Project on Human Development in Chicago Neighborhoods (PHDCN): Infant Assessment Unit, Wave 1, 1995-1997

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Instrument for ICPSR 13579 - Infant Day Care Screen
Infant Day Care Screen; PC 6 months
February 9, 1996

Date _______ _______ ______
m d y

Primary Caregiver ID __________________________

Interviewer ID __________________________

SubID DCSRAID DCSDATE

Time Started: ______:____ AM PM

hh mm

Interviewer talked about people who help you care for *****. Now I have a few questions about child care.

DCS1

1. Is ***** cared for on a regular basis by anyone besides you? This does not include occasional babysitting for a brief period. This means that ***** is cared for one or more days each week by someone other than yourself.

1. Yes 2. No

Go to Q:1A
End Questionnaire

1A. About how many days each week is ***** cared for by someone else?

1A. # of days

95/96/98

DCS1B

1B. About how many hours per week is ***** cared for by someone else?

1B. # of hours

995/996/998

ed. init. ed. date

5=DU 6=REF 7=NAP 8=DK 9=NA

17
2. What type of care is this? Is it provided...
(Read each choice)

2A. In your home by another family member?
1. Yes
2. No

2B. In your home by a babysitter or nanny?
1. Yes
2. No

2C. At a home of a close friend or relative?
1. Yes
2. No

2D. At a day care home? (paid day care provider)
1. Yes
2. No

2E. At a day care center?
1. Yes
2. No

2F. Anywhere else?
1. Yes
2. No
3. What is the name and address of the day care or other program:

   3A. Name

   3B. Street Address

   3C. City

   3D. State

   3E. Zip

4. When did ***** first start day care?

   4A. mm

   4B. yyyy

   95 / 96 / 98

   If no other type of care go to Q. 6

5. When did a babysitter, nanny, family member, or friend begin to care for him/her?

   5A. mm

   5B. yyyy

   95 / 96 / 98

6. Other than you, how many different caregivers has ***** had since birth?

   6. □

   95 / 96 / 98

5=DU   6=REF   7=NAP   8=DK   9=NA
7. Many babies receive special services to solve different problems. Does ***** receive special help from any of these places?

**DCS7A**

7A. A developmental clinic? (for example, high-risk follow-up clinic in a hospital)

1. Yes 
2. No

**DCS7B**

7B. A doctor's office or private physical therapist?

1. Yes 
2. No

**DCS7C**

7C. Any other kind of special program?

1. Yes Go to Q. 7D
2. No End interview and record time.

**DCS7E**

7D. What kind of program is this? (Record each program mentioned.)

7E. ________________________________

7F. ________________________________

7G. ________________________________

**DCS7TIM**

Time Stopped: _____ : _____ AM PM

hh mm

5=DU 6=REF 7=NAP 8=DK 9=NA