

**EARLY CHILDHOOD LONGITUDINAL STUDY, BIRTH COHORT (ECLS-B)
KINDERGARTEN YEAR 2007
WRAP AROUND CARE EARLY CARE AND EDUCATION PROVIDER (WECEP)
INTERVIEW**

SECTION VA: VERIFY ADDRESS INFORMATION

*SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR, CENTER-BASED CARE PROVIDER OR HOME-
BASED PROVIDER*

The following information is uploaded from the Kindergarten '07 Parent Interview

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

VAINTRO

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

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

{Comments from parents}

ENTER "1" TO CONTINUE.

DISPLAY FOR MINOR PROVIDERS ONLY:

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

VA002BX

IF HOME-BASED, GO TO VA004.

IF CENTER-BASED, GO TO VA002.

VA002

DISPLAY THE FOLLOWING INSTRUCTIONS FOR FIELD INTERVIEWER (FI):

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

{ Program Name}

PLEASE ENTER/CORRECT THE NAME OF THE PROGRAM.

VA004

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

PLEASE ENTER/CORRECT THE {DIRECTOR/ADMINISTRATOR/CARE PROVIDER}'S FIRST NAME.

DISPLAY INSTRUCTIONS:

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

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

VA005

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

PLEASE ENTER/CORRECT THE {DIRECTOR/ADMINISTRATOR/CARE PROVIDER}'S LAST NAME.

DISPLAY INSTRUCTIONS:

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

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

VA006BX

IF HOME-BASED, GO TO VA009.

IF CENTER-BASED, GO TO VA006.

VA006

{Care Provider's First Name}

DISPLAY INSTRUCTIONS:

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

VA007

{Care Provider's Last Name}

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

VA009

{Mailing Address First Line}

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

DISPLAY INSTRUCTIONS:

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

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

VA011

{Mailing Address Second Line}

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

DISPLAY INSTRUCTIONS:

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

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

VA013

{City}

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

DISPLAY INSTRUCTIONS:

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

For center-based, display "Center City."

VA015

{State}

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

DISPLAY INSTRUCTIONS:

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

For center-based, display "Center State."

VA017

{Zip Code}

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

DISPLAY INSTRUCTIONS:

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

For center-based, display "Center Zip."

VA018

{Phone Number}

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

DISPLAY INSTRUCTIONS:

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

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

VA050

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

CENTER NAME: {Center Name}

DIRECTOR/ADMINISTRATOR: {Director/Administrator First and Last Name}

CARE PROVIDER: {Care Provider First and Last Name}

ADDRESS 1: {Center Mailing Address Line 1/Care Provider's Home Mailing Address Line 1}

ADDRESS 2: {Center Mailing Address Line 2/Care Provider's Home Mailing Address Line 2}

CITY: {Center Mailing Address City/Care Provider's Home Mailing Address City}

STATE: {Center Mailing Address State/Care Provider's Home Mailing Address State}

ZIP: {Center Mailing Address Zip Code/Care Provider's Home Mailing Address Zip Code}

PHONE: {Center Telephone Number/Care Provider's Home Telephone Number}

INFORMATION COMPLETE; CAN BE USED FOR MAILING.....1

INFORMATION INCOMPLETE BUT THIS IS BEST AVAILABLE.....2

VA060

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

THE INTERVIEW STATUS HAS BEEN SET TO 360 (Info verified).

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

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

PVAGEBX

IF CARE PROVIDER IS A MINOR, GO TO PVAGE.

ELSE, GO TO SECTION UP.

PVAGE

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

ENTER AGE IN YEARS.

Answer must be in range from 10 to 25.

DISPLAY INSTRUCTIONS:

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

PVDOB

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

ENTER MONTH OF BIRTH.

Answer must be in range from 1 up to 12.

ENTER DAY OF BIRTH.

Answer must be in range from 1 to 31.

ENTER YEAR OF BIRTH.

Answer must be in range from 1982 to 1997.

CONSENT18BX

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

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

IF PVAGE IS < 15, GO TO TOO YOUNG.

Consent18

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

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

CHOOSE ONE OF THE OPTIONS BELOW.

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

ENDNOCONSENT

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

ENTER “1” TO EXIT.

INTERVIEW IS TERMINATED.

TOOYOUNG

DISPLAY INSTRUCTIONS:

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

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

INTERVIEW IS TERMINATED.

SECTION UP: UPDATE TYPE OF CARE INFORMATION

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

UP001PRE U

**YOU HAVE ENTERED THE WECEP INTERVIEW FOR {CHILD {AND TWIN}}’S
PROVIDER, CASE {INTERVIEW CASE}: {PROVIDER NAME}.**

COMMENTS FROM PARENT CAPI

{INSERT COMMENTS}

ENTER “1” TO CONTINUE.

<p>UP002BX</p> <p>IF HOME-BASED (UP002 = 1), GO TO UP002. IF CENTER-BASED (UP002=2), GO TO UP002H.</p>

UP002

**According to {FULL NAME OF PARENT/RESPONDENT}, you provide care for {CHILD}
{and{TWIN}} in a home. Is this correct?**

- YES, CARE IS PROVIDED IN A HOME.....1
- NO, CARE IS PROVIDED IN A CENTER/PROGRAM.....2

If RF or DK, display message:

**YOU HAVE NOT SELECTED A SETTING FOR THE CHILD CARE (HOME OR CENTER).
WITHOUT THIS INFORMATION THE INTERVIEW WILL TERMINATE.**

**PRESS ENTER TO GO BACK AND ENTER A RESPONSE OR PRESS 'S' TO TERMINATE THE
INTERVIEW.**

UP002H

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

- YES, CARE IS PROVIDED IN A CENTER/PROGRAM.....1
- NO, CARE IS PROVIDED IN A HOME.....2

If RF or DK, display message:

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

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

UP00CKL
IF HOME-BASED (UP002 = 1), GO TO CKLOCHOME. IF CENTER-BASED (UP002=2), GO TO CKLOCCENTER.

CKLOCCenter

PLEASE VERIFY THE INFORMATION YOU JUST ENTERED.

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

CARE IS PROVIDED IN A CENTER OR PROGRAM.....7

CKLOCHome

PLEASE VERIFY THE INFORMATION YOU JUST ENTERED.

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

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

UP005BX
IF HOME-BASED (UP002 = 1), GO TO UP007.

UP005

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

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

UP006BX

IF CENTER-BASED (UP002=2) AND TALKING WITH TEACHER (UP005=2), GO TO UP025A.

IF CENTER-BASED (UP002=2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW) AND TALKING TO ADMINISTRATOR (UP005= 1 OR 3), GO TO UP025A.

IF CENTER-BASED (UP002=2) AND TWIN IN CARE (FROM PARENT INTERVIEW) AND TALKING WITH ADMINISTRATOR (UP005= 1 OR 3), GO TO UP022.

UP007

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

Do I have your permission to begin the interview?

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

UP010.

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

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

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

UP012BX

IF UP010=1, RF OR DK (RELATED), GO TO UP012 (HOW RELATED).

IF UP010=2 (NOT RELATED) AND TWIN IN HOUSEHOLD, GO TO UP022 (BOTH IN CARE).

ELSE, UP010=2 (NOT RELATED) AND NO TWIN IN HOUSEHOLD, GO TO UP25a (BEFORE-/AFTER-SCHOOL).

