

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. <b>INTERVIEWER: TOTAL</b> .....	_ _

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. What organizations or types of schools?

PSID-  
CD/R

**PROBE:** Any other type of organization or school?

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
a10a_1	HEAD START	01	00
a10a_2	SOCIAL SERVICE ORGANIZATION OR AGENCY	01	00
a10a_3	CHURCH OR RELIGIOUS GROUP	01	00
a10a_4	PUBLIC SCHOOL/BOARD OF EDUCATION	01	00
a10a_5	RELIGIOUS PRIVATE SCHOOL	01	00
a10a_6	NONRELIGIOUS PRIVATE SCHOOL	01	00
a10a_7	COLLEGE OR UNIVERSITY	01	00
a10a_8	PRIVATE COMPANY OR INDIVIDUAL	01	00
a10a_9	NON-GOVERNMENT COMMUNITY ORGANIZATION	01	00
a10a_10	STATE OR LOCAL GOVERNMENT	01	00
a10a_11	OTHER ORGANIZATION (SPECIFY)	01	00

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

a11\_a

A11A. Are you currently pursuing NAEYC accreditation?

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**

	<b>YES</b>	<b>NO</b>
a. Regular substitutes? .....	01	00
b. Administrative staff? .....	01	00
c. Some other people? (SPECIFY) .....	01	00
d. Floater/Other staff? .....	01	00
e. Parents/Volunteers? .....	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**

	<b>YES</b>	<b>NO</b>
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 . . .

			<b>CIRCLE YES OR NO FOR EACH</b>	
			<b>YES</b>	<b>NO</b>
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?

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
a23a_1	BOARD OF EDUCATION	01	00
a23a_2	CCDF/CHILD CARE SERVICES	01	00
a23a_3	HEAD START	01	00
a23a_4	OTHER LOCAL/CITY WIDE PROGRAMS	01	00
a23a_5	OTHER STATE PROGRAMS	01	00
a23a_6	OTHER FEDERAL PROGRAMS	01	00
a23a_7	ANY OTHER PROGRAMS?	01	00

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

A26A. How do you let parents know about these rules?

ITERS  
12 - 5.2

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
a26_0	DON'T INFORM PARENTS	01	00
a26_1	WRITTEN POLICY/HANDBOOK	01	00
a26_2	DISCUSS DURING ENROLLMENT	01	00
a26_3	DISCUSS AT PARENT MEETING	01	00
a26_4	POST INFORMATION IN CLASSROOM	01	00
a26_9	OTHER (SPECIFY)	01	00

A27. What do you do to inform other parents if a child has an infectious disease such as pink eye or chicken pox?

ITERS  
12 - 3.4

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
a27_0	NOTHING	01	00
a27_1	SEND NOTES HOME	01	00
a27_2	CALL PARENTS	01	00
a27_3	POST INFORMATION IN CLASSROOM	01	00
a27_9	OTHER (SPECIFY)	01	00
a27_101	TELL THEM IN PERSON	01	00

A28. What is your center's policy if child abuse is suspected?

ITERS  
12 - 3.2

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
a28_0	NO POLICY	01	00
a28_1	CONTACT CENTER DIRECTOR	01	00
a28_2	CONTACT SPECIALIST	01	00
a28_3	CONTACT HEALTH AND HUMAN SERVICES/YOUTH SERVICES/CHILD WELFARE AGENCY	01	00
a28_4	CONTACT POLICE	01	00
a28_5	CONTACT OTHER AUTHORITIES	01	00
a28_6	CENTER STAFF CANNOT TREAT ON OWN	01	00
a28_8	CONFRONT OR TALK TO PARENT(S)	01	00
a28_9	OTHER (SPECIFY)	01	00
a28_101	DOCUMENT THE INCIDENT	01	00

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

a29\_a

A29A. What about first aid training?

|\_|\_|\_| PERCENT

NONE.....00

DON'T KNOW .....-1

a30

A30. How often are teachers required to have physical exams?

ITERS  
12 - 1.2

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.**

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
a33a_1	CEREBRAL PALSY	01	00
a33a_2	SPINA BIFIDA	01	00
a33a_3	DEAFNESS	01	00
a33a_4	BLINDNESS	01	00
a33a_5	MENTAL RETARDATION	01	00
a33a_6	MOTOR DELAYS	01	00
a33a_7	LANGUAGE PROBLEMS	01	00
a33a_8	EMOTIONAL PROBLEMS	01	00
a33a_9	AUTISM	01	00
a33a_10	SEVERE ASTHMA	01	00
a33a_11	DIABETES	01	00
a33a_12	ATTENTION DEFICIT DISORDER (ADD)	01	00
a33a_13	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	01	00
a33a_14	OTHER (SPECIFY)	01	00

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. <b>INTERVIEWER: TOTAL CHILDREN</b> .....	_ _

