THAT APPLY

a18a_0	THIS NEVER HAPPENS	00
a18a_1	HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH	01
a18a_2	EXPLAIN THE RULES	02
a18a_3	SCOLD	03
a18a_4	TIME OUT	04
a18a_5	NO RESPONSE, IGNORE	05
a18a_6	REDIRECT BEHAVIOR	06
a18a_7	TELL CHILD NOT TO SAY NEGATIVE THINGS/TO STOP	07
a18a_9	OTHER (SPECIFY)	09
a18a_9ot	_____	

A19. The next questions are about (CHILD) and how (he/she) behaves.

CBC 2000

BPI

(READ ITEM). (So far as you know) Is this not true, somewhat or sometimes true, or very true or often true for (CHILD)?

a19_a-a19_ff

INTERVIEWER: IF DON'T KNOW, ASK FOR BEST GUESS.

		NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
a.	(He/She) can't stand waiting, wants everything now	00	01	02
b.	(He/She) is cruel to animals.....	00	01	02
c.	(He/She) is defiant	00	01	02
d.	(His/Her) demands must be met immediately.....	00	01	02
e.	(He/She) destroys things belonging to (his/her) family or other children	00	01	02
f.	(He/She) is disobedient.....	00	01	02
g.	(He/She) is disturbed by any change in routine	00	01	02
h.	(He/She) doesn't get along with other children	00	01	02
i.	(He/She) doesn't seem to feel guilty after misbehaving...	00	01	02
j.	(He/She) is easily frustrated.....	00	01	02
k.	(He/She) is easily jealous	00	01	02
l.	(He/She) gets in many fights.....	00	01	02
m.	(He/She) hits others	00	01	02
n.	(He/She) hurts animals or people without meaning to	00	01	02
o.	(He/She) has angry moods	00	01	02
p.	(He/She) is nervous, high strung, or tense	00	01	02
q.	(He/She) physically attacks people.....	00	01	02
r.	Punishment doesn't change (his/her) behavior.....	00	01	02
s.	(He/She) screams a lot	00	01	02
t.	(He/She) is selfish or won't share	00	01	02
u.	(He/She) has a speech problem	00	01	02
v.	(He/She) is stubborn, sullen, or irritable.....	00	01	02
w.	(He/She) has sudden changes in mood or feelings	00	01	02
x.	(He/She) has temper tantrums or a hot temper	00	01	02
y.	(He/She) is uncooperative	00	01	02
z.	(He/She) is unusually loud	00	01	02
aa.	(He/She) wants a lot of attention.....	00	01	02
bb.	(He/She) is whiny	00	01	02
cc.	(He/She) is withdrawn; (he/she) doesn't get involved with others.....	00	01	02
dd.	(He/She) has trouble getting to sleep	00	01	02
ee.	(He/She) talks or cries in (his/her) sleep.....	00	01	02
ff.	(He/She) wakes up often at night.....	00	01	02

SECTION B: CHILD CARE ROUTINE AND PROGRAM

Now I'd like to ask you some questions about your routines while you watch (CHILD).

b1 B1. On average, how many hours per week do you provide child care to children who are not your own?

PSID-CD

|___|___|___| HOURS OF CARE PER WEEK

ONLY WATCH FOCUS CHILD, AND/OR OWN CHILD(REN).....-4

b2 B2. Altogether, how many weeks during the year are you not available to provide child care?

|___|___| WEEKS

b3_a B3A. **IS CARE IN THE PROVIDER'S HOME? (A2=01 OR 03?)**

YES..... 01

NO ..... 00 → **GO TO B6**

B4. **NO B4 IN THIS VERSION.**

b5_hr **b5_min** B5. (When [CHILD/CHILDREN] come(s) to your house) What time do(es) ([CHILD]/the first child) typically arrive?

WLWS

|___|___|:|___|___|

b5_1ampm (1) AM 01

PM 02

b5_ah **b5_am** B5A. (When [CHILD/CHILDREN] come(s) to your house) What time does ([CHILD]/the last child) typically leave?

|___|___|:|___|___|

b5_a1ap (1) AM 01

PM 02

b6 B6. Do you ever care for children on weekends?

WLWS

YES..... 01

NO ..... 00 → **GO TO B7**

b6_a B6A. Do you ever care for (CHILD) on weekends?

YES..... 01

NO 00

b7 B7. Do you ever provide care in the late night or early morning hours or for a parent whose work hours vary from week to week?

WLWS

YES..... 01

NO ..... 00 → **GO TO B8A**

b8 B8. Do you ever care for (CHILD) in the late night or early morning hours?

YES..... 01

NO 00

b8_a B8A. Do the hours you watch (CHILD) vary from week to week?

YES..... 01

NO 00

b9 B9. During the last two months, that is since (DATE TWO MONTHS AGO), how many days were you not able to take care of ([CHILD]/children) because you were sick, one of your own children was sick, or because of a personal emergency, illness or another reason?