UP012

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

- GRANDMOTHER.....1 (UP022)
- AUNT.....2 (UP022)
- SISTER.....3 (UP022)
- UNCLE.....4 (UP022)
- COUSIN.....5 (UP022)
- GRANDFATHER.....6 (UP022)
- MOTHER/STEPMOTHER.....7 (UP016)
- FATHER/STEPFATHER.....8 (UP016)
- BROTHER.....9 (UP022)
- OTHER RELATIVE (SPECIFY).....10
- REFUSED.....RF
- DON'T KNOW.....DK

If UP012 = 1 or 6 and R is a minor (CALCAGE<40), display message:

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

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

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

UP014

ENTER OTHER RELATIONSHIP (SPECIFY) [What is the relationship?].

UP016BX
IF TWIN IN HOUSEHOLD, GO TO UP022. ELSE GO TO UP025A.

UP016

If mother (UP012 = 7) display “mother.”

Else, 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}{and {TWIN}} we cannot finish the interview. Thank you for your time.

BREAK OFF INTERVIEW.

UP022

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

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

If RF or DK, display:

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

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

UP024

DISPLAY INSTRUCTIONS:

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

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

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

- YES..... 1 (UP025a)
- NO..... 2 (UP025)
- REFUSED.....RF (UP025a)
- DON'T KNOW.....DK (UP025a)

UP025

If home-based (UP002 = 1) display “you.”

If center-based (UP002 = 2) display “this provider.”

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

- {CHILD’S NAME}..... 1
- {TWIN’S NAME}..... 2

If RF or DK, display:

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

PRESS "ENTER" TO GO BACK AND ENTER A RESPONSE OR PRESS 'S' TO TERMINATE THE INTERVIEW.

UP025a

{Does/Do} {CHILD {and TWIN}} attend the program before school, after school, or both before and after school?

- BEFORE SCHOOL ONLY.....1
- AFTER SCHOOL ONLY.....2
- BEFORE AND AFTER SCHOOL.....3
- REFUSED.....RF
- DON'T KNOW.....DK

UP026BX
IF CENTER-BASED (UP002=2), GO TO VERIFY.
ELSE GO TO UP026.

UP026

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

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

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

UP028

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

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

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

UP029

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

- TEACHER..... 1
- PROVIDER.....2

CAREGIVER.....3

Verify (Verify)

CASE INFORMATION REVIEW SCREEN

ONCE YOU PASS THIS SCREEN, YOU WILL NOT BE ABLE TO RETURN TO THIS PORTION OF THE INTERVIEW.

{CHILD NAME}:

{TWIN NAME}:

CARE IS PROVIDED FOR {CHILD/TWIN} {LOCATION}

IF HOME-BASED, DISPLAY:

PROVIDER IS RELATED:

RELATIONSHIP:

PROVIDES CARE IN CHILD'S HOME:

LIVES WITH CHILD:

IF CENTER- OR HOME-BASED, DISPLAY:

IF ALL OF THIS INFORMATION IS CORRECT, ENTER '1' TO CONTINUE.

IF ANY OF THE INFORMATION IS NOT CORRECT, PLEASE GO BACK TO THE ITEM AND MAKE NECESSARY CHANGES.

IF CENTER-BASED AND PROVIDER'S NAME WAS NOT PROVIDED IN THE PARENT INTERVIEW (CM100=RF, DK OR BLANK), DISPLAY PROVFNAM AND PROVLNAME.

PROVFNAM

ENTER THE FIRST NAME OF THE CHILD CARE PROVIDER.

PROVLNAME

ENTER THE LAST NAME OF THE CHILD CARE PROVIDER.

<p>UP026BX</p> <p>IF CENTER-BASED (UP002 = 2) AND UP005 = 1 OR 3, GO TO CI001.</p> <p>IF CENTER-BASED (UP002 = 2) AND UP005 = 2, GO TO TC005.</p> <p>IF HOME-BASED, GO TO SECTION CF.</p>
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LATER FILLS:

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

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

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

SECTION CI: CENTER INFORMATION
*SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR*

CI001BX

IF UP005 = 2, GO TO TC005.
ELSE GO TO CI001.

CI001

DISPLAY INSTRUCTIONS:

Display “40” if the administrator is also the teacher.
Else, display “10.”

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

Do I have your permission to begin the interview?

- YES..... 1 (CI002)
- NO..... 2 (DoneOth)

DoneOth

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

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

KnowOth

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

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

OthID

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

AdminPending

BECAUSE CONSENT WAS REFUSED, THE ADMINISTRATION SECTION IS TERMINATING.

ENTER "1" TO CONTINUE.

CI002

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

- PUBLIC BEFORE-/AFTER-SCHOOL CARE.....1 (C1010)
- PRIVATE BEFORE-/AFTER-SCHOOL CARE.....2 (C1010)
- A CHILD CARE CENTER3 (C1010)
- SOME OTHER PROGRAM (PLEASE SPECIFY).....4
- REFUSED.....RF (C1010)
- DON'T KNOW.....DK (C1010)

CI005OS

PLEASE SPECIFY.

CI010

In what type of place is your program located?

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

- YOUR HOME.....1 (CI014)
- ANOTHER HOME.....2 (CI014)
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP.....3 (CI014)
- A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL.....4 (CI014)
- A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL.....5 (CI014)
- A COLLEGE OR UNIVERSITY.....6 (CI014)
- A COMMUNITY CENTER.....7 (CI014)
- A PUBLIC LIBRARY.....8 (CI014)
- ITS OWN BUILDING.....9 (CI014)
- MORE THAN ONE PLACE.....10 (CI014)
- OFFICE BUILDING.....11 (CI014)
- SOME OTHER PLACE.....91
- REFUSED.....RF (CI014)
- DON'T KNOW.....DK (CI014)

CI011

ENTER OTHER PLACE.

CI014

Is this program run by a church, synagogue, or other religious group?

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

CI018

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

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

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

CI019

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

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

CI023

HELP AVAILABLE

What type of organization sponsors your program?

CODE ALL THAT APPLY.

PROBE: Is your program sponsored by any other organizations?

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

CI024

ENTER OTHER TYPE OF SPONSORING AGENCY.

CI030a

Is your program accredited by any national, state, or local organization?

DISPLAY: DO NOT PROBE FOR “EXEMPT” IF PARTICIPANT RESPONDS “NO”

- YES..... 1
- NO..... 2
- NO, EXEMPT.....3
- REFUSED.....RF
- DON'T KNOW.....DK

CI030c

HELP AVAILABLE

Is your program licensed by any national, state, or local organization?

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

CI040

HELP AVAILABLE

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

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

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 1 to 250.

Interviewer may override range up to 995.

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

CI043

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

PROBE: How many kindergarten children are permitted to be at the program at one time?

ENTER NUMBER OF KINDERGARTEN CHILDREN.

Answer must be in the range from 0 to 100.

Interviewer may override range up to 200.

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

CI045e

What is the average fee for kindergarten children who attend the program full-time and whose parents pay in full?

PROBE: By full-time, we mean kindergarten children who are enrolled for all days each week that your program accepts kindergarteners.

ENTER AMOUNT.

Answer must be in the range from 1.00 to 25,000.00.

Interviewer may override range up to 40,000.00.

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

IF RESPONDENT SAYS “NO FEE CHARGED” ENTER “0.”

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

CI047

[What is the average fee for kindergarten children who attend the program full-time and whose parents pay in full?]

ENTER UNIT.

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

CI049

SPECIFY OTHER UNIT.