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

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
c5a_1	CEREBRAL PALSY	01	00
c5a_2	SPINA BIFIDA	01	00
c5a_3	DEAFNESS	01	00
c5a_4	BLINDNESS	01	00
c5a_5	MENTAL RETARDATION	01	00
c5a_6	MOTOR DELAYS	01	00
c5a_7	LANGUAGE PROBLEMS	01	00
c5a_8	EMOTIONAL PROBLEMS	01	00
c5a_9	AUTISM	01	00
c5a_10	SEVERE ASTHMA	01	00
c5a_11	DIABETES	01	00
c5a_12	ATTENTION DEFICIT DISORDER (ADD)	01	00
c5a_13	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	01	00
c5a_14	OTHER (SPECIFY)	01	00

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?

	<b>C6A.</b>	<b>C7.</b>	<b>C7A.</b>	<b>C8.</b>	<b>C9.</b>
	LANGUAGE (S) OF TEACHER	LANGUAGE (S) OF FOCUS CHILD	MAIN LANGUAGE OF FOCUS CHILD	LANGUAGE(S) OF FOCUS CHILD'S PARENTS	LANGUAGES OTHER CHILDREN USE IN CLASS
	<b>CIRCLE ALL THAT APPLY</b>	<b>CIRCLE ALL THAT APPLY</b>	<b>CIRCLE ONE</b>	<b>CIRCLE ALL THAT APPLY</b>	<b>CIRCLE ALL THAT APPLY</b>
ENGLISH	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
SPANISH	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
FRENCH	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
CREOLE	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
OTHER #1 (SPECIFY) _____	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
OTHER #2 (SPECIFY) _____	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
OTHER #3 (SPECIFY) _____	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
OTHER #4 (SPECIFY) _____	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO
OTHER #5 (SPECIFY) _____	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO	01 YES/00 NO

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

- 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.

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
c13a_0	THIS NEVER HAPPENS	01	00
c13a_1	HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH	01	00
c13a_2	EXPLAIN THE RULES	01	00
c13a_3	SCOLD	01	00
c13a_4	TIME OUT	01	00
c13a_5	NO RESPONSE, IGNORE	01	00
c13a_6	REDIRECT BEHAVIOR	01	00
c13a_7	TELL CHILD NOT TO HIT/TO STOP	01	00
c13a_9	OTHER (SPECIFY)	01	00
c13a_101	TALK TO PARENTS	01	00

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

		<u>YES</u>	<u>NO</u>
c14a_0	THIS NEVER HAPPENS	01	00
c14a_1	HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH	01	00
c14a_2	EXPLAIN THE RULES	01	00
c14a_3	SCOLD	01	00
c14a_4	TIME OUT	01	00
c14a_5	NO RESPONSE, IGNORE	01	00
c14a_6	REDIRECT BEHAVIOR	01	00
c14a_7	TELL CHILD NOT TO SAY NEGATIVE THINGS/TO STOP	01	00
c14a_9	OTHER (SPECIFY)	01	00
c14a_101	ASK WHY, DISCUSS	01	00

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\_y 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.**

e1\_a  
e1\_a9oth

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

- Mother.....01
- Father.....02
- Both equally .....00 → **ASK STATEMENTS ABOUT MOTHER**
- Grandparents .....101
- NO CONTACT WITH PARENT(S)
- OTHER (SPECIFY).....09

e1b\_a  
e1b\_b  
e1b\_c  
e1b\_d  
e1b\_e  
e1b\_f  
e1b\_g

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

GUP

G. You and (CHILD's) (mother/father) would describe (CHILD) in the same way ..... 01 02 03 04

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

e4\_b Emlen

e4\_c (READ STATEMENT) Is this never true, sometimes true, often true or always true?

	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  
 f1\_b about how they feel about what they are doing. For each statement, please tell me if  
 f1\_c you 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?  
**g3\_c**

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

**g3\_d**  
**g3\_e**  
**g3\_f**

		<b>A LOT</b>	<b>SOMEWHAT</b>	<b>NOT AT ALL</b>
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

g6

**CODE WITHOUT ASKING IF OBVIOUS:**

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

CIRCLE ALL THAT APPLY

		<u>YES</u>	<u>NO</u>
<b>g9_1</b>	White or Caucasian	01	00
<b>g9_2</b>	Black or African American	01	00
<b>g9_3</b>	Asian	01	00
<b>g9_4</b>	Native Hawaiian or Pacific Islander, or	01	00
<b>g9_5</b>	Native American or Alaskan Native?	01	00
<b>g9_9</b>	OTHER (SPECIFY)	01	00
<b>g9_101</b>	Hispanic?	01	00



**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 →

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

\_\_\_\_\_

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

**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\_a  
g25\_b  
g25\_c  
g25\_d  
g25\_e  
g25\_eoth

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

	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.**