WLWS

|___|___| NUMBER OF DAYS IN LAST TWO MONTHS

The next questions are about your policies and procedures. (**FOR RELATIVES WHO CARE FOR ONLY ONE CHILD, ADD:** Some of these questions may not seem to fit your situation, but we need to ask everyone the same questions.)

b10 B10. Do you keep any medical records for ([CHILD]/the children you take care of)?

YES..... 01

NO ..... 00 → **GO TO B12**

B11. My next questions are about the records you keep. Do you have any of the following for (CHILD) (and the other [child/children])?

FDCRS 12-3.2

		CIRCLE 01, 00 OR 02 FOR EACH		
		YES	NO	KEEP FOR SOME CHILDREN BUT NOT FOR ALL
b11_a	a. Record of immunization and other health records?	01	00	02
b11_b	b. Emergency contact information?	01	00	02
b11_c (FDCRS 12-3.2)	c. Written permission to get medical care in an emergency?	01	00	02
b11_d	d. Phone numbers for doctors?	01	00	02
(FDCRS 12-5.2) b11_e	e. Information on health problems such as allergies or hyperactivity?	01	00	02
b11_f	f. Written permission to give medicine?	01	00	02
b11_g	g. Do you keep physician's name?	01	00	

B12. **CHECK A3: IS FOCUS CHILD ONLY CHILD IN CARE (A3=00)?**

b12

YES ..... 01 → **GO TO B13B**

NO 00

B13A. What do you do to inform other parents if you learn that a child has an infectious disease such as pink eye or chicken pox?

FDCRS 12-5.4

b13_a

CIRCLE ONE

NOTHING 00

SEND NOTES HOME 01

CALL PARENTS 02

b13_a9oth

OTHER (SPECIFY) 09

_____

NO OTHER CHILDREN IN CARE 10

B13B. What is your policy if child abuse is suspected?

FDCRS 12-3.3

PROBE: Anything else?

CIRCLE ALL THAT APPLY

b13b_0
b13b_2

NO POLICY 00

CONTACT SPECIALIST..... 02

b13b_3
b13b_4
b13b_5
b13b_8
b13b_9
b13b_9ot

CONTACT HEALTH AND HUMAN SERVICES/YOUTH SERVICES/ CHILD WELFARE AGENCY 03

CONTACT POLICE 04

CONTACT OTHER AUTHORITIES..... 05

CONFRONT OR TALK TO PARENT(S)..... 08

OTHER (SPECIFY) 09

_____

_____

B14. How often does (CHILD) ride in a private car when in your care? Would you say . . .

SCS

b14

Every day,..... 01

A few times a week,..... 02

A few times a month, or 03

Never? ..... 00 → **GO TO B15**

B14A. When you take (CHILD) in a car, do you usually put (him/her) in a car seat, a booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?

SCS

b14_a

NO RESTRAINT 00

CAR SEAT..... 01

BOOSTER SEAT..... 02

REGULAR SEATBELT 03

SOMEONE'S LAP (VOLUNTEERED) 04

B14B. When you take (CHILD) in a car, does (he/she) usually sit in the front seat or the back seat?

b14_b

FRONT 01

BACK..... 02

VARIES (VOLUNTEERED) 03

ASK B15 TO B17 FOR THE PLACE WHERE CHILD IS WATCHED.

B15. **CODE PROVIDER'S HOME WITHOUT ASKING IF OBSERVED. IF NOT OBSERVED, ASK:** (Does your home/the place where you watch [CHILD]) have smoke alarms?

SCS

b15

YES..... 01

NO ..... 00 → **GO TO B16**

B15A. As far as you know, are the batteries working in the smoke alarms?

b15_a

YES..... 01

HARD WIRED TO ELECTRICAL SYSTEM 02

NO 00

DON'T KNOW..... -1

B16. (Do you/Does the place where you watch [CHILD]) have a first aid kit?

b16

YES..... 01

NO 00

DON'T KNOW..... -1

B17. Has (your home/the place where you watch [CHILD]) passed a fire inspection?

FDCRS 12

b17

YES..... 01

NO 00

DON'T KNOW..... -1

B18. **CHECK A4, A5 AND A5A. DOES PROVIDER CARE FOR ANY CHILDREN OTHER THAN FOCUS CHILD OR PROVIDER'S OWN CHILDREN (A4 OR A5 OR A5A=BLANK OR 00)?**

b18

YES..... 01

NO ..... 00 → **GO TO B24**

B19. Child care providers sometimes have helpers who assist with caring for young children. These helpers may be paid or not paid. Altogether, how many <u>adults</u> help you take care of children in a typical week?

