

FRAGILE FAMILIES

Child Care Providers



CENTER-BASED CARE
INTERVIEW

October 2002

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_centsurvey_, where "*" denotes the question number (ex. "ffcc_centsurvey_a1_a" for "a1_a").

*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. For some questions, "-1 Don't Know" and "-3 Refused" are listed as response categories.

*Two versions of this survey were administered (either an "October" or "May" version) and are differentiated with the variable, ffcc_centsurvey_whenint. 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), (your center was/you were) named as the (place which/person who) takes care of (CHILD). (PARENT) gave us permission to contact you and invite your center 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 center (FOR TEACHER ADD: and your experiences caring for [CHILD]). Any information you provide will be kept absolutely confidential. No information will be shared with your supervisors, with your co-workers, 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 (DIRECTOR: 10, TEACHER: 30) minutes.

IF NOT YET SCHEDULED, ADD: (The observation will take about 2 hours.) Your center will receive \$20 as a token of our appreciation. Do you have any questions about the interview?

INTENTIONALLY BLANK

SECTION A: CARE PROVIDED AT THE CENTER
(INFORMATION FROM DIRECTOR OR TEACHER)

(THIS SECTION TO BE ASKED OF CENTER DIRECTOR WHENEVER POSSIBLE AND TEACHER OTHERWISE.)

a0

A0. **RESPONDENT FOR THIS SECTION IS . . .**

DIRECTOR..... 01
TEACHER..... 02

To begin, I'd like to ask you some questions about (CENTER). Then I will ask (you/TEACHER) some questions about the classroom that (CHILD) is in.

A1. How many children does (CENTER) serve in each of the following age groups?

PROBE: Please tell us about slots—so if 2 part-time children share a slot, count them as one child.

a1_a
a1_b
a1_c
a1_d
a1_e
a1_f
a1_g
a1_h
a1_i

	NUMBER
a. Less than 12 months old?	_ _
b. 12-18 months old?	_ _
c. 19-23 months old?	_ _
d. 2 years old?	_ _
e. 3 years old?	_ _
f. 4 years old?	_ _
g. 5 years old?	_ _
h. 6 years old or older?	_ _
i. INTERVIEWER: TOTAL	_ _

a1_j

A1J. So, altogether, your center serves (TOTAL IN A1i) children. Is this about right?

YES..... 01
NO 00 → **GO BACK AND ADJUST A1**

a2

A2. How many classrooms are in (CENTER)?

|_|_| CLASSROOMS

a3 A3. How many lead or head teachers are on your payroll?

|__|__| TEACHERS

NONE 00 → GO TO A4

DON'T KNOW..... -1

a3_a A3A. How many lead or head teachers have left your center in the past 12 months?

|__|__| TEACHERS LEFT

NONE 00 → GO TO A4

DON'T KNOW..... -1

a3_b A3B. How many have been replaced?

|__|__| TEACHERS REPLACED

NONE 00 }
DON'T KNOW..... -1 } → GO TO A4

a3_b1 A3B(1). Thinking about the last time your center filled a teacher vacancy, how did you feel the qualifications of the replacement compared to those of the teacher who left? Was the replacement . . .

Much less qualified, 01

Somewhat less qualified, 02

About the same, 03

Somewhat more qualified, or 04

Much more qualified? 05

a4 A4. How many assistant teachers are on your payroll?

|__|__| ASSISTANT TEACHERS

NONE 00 → GO TO A5A

DON'T KNOW..... -1

a4_a A4A. How many assistant teachers have left your center in the past 12 months?

|_|_| ASSISTANT TEACHERS LEFT

NONE 00 → GO TO A5A

DON'T KNOW..... -1

a4_b A4B. How many have been replaced?

|_|_| ASSISTANT TEACHERS REPLACED

NONE 00

DON'T KNOW..... -1

a5_ah A5A. What time does (CENTER) open?
a5_am
a5_aampm

|_|_|:|_|_|

(1) AM 01

PM 02

a5_bh A5B. And, what time does (CENTER) close?
a5_bm
a5_bampm

|_|_|:|_|_|

(1) AM 01

PM 02

a5_c A5C. Are you open on the weekends?

YES..... 01

NO 00

a6_y A6. How long has (CENTER) been in operation?
a6_m

COLLECT YEARS AND MONTHS AS GIVEN. FILL "00" IF MONTHS OR YEARS NOT GIVEN.

|_|_| YEARS AND |_|_| MONTHS

a7 A7. Altogether, how many weeks is (CENTER) closed during the year?

PSID-
CD

|_|_| WEEKS CLOSED

a8 A8. In what type of building is (CENTER) located? Is it a . . .

a8_90th

STOP WHEN RESPONSE IS GIVEN.