CI053

Does your program receive any local, state, or government funding?

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

CI055BX

IF THE PROGRAM RECEIVES GOVERNMENT FUNDS (CI053 = 1), ASK CI055.
ELSE, SKIP TO SECTION ST.

CI055.

Do you receive funds from...

- a. Title I?**
- b. Title XX?**
- c. Local or State funds?**
- d. No Child Left Behind supplemental services funds?**
- e. Other Grant Funds? (SPECIFY)**

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

CI057

SPECIFY OTHER FUNDS.

GO TO SECTION ST

SECTION ST: STAFFING
SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR

ST005

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

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

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

ENTER NUMBER OF YEARS.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 50.

REFUSEDRF (ST019)
DON'T KNOWDK (ST019)

ST010

[In years and months, how long have you been the administrator at this program?]

IF LESS THAN 1 MONTH, ENTER "1."

ENTER NUMBER OF MONTHS.

Answer must be in the range from 0 to 11.

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

ST019

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

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

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF.

Answer must be in range from 1 to 30.

Interviewer may override range up to 50.

REFUSED.....RF
DON'T KNOWDK

ST020

DISPLAY INSTRUCTIONS

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

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

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

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF HIRED IN THE LAST 12 MONTHS.

Answer must be in the range from 0 to 12.

Interviewer may override range up to 50.

REFUSED.....RF
DON’T KNOWDK

ST025

DISPLAY INSTRUCTIONS:

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

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

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

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF LEFT IN THE LAST 12 MONTHS.

Answer must be in the range from 0 to 12.

Interviewer may override range up to 50.

REFUSED.....RF
DON’T KNOWDK

GO TO SECTION CS

SECTION CS: CENTER SERVICES
SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR

CS005a-h

HELP AVAILABLE

FILL INSTRUCTIONS:

Display “before-” if UP025a = 1

Display “after-” if UP025a = 2

Display “before- and after-” if UP025a = 3

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

READ FIRST TIME AND AS NECESSARY.

Does your program provide any of the following services to children or their families? Please only include services offered during the {before-/after-/before- and after-}school program.

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

- a. Physical screenings or examinations other than dental, hearing and vision?
- b. Dental screenings or examinations?
- c. Hearing screenings or examinations?
- d. Vision screenings or examinations?
- e. Speech/language screenings or evaluations?
- f. Developmental assessments?
- g. Assessments of social skills or behavior problems?
- h. Sick child care on an as-needed basis?

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

CS010

FILL INSTRUCTIONS:

Display “before-” if UP025a = 1

Display “after-” if UP025a = 2

Display “before- and after-” if UP025a = 3

Do you serve meals or snacks to children in your {before-/after-/before- and after-}school program?

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

CS013

HELP AVAILABLE

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

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

CS016

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

- YES..... 1
- NO..... 2 (CS022aBX)
- REFUSED..... RF
- DON'T KNOW.....DK

CS018

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

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

IF CENTER-BASED AND PROVIDER'S NAME WAS NOT PROVIDED IN THE PARENT INTERVIEW (CM100=RF, DK OR BLANK), DISPLAY PROVFNAM AND PROVLNAME.

PROVFNAM

ENTER THE FIRST NAME OF THE CHILD CARE PROVIDER.

PROVLNAME

ENTER THE LAST NAME OF THE CHILD CARE PROVIDER.

ADMINENDBX

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

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

ADMINREFBX

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

ELSE, GO TO TEACHTRANS.

TeachTrans

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

PLEASE ASK THE ADMINISTRATOR TO SPEAK WITH THE CHILD’S CAREGIVER/TEACHER AND BEGIN THAT PORTION OF THE INTERVIEW.

IS THE TEACHER AVAILABLE FOR THE INTERVIEW?

YES..... 1 (Section TC)

NO..... 2 (Break4Teach)

Break4Teach

USE “ALT-X” TO BREAK OUT OF THIS INTERVIEW.

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

BEGIN CAREGIVER/TEACHER PORTION OF THE INTERVIEW.

SECTION TC: TRANSITION TO CAREGIVER/TEACHER

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

TC004BX

IF UP005 = 3, GO TO TC005A.

ELSE GO TO TC005.

TC005

DISPLAY INSTRUCTIONS:

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

Do I have your permission to start the interview?

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

TC005a

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

- TEACHER..... 1
- PROVIDER..... 2
- CAREGIVER..... 3

TC005b.

TEACHREL

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

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

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON’T KNOW..... DK

TC005BX

IF TC005B=1, RF OR DK (RELATED), GO TO TC005C (HOW RELATED).
ELSE, GO TO SECTION CF.

TC005c TEACHHOW

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

- GRANDMOTHER..... 1 (Section CF)
- AUNT..... 2 (Section CF)
- SISTER..... 3 (Section CF)
- UNCLE..... 4 (Section CF)
- COUSIN..... 5 (Section CF)
- GRANDFATHER..... 6 (Section CF)
- MOTHER/STEPMOTHER..... 7 (TC005e)
- FATHER/STEPFATHER..... 8 (TC005e)
- BROTHER..... 9 (Section CF)
- OTHER RELATIVE (SPECIFY)..... 10
- REFUSED..... RF
- DON’T KNOW..... DK

If TC005c = 1 or 6 and R is a minor (CALCAGE<40), display message:

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

If TC005c = 3 or 9 and R > 40, display message:

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

TC005d

TEACHOTH

ENTER OTHER RELATIONSHIP (SPECIFY) [*What is the relationship?*].

TC005e

TEACHPAR

If mother (TC005c = 7) display “mother.”

Else, display “father.”

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

BREAK OFF INTERVIEW.

LATER FILLS:

If UP029 = 1 or TC005a = 1 then

{caregiver/provider/teacher} = teacher

{caring for/teaching} = teaching

{care for/teach} = teach

{caregiving/teaching} = teaching

{care/instruction} = instruction

{direct care/instruction} = instruction

{providing care/teaching} = teaching

{teach/care for} = teach

{teaching/child care} = teaching

IF UP029 = 2 or TC005a = 2 then

{caregiver/provider/teacher} = provider

{caring for/teaching} = caring for

{care for/teach} = care for

{caregiving/teaching} = caregiving

{care/instruction} = care

{direct care/instruction} = direct care

{providing care/teaching} = providing care

{teach/care for} = care for

{teaching/child care} = child care

If UP029 = 3 or TC005a = 3 then

{caregiver/provider/teacher} = caregiver

{caring for/teaching} = caring for

{care for/teach} = care for

{caregiving/teaching} = caregiving

{care/instruction} = care

{direct care/instruction} = direct care

{providing care/teaching} = providing care

{teach/care for} = care for

{teaching/child care} = child care

GO TO SECTION CF

SECTION CF: CARE OF FOCAL CHILD

*SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER*

CF002PRE

FILL INSTRUCTIONS:

If home based (UP002 = 1) or Administrator is the same person as caregiver, display “you.”

Else, display “your administrator.”

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

IF RESPONDENT DOES NOT HAVE RESPONSE CARDS, PROCEED WITH INTERVIEW. LET RESPONDENT KNOW THAT YOU WILL READ ALOUD/REPEAT RESPONSE CATEGORIES AS NECESSARY.

"PRESS '1' AND THEN ENTER TO CONTINUE."

CF005

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

ENTER NUMBER OF MONTH(S).

IF LESS THAN ONE MONTH, ENTER “1” MONTH.

