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?
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. 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.

   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 ......................................................

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

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

A2. How many classrooms are in (CENTER)?

   |___|___| CLASSROOMS
A3. How many lead or head teachers are on your payroll?

|____|____| TEACHERS

NONE ......................................................... 00 → GO TO A4

DON’T KNOW.............................................. -1

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

A3B. How many have been replaced?

|____|____| TEACHERS REPLACED

NONE ......................................................... 00 → GO TO A4

DON’T KNOW.............................................. -1

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. How many assistant teachers are on your payroll?

|____|____| ASSISTANT TEACHERS

NONE ......................................................... 00 → GO TO A5A

DON’T KNOW.............................................. -1
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

A4B. How many have been replaced?

|____|____| ASSISTANT TEACHERS REPLACED

NONE ......................................................... 00
DON’T KNOW ................................................ -1

A5A. What time does (CENTER) open?

|____|____|:|____|____|

   (1) AM .............................................................. 01
      PM ..................................................................... 02

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

|____|____|:|____|____|

   (1) AM .............................................................. 01
      PM ..................................................................... 02

A5C. Are you open on the weekends?

YES ........................................................................... 01
NO ............................................................................ 00

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

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

|____|____| YEARS AND |____|____| MONTHS
A7. Altogether, how many weeks is (CENTER) closed during the year?

| WEEKS CLOSED |

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

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

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

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
NONRERELIGIOUS 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. 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?

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?

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?

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?

YES ............................................................. 01
NO .............................................................. 00 → GO TO A15

a14_a  A14A. How many times per year?

|   |   |   | TIMES
A15. Who usually provides substitute care if a teacher or aide is absent? Do you use . . .

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>a. Regular substitutes? .......................................................... 01</td>
</tr>
<tr>
<td>b. Administrative staff? .......................................................... 01</td>
</tr>
<tr>
<td>c. Some other people? (SPECIFY) ............................................. 01</td>
</tr>
</tbody>
</table>

A16. Does your center offer health benefits to full time teachers?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

GO TO A17

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

GO TO A17

A16B. Is coverage for family members available?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

GO TO A17

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

A17. Which of the following (other) benefits does (CENTER) offer to full time teachers? Does it offer . . .

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>a. Reduced child care fees for parent employees? ....................... 01</td>
</tr>
<tr>
<td>b. Paid maternity and/or paternity leave? ................................... 01</td>
</tr>
<tr>
<td>c. Retirement or pension plan? .................................................. 01</td>
</tr>
<tr>
<td>d. Financial assistance to cover fees for workshops, conferences, etc.? .................................................................................. 01</td>
</tr>
<tr>
<td>e. Paid sick days? ................................................................. 01</td>
</tr>
<tr>
<td>f. Paid holidays? .................................................................... 01</td>
</tr>
<tr>
<td>g. Paid vacation or paid personal days? ..................................... 01</td>
</tr>
</tbody>
</table>
A18. Which of the following do you offer to full-time teachers? Do you offer . . .

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>a. Paid time for off-site training and workshops?</td>
</tr>
<tr>
<td>b. Periodic cost of living increase in wages?</td>
</tr>
<tr>
<td>c. Periodic merit increase in wages?</td>
</tr>
<tr>
<td>d. Compensation—either financial or time off—for overtime?</td>
</tr>
</tbody>
</table>

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

A19A. Is that per . . .

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

GO TO A20

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>A20. Do you charge families different fees based upon their family income?</td>
<td>YES: 01, NO: 00</td>
</tr>
<tr>
<td>A21. Does your center provide discounts or scholarships for any of your enrolled children?</td>
<td>YES: 01, NO: 00, DON'T KNOW: -1</td>
</tr>
<tr>
<td>A21A. How many children currently receive these discounts or scholarships?</td>
<td>CHILDREN:</td>
</tr>
<tr>
<td>A21B. Does (CHILD) receive any of these discounts or scholarships?</td>
<td>YES: 01, NO: 00</td>
</tr>
<tr>
<td>A22. Do any of the children in your program have tuition paid fully or in part by government support?</td>
<td>YES: 01, NO: 00, DON'T KNOW: -1</td>
</tr>
<tr>
<td>A22A. How many children currently receive government support?</td>
<td>CHILDREN:</td>
</tr>
</tbody>
</table>
A23. Is any part of (CHILD’s) care paid for by government support?