CIRCLE ONE

- Religious building,..... 01
 - Public school,..... 02
 - Private school, 03
 - University or college, 04
 - Work place,..... 05
 - Community center or municipal building,.... 06
 - Public Housing,..... 07
 - Independent structure, or..... 08
 - Something else? (SPECIFY) 09
-
- DON'T KNOW..... -1

a9 A9. Is (CENTER) non-profit or for-profit?

PSID-
CD

- NON-PROFIT 01
- FOR-PROFIT 02
- DON'T KNOW..... -1

a10 A10. Is (CENTER) sponsored by or affiliated with any organizations or schools? **(USE LIST IN A10A AS PROBES IF NECESSARY)**

YES..... 01
NO 00 → GO TO A11

a10a_1
a10a_2
a10a_3
a10a_4
a10a_5
a10a_6
a10a_7
a10a_8
a10a_9
a10a_10
a10a_11

A10A. What organizations or types of schools?

PSID-
CD/R

PROBE: Any other type of organization or school?

CIRCLE ALL THAT APPLY

HEAD START 01
SOCIAL SERVICE ORGANIZATION
OR AGENCY 02
CHURCH OR RELIGIOUS GROUP 03
PUBLIC SCHOOL/
BOARD OF EDUCATION 04
RELIGIOUS PRIVATE SCHOOL..... 05
NONRELIGIOUS PRIVATE SCHOOL..... 06
COLLEGE OR UNIVERSITY 07
PRIVATE COMPANY OR INDIVIDUAL..... 08
NON-GOVERNMENT COMMUNITY
ORGANIZATION 09
STATE OR LOCAL GOVERNMENT 10
OTHER ORGANIZATION (SPECIFY) 11

a11 A11. Is (CENTER) accredited by the National Association for the Education of Young Children (NAEYC)?

YES..... 01 → GO TO A12
NO 00
DON'T KNOW..... -1 → GO TO A12

A11A. Are you currently pursuing NAEYC accreditation?

a11 a

YES..... 01
NO 00
DON'T KNOW..... -1

a11_b A11B. Are you accredited by a non-NAEYC organization?
YES (SPECIFY)..... 01

NO 00
DON'T KNOW..... -1

The next questions are about some of your center's policies and procedures.

a12 A12. Do teachers get a chance to hold planning meetings?
ECERS-R41
YES..... 01
NO 00 → GO TO A13

a12_a A12A. How often?
|_|_| TIMES

a12_a1 A12A(1). Is that per . . .
Week,..... 01
Month, or..... 02
Year? 03

a13 A13. Does your center have in-service trainings for staff?
ECERS-R43
YES..... 01
NO 00 → GO TO A14

a13_a A13A. How many times per year?
|_|_| TIMES

a14 A14. Does your center provide staff with written evaluations of their performance?
ECERS-R42
YES..... 01
NO 00 → GO TO A15

a14_a A14A. How many times per year?
|_|_| TIMES

a15_a
a15_b
a15_c
a15_coth

A15.

Who usually provides substitute care if a teacher or aide is absent? Do you use . . .

ECERS-R14

**CIRCLE YES OR NO
FOR EACH**

	YES	NO
a. Regular substitutes?	01	00
b. Administrative staff?	01	00
c. Some other people? (SPECIFY).....	01	00

a16

A16.

Does your center offer health benefits to full time teachers?

WLWS

YES..... 01
NO 00 → **GO TO A17**

a16_a

A16A. Is the full cost of the premiums paid by the center?

YES..... 01
NO 00

a16_b

A16B. Is coverage for family members available?

YES..... 01
NO 00 → **GO TO A17**

a16_c

A16C. Is the full cost of the premiums for family members paid by the center?

YES..... 01
NO 00

a17_a
a17_b
a17_c
a17_d
a17_e
a17_f
a17_g

A17.

Which of the following (other) benefits does (CENTER) offer to full time teachers?
Does it offer . . .

**CIRCLE YES OR NO
FOR EACH**

	YES	NO
a. Reduced child care fees for parent employees?	01	00
b. Paid maternity and/or paternity leave?	01	00
c. Retirement or pension plan?	01	00
d. Financial assistance to cover fees for workshops, conferences, etc.?	01	00
e. Paid sick days?	01	00
f. Paid holidays?	01	00
g. Paid vacation or paid personal days?	01	00

a18_a
a18_b
a18_c
a18_d

A18. Which of the following do you offer to full-time teachers? Do you offer . . .