Answer must be in the range from 1 to 90.

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

CF010

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

ENTER NUMBER OF DAYS.

Answer must be in the range from 1 to 7.

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

CF015

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

PROBE: How many hours would that be?

ENTER NUMBER OF HOURS PER WEEK.

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

If CF015 > CF010*12, display check message:

YOU ENTERED THAT THE RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF015} HOURS IN {CF010} DAY(S) EACH WEEK. PLEASE CORRECT ONE OF THE RESPONSES OR PRESS 'S' IF BOTH ARE CORRECT.

If CF015 > CF010*24, display check message:

YOU ENTERED THAT THE RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF015} HOURS IN {CF010} DAYS. SELECT AND THEN CORRECT THE RESPONSE THAT IS INCORRECT.

IF ASKING ABOUT CHILD AND TWIN IN THE SAME SETTING, GO BACK TO CF005 FOR TWIN PATH.

CF040

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

PROBE: The number of adults includes volunteers who usually help {care for children/teach children}.

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

ENTER NUMBER OF ADULTS.

Answer must be in the range from 1 to 4.

Interviewer may override range up to 9.

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

CF055a

What is your primary language?

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

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

- ENGLISH.....1 (CF055c)
- ARABIC.....2 (CF055c)
- CHINESE.....3 (CF055c)
- FILIPINO LANGUAGE (E.G., TAGALOG,
ILOCANO, ETC.).....4 (CF055c)
- FRENCH.....5 (CF055c)
- GERMAN.....6 (CF055c)
- GREEK.....7 (CF055c)
- ITALIAN.....8 (CF055c)
- JAPANESE.....9 (CF055c)
- KOREAN.....10 (CF055c)

POLISH.....	11	(CF055c)
PORTUGUESE.....	12	(CF055c)
SPANISH.....	13	(CF055c)
VIETNAMESE.....	14	(CF055c)
AFRICAN.....	15	(CF055c)
EAST EUROPEAN.....	16	(CF055c)
NATIVE AMERICAN.....	17	(CF055c)
SIGN LANGUAGE.....	18	(CF055c)
MIDDLE EASTERN.....	19	(CF055c)
WEST EUROPEAN.....	20	(CF055c)
INDIAN SUBCONTINENT.....	21	(CF055c)
SOUTHEAST ASIAN.....	22	(CF055c)
PACIFIC ISLAND.....	23	(CF055c)
SOME OTHER LANGUAGE (SPECIFY).....	91	
REFUSED.....	RF	(CF055c)
DON'T KNOW.....	DK	(CF055c)

CF055b

SPECIFY OTHER LANGUAGE.

CF055c

HELP AVAILABLE

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

DISPLAY: IF THE LANGUAGE SPOKEN THE MOST IS NOT ON THE LIST, ENTER “91.”

CODE ALL THAT APPLY.

ENGLISH.....	1	(OC Section)
ARABIC.....	2	(OC Section)
CHINESE.....	3	(OC Section)
FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.).....	4	(OC Section)
FRENCH.....	5	(OC Section)
GERMAN.....	6	(OC Section)
GREEK.....	7	(OC Section)
ITALIAN.....	8	(OC Section)
JAPANESE.....	9	(OC Section)
KOREAN.....	10	(OC Section)
POLISH.....	11	(OC Section)
PORTUGUESE.....	12	(OC Section)
SPANISH.....	13	(OC Section)
VIETNAMESE.....	14	(OC Section)
AFRICAN.....	15	(OC Section)
EAST EUROPEAN.....	16	(OC Section)
NATIVE AMERICAN.....	17	(OC Section)
SIGN LANGUAGE.....	18	(OC Section)
MIDDLE EASTERN.....	19	(OC Section)
WEST EUROPEAN.....	20	(OC Section)
INDIAN SUBCONTINENT.....	21	(OC Section)

SOUTHEAST ASIAN.....	22	(OC Section)
PACIFIC ISLAND.....	23	(OC Section)
SOME OTHER LANGUAGE (SPECIFY).....	91	
REFUSED.....	RF	(OC Section)
DON'T KNOW.....	DK	(OC Section)

CF056

SPECIFY OTHER LANGUAGE.

GO TO SECTION OC.

SECTION OC: OTHER CHILDREN IN CARE/CLASS

*SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER*

OC005

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

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

OC010

Now I'd like to ask you a few questions about the other children that you {care for/teach}.

For these questions, please do NOT include {CHILD}{ and {TWIN}} in your answers.

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

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

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 1 to 25.

Interviewer may override range up to 50.

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

OC040

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

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 0 to 24.

Interviewer may override range up to 49.

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

OC050

HELP AVAILABLE

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

ENTER NUMBER OF CHILDREN WITH SPECIAL NEEDS.

Answer must be in the range from 0 to 10.

Interviewer may override range up to 50.

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

GO TO SECTION CB

SECTION CB: CAREGIVER BELIEFS AND ATTITUDES

*SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER*

CB025a-e¹

READ FIRST TIME AND AS NECESSARY.

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

Please choose your response from Response Card number 1.

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

STRONGLY AGREE.....1
AGREE.....2
NEITHER AGREE NOR DISAGREE.....3
DISAGREE.....4
STRONGLY DISAGREE.....5
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION LE

¹ This item is not on the K ECEP

SECTION LE: LEARNING ENVIRONMENT

*SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER*

LE005

FILL INSTRUCTIONS:

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

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

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

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

ENTER NUMBER OF BOOKS.

INCLUDE ONLY THOSE BOOKS IN THE SAME ROOM AS CHILD. IF NUMBER OF BOOKS EXCEEDS 1,000, ENTER 1,000.

PROBE: Please only include books for children.

Answer must be in range from 0 to 250.

Interviewer may override range up to 1000.

REFUSED.....RF
DON’T KNOW.....DK

LE015

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

YES..... 1
NO..... 2 (LE030)
REFUSED.....RF (LE030)
DON’T KNOW.....DK (LE030)

LE020a

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

NEVER..... 0 (LE030)
ONE..... 1
TWO..... 2
THREE..... 3
FOUR..... 4
FIVE..... 5
SIX..... 6
SEVEN..... 7
REFUSED.....RF
DON’T KNOW.....DK

If LE020a > CF010, display check message:

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

LE020b

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

ENTER MINUTES.

Answer must be in the range from 0 to 90.

Interviewer may override range up to 500.

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

If LE020b > (CF015*60), display check message:

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

IF ASKING ABOUT CHILD AND TWIN IN THE SAME SETTING, GO BACK TO LE20a AND LE020B FOR TWIN PATH.

LE030a-e

HELP AVAILABLE

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

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

- a. Read books to {CHILD/TWIN}?**
- b. Tell stories to {CHILD/TWIN}?**
- c. Sing songs with {CHILD/TWIN}?**
- d. Play games or do puzzles with {CHILD/TWIN}?**
- e. Build something or play with construction toys with {CHILD/TWIN}?**

ENTER NUMBER.

Answer must be in the range from 0 to 21.

Interviewer may override range up to 50.

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

IF ASKING ABOUT CHILD AND TWIN IN THE SAME SETTING, GO BACK TO LE30a-e FOR TWIN PATH.

LE045

HELP AVAILABLE

FILL INSTRUCTIONS:

Fill date as today’s date minus 1 month.

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

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

Else display “the group of children you care for.”