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

GO TO A24

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

_____________________________________
_____________________________________

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

$ | | | | | | |

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

GO TO A23C

A23B(1). Is that per . . .

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

GO TO A24

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. Could your center continue to operate if you didn’t serve any subsidized children?

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

A24A. Would you like to serve more subsidized children?

YES ............................................................. 01
NO .............................................................. 00

A25. My next questions are about the records you keep. Do you have any of the following for the children in your center?

CIRCLE 01, 00 OR 02 FOR EACH

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>HAVE FOR SOME CHILDREN BUT NOT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td>a. Record of immunization and other health information? ......................... 01 00 02</td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td>b. Emergency contact information? .................................................. 01 00 02</td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td>c. Written permission to get medical care in an emergency? ...................... 01 00 02</td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td>d. Phone numbers for doctors?....................................................... 01 00 02</td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td>e. Information on health problems such as allergies or hyperactivity? .......... 01 00 02</td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td>f. Written permission to give medicine? ............................................. 01 00 02</td>
</tr>
</tbody>
</table>
A26. Do you have any rules about attendance when a child is sick?

YES ............................................................. 01
NO .............................................................. 00 \(\rightarrow\) GO TO A27

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

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

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

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

**PROBE:** Anything else?

CIRCLE ALL THAT APPLY

NOTHING ................................................. 00
SEND NOTES HOME............................... 01
CALL PARENTS ........................................ 02
POST INFORMATION IN CLASSROOM ........ 03
OTHER (SPECIFY) ................................. 09


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

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

|____|____|____ | PERCENT OF STAFF WITH CPR TRAINING

- NONE ......................................................... 00
- DON’T KNOW ............................................. -1

A29A. What about first aid training?

|____|____|____ | PERCENT

- NONE ......................................................... 00
- DON’T KNOW ............................................. -1

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

| EVERY |____|____ | YEARS

- NOT REQUIRED ............................................. -4
A31. What about TB tests?

EVERY |    |    | YEARS

NOT REQUIRED ........................................ -4

A32. Has your center passed a fire inspection?

YES ............................................................. 01

NO .............................................................. 00

DON'T KNOW ............................................. -1

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

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

   YES............................................................. 01
   NO .............................................................. 00 → GO TO A36

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
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.**

<table>
<thead>
<tr>
<th></th>
<th>VERY LIKELY</th>
<th>LIKELY</th>
<th>UNLIKELY</th>
<th>VERY UNLIKELY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> 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?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td><strong>b.</strong> 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?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td><strong>c.</strong> If a child was showing disrespect to an adult, how likely is it that people in this neighborhood would scold that child?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td><strong>d.</strong> 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?</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>c1_mo</th>
<th>C1. When did you first start taking care of (CHILD) on a regular basis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>c1_yr</td>
<td>[<em><strong>/</strong></em>] / [___]</td>
</tr>
<tr>
<td></td>
<td>MONTH / YEAR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c1_a</th>
<th>C1A. How many hours do you usually watch (CHILD) in a typical week?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[____] HOURS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c2</th>
<th>C2. Including (CHILD), how many children are assigned to the same classroom as (CHILD) when (he/she) is there?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[____] NUMBER OF CHILDREN</td>
</tr>
</tbody>
</table>
C3. How many of the (NUMBER IN C2) children assigned to this classroom are . . .

STOP WHEN NUMBER IN C2 IS REACHED.