			CIRCLE YES OR NO FOR EACH	
			YES	NO
a.	Paid time for off-site training and workshops?		01	00
b.	Periodic cost of living increase in wages?.....		01	00
c.	Periodic merit increase in wages?		01	00
d.	Compensation—either financial or time off—for overtime?		01	00

a19

A19. How much does (CENTER) charge for full-time child care for children of (CHILD's) age? This should be the average cost a family would pay if not using subsidies and not eligible for sliding scale fee.

\$ |__|,|__|__|__|

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

} → **GO TO A19B**

a19_a

A19A. Is that per . . .

Day, 01
Week,..... 02
Every 2 weeks, or 03
Month?..... 04

GO TO A20

a19_b

A19B. 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

a20 A20. Do you charge families different fees based upon their family income?

YES..... 01
NO 00

a21 A21. Does your center provide discounts or scholarships for any of your enrolled children?

YES..... 01
NO 00
DON'T KNOW..... -1 } → GO TO A21B

a21_a A21A. How many children currently receive these discounts or scholarships?

|_|_| CHILDREN
DON'T KNOW..... -1

a21_b A21B. Does (CHILD) receive any of these discounts or scholarships?

YES..... 01
NO 00

a22 A22. Do any of the children in your program have tuition paid fully or in part by government support?

YES..... 01
NO 00
DON'T KNOW..... -1 } → GO TO A25

a22a A22A. How many children currently receive government support?

|_|_| CHILDREN
DON'T KNOW..... -1

a23 A23. Is any part of (CHILD's) care paid for by government support?
 GUP
 YES..... 01
 NO 00
 DON'T KNOW..... -1

} → GO TO A24

a23_a A23A. What local, state, or federal programs provide these funds?

a23_b A23B. How much (do/does) (that program/these programs) pay for (CHILD'S) care?

\$ |__|, |__| |__| |__|

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

} → GO TO A23C

a23_b1 A23B(1). Is that per . . .

Day, 01
 Week, or 02
 Month? 03

GO TO A24

a23_c A23C. About how much is paid by (that program/these programs)? Is it . . .

All, 01
 Most, 02
 Some, or 03
 Just a bit? 04

a24 A24. Could your center continue to operate if you didn't serve any subsidized children?
 YES..... 01
 NO 00
 DON'T KNOW..... -1

a24_a A24A. Would you like to serve more subsidized children?
 WLWS
 YES..... 01
 NO 00

a25_a A25. My next questions are about the records you keep. Do you have any of the following
 a25_b for the children in your center?
 a25_c
 a25_d
 a25_e
 a25_f

ITERS
12

**CIRCLE 01, 00 OR 02
FOR EACH**

	YES	NO	HAVE FOR SOME CHILDREN BUT NOT ALL
a. Record of immunization and other health information?	01	00	02
b. Emergency contact information?	01	00	02
c. Written permission to get medical care in an emergency?	01	00	02
d. Phone numbers for doctors?	01	00	02
e. Information on health problems such as allergies or hyperactivity?	01	00	02
f. Written permission to give medicine?	01	00	02

a26

A26.

Do you have any rules about attendance when a child is sick?

ITERS
12 - 5.2

YES..... 01

NO 00 → GO TO A27

a26_0

A26A.

How do you let parents know about these rules?

a26_1

ITERS
12 - 5.2

a26_2

PROBE: Anything else?

a26_3

CIRCLE ALL THAT APPLY

a26_4

DON'T INFORM PARENTS..... 00

WRITTEN POLICY/HANDBOOK..... 01

DISCUSS DURING ENROLLMENT 02

DISCUSS AT PARENT MEETING 03

POST INFORMATION IN CLASSROOM ... 04

OTHER (SPECIFY) 09

a26_9oth

a27_0

A27.

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

a27_1

ITERS
12 - 3.4

a27_2

PROBE: Anything else?

a27_3

CIRCLE ALL THAT APPLY

a27_9

NOTHING 00

SEND NOTES HOME..... 01

CALL PARENTS..... 02

POST INFORMATION IN
CLASSROOM..... 03

OTHER (SPECIFY) 09

a27_9oth

a28_0
a28_1
a28_2
a28_3
a28_4
a28_5
a28_6
a28_8
a28_9
a28_9oth

A28.

What is your center's policy if child abuse is suspected?

ITERS
12-3.2

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- NO POLICY 00
- CONTACT CENTER DIRECTOR 01
- CONTACT SPECIALIST 02
- CONTACT HEALTH AND
HUMAN SERVICES/YOUTH
SERVICES/CHILD WELFARE AGENCY ... 03
- CONTACT POLICE 04
- CONTACT OTHER AUTHORITIES 05
- CENTER STAFF CANNOT
TREAT ON OWN 06
- CONFRONT OR TALK TO PARENT(S) 08
- OTHER (SPECIFY) 09

a29

A29.