WLWS

b19

IF ASKED, SAY "BY ADULTS I MEAN THOSE 18 OR OLDER."

|___|___| ADULT ASSISTANTS

NO ADULT ASSISTANTS ..... 00 → **GO TO B20**

B19A. How many of these assistants are paid money or paid in a non-cash arrangement?

b19_a

|___|___| PAID ADULT ASSISTANTS

B20. Do you have any helpers who are 17 or younger?

b20

YES..... 01

NO ..... 00 → **GO TO B21**

B20A. How many younger helpers do you have?

b20_a

|___|___| YOUNGER HELPERS

NO YOUNGER HELPERS..... 00→ **GO TO B21**

B20B. How many of these younger helpers are paid money or paid in a non-cash arrangement?

b20_b

|___|___| PAID YOUNGER HELPERS.

b21

B21. **DOES PROVIDER HAVE ANY ASSISTANTS? (B19 OR B20A CODED WITH NUMBER?)**

YES..... 01 → **GO TO B22**

NO 00

b21_a

FDCRS 13 - 3-7

B21A. What do you usually do if you are called away suddenly while you are responsible for ([CHILD]/the children)?

CIRCLE ONE

HAVE SUBSTITUTE AVAILABLE 01

ADULT FAMILY MEMBER HELPS..... 02

NON-ADULT FAMILY MEMBER HELPS ... 03

b21_a9ot

SEND CHILDREN HOME..... 04

OTHER (SPECIFY) 09

_____

GO TO B24

b22

B22. Including you, what is the maximum number of caregivers when (CHILD) is here?

CAREGIVERS ..... |___|___|

b22_a B22A. And what is the minimum number of caregivers when (CHILD) is here?

CAREGIVERS ..... |__|__|

PROVIDER IS ONLY CAREGIVER..... 01

b23 B23. How many assistants have stopped working with you since (CHILD) started here?

|__|__| ASSISTANTS LEFT

b23_a B23A. How many new assistants have started working with you since (CHILD) started here?

|__|__| NEW ASSISTANTS

b24 B24. Do you get paid to watch (CHILD), either by (his/her) parents or by some other source?

YES..... 01

NO ..... 00 → **GO TO B27**

B25. What do you charge to take care of (CHILD)?

GUP

b25

$ |___|,|___|___|___|

REFUSED..... -3 → **GO TO B25B**

CODE WITHOUT ASKING IF MENTIONED:

B25A. Is that per . . .

b25_a

Hour, ... 01

Day, ... 02

Week,..... 03

Two weeks..... 04

Month, or..... 05

Year? 06

→ **GO TO B25C**

b25_b B25B. I just need a range. Is it . . .

About $200 per month or less,..... 01
$201 to $400,..... 02
$401 to $600,..... 03
$601 to $800,..... 04
$801 to $1,000,..... 05
Or more than $1,000 a month?..... 06
DON'T KNOW..... -1
REFUSED..... -3

b25_c B25C. **CHECK A4A. AND A5B. ARE ANY OF CHILD'S SIBLINGS IN CARE (A4A OR A5B=01)?**

YES..... 01
NO ..... 00 → **GO TO B26**

b25_c1 B25C(1). **CODE WITHOUT ASKING IF RESPONSE ALREADY GIVEN:**
Is this charge only for (CHILD), or for (his/her) sibling(s) as well?

CHILD ONLY ..... 01 → **GO TO B26**
CHILD AND SIBLING(S) 02

b25_d B25D. What would you charge for just (CHILD)?

PROBE FOR AN ESTIMATE IF NECESSARY.

$ |___|,|___|___|___|

REFUSED..... -3 → **GO TO B25F**

b25_e B25E. **CODE WITHOUT ASKING IF MENTIONED:**
Is that per . . .

Hour,..... 01
Day, ... 02
Week,..... 03
Two weeks..... 04
Month, or..... 05
Year? 06

→ **GO TO B26**

b25_f B25F. I just need a range. Is that . . .

About $200 per month or less,..... 01
$201 to $400,..... 02
$401 to $600,..... 03
$601 to $800,..... 04
$801 to $1,000,..... 05
Or more than $1,000 a month?..... 06
DON'T KNOW..... -1
REFUSED..... -3

b26 B26. Is any part of (CHILD's) care paid for by government subsidy?

YES..... 01
NO ..... 00 → **GO TO B26E**

b26_a B26A. What local, state, or federal program provides these funds?

GUP

PROBE: Any others?

_____

_____

b26_b B26B. How much of (CHILD'S) care is paid for by (that subsidy/those subsidies)?

$ |___|,|___|___|___|

DON'T KNOW..... -1
REFUSED..... -3

→ **GO TO B26D**

CODE WITHOUT ASKING IF MENTIONED:

b26_c B26C. Is that per . . .

Day, ... 01
Week, or 02
Month?..... 03

GO TO B26E

b26_d

B26D. About how much of (CHILD'S) care is paid by (that subsidy/those subsidies)? Is it . . .

All, ... 01

Most, ... 02

Some, or 03

Just a bit? 04

b26_e*
October only

B26E. Does (CHILD) receive any discounts or scholarships aside from government subsidies?

YES..... 01

NO 00

b27

B27. **(CHECK A4, A4A, A5, A5B.) DOES PROVIDER CARE FOR ANY CHILDREN OTHER THAN FOCUS CHILD, (HIS/HER) SIBLINGS, OR PROVIDER'S OWN CHILDREN (A4 AND A4A=00, OR A5 AND A5B=00)?**

YES..... 01

NO ..... 00 → **GO TO B33**

b28

B28. Do the parents of the other (child/children) pay you out of their own money? Please do not include government subsidies.