In the past month, that is, since {MONTH} {DAY}, how many times have you and {the group of children you care for/{CHILD}{ and {TWIN}} visited the library? Please only consider trips made during the time that {CHILD}{ and {TWIN}} {attend{s} your program/is{are} in your care}.

ENTER NUMBER OF TIMES.

Answer must be in the range from 0 to 16.

REFUSED.....RF
DON’T KNOW.....DK

LE050

HELP AVAILABLE

FILL INSTRUCTIONS:

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

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

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

ENTER NUMBER OF HOURS

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

IF LESS THAN ONE HOUR, ENTER “0.”

Answer must be in the range from 0 to 4.

Interviewer may override range up to 24.

REFUSED.....RF
DON’T KNOW.....DK

IF ASKING ABOUT CHILD AND TWIN IN THE SAME SETTING, GO BACK TO LE50 FOR TWIN PATH.

LE051BX
IF CENTER-BASED (UP002 = 2), GO TO SECTION WA.

LE053BX

IF HOME-BASED AND CARE IS PROVIDED IN CHILD'S HOME, GO TO SECTION WA.

ELSE GO TO LE085A.

LE085a

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

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

LE085b

HELP AVAILABLE

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

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

IF ASKING ABOUT CHILD AND TWIN IN THE SAME SETTING, GO BACK TO LE20a FOR TWIN PATH. ELSE, **GO TO SECTION WA.**

SECTION WA: WRAP AROUND CARE

WA001PRE

FILL INSTRUCTIONS:

Display “program” if center-based.

Display “setting” if home-based.

Now, I’d like to ask you some questions about your wrap-around care {program/setting}. By wrap-around care we mean regularly scheduled, nonparental care for at least 10 hours per week, during the hours before and/or after school.

WA001BX
IF R DOES NOT CARE FOR ANY OTHER CHILDREN WHILE CARING FOR CHILD (OC005 = 2, RF, OR DK), SKIP TO WA005BX.

WA001

FILL INSTRUCTIONS:

Display “before-” if UP025a = 1

Display “after-” if UP025a = 2

Display “before- and after-” if UP025a = 3

Display “program” if center-based.

Display “setting” if home-based.

Do kindergarten children in your {before-/after-/before- and after-} school {program/care setting} come during the same hours as older children?

- YES..... 1
- NO..... 2
- PROGRAM DOES NOT HAVE OLDER CHILDREN.....3
- REFUSED..... RF
- DON’T KNOW..... DK

WA005BX
IF UP025A = 1 OR 3 (BEFORE-SCHOOL OR BEFORE- AND AFTER-SCHOOL CARE), GO TO WA005.
IF UP025A = 2 (AFTER-SCHOOL CARE), GO TO WA005A.

WA005

HELP AVAILABLE

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 1]

What time do you usually arrive at CHILD's {and TWIN's} home?

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 3]

What time do you usually arrive at CHILD's {and TWIN's} home for before-school care?

IF CARED FOR IN CHILD'S HOME AND R DOES LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 1 AND UP025a = 1]

What time {does/do} CHILD {and TWIN} usually become your responsibility?

IF CARED FOR IN CHILD'S HOME AND R DOES LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 1 AND UP025a = 3]

What time {does/do} CHILD {and TWIN} usually become your responsibility for before-school care?

IF HOME BASED, NOT CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 1 AND UP025a = 1]

What time {does/do} CHILD {and TWIN} usually arrive at your care setting?

IF HOME BASED, NOT CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED AND UP026 = 2 AND UP028 NE 1 AND UP025a = 3]

What time {does/do} CHILD {and TWIN} usually arrive at your care setting for before-school care?

IF CENTER-BASED CARE SETTING – BEFORE SCHOOL ONLY [IF CENTER-BASED AND UP025a = 1]

What time {does/do} CHILD {and TWIN} usually arrive at your program?

IF CENTER-BASED CARE SETTING – BEFORE AND AFTER SCHOOL [IF CENTER-BASED AND UP025a = 3]

What time {does/do} CHILD {and TWIN} usually arrive at your before-school program?

[_ _]: [_ _] AM/PM

Range is 5:30AM-10:30AM.

Interviewer can override from 5:00AM-1:30 PM.

WA006

HELP AVAILABLE

IF CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 1]

And what time do you usually leave your care setting?

IF CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 3]

And what time do you usually leave the before-school care setting?

IF CARED FOR IN CHILD’S HOME AND R DOES LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 1 AND UP025a = 1]

And what time {does/do} {he/she/they} stop being your responsibility?

IF CARED FOR IN CHILD’S HOME AND R DOES LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND IF UP026 = 1 AND UP028=1 AND UP025a = 3]

And what time {does/do} {he/she/they} stop being your responsibility for before-school care?

IF HOME BASED, NOT CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 1 AND UP025a = 1]

And what time {does/do} {he/she/they} usually leave your care setting?

IF HOME BASED, NOT CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 1 AND UP025a = 3]

And what time {does/do} {he/she/they} usually leave your care setting for before-school care?

IF CENTER-BASED CARE SETTING – BEFORE SCHOOL ONLY [IF CENTER-BASED (UP002=2) AND UP025a = 1]

And what time {does/do} {he/she/they} usually leave your program?

IF CENTER-BASED CARE SETTING – BEFORE AND AFTER SCHOOL [IF CENTER-BASED (UP002=2) AND UP025a = 3]

And what time {does/do} {he/she/they} usually leave your before-school program?

[_ _]: [_ _] AM/PM

Range is 7:00AM - 12:30PM.

Interviewer can override from 6:00AM to 1:30PM.

WA005ABX

IF UP025A=1 (BEFORE-SCHOOL CARE), SKIP TO WA010BX.
IF UP025A>1 (AFTER-SCHOOL OR BEFORE- AND AFTER-SCHOOL CARE), GO TO WA005A.

WA005a

HELP AVAILABLE

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 2]

What time do you usually arrive at CHILD's {and TWIN's} home?

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 3]

What time do you usually arrive at CHILD's {and TWIN's} home for after-school care?

IF CARED FOR IN CHILD'S HOME AND R DOES LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 1 AND UP025a = 2]

What time {does/do} CHILD {and TWIN} usually become your responsibility?

IF CARED FOR IN CHILD'S HOME AND R DOES LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND IF UP026 = 1 AND UP028 = 1 AND UP025a = 3]

What time {does/do} CHILD {and TWIN} usually become your responsibility for after-school care?

IF HOME BASED, NOT CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 1 AND UP025a = 2]

What time {does/do} CHILD {and TWIN} usually arrive at your care setting?

IF HOME BASED, NOT CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 1 2 AND UP025a = 3]

What time {does/do} CHILD {and TWIN} usually arrive at your care setting for after-school care?

IF CENTER-BASED CARE SETTING – AFTER SCHOOL ONLY [IF CENTER-BASED (UP002=2) AND UP025a = 2]

What time {does/do} CHILD {and TWIN} usually arrive at your program?

IF CENTER-BASED CARE SETTING – BEFORE AND AFTER SCHOOL [IF CENTER-BASED (UP002=2) AND UP025a = 3]

What time {does/do} CHILD {and TWIN} usually arrive at your after-school program?

[_]: [_] AM/PM

Range: 12:30PM-3:30PM.

Interviewer can override from 10:00AM to 5:00PM.

WA006a

HELP AVAILABLE

IF CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 2]

And what time do you usually leave your care setting?

IF CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 3]

And what time do you usually leave the after-school care setting?