What percentage of the regular staff at your center have had CPR for children training?

ITERS
14

|_|_|_| PERCENT OF STAFF WITH CPR TRAINING

- NONE 00
- DON'T KNOW -1

A29A. What about first aid training?

a29_a

|_|_|_| PERCENT

- NONE 00
- DON'T KNOW -1

A30.

How often are teachers required to have physical exams?

ITERS
12-1.2

a30

EVERY |_|_| YEARS

- NOT REQUIRED -4

a31 A31. What about TB tests?

EVERY |__|__| YEARS

NOT REQUIRED -4

a32 A32. Has your center passed a fire inspection?

ITERS
14 - 3.2

YES..... 01

NO 00

DON'T KNOW..... -1

a33 A33. How many children in your center 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

NONE 00 → GO TO A34

A33A. What special needs do children at your center have? **YOU MAY READ LIST AS PROBES IF NECESSARY.**

a33a_1
a33a_2
a33a_3
a33a_3
a33a_4
a33a_5
a33a_6
a33a_7
a33a_8
a33a_9
a33a_10
a33a_11
a33a_12
a33a_13
a33a_14
a33a_14o

PROBE: Anything else?

CIRCLE ALL THAT APPLY

CEREBRAL PALSY 01

SPINA BIFIDA 02

DEAFNESS 03

BLINDNESS 04

MENTAL RETARDATION 05

MOTOR DELAYS 06

LANGUAGE PROBLEMS 07

EMOTIONAL PROBLEMS..... 08

AUTISM 09

SEVERE ASTHMA 10

DIABETES 11

ATTENTION DEFICIT
DISORDER (ADD) 12

ATTENTION DEFICIT HYPERACTIVITY
DISORDER (ADHD) 13

OTHER (SPECIFY) 14

a33_b A33B. Do you feel that your teaching staff are sufficiently trained to meet the needs of these children?

YES..... 01

NO 00

The next set of questions is about the neighborhood where this center is located. If you live in a different neighborhood, I am not asking you about the neighborhood where you live, but the neighborhood where the child care center is located.

a34 A34. How do you think this neighborhood compares with most other neighborhoods in the city? Is it better, the same, or worse?

BETTER..... 01

SAME..... 02

WORSE 03

a35 A35. Have you heard gunshots in this neighborhood in the last year?

YES..... 01

NO 00 → GO TO A36

a35_a A35A. 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

a36_a
a36_b
a36_c
a36_d

A36.

PHDCN

For each of the following, please tell me if it is very likely, likely, unlikely, or very unlikely that people in this neighborhood would act in the following manner.

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

	VERY LIKELY	LIKELY	UNLIKELY	VERY UNLIKELY
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?	01	02	03	04
b. If there were a fight in front of the center and someone was being beaten or threatened, how likely is it that the neighbors would break it up?	01	02	03	04
c. If a child was showing disrespect to an adult, how likely is it that people in this neighborhood would scold that child?	01	02	03	04
d. Suppose that because of budget cuts the fire station closest to the center 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?	01	02	03	04

SECTION B: CARE PROVIDED FOR FOCUS CHILD
(INFORMATION FROM DIRECTOR OR TEACHER)

(THIS SECTION TO BE ASKED OF CENTER DIRECTOR WHENEVER POSSIBLE AND
TEACHER OTHERWISE.)

These next questions are about (CHILD).

- b1_mo**
b1_yr
- B1. When did (CHILD) first start at (CENTER)?
- |_|_| / |_|_|
 MONTH YEAR
- b2**
- B2. How many different classrooms has (CHILD) been in since first starting here?
- |_|_| CLASSROOMS
- b3**
- B3. Thinking of (these/this) (NUMBER FROM B2) classroom(s), how many staff members stopped working in (CHILD's) classroom(s) when (he/she) was in (that/those) classroom(s)?
- |_|_| STAFF LEFT
- b4**
- B4. How many new staff members started working in (CHILD's) classroom(s) when (he/she) was in (that/those) classroom(s)?
- |_|_| NEW STAFF
- b5**
- B5. Thinking of child's (current) classroom, what is the maximum number of caregivers working with this class when (CHILD) is here?
- |_|_| CAREGIVERS
- b5_a**
- B5A. Of these (NUMBER IN B5) caregivers, how many are lead or head teachers?
- |_|_|
- b5_b**
- B5B. Of these caregivers, how many are assistant teachers or aides?
- |_|_|

INTERVIEWER: CHECK TOTAL OF B5A + B5B SHOULD EQUAL B5.

b6 B6. What is the minimum number of caregivers working with this class when (CHILD) is here?