CODE YES IF <u>ANY</u> PARENTS PAY.

YES..... 01

NO ..... 00 → **GO TO B29**

b28_a

B28A. Do you charge families different fees based upon their family income?

YES..... 01

NO 00

b29

B29. Do <u>you</u> provide discounts or scholarships for (the other child/any of the other children)?

WLWS

PROBE: Do not include funds from other sources.

YES..... 01

NO ..... 00 → **GO TO B30**

b29_a B29A. How many children currently receive these discounts or scholarships?

|___|___| CHILDREN

b30 B30. Is any part of the other (child's/children's) child care paid for by government subsidies?

YES..... 01
NO ..... 00 → **GO TO B32**

b31 B31. How many children are supported fully or in part by government subsidies?

|___|___| CHILDREN

b31a_a
b31a_b

B31A. What local, state, or federal programs provide these funds?

PROBE: Any others?

_____

_____

_____

b31_b B31B. Would you like to serve more subsidized children?

WLWS

YES..... 01
NO 00

b31_c B31C. Could you continue to operate if you didn't serve subsidized children?

WLWS

YES..... 01
NO 00

b32 B32. **CHECK B24, B26, B28, AND B30. IS PROVIDER PAID FOR CARE?**

YES..... 01
NO ..... 00 → **GO TO B34**

b32_a B32A. In a typical month, how much money do you earn from caring for children? (This includes cash, vouchers, subsidies or any other monetary sources.)

$|___|___|,|___|___|___| → **GO TO B33**

DON'T KNOW..... -1

REFUSED..... -3

b32_b B32B. I just need a range. Is that . . .

About $200 per month or less,..... 01

$201 to $400,..... 02

$401 to $600,..... 03

$601 to $800,..... 04

$801 to $1,000,..... 05

Or more than $1,000 a month?..... 06

DON'T KNOW..... -1

REFUSED..... -3

b33 B33. Could you tell me approximately how much of your family income was received from your child care work last year? Was it . . .

Nothing, ... 00

One quarter or less,..... 01

More than a quarter, less than half,..... 02

More than half, less than three-quarters, or..... 03

Three quarters or more?..... 04

DON'T KNOW..... -1

REFUSED..... -3

b34 B34. Do you currently hold a(nother) paid job (to supplement your child care income)?

YES..... 01

NO 00

b34_a B34A. How many total hours do you usually work per week? Include regular overtime hours at (this job/all of your jobs).

|___|___|___| HOURS WORKED PER WEEK

b34_b B34B. If you could do what you wanted to do, ideally, how many hours in total would you like to work each week?

|___|___|___| HOURS PER WEEK

NONE/WOULD NOT WORK 000

b35 B35. **CHECK A2: IS CARE IN PROVIDER'S HOME (A2=01, 03, OR 04)?**

YES..... 01

NO ..... 00 → **GO TO B41**

b36 B36. WLWS Are you sponsored by a group—for example, a church, Head Start, Catholic Charities—that organizes family day care in your area?

YES..... 01

NO ..... 00 → **GO TO B37**

b36_a B36A. What is the name of that group?

GROUP:_____

b37 B37. Are you part of a network that provides training, assistance, or support to child care providers who care for children in their homes?

YES..... 01

NO 00

b38 B38. Are you licensed or regulated by the state?

YES..... 01

NO 00

b39 B39. Are you a member of any early childhood or child care professional organizations?

FDCRS 32

YES..... 01

NO 00

b40 B40. Is your program accredited by the National Association for Family Child Care—NAFCC— or some other organization?

NAFCC ..... 01 → **GO TO B41**

OTHER ORGANIZATION (SPECIFY) 09

b40_9oth _____

NO 00

B40A. Are you currently pursuing NAFCC accreditation?

b40_a

YES..... 01

NO 00

DON'T KNOW..... -1

b41 B41. **CHECK A2. IS CHILD CARED FOR IN HIS/HER OWN HOME (A2=02, 03, OR 04)?**

YES..... 01 → **READ B42A - B42C AS "THE NEIGHBORHOOD THAT THE CHILD LIVES IN"**

NO ..... 00 → **READ B42A-B42C AS "YOUR NEIGHBORHOOD"**

My next questions are about (your neighborhood/the neighborhood that [CHILD] lives in).

B42A. How do you think this neighborhood compares with most other neighborhoods around here? Is it better, the same, or worse?

PHDCN

b42_a

BETTER..... 01

SAME..... 02

WORSE 03

B42B. Have you heard gunshots in this neighborhood in the last year?

b42_b

YES..... 01

NO ..... 00 → **GO TO B43**

b42_c B42C. How often have you heard gunshots in the last year? Would you say . . .

Rarely, ... 01

Once a month, ... 02

Once a week,..... 03

At least 2 times a week, or..... 04

Daily?..... 05

B43. For each of the following, please tell me if it is very likely, likely, unlikely, or very unlikely that people in (your/[CHILD's]) neighborhood would act in the following manner.