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

|____|____| PRESENT WITH CHILD

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.*

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral Palsy</td>
<td>01</td>
</tr>
<tr>
<td>Spina Bifida</td>
<td>02</td>
</tr>
<tr>
<td>Deafness</td>
<td>03</td>
</tr>
<tr>
<td>Blindness</td>
<td>04</td>
</tr>
<tr>
<td>Mental Retardation</td>
<td>05</td>
</tr>
<tr>
<td>Motor Delays</td>
<td>06</td>
</tr>
<tr>
<td>Language Problems</td>
<td>07</td>
</tr>
<tr>
<td>Emotional Problems</td>
<td>08</td>
</tr>
<tr>
<td>Autism</td>
<td>09</td>
</tr>
<tr>
<td>Severe Asthma</td>
<td>10</td>
</tr>
<tr>
<td>Diabetes</td>
<td>11</td>
</tr>
<tr>
<td>Attention Deficit Disorder (ADD)</td>
<td>12</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>13</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>14</td>
</tr>
</tbody>
</table>

(Circle all that apply)
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?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LANGUAGE (S) OF TEACHER</strong></td>
<td><strong>LANGUAGE (S) OF FOCUS CHILD</strong></td>
<td><strong>MAIN LANGUAGE OF FOCUS CHILD</strong></td>
<td><strong>LANGUAGE(S) OF FOCUS CHILD’S PARENTS</strong></td>
<td><strong>LANGUAGES OTHER CHILDREN USE IN CLASS</strong></td>
</tr>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE ONE</td>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE ALL THAT APPLY</td>
</tr>
<tr>
<td>ENGLISH</td>
<td>01</td>
<td>01</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>SPANISH</td>
<td>02</td>
<td>02</td>
<td>02</td>
<td>02</td>
</tr>
<tr>
<td>FRENCH</td>
<td>03</td>
<td>03</td>
<td>03</td>
<td>03</td>
</tr>
<tr>
<td>CREOLE</td>
<td>04</td>
<td>04</td>
<td>04</td>
<td>04</td>
</tr>
<tr>
<td>OTHER #1 (SPECIFY)</td>
<td>05</td>
<td>05</td>
<td>05</td>
<td>05</td>
</tr>
<tr>
<td>OTHER #2 (SPECIFY)</td>
<td>06</td>
<td>06</td>
<td>06</td>
<td>06</td>
</tr>
<tr>
<td>OTHER #3 (SPECIFY)</td>
<td>07</td>
<td>07</td>
<td>07</td>
<td>07</td>
</tr>
<tr>
<td>OTHER #4 (SPECIFY)</td>
<td>08</td>
<td>08</td>
<td>08</td>
<td>08</td>
</tr>
<tr>
<td>OTHER #5 (SPECIFY)</td>
<td>09</td>
<td>09</td>
<td>09</td>
<td>09</td>
</tr>
</tbody>
</table>

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

YES................................................................. 01
NO ................................................................. 00 → GO TO C11

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

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

YES................................................................. 01
NO ................................................................. 00

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

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

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

YES................................................................. 01
NO ................................................................. 00
C12. Is there a television available for use with the children?

YES ............................................................. 01
NO .............................................................. 00 → GO TO C13

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

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

1. ________________________________

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

**PROBE:** Anything else?

<table>
<thead>
<tr>
<th>C13</th>
<th>C13A.</th>
<th>CIRCLE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>THIS NEVER HAPPENS ....................... 00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH ....................... 01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXPLAIN THE RULES ......................... 02</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SCOLD ............................................ 03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TIME OUT ....................................... 04</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO RESPONSE, IGNORE ....................... 05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REDIRECT BEHAVIOR ........................... 06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TELL CHILD NOT TO HIT/TO STOP .......... 07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER (SPECIFY) ............................. 09</td>
<td></td>
</tr>
</tbody>
</table>

---

**PHDCN**
C14. 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

- 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.

(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.

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

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_e 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.