|_|_| CAREGIVERS

b7 B7. Altogether, how many different caregivers does (CHILD) interact with in the classroom in a typical week?

|_|_| CAREGIVERS

SECTION C: CARE PROVIDED FOR FOCUS CHILD
(INFORMATION FROM TEACHER)

IF YOU HAVE BEEN INTERVIEWING THE DIRECTOR, THANK (HIM/HER) FOR (HIS/HER) ASSISTANCE. THE REMAINDER OF THE QUESTIONNAIRE IS TO BE ANSWERED BY THE TEACHER NAMED BY THE PARENT (THE FOCUS TEACHER). ADMINISTER THE REMAINDER OF THE QUESTIONNAIRE AFTER YOU COMPLETED THE OBSERVATION.

FOR FOCUS TEACHER READ IF NECESSARY:

Thank you for taking part in our study. I need about 20 more minutes of your time to ask you some questions about your classroom and your experiences as a child care provider.

NOTE TO INTERVIEWERS: THIS IS ALSO WHEN YOU SHOULD ASK QUESTIONS TO TIE UP ANY LOOSE ENDS LEFT TO COMPLETE THE ECERS-R SCALE.

- c1_mo
c1_yr
- C1. When did you first start taking care of (CHILD) on a regular basis?
- |_|_|_| / |_|_|_|_|
 MONTH YEAR
- c1_a
- C1A. How many hours do you usually watch (CHILD) in a typical week?
- |_|_|_| HOURS
- c2
- C2. Including (CHILD), how many children are assigned to the same classroom as (CHILD) when (he/she) is there?
- |_|_| NUMBER OF CHILDREN

c3_a
c3_b
c3_c
c3_d
c3_e
c3_f
c3_g
c3_h
c3_i

C3. How many of the (NUMBER IN C2) children assigned to this classroom are . . .

STOP WHEN NUMBER IN C2 IS REACHED.

	NUMBER
a. Less than 12 months old??	_ _
b. 12-18 months old?	_ _
c. 19-23 months old?	_ _
d. 2 years old?	_ _
e. 3 years old?	_ _
f. 4 years old?	_ _
g. 5 years old?	_ _
h. 6 years old or older?	_ _
i. INTERVIEWER: TOTAL CHILDREN	_ _

C3i. **CHECK TOTALS. C3i SHOULD EQUAL C2.**

c4

C4. Including (CHILD), on a typical day how many children are usually in the classroom when (CHILD) is here?

|_|_| PRESENT WITH CHILD

c5

C5. How many of the children in this classroom have special needs? By special needs, we mean 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 → **GO TO C6**

c5a_1
c5a_2
c5a_3
c5a_4
c5a_5
c5a_6
c5a_7
c5a_8
c5a_9
c5a_10
c5a_11
c5a_12
c5a_13
c5a_14
c5a_14ot

C5A. What special needs do children in this classroom have? **YOU MAY READ LIST AS PROBES IF NECESSARY.**

CIRCLE ALL THAT APPLY

- CEREBRAL PALSY 01
 - SPINA BIFIDA 02
 - DEAFNESS 03
 - BLINDNESS 04
 - MENTAL RETARDATION 05
 - MOTOR DELAYS 06
 - LANGUAGE PROBLEMS 07
 - EMOTIONAL PROBLEMS..... 08
 - AUTISM 09
 - SEVERE ASTHMA 10
 - DIABETES 11
 - ATTENTION DEFICIT
DISORDER (ADD)..... 12
 - ATTENTION DEFICIT HYPERACTIVITY
DISORDER (ADHD) 13
 - OTHER (SPECIFY) 14
-

C6. 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 C3 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 THE RESPONSES IN THE GRID.

C6A. First, what language or languages do you speak with the children?

C7. What language or languages does (CHILD) speak?

C7A. **INTERVIEWER: IF FOCUS CHILD SPEAKS ONLY ONE LANGUAGE, CODE THE SAME LANGUAGE IN C7A AS YOU CODED IN C7. DO NOT ASK C7A.**

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

C8. What about (CHILD's) parents? What language or languages do they speak?

INTERVIEWER: IF TEACHER KNOWS ONLY ONE PARENT, CODE LANGUAGES FOR THAT PARENT.

C9. What language or languages do the other children speak when they are with you?