PHDCN

INTERVIEWER: IF DON'T KNOW ASK FOR BEST GUESS.

		VERY LIKELY	LIKELY	UNLIKELY	VERY UNLIKELY
b43_a	a. If some children were spray-painting Graffiti on a local building, how likely is it that the neighbors would do something about it? Would you say it is very likely, likely, unlikely, or very unlikely?.....	04	03	02	01
b43_b	b. If there were a fight in front of your house and someone was being beaten or threatened, how likely is it that the neighbors would break it up?.....	04	03	02	01
b43_c	c. If a child was showing disrespect to an adult, how likely is it that people in their neighborhood would scold that child?.....	04	03	02	01
b43_d	d. Suppose that because of budget cuts the fire station closest to (your/[CHILD's]) home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?.....	04	03	02	01

B44 TO B47 REFER TO THE PLACE WHERE THE FOCUS CHILD IS CARED FOR. ASK B44 TO B44C WHEN THE INTERVIEW IS CONDUCTED BY TELEPHONE. OTHERWISE, CODE FROM OBSERVATION.

IF CONDUCTED BY TELEPHONE, READ:
My next questions are about the place where you care for (CHILD).

b44 B44. ON WHAT FLOOR IS THE APARTMENT WHERE THE FOCUS CHILD IS CARED FOR?

|___|___| FLOOR

NOT APPLICABLE, SINGLE FAMILY DWELLING ..... -4 → **GO TO B46**

b44_a B44A. **INTERVIEWER:** IS THE APARTMENT WHERE THE FOCUS CHILD IS CARED FOR ON THE 3RD FLOOR OR HIGHER?

YES..... 01

NO ..... 00 → **GO TO B46**

b44_b B44B. IS THERE AN ELEVATOR?

YES..... 01

NO ..... 00 → **GO TO B46**

b44_c B44C. IS THE ELEVATOR OPERATIONAL?

YES..... 01

NO 00

b45 B45. (My next question is about the place where you care for [CHILD]).

How often does the elevator (in this building/in the building where you care for [CHILD]) break down? Is it . . .

A few times a week,..... 01

A few times a month, or 02

Less often than that or never?..... 00 → **GO TO B46**

b45_a B45A. How quickly is it fixed? Is the . . .

Same day, the..... 01
Same week, or..... 02
Longer than that?..... 03

b46 B46. (My next question is about the place where you care for [CHILD].)

How many rooms, not counting bathrooms, are in this (apartment/house)?

|___|___| NUMBER OF ROOMS

b47 B47. How many bedrooms are in this (apartment/house)?

|___|___| NUMBER OF BEDROOMS

d1*
October only

D1. **INTERVIEWER: IS PROVIDER (CHILD)'s MOTHER OR FATHER?**

YES - MOTHER ..... 01 → **GO TO D1C AND READ STATEMENTS ABOUT FATHER**

YES - FATHER ..... 02 → **GO TO D1C AND READ STATEMENTS ABOUT MOTHER**

NO – NEITHER..... 00 → **CONTINUE TO D1A**

D1A. I'd like to know a bit about the relationship you have with (CHILD)'s mother/father. Please answer the following questions based on your knowledge of the parent with whom you have had the most contact. Again, let me remind you that the answers you give will be kept confidential.

d1_b

D1B. Please tell me which of (CHILD'S) parents you have the most contact with. Is it the . . .

Mother,..... 01 → **READ D1C STATEMENT ABOUT MOTHER**

Father, or ..... 02 → **READ D1C STATEMENTS ABOUT FATHER**

Both parents equally?..... 00 → **READ STATEMENTS ABOUT MOTHER**

D1C. (READ STATEMENT) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree?

		STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
EHS/GUP **d1c_a**	A. When you need help, you feel that (CHILD's) (mother/father) will go out of (her/his) way for you	01	02	03	04
EHS/GUP **d1c_b**	B. (CHILD's) (mother/father) gives you valuable suggestions about working with (CHILD).....	01	02	03	04
GUP **d1c_c**	C. You usually agree with how (CHILD's) (mother/father) disciplines (CHILD)	01	02	03	04
EHS/GUP **d1c_d**	D. You admire the way (CHILD's) (mother/father) gets along with (her/his) child ...	01	02	03	04
d1c_e	E. The overall approach to raising children expressed by (CHILD's) (mother/father) closely matches your own.....	01	02	03	04
d1c_f	F. When (CHILD's) (mother/father) and you disagree about how to take care of (CHILD), it is easy for you to work through your differences	01	02	03	04
GUP **d1c_g**	G. You and (CHILD's) (mother/father) would describe (CHILD) in the same way	01	02	03	04

d2 D2. How often do you discuss (CHILD) with (her/his) (mother/father)? Is it . . .

GUP

Less than once a month, ... 01

Once or twice a month,..... 02

Once or twice a week, or 03

Most days? 04

D3. How often do you and (mother/father) disagree about how to take care of (CHILD)? Is it . . .