IF CARED FOR IN CHILD’S HOME AND R DOES LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 1 AND UP025a = 2]

And what time {does/do} {he/she/they} stop being your responsibility?

IF CARED FOR IN CHILD’S HOME AND R DOES LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND IF UP026 = 1 AND UP028 = 1 AND UP025a = 3]

And what time {does/do} {he/she/they} stop being your responsibility for after-school care?

IF HOME BASED, NOT CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 2 AND UP025a = 2]

And what time {does/do} {he/she/they} usually leave your care setting?

IF HOME BASED, NOT CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – BEFORE AND AFTER SCHOOL [IF HOME-BASED (UP002=1) AND UP026 = 2 AND UP028 NE 2 AND UP025a = 3]

And what time {does/do} {he/she/they} usually leave your care setting for after-school care?

IF CENTER-BASED CARE SETTING – AFTER SCHOOL ONLY [IF CENTER-BASED (UP002=2) AND UP025a = 2]

And what time {does/do} {he/she/they} usually leave your program?

IF CENTER-BASED CARE SETTING – BEFORE AND AFTER SCHOOL [IF CENTER-BASED (UP002=2) AND UP025a = 3]

And what time {does/do} {he/she/they} usually leave your after-school program?

[_]: [_] AM/PM

Range is 1:30PM - 7:00PM.

Interviewer can override from 12:00PM to 8:00PM.

WA010BX
IF ONLY 1 CHILD IN CARE (OC005 = 2, RF, OR DK), SKIP TO WA015.

WA010

FILL INSTRUCTIONS:

Display “before-” if UP025a = 1

Display “after-” if UP025a = 2

Display “before- and after-” if UP025a = 3

Display “program” if center-based.

Display “setting” if home-based.

Are there any pre-kindergarten children cared for along with the older children in your {before-/after-/before- and after-} school {program/care setting}?

PROBE: By “pre-kindergarten” I mean children ages 3 to 5 not yet enrolled in kindergarten.

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

WA015a-g

FILL INSTRUCTIONS:

Display “program” if center-based.

Display “setting” if home-based.

Display “Was your program designed” for center-based.

Display “Do you provide care” for home-based.

READ FIRST TIME AND AS NECESSARY.

The following statements describe some of the purposes of school-age child care {programs/settings}. {Was your program designed/Do you provide care} for any of the following reasons? How about...

- a. To provide adult supervision and a safe environment for children.**
- b. To provide recreational activities for children.**
- c. To improve academic skills of all children.**
- d. To provide cultural and/or enrichment opportunities.**
- e. To provide remedial help to children who are having difficulty in school.**
- f. To prevent problems such as drug abuse, smoking, alcohol use, or other risk-taking behavior.**
- g. To provide a flexible, relaxed, home-like environment.**

- YES..... 1
- NO..... 2

WA016BX

IF NONE OR ONLY 1 OF WA015A-G EQUALS 1, SKIP TO WA018.
ELSE ASK WA016.

WA016

Which of these purposes is your most important purpose?

{“YES” RESPONSE(S) TO WA015 DISPLAYED}

SUPERVISION.....	1
RECREATION.....	2
ACADEMIC.....	3
ENRICHMENT.....	4
REMEDICATION.....	5
PREVENTION.....	6
HOME-LIKE.....	7
REFUSED.....	RF
DON'T KNOW.....	DK

WA018a-w

FILL INSTRUCTIONS:

Display “program” if center-based.

Display “setting” or “care” if home-based.

READ FIRST TIME AND AS NECESSARY.

I’m going to read a list of activities that children may participate in. Think about the time when {CHILD}{ and {TWIN}} {is/are} in your {program/care}. For each activity I mention, please tell me whether it is available in your care {program/setting} for {CHILD} {and TWIN}} to participate in daily, weekly, monthly, occasionally, as needed, or never.

Please choose your response from Response Card number 2.

WA018BX
IF HOME-BASED (UP002 =1), SKIP WA018 Q, R, AND V.

- a. Creative arts or crafts such as painting, sewing, or carpentry.
- b. Construction or building with hollow blocks, Legos, or sand.
- c. Science activities or experiments.
- d. Board or card games, puzzles.
- e. Reading independently or in small groups.
- f. Creative writing.
- g. Time for doing homework.
- h. Computer or electronic games.
- i. Television watching.
- j. Video or movie viewing.
- k. Cooking or food preparation.
- l. Unstructured dramatic play or dress up play.
- m. Storytelling, role-playing, or theatrical activities.
- n. Movement, dance, or exercise activities.
- o. Musicmaking, music appreciation or singing activities.
- p. Unstructured physically active play such as running or swimming.
- q. Organized individual skillbuilding sports such as swimming, track, field, gymnastics.
- r. Organized team sports such as soccer.
- s. Field trips, excursions.
- t. Socializing.
- u. Tutoring.
- v. Formal guidance or psychological counseling or therapy.
- w. Free time.

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

WA020BX

IF ONLY ONE CHILD IN CARE (OC005 = 2, DK, OR RF), SKIP TO WA025BX.
ELSE ASK WA020.

WA020

How are children grouped for activities during the time {CHILD}{and {TWIN}} attend{s}?

PROBE: They could be grouped by age, ability, gender, activity, interest, etc.

CODE ALL THAT APPLY

- AGE.....1
- INTEREST.....2
- ACTIVITY.....3
- GENDER.....4
- SKILL ABILITY OR DEVELOPMENTAL
LEVEL.....5
- DEPENDS ON ACTIVITY.....6
- KIDS CHOOSE OWN GROUPS.....7
- RANDOMLY ASSIGNED.....8
- PARENTS DECIDE.....9
- ALL TOGETHER/ONLY ONE GROUP.....10 (WA025)
- OTHER (SPECIFY).....91
- REFUSED.....RF (WA025)
- DON'T KNOW.....DK (WA025)

WA022BX

IF WA020 = 91, GO TO WA022.
ELSE, GO TO WA023.

WA022

SPECIFY OTHER GROUPING.

WA023

I have entered that children are grouped by:

(DISPLAY RESPONSES ALREADY ENTERED)

Are there any other ways that children are grouped?

- YES.....1 (GO BACK TO WA020)
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

WA025BX

IF HOME-BASED CARE (UP002 = 1) AND ONLY ONE CHILD IN CARE (OC005 NE 1), GO TO SECTION BK.

ELSE GO TO WA025.

WA025

FILL INSTRUCTION:

Display “serve” if center-based.

Display “care for” if home-based.

Display “most of” only if OC005 = 1.

READ FIRST TIME AND AS NECESSARY.

School-age child care {programs/settings} sometimes serve specific groups of children. Are {most of} the children you {serve/care for}...

- a. Children of working parents?
- b. From low-income families?
- c. From certain religious groups?
- d. Special needs?
- e. From migrant families?
- g. Homeless?
- h. From another group? SPECIFY _____

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

WA030BX

IF HOME-BASED CARE (UP002 = 1),
GO TO SECTION BK.

WA030

Does your program coordinate services for children with schools or other organizations?

PROBE: Coordinating services may entail communicating regularly with other organizations about children’s care, making referrals, or arranging services to be delivered to children.

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

WA050

FILL INSTRUCTIONS:

Display “before-” if UP025a = 1

Display “after-” if UP025a = 2

Display “before- and after-” if UP025a = 3

Is your {before-/after-/before- and after-} school {program/setting} part of a multi-site program?