	C6A. LANGUAGE (S) OF TEACHER	C7. LANGUAGE (S) OF FOCUS CHILD	C7A. MAIN LANGUAGE OF FOCUS CHILD	C8. LANGUAGE(S) OF FOCUS CHILD'S PARENTS	C9. LANGUAGES OTHER CHILDREN USE IN CLASS
	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

Variable names:

c6_a1 c6_a2 c6_a3 c6_a4 c6_a5 c6_a5oth c6_a6 c6_a6oth c6_a7 c6_a7oth c6_a8 c6_a8oth c6_a9 c6_a9oth
c7_1 c7_2 c7_3 c7_4 c7_5 c7_5oth c7_6 c7_6oth c7_7 c7_7oth c7_8 c7_8oth c7_9 c7_9oth c7_a c7_aoth
c8_1 c8_2 c8_3 c8_4 c8_5 c8_5oth c8_6 c8_6oth c8_7 c8_7oth c8_8 c8_8oth c8_9 c8_9oth
c9_1 c9_2 c9_3 c9_4 c9_5 c9_5oth c9_6 c9_6oth c9_7 c9_7oth c9_8 c9_8oth c9_9 c9_9oth

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Prepared by Mathematica Policy Research, Inc.

c10 C10. **CHECK C6A AND C7. DOES THE CHILD SPEAK A LANGUAGE THAT THE TEACHER DOES NOT SPEAK?**

YES..... 01

NO 00 → **GO TO C11**

c10_a C10A. 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 C11**

c10_b C10B. Is there anyone else readily available to help you communicate with (CHILD) in (his/her) own language(s)?

YES..... 01

NO 00

c11 C11. **CHECK C6A AND C8. DO(ES) THE FOCUS CHILD'S PARENT(S) SPEAK A LANGUAGE THAT THE TEACHER DOES NOT SPEAK?**

YES..... 01

NO 00 → **GO TO C12**

c11_a C11A. 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 C12**

c11_b C11B. Is anyone else readily available to help you communicate with (CHILD's) parent(s) in (his/her/their) own language(s)?

GUP

YES..... 01

NO 00

c12 C12. Is there a television available for use with the children?
YES..... 01
NO 00 → GO TO C13

c12_a C12A. How many hours is there a television on for children during a typical day? Is it . . .
Never, 00 → GO TO C13
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

c12_b1 C12B. What television shows or videotapes are shown to children? Please give me a few
c12_b2 examples. **RECORD FIRST TWO MENTIONED**

1. _____
2. _____

c13 C13. If (CHILD) hits you, what do you do?
RECORD VERBATIM AND CIRCLE ALL THAT APPLY IN C13A.

PHDCN

PROBE: Anything else?

- c13a_0 C13A. CIRCLE ALL THAT APPLY
- c13a_1 THIS NEVER HAPPENS 00
 - c13a_2 HIT (ANY DEGREE), SPANK, YELL AT,
 - c13a_3 SERIOUSLY PUNISH..... 01
 - c13a_4 EXPLAIN THE RULES 02
 - c13a_5 SCOLD 03
 - c13a_6 TIME OUT..... 04
 - c13a_7 NO RESPONSE, IGNORE 05
 - c13a_9 REDIRECT BEHAVIOR..... 06
 - c13a_9ot TELL CHILD NOT TO HIT/TO STOP 07
 - OTHER (SPECIFY) 09
-

c14

C14.

PHDCN

If (CHILD) disagrees with you or says negative things about you, what do you do?
RECORD VERBATIM AND CIRCLE ALL THAT APPLY IN C14A.

PROBE: Anything else?

C14A.

CIRCLE ALL THAT APPLY

c14a_0
c14a_1
c14a_2
c14a_3
c14a_4
c14a_5
c14a_6
c14a_7
c14a_9
c14a_9ot

- THIS NEVER HAPPENS 00
- HIT (ANY DEGREE), SPANK, YELL AT,
SERIOUSLY PUNISH..... 01
- EXPLAIN THE RULES 02
- SCOLD 03
- TIME OUT..... 04
- NO RESPONSE, IGNORE 05
- REDIRECT BEHAVIOR..... 06
- TELL CHILD NOT TO SAY NEGATIVE
THINGS/TO STOP 07
- OTHER (SPECIFY) 09

C15. 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 true or sometimes true, or very true or often true for (CHILD)?

INTERVIEWER: IF “DON’T KNOW,” PROBE FOR BEST GUESS.

	NOT TRUE	SOMEWHAT TRUE 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

Variable names:

c15_a c15_b c15_c c15_d c15_e c15_f c15_g c15_h c15_i c15_j c15_k c15_l c15_m c15_n c15_o c15_p c15_q c15_r c15_s c15_t c15_u c15_v c15_w c15_x c15_y c15_z c15_aa c15_bb c15_cc c15_dd c15_ee c15_ff

SECTION E: TEACHER-PARENT RELATIONSHIP

E1. I'd like to know a bit about the relationship you have with (CHILD's) parents. 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.