GUP

d3

Less than once a month, ... 01

Once or twice a month,..... 02

Once or twice a week, or 03

Most days? 04

D4. For each statement I read, please say how often this is true of (mother/father).

Emlen

(READ STATEMENT) Is this never true, sometimes true, often true or always true of (mother/father)?

		NEVER TRUE	SOMETIMES TRUE	OFTEN TRUE	ALWAYS TRUE
d4_a	a. (CHILD's) (mother/father) and I share information.....	01	02	03	04
d4_b	b. We talk about how to deal with problems that might arise.....	01	02	03	04
d4_c	c. (CHILD's) (mother/father) is supportive of me as a caregiver.....	01	02	03	04
d4_d	d. (CHILD's) (mother/father) accepts the way I care for (her/him).....	01	02	03	04
d4_e	e. I feel welcomed by (CHILD's) (mother/father).....	01	02	03	04
d4_f	f. This parent understands the kind of things I have to deal with on a day to day basis while I am taking care of (CHILD).....	01	02	03	04

SECTION E: CHILD CARE PROVIDER BELIEFS

e1 E1. **CHECK B24, B26, B28, AND B30. IS PROVIDER PAID FOR ANY CHILD CARE?**

YES..... 01

NO ..... 00 → **GO TO E3**

Next I'm going to read you some statements that child care providers have made about how they feel about what they are doing. For each statement, please tell me if you agree or disagree.

E2. (READ STATEMENT) Do you strongly agree, mildly agree, mildly disagree or strongly disagree?

			STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
EHS/GUP/ WLWS e2_a	a.	You frequently feel like quitting and no longer taking care of young children.....	01	02	03	04
SCS e2_b	b.	If you had to do it again, you would still choose to do child care.....	01	02	03	04
GUP/ WLWS e2_c	c.	You feel stuck in child care due to few other employment opportunities.....	01	02	03	04
EHS/GUP/ WLWS e2_d	d.	You wish there were more child care training opportunities available to you.....	01	02	03	04
e2_e	e.	You like providing child care, but find it difficult to make a living doing it	01	02	03	04

EHS/GUP/
WLWS

E3. For each of the following statements, please tell me whether it describes how you feel about caring for ([CHILD]/children). Again, tell me if you strongly agree, mildly agree, mildly disagree or strongly disagree.

You view taking care of young children . . .

			STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
e3_a	a.	As something you do mostly because you want to help ([CHILD'S][mother/father]/parents) out	01	02	03	04
e3_b	b.	As a stepping-stone to work in another field related to children	01	02	03	04
e3_c	c.	As your chosen occupation.....	01	02	03	04
e3_d	d.	As the only job that you feel qualified to do	01	02	03	04
e3_e	e.	As temporary employment-until a better job is available.....	01	02	03	04

e4 E4. From the reasons I just listed, which would you say is your main reason for taking care of young children? Is it . . .

CIRCLE ONE

To help (CHILD's) ([mother/father]/ parents),..... 01

Because it is a stepping stone to another early childhood job,..... 02

Because it's your chosen occupation, ... 03

Because it's the only job you feel qualified to do, ... 04

Because it's temporary employment, or 05

e4_9oth Is there some other reason? (SPECIFY) ... 09

_____

E5. I am going to read you some reasons people have given for becoming child care providers. Please tell me the one that best describes how you **first** came to work with young children? **(READ ALL CHOICES)**

e5

CIRCLE ONE

You always wanted to do it, ... 01

A friend was doing it and suggested you try it, ... 02

A relative or friend who needed care for her children asked you to help them out, ... 03

A teacher suggested you would be good at it, ... 04

You needed care for your own children and so decided to become a "sitter" or "provider" for others, too, ... 05

A welfare worker suggested you try it, or.... 06

There was some other reason? (SPECIFY) 09

e5_9oth*
October only

_____

E6. If you had to guess, how much longer do you think that you will continue to take care of (other people's) children in some way?

e6_yr
e6_mo

IF JUST YEARS OR MONTHS GIVEN, WRITE "00" IN OTHER BOXES.

|___|___| YEARS AND |___|___| MONTHS

SECTION F: ABOUT THE CHILD CARE PROVIDER

Next we'd like to know a bit about you as a child care provider.

f1 & f1_2* May only

F1. What would you say is the most enjoyable thing about taking care of children? **RECORD VERBATIM**

_____

_____

f2 & f2_2* May only

F2. What is the most difficult or frustrating part of caring for children? **RECORD VERBATIM**

_____

_____

F3. The next questions are about how you've been feeling. During the past year, how much have you been bothered or troubled by the following?

PI-DMI

(READ ITEM). Has this bothered or troubled you a lot, somewhat or not at all?