PROBE: A multi-site program is a program that is administered by a central organization and operated in more than one location.

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

WA065

FILL INSTRUCTIONS:

Display “before-” if UP025a = 1

Display “after-” if UP025a = 2

Display “before- and after-” if UP025a = 3

Now, I'd like to ask you some questions about your activities and/or curriculum during the time that {CHILD}{ and {TWIN}} attend{s} your program.

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

- YES..... 1
- NO..... 2 (WA080)
- REFUSED..... RF (WA080)
- DON'T KNOW..... DK (WA080)

WA075

Do {caregivers/teachers/providers} receive training on the use of these curricula?

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

WA080

FILL INSTRUCTIONS:

Display “caregivers/teachers/providers” according to UP029.

Display “specific children” if twins or child and OC005 = 1.

Does your program plan individualized activities for {specific children/CHILD}?

PROBE: Do {caregivers/teachers/providers} tailor activities to meet the needs of {specific children/CHILD}?

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

WA110

FILL INSTRUCTIONS:

Display “separate” and “each child” if twins or child and OC005 = 1.

Do you keep a {separate} folder or record on {each child/CHILD}?

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

GO TO SECTION BK.

SECTION BK: CAREGIVER BACKGROUND

*SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER*

BK008

Next I have some questions about you.

CODE IF KNOWN, OTHERWISE ASK:

Are you male or female?

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

BK010BX

IF CASE FLAGGED AS A MINOR WECEP, DATE OF BIRTH IS COLLECTED BEFORE BEGINNING OF INTERVIEW [PVAGE AND THEDATE]. SKIP TO BK025.
ELSE GO TO BK010.

BK010

In what month and year were you born?

ENTER MONTH.

Answer must be in the range from 1 to 12.

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

BK012

ENTER YEAR.

Answer must be in the range from 1910 to 1992.

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

BK025

HELP AVAILABLE

Are you of Spanish, Hispanic or Latino origin?

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

BK035

HELP AVAILABLE

What is your race?

Please choose your answer from Response Card number 3.

CODE ALL THAT APPLY.

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

BK039

ENTER ANOTHER RACE (SPECIFY). [Please specify any other race that you are].

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

BK070

HELP AVAILABLE

What is the highest level of school you have completed?

- NO FORMAL SCHOOLING.....0
- 1ST GRADE1
- 2ND GRADE2
- 3RD GRADE3
- 4TH GRADE4
- 5TH GRADE5
- 6TH GRADE6
- 7TH GRADE.....7
- 8TH GRADE8
- 9TH GRADE.....9
- 10TH GRADE10
- 11TH GRADE11
- 12TH GRADE BUT NO DIPLOMA.....12
- HIGH SCHOOL DIPLOMA/EQUIVALENT13
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH
DIPLOMA.....14
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL15
- SOME COLLEGE BUT NO DEGREE16
- ASSOCIATE'S DEGREE.....17
- BACHELOR'S DEGREE18
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....19
- MASTER'S DEGREE (MA, MS)20
- DOCTORATE DEGREE (PHD, EDD).....21
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS,
JD, LLB ETC.).....22
- REFUSED.....RF
- DON'T KNOW.....DK

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

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

BK074BX
IF RESPONDENT IS A MINOR (CALCAGE < 18), THEN SKIP TO BK075BX.
ELSE, GO TO BK074.

BK074

HELP AVAILABLE

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

- YES..... 1 (BK075BX)
- NO..... 2
- REFUSED..... RF
- DON’T KNOW.....DK

BK074b

Are you currently working on a Child Development Associate (CDA) credential?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON’T KNOW.....DK

BK075BX
IF BK070 = 0 – 16 OR RF OR DK, THEN SKIP TO BK120.
IF BK070 = 17 – 22, GO TO BK075.

BK075

HELP AVAILABLE

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

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

- YES 1
- NO..... 2
- REFUSED..... RF
- DON’T KNOW.....DK

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

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

BK120

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

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

ENTER NUMBER OF YEARS.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 70.

REFUSED.....RF (BK126)

DON'T KNOW.....DK (BK126)

YOU HAVE ENTERED {BK120} YEARS OF WORKING WITH CHILDREN. PLEASE CHECK THE NUMBER AND THEN EITHER CORRECT YOUR ENTRY OR PRESS 'S' IF THE NUMBER IS CORRECT.

If CALCAGE - BK120 = 12 or less, display check message.

YOU HAVE ENTERED {BK120} YEARS OF WORKING WITH CHILDREN BUT RESPONDENT IS {CALCAGE} YEARS OLD PLEASE CORRECT YOUR ENTRY.

BK122

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

ENTER NUMBER OF MONTHS.

Answer must be in the range from 0 to 11.

REFUSED.....RF

DON'T KNOW.....DK

BK126BX

IF HOME-BASED (UP002 = 1) AND IS RELATED TO THE FOCAL CHILD (UP010 = 1), THEN SKIP TO BK127BX.

ELSE, GO TO BK126A.

BK126a-c

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

Please choose your response from Response Card number 4.

- a. I really enjoy my present {teaching job/child care position}.
- b. I am certain I am making a difference in the lives of the children I {teach/care for}.
- c. If I could start over, I would choose {teaching /child care} again as my career.

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

BK127BX

IF CENTER-BASED (UP002 = 2), GO TO SECTION PD.
 IF HOME-BASED (UP002 = 1) AND CARE IS PROVIDED IN CHILD'S HOME (UP026 = 1), GO TO SECTION AU.
 ELSE, GO TO BK135A & B.

BK135a

HELP AVAILABLE

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

YES..... 1
 NO..... 2
 REFUSEDRF
 DON'T KNOWDK

BK135b

HELP AVAILABLE

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

YES..... 1
 NO..... 2 (BK140)
 REFUSEDRF (BK140)
 DON'T KNOWDK (BK140)

BK136

How many kindergarten children are you licensed to care for at the same time?

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 100.

REFUSEDRF

DON'T KNOWDK

BK140

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

YES..... 1

NO..... 2

REFUSEDRF

DON'T KNOWDK

**IF CENTER-BASED, GO TO SECTION PD.
IF HOME-BASED, GO TO AU.**

SECTION PD: PROFESSIONAL DEVELOPMENT
SECTION IS ADMINISTERED TO
CENTER-BASED CAREGIVER/PROVIDER/TEACHER

PD001a-j

READ FIRST TIME AND AS NECESSARY.

Now I'd like to ask you about professional development opportunities that are available for the staff at this program. Do you have available to you:

- a. Orientation for new staff that includes emergency, safety, and health procedures?
- b. Orientation for new staff that includes interactions with children and parents, discipline methods, and appropriate activities?
- c. Some in-service training?
- d. In-service training that is provided regularly by program?
- e. Some staff meetings to handle administrative concerns?
- f. Monthly staff meetings that include staff development activities?
- g. Some professional resource materials on a variety of early childhood subjects that are available on premises?
- h. Good professional library containing current materials on a variety of early childhood subjects that is available on premises?
- i. Support for staff to attend courses, conferences or workshops that are not provided by the program?
- j. The requirement that staff with less than an associate's degree/2-year degree from an accredited college or university in early childhood continue their formal education?

ENTER "NOT APPLICABLE" FOR j IF PROVIDER REPLIES THAT ALL THE STAFF ARE REQUIRED TO HAVE GREATER THAN AN ASSOCIATE'S/2-YEAR DEGREE.