INTERVIEWER: IF TEACHER NEVER MET EITHER PARENT, ASK SECTION E ABOUT THE ADULT RELATED TO/ASSOCIATED WITH CHILD THAT THE TEACHER KNOWS BEST, SUCH AS THE PERSON WHO DROPS OFF THE CHILD MOST OFTEN. RECORD PERSON'S RELATIONSHIP TO CHILD IN E1A-OTHER.

E1A. Please tell me which parent you have the most contact with.

- Mother..... 01
 Father 02
 Both equally 00 → **ASK STATEMENTS ABOUT MOTHER**
 NO CONTACT WITH PARENT(S)
 OTHER (SPECIFY) 09
-

E1B. (READ STATEMENT) Do you strongly disagree, mildly disagree, mildly agree, or strongly agree?

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

	STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
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
B. (CHILD's) (mother/father) gives you valuable suggestions about working with (CHILD)	01	02	03	04
C. You usually agree with how (CHILD's) (mother/father) disciplines (CHILD)	01	02	03	04
D. You admire the way (CHILD's) (mother/father) gets along with (her/his) child...	01	02	03	04
E. The overall approach to raising children expressed by (CHILD's) (mother/father) closely matches your own	01	02	03	04
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
G. You and (CHILD's) (mother/father) would describe (CHILD) in the same way.....	01	02	03	04

e1_a
e1_a9oth

e1b_a
e1b_b
e1b_c
e1b_d
e1b_e
e1b_f
e1b_g

GUP

e2 E2. How often do you discuss (CHILD) with (his/her) (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

e3 E3. How often do you and (CHILD's) (mother/father) disagree about how to take care of (CHILD)? 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

E4. For each statement I read, please say how often this is true of (PARENT FROM E1A).

Emlen

(READ STATEMENT) Is this never true, sometimes true, often true or always true?

e4_a
e4_b
e4_c
e4_d
e4_e
e4_f

	NEVER TRUE	SOMETIMES TRUE	OFTEN TRUE	ALWAYS TRUE
a. (CHILD's) (mother/father) and I share information.....	01	02	03	04
b. We talk about how to deal with problems that might arise.....	01	02	03	04
c. (CHILD's) (mother/father) is supportive of me as a caregiver.....	01	02	03	04
d. (CHILD's) (mother/father) accepts the way I care for (CHILD).....	01	02	03	04
e. I feel welcomed by (CHILD's) (mother/father).....	01	02	03	04
f. This parent understands my job and what goes on for me at work.....	01	02	03	04

SECTION F: TEACHER BELIEFS

f1_a F1. Next I'm going to read you some statements that child care providers have made about
 f1_b how they feel about what they are doing. For each statement, please tell me if you
 f1_c agree or disagree.
 f1_d
 f1_e

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

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

f2_a F2. For each of the following statements, please tell me whether it describes how you feel
 f2_b about your work. Again tell me if you strongly agree, mildly agree, mildly disagree or
 f2_c strongly disagree. You view taking care of young children . . .
 f2_d
 f2_e

EHS/GUP/
WLWS

		STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
	a. As something you do mostly because you want to help parents out?.....	01	02	03	04
	b. As a stepping-stone to work in another field related to children?	01	02	03	04
	c. As your chosen occupation?	01	02	03	04
	d. As the only job that you feel qualified to do?	01	02	03	04
	e. As temporary employment until a better job is available?	01	02	03	04

f3
f3_9oth

F3. 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 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

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

f4_yr
f4_mo

F4. If you had to guess, how much longer do you think that you will continue to work at this center?

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

|_|_| YEARS AND |_|_| MONTHS

f5_yr
f5_mo

F5. If you had to guess, how much longer do you think you will continue to work as a child care provider, even if not at this center?

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

|_|_| YEARS AND |_|_| MONTHS

SECTION G: ABOUT THE CHILDCARE TEACHER

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

g1_a G1. What would you say is the most enjoyable thing about your job as a child care provider?
g1_b **RECORD VERBATIM**

g2_a G2. What is the most difficult or frustrating part of your job? **RECORD VERBATIM**
g2_b

g3_a G3. The next questions are about how you've been feeling. During the past year, how much
g3_b PI-DMI have you been bothered or troubled by the following?

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

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

g4
g4_oth

G4. What title best describes your present job?

CIRCLE ONE

- LEAD/HEAD/CO-TEACHER..... 01
 - ASSISTANT TEACHER..... 02
 - AIDE/CAREGIVER 03
 - VOLUNTEER..... 04
 - OTHER (SPECIFY) 09
-

g5_mo
g5_yr

G5. What is your date of birth?

|_|_| / 19|_|_| → **GO TO G6**
MONTH YEAR

REFUSED..... -3

g5_a

G5A. 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 65?..... 06

CODE WITHOUT ASKING IF OBVIOUS:

g6

G6. Are you . . .