			CODE 01, 02 OR 03 FOR EACH		
			A LOT	SOMEWHAT	NOT AT ALL
f3_a	A.	Feeling too tired to do things.....	01	02	03
f3_b	B.	Having trouble going to sleep or staying asleep	01	02	03
f3_c	C.	Feeling unhappy, sad, or depressed.....	01	02	03
f3_d	D.	Feeling hopeless about the future.....	01	02	03
f3_e	E.	Feeling nervous or tense	01	02	03
f3_f	F.	Worrying too much about things	01	02	03

f3a* October only

F3A. **CHECK A1a AND A3: IS PROVIDER CHILD'S PARENT <u>AND</u> NOT CARING FOR ANY OTHER CHILD (A1a=08 OR 10 AND A3=00)?**

YES..... 01→ **GO TO F9**

NO 00

F4. Altogether, how long have you worked caring for children who are not your own? Please include time in child care centers, as a family child care provider, or as an informal child care provider.

WLWS

f4_yrs
f4_mos

IF JUST YEARS OR MONTHS GIVEN, WRITE "00" IN OTHER BOXES.

|___|___| YEARS AND |___|___| MONTHS

F5. **CHECK A2. DOES PROVIDER CARE FOR CHILD/CHILDREN IN PROVIDER'S OWN HOME (A2 = 01, 03, OR 04)?**

f5*
October only

YES..... 01

NO ..... 00 → **GO TO F6**

F5A. And altogether, how long have you taken care of children who are not your own in your home?

f5a_yrs
f5a_mos

IF JUST YEARS OR MONTHS GIVEN, WRITE "00" IN OTHER BOXES.

|___|___| YEARS AND |___|___| MONTHS

f6 F6. Have you ever worked in a day care center or Head Start program?

YES..... 01

NO 00

f7_a
f7_b

F7. What (other) kind of child care setting have you worked in (besides that)?

IF NONE, CIRCLE 00.

_____

_____

_____

NONE 00

f8_a F8A. Since you started working with young children, how would you describe your job history? Have you . . .

Worked consistently as a provider of care to children, ... 01

Moved in and out of child care work, or 02

Mostly done other types of work? 03

F8B. Are you paid for . . .

		CIRCLE 01, 02 OR 3 FOR EACH		
		YES	SOMETIMES	NO
f8b_a	a. Days when you are sick and can't watch children?.....	01	02	00
f8b_b	b. Days when a child is sick?	01	02	00
f8b_c	c. Days when you want to take a vacation?.....	01	02	00
f8b_d	d. Holidays?.....	01	02	00

f8_c F8C. Not including Medicaid or other subsidized health care, are you <u>offered</u> paid health coverage through any source?

YES..... 01

NO 00

DON'T KNOW..... -1

→ **GO TO F9**

f8_d F8D. Is this through . . .

a. Spouse or partner's plan,..... 01

b. Privately purchased plan, or 02

c. Government assistance? 03

f8_e F8E. Are you <u>enrolled</u> in this plan?

YES..... 01

NO 00

F9. What is your date of birth?

f9_mo
f9_yr

|___|___| / 19|___|___| → **GO TO F10**
MONTH YEAR

REFUSED..... -3

f9_a

F9A. I just need a range. Are you . . .

16 or less, ... 01
17-20,..... 02
21-30,..... 03
31-50,..... 04
51-65, or 05
older than 66?..... 06
REFUSED..... -3

CODE WITHOUT ASKING IF OBVIOUS:

f10

F10. Are you . . .

Male, or..... 01
Female?..... 02

f11

F11. Including yourself, how many people currently live in your house?

|___|___| PEOPLE

ONE/SELF ONLY ..... 01 → **GO TO F12**

f11_a

F11A. Of these (NUMBER IN F10) people in your household, how many are children under age 18?

|___|___| CHILDREN

NONE 00

f12 F12. Which of the following best describes your marital status? Are you . . .

Married,..... 01
Unmarried but living with a partner, ... 02
Separated or divorced, ... 03
Never married, or..... 04
Widowed?..... 05
REFUSED..... -3

F13. Which of the following best describes your race? Are you . . .

CIRCLE ALL THAT APPLY

f13_1
f13_2
f13_3
f13_4* October only
f13_5
f13_9
f13_9oth

White or Caucasian, ... 01
Black or African American, ... 02
Asian,..... 03
Native Hawaiian or Pacific Islander, or 04
Native American or Alaskan Native? 05
OTHER (SPECIFY) 09
_____

f13_0

VOLUNTEERED:
BI OR MULTIRACIAL 00

F14. Are you of Hispanic or Latino origin or descent?

f14

YES..... 01
NO ..... 00 → **GO TO F16**

F15. Are you . . .

f15

Mexican, ... 01
Cuban, ... 02
Puerto Rican,..... 03
Dominican, or..... 04
Of some other descent? (SPECIFY)..... 09

f15_9oth

_____

F16. Do you currently receive any of the following public supports?

		CIRCLE YES OR NO FOR EACH	
		YES	NO
f16_a	A. TANF, AFDC, or welfare payments?	01	00
f16_b	B. Medicaid or other subsidized health care?	01	00
f16_c	C. Subsidized child care for your own children?	01	00
f16_d	D. Food supports such as food stamps, WIC, or free or reduced school lunches?.....	01	00

f17 F17. If you filled out a federal tax return for 2001, did you fill out a special form to claim the Earned Income Tax Credit, called Schedule EITC?