YES..... 1
NO..... 2
NOT APPLICABLE (j only).....3
REFUSED.....RF
DON'T KNOW.....DK

SECTIONAUBX
IF SECTION AU NOT ALREADY COMPLETE, GO TO SECTION AU.

CGTEACHBX
IF BOTH ADMINISTRATOR AND CAREGIVER/TEACHERSECTIONS ARE COMPLETE, GO TO SECTION FI.
ELSE, TERMINATE.

Section AU: Address Update

AU001PRE. **Now I would like to confirm the contact information we have for you.**

ENTER '1' TO CONTINUE.

<p>AU002BX IF HOME-BASED (UP002 [LOCATION] = 1), GO TO AU004</p>

AU002. DISPLAY INSTRUCTIONS: Prefill AU002 with preloaded name of program. If no name in preload then display blank.

Is your center or program's name {Name of program}.

READ DISPLAYED NAME. VERIFY SPELLING AND CORRECT AS NEEDED.

AU004. DISPLAY INSTRUCTIONS: Prefill AU004 with preloaded {name of provider/center director}. If no name in preload then display blank.

Is your first name {Name of provider/center director}?

READ DISPLAYED NAME. VERIFY SPELLING AND CORRECT AS NEEDED.

AU005.

Is your last name {Provider's/center director's last name}?

READ DISPLAYED NAME. VERIFY SPELLING AND CORRECT AS NEEDED.

AU009. DISPLAY INSTRUCTIONS: Prefill AU009 with preloaded care provider's first street address. If no address in preload then display blank. If type of care is center-based, display "PROGRAM'S". Else display "CARE PROVIDER'S".

Now I'd like to confirm your mailing address.

ADDRESS LINE 1: {Respondent's street address}

READ DISPLAYED ADDRESS. VERIFY SPELLING AND CORRECT AS NEEDED.

AU011. DISPLAY INSTRUCTIONS: Prefill AU011 with preloaded care provider's second street address. If no address in preload then display blank. If type of care is center-based, display "PROGRAM'S". Else display "CARE PROVIDER'S".

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

(Now I'd like to confirm your mailing address.)

ADDRESS LINE 2: {Respondent's street address}

READ DISPLAYED ADDRESS. VERIFY SPELLING AND CORRECT AS NEEDED.

AU013. DISPLAY INSTRUCTIONS: Prefill AU013 with preloaded care provider's city. If no city in preload then display blank. If type of care is center-based, display "PROGRAM'S". Else display "CARE PROVIDER'S".

(Now I'd like to confirm your mailing address.)

CITY: {Respondent's street address}

READ DISPLAYED ADDRESS. VERIFY SPELLING AND CORRECT AS NEEDED.

AU015. DISPLAY INSTRUCTIONS: Prefill AU015 with preloaded care provider's state. If no state in preload then display blank. If type of care is center-based, display "PROGRAM'S". Else display "CARE PROVIDER'S".

(Now I'd like to confirm your mailing address.)

STATE: {Respondent's state}

READ DISPLAYED ADDRESS. CORRECT AS NEEDED.

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

(Now I'd like to confirm your mailing address.)

ZIP CODE: {Respondent's zip code}

READ DISPLAYED ADDRESS. CORRECT AS NEEDED.

AU018. DISPLAY INSTRUCTIONS: Prefill AU018 with preloaded program's/home-based provider's phone number. If no phone number in preload then display blank. If type of care is center-based, display "PROGRAM'S". Else display "CARE PROVIDER'S".

Is your telephone number {Respondent's phone number}?

READ DISPLAYED TELEPHONE PHONE NUMBER. CORRECT AS NEEDED.

PHONE NUMBER MUST BE IN THIS FORMAT: XXX-XXX-XXXX.

IF THERE IS NO PHONE, ENTER '000'.

AU018a. **Thank you for taking the time to answer {these questions/this section}.**

ENTER '1' TO CONTINUE.

HOMECTRBX

IF HOME-BASED OR THE ADMINISTRATOR IS ALSO THE PROVIDER/TEACHER, GO TO SECTION FI.

IF CENTER-BASED AND BOTH THE ADMINISTRATOR AND CAREGIVER/TEACHER SECTIONS ARE COMPLETE, GO TO SECTION FI

ADMTRANS1BX

IF THE ADMINISTRATOR IS THE RESPONDENT AND THE CAREGIVER/TEACHER SECTION IS INCOMPLETE AND THE CAREGIVER/TEACHER HAS NOT REFUSED, GO TO TeachTrans. ELSE, TERMINATE

ADMTRANS2BX

IF THE CAREGIVER/TEACHER IS THE RESPONDENT AND THE ADMINISTRATOR SECTION IS INCOMPLETE AND THE ADMINISTRATOR HAS NOT REFUSED, GO TO AdminTrans. ELSE, TERMINATE.

AdminTrans

THE CAREGIVER/TEACHER PORTION OF THE INTERVIEW HAS BEEN COMPLETED.

PLEASE ASK THE CAREGIVER/TEACHER TO SPEAK WITH THE CENTER ADMINISTRATOR AND BEGIN THAT PORTION OF THE INTERVIEW.

IS THE ADMINISTRATOR AVAILABLE FOR THE INTERVIEW?

YES.....1
NO.....2(Break4Admin)

GoToAdmin PRESS ALT-F3 AND THEN SELECT ADMINISTRATOR TO GO TO THE ADMINISTRATOR PORTION OF THE INTERVIEW.

Break4Admin USING ALT-X PLEASE BREAK OUT OF THIS INTERVIEW.

YOU CAN RESUME THE INTERVIEW WHEN THE ADMINISTRATOR IS AVAILABLE.

Section 18-FI: Field Interviewer Questions

FI001

LangECEP WHAT LANGUAGE DID YOU USE TO CONDUCT THIS INTERVIEW?

ENGLISH.....1 END
SPANISH.....2 END
CHINESE.....3 END
OTHER.....91

FI002

LangECEPOS ENTER OTHER LANGUAGE USED TO CONDUCT THIS INTERVIEW.

FI003 **IF THERE WERE ANY UNUSUAL CIRCUMSTRANCS WHILE CONDUCTING THE HOME VISIT/INTERVIEW WHICH MIGHT AFFECT THE DATA COLLECTED, PLEASE DESCRIBE THEM HERE.**

PRESS THE **[INSERT]** KEY TO OPEN THE COMMENT BOX.

AFTER YOU'VE ENTERED YOUR COMMENT, PRESS **ALT-S** TO CLOSE THE COMMENT BOX. THEN PRESS ENTER TO CONTINUE.

FI004 **THIS IS THE END OF THE EARLY CHILDHOOD EDUCATION PROVIDER DATA COLLECTION.**

PRESS **'1'** AND THEN **[ENTER]** TO EXIT THIS CASE AS {FI_FILL}.

FI_FILL='FINAL' IF SUM_STAT=491

FI_FILL='A FINAL INELIGIBLE' IF SUM_STAT=450

FI_FILL='A PARTIAL INTERVIEW' IF CENTERBASED AND ADMIN_STATUS NE 'COMPLETED'.

PL_END END OF INSTRUMENT. ENTER '1' TO CONTINUE.

Review END OF INTERVIEW. IF THE INTERVIEW IS FINISHED, ENTER '1' TO SAVE THE INTERVIEW AS FINAL.

IF THE INTERVIEW IS NOT FINISHED, ENTER '2' TO SAVE INERVIEW AS A BREAK-OFF.

END