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

g7 G7. 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

g8 G8. Which of the following best describes where you live? Do you live . . .

In the same neighborhood
 where you work, or 01 → **GO TO G9**
 In a different neighborhood from
 where you work?..... 02

g8_a G8A. Approximately how long does it take you to get to work every day?

|__|__| MINUTES TO GET TO WORK

g8_b
g8b_oth G8B. Do you . . .

Walk to work, 01
 Drive to work, 02
 Take public transportation, or 03
 Get to work some
 other way? (SPECIFY) 09

VOLUNTEERED: IT VARIES 00

g9_1
g9_2
g9_3
g9_4
g9_5
g9_9
g9_9oth G9. Which of the following best describes your race? Are you . . .

CIRCLE ALL THAT APPLY

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

g10 G10. Are you of Hispanic or Latino origin or descent?
YES..... 01
NO 00 → **GO TO G12**

g11
g11_oth G11. Are you . . .
Mexican, 01
Cuban, 02
Puerto Rican, 03
Dominican, or..... 04
Of some other descent? (SPECIFY)..... 09

g12 G12. Were you born in the United States?
YES..... 01 → **GO TO G15**
NO 00

g13 G13. In what country or territory were you born?

g14 G14. In what year did you first come to the United States to live?
|_|_|_|_| YEAR

g15 G15. Do any children from your household attend this child care center? Include stepchildren, foster children, grandchildren, nieces or nephews who live with you.
YES..... 01
NO 00 → **GO TO G16**

g15a G15A. How many?
|_|_| NUMBER OF HOUSEHOLD CHILDREN
IN CHILD CARE CENTER

g16_d
g16_c

G16. How much do you currently earn per hour working in this center?

\$ |__|__| . |__|__| → GO TO G16B

DON'T KNOW.....-1
REFUSED.....-3 } → GO TO G16A

g16_a

G16A. I just need a range. Is it . . .

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

g16_b

G16B. Could you please tell me approximately how much of your 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

g17

G17. On average, how many hours per week do you work in this center?

PSID-
CD

|__|__| HOURS WORKED PER WEEK

g18

G18. On average, how many weeks per year do you work in this center?

|__|__| WEEKS WORKED PER YEAR

g19 G19. Do you currently hold another paid job to supplement your child care income?

YES..... 01

NO 00

g19_a G19A. 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

g19_b G19B. 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

g20_y G20. How long have you worked at (CENTER)?

g20_m

IWLWS

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

|_|_| YEARS AND |_|_| MONTHS

g21_y G21. How long have you worked in the early child care and education field, including time at
g21_m other child care centers, as an informal child care provider, or as a family child care provider?

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

|_|_| YEARS AND |_|_| MONTHS

g21_a G21A. 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

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

g22 G22. Have you taken any child development or early child education courses at a college or university?

YES..... 01

NO 00 → **GO TO G23**

g22_a
g22a_1
g22a_9ot

G22A. 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? Is it . . .

CIRCLE ONE

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

G21A(1). How many units?
|_|_| UNITS

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

g23 G23. Have you had any (other) special training such as workshops, courses, or child education programs?

WLWS

YES..... 01

NO 00 → **GO TO G24**

g23a_a
g23a_b
g23a_c
g23a_d
g23a_e
g23a_f
g23a_g
g23a_got

G23A. Which of the following have you had? Have you had or taken . . .

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

g24

WLWS

G24. **DID PROVIDER ATTEND ANY COURSES OR WORKSHOPS? (G22 OR G23=YES)**

YES..... 01
NO 00 → GO TO G25

g24_a

GUP

G24A. In the past 12 months, about how much time did you spend at child-related training programs, workshops, or conferences? Would you say . . .

Less than 5 hours, 01
5-10 hours,..... 02
11-19 hours, or 03
20 hours or more? 04

G25. Do you have any of the following certificates or credentials?

g25_a
g25_b
g25_c
g25_d
g25_e
g25_eoth

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

g26 G26. Have you ever had first aid training?
 YES..... 01
 NO 00 → GO TO G27

g26a_m G26A. When did you have this training?
 g26a_y |__|__| / |__|__|__|__|
 MONTH YEAR

g27 G27. Have you ever had CPR for children training?
 YES..... 01
 NO 00 → GO TO G28

g27_a G27A. Is your CPR certification up-to-date?
 YES..... 01
 NO 00
 DON'T KNOW..... -1

g28 G28. 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

g29 G29. 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.

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