[**PROBE IF DON'T KNOW WHAT EITC IS:** The federal government has a special rule that allows working people who make less than about $29,000 a year to get a tax refund. It's called the Earned Income Tax Credit or EITC. Sometimes, if the IRS thinks that someone is eligible for the Earned Income Tax Credit they will send out a letter asking that person to fill out a special form so that they can claim the Earned Income Tax Credit. Did you claim the Earned Income Tax Credit?]

YES..... 01

NO 00

DIDN'T FILE 2001 TAX RETURN ..... -4

DON'T KNOW..... -1

REFUSED..... -3

We'd like to know a bit about the training you have.

f21 F21. Have you ever taken any courses or attended any workshops on how to care for young children?

YES..... 01

NO ..... 00 → **GO TO F25**

f22 F22. Have you taken any child development or early childhood education courses at a college or university?

FDCRS 32

YES..... 01

NO ..... 00 → **GO TO F23**

f22_a F22A. What is the highest level of early childhood education or ECE, and child development training you have received from a community or 4 year college?

Less than 25 units of ECE or child development, ... 01 →

F21A(1). How many units?

|__|__| UNITS

f21_a1

An AA in ECE or child development, ... 02

A BA/BS in ECE or child development, ... 03

Graduate level courses in ECE or child development, ... 04

A graduate degree in ECE or child development, or 05

Something else? (SPECIFY) 09

_____

f23 F23. Have you had any (other) special training such as workshops, courses, or child education programs?

WLWS

YES 01

NO ..... 00 → **GO TO F25**

F23A. Which of the following have you had? Have you had or taken . . .

			CIRCLE YES OR NO FOR EACH	
			YES	NO
f23a_a	a.	Child development associate or CDA training?	01	00
f23a_b	b.	Workshops in the community?	01	00
f23a_c	c.	Workshops at professional meetings?	01	00
f23a_d	d.	Child care courses in high school or vocational school?	01	00
f23a_e	e.	Other training focused on education such as elementary education?	01	00
f23a_f	f.	Training on taking care of children with special needs?	01	00
f23a_g	g.	Some other training? (SPECIFY)	01	00
f23a_got		_____		

f24 F24. In the past 12 months, about how much time did you spend at child related training programs, workshops, or conferences? Would you say . . .

GUP

FDCRS 32

Less than 5 hours, ... 01
5 to 10 hours, ... 02
11-19 hours, or 03
20 hours or more? 04
NONE/NO TIME 00

F25. Do you hold any of the following teaching certificates, permits or credentials?

WLWS

		CIRCLE YES OR NO FOR EACH	
		YES	NO
f25_a a.	Child Development Associate (CDA)?	01	00
f25_b b.	Montessori Certificate?	01	00
f25_c c.	College Early Childhood Education Certificate?	01	00
f25_d d.	Elementary Teaching Credential?	01	00
f25_eoth e.	Anything else? (SPECIFY) ..... _____	01	00

f25_0 **May version only:** Volunteered: None

f26 F26. Have you ever had first aid training?

FDCRS 13

YES..... 01
NO ..... 00 → **GO TO F27**

F26A. When did you last have this training?

FDCRS 13

|___|___| / |___|___|___|___|
MONTH YEAR

f26a_mo
f26a_yr

F27. Have you ever had CPR for children training?

FDCRS 13

YES..... 01
NO ..... 00 → **GO TO F28**

f27

f27_a F27A. Is your CPR certification up-to-date?

YES..... 01

NO 00

DON'T KNOW..... -1

F28. When did you last have a physical exam?

f28_mo
f28_yr

|___|___| / |___|___|___|___|
MONTH YEAR

NEVER ..... -4

DON'T KNOW..... -1

F28A. What about a TB test?

f28a_mo
f28a_yr

|___|___| / |___|___|___|___|
MONTH YEAR

NEVER ..... -4

DON'T KNOW..... -1

f29 F29. What is the highest level of school you have completed?

IF RESPONSE IS 'NURSING, BUSINESS, VOCATIONAL,' ETC., PROBE FOR HIGHEST LEVEL OF REGULAR SCHOOL COMPLETED.

CIRCLE ONE

SOME HIGH SCHOOL 01

HIGH SCHOOL GRADUATE OR GED..... 02

SOME COLLEGE COURSES,
BUT NO DEGREE 03

TWO YEAR COLLEGE DEGREE..... 04

FOUR YEAR COLLEGE DEGREE..... 05

SOME GRADUATE SCHOOL 06

GRADUATE DEGREE..... 07

f30 F30. In what year did you complete this schooling?

|__|__|__|__| YEAR

Thank you for taking the time to answer my questions. This information will help us understand more about the experiences of children in child care settings, and people who take care of young children.

IF YOU HAVE NOT ALREADY DONE SO, SCHEDULE OBSERVATION VISIT.