<table>
<thead>
<tr>
<th>Mother</th>
<th>01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>02</td>
</tr>
<tr>
<td>Both equally</td>
<td>00</td>
</tr>
<tr>
<td>NO CONTACT WITH PARENT(S)</td>
<td>09</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>MILDLY AGREE</th>
<th>MILDLY DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. When you need help, you feel that (CHILD’s) (mother/father) will go out of (her/his) way for you</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>B. (CHILD’s) (mother/father) gives you valuable suggestions about working with (CHILD)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>C. You usually agree with how (CHILD’s) (mother/father) disciplines (CHILD)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>D. You admire the way (CHILD’s) (mother/father) gets along with (her/his) child</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>E. The overall approach to raising children expressed by (CHILD’s) (mother/father) closely matches your own</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>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</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>G. You and (CHILD’s) (mother/father) would describe (CHILD) in the same way</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>
**E2.** How often do you discuss (CHILD) with (his/her) (mother/father)? Is it . . .

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once a month</td>
<td>01</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>02</td>
</tr>
<tr>
<td>Once or twice a week, or</td>
<td>03</td>
</tr>
<tr>
<td>Most days?</td>
<td>04</td>
</tr>
</tbody>
</table>

**E3.** How often do you and (CHILD’s) (mother/father) disagree about how to take care of (CHILD)? Is it . . .

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than once a month</td>
<td>01</td>
</tr>
<tr>
<td>Once or twice a month</td>
<td>02</td>
</tr>
<tr>
<td>Once or twice a week, or</td>
<td>03</td>
</tr>
<tr>
<td>Most days?</td>
<td>04</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>(CHILD’s) (mother/father) and I share information</td>
<td>NEVER TRUE</td>
</tr>
<tr>
<td>We talk about how to deal with problems that might arise</td>
<td>01</td>
</tr>
<tr>
<td>(CHILD’s) (mother/father) is supportive of me as a caregiver</td>
<td>01</td>
</tr>
<tr>
<td>(CHILD’s) (mother/father) accepts the way I care for (CHILD)</td>
<td>01</td>
</tr>
<tr>
<td>I feel welcomed by (CHILD’s) (mother/father)</td>
<td>01</td>
</tr>
<tr>
<td>This parent understands my job and what goes on for me at work</td>
<td>01</td>
</tr>
</tbody>
</table>
SECTION F: TEACHER BELIEFS

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YEARS AND</th>
<th></th>
<th>MONTHS</th>
</tr>
</thead>
</table>

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.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YEARS AND</th>
<th></th>
<th>MONTHS</th>
</tr>
</thead>
</table>
SECTION G: ABOUT THE CHILDCARE TEACHER

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

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

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

G3. The next questions are about how you’ve been feeling. During the past year, how much have you been bothered or troubled by the following? (READ ITEM) Has this bothered or troubled you a lot, somewhat, or not at all?

<table>
<thead>
<tr>
<th></th>
<th>A LOT</th>
<th>SOMEWHAT</th>
<th>NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Feeling too tired to do things..........................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>B. Having trouble going to sleep or staying asleep............................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>C. Feeling unhappy, sad, or depressed...............</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>D. Feeling hopeless about the future...............</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>E. Feeling nervous or tense ............................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>F. Worrying too much about things .....................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>
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. What is your date of birth?

|   |   | 19|   |
MONTH          YEAR
GO TO G6

REFUSED ................................................... -3

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. Are you . . .

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

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

\[__|__|\] MINUTES TO GET TO WORK

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

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

YES ............................................................. 01
NO .............................................................. 00 → GO TO G12

G11. Are you . . .

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

G12. Were you born in the United States?

YES ............................................................. 01 → GO TO G15
NO .............................................................. 00

G13. In what country or territory were you born?

G14. In what year did you first come to the United States to live?

|__|___|___|___| YEAR

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. How many?

|__|___| NUMBER OF HOUSEHOLD CHILDREN
IN CHILD CARE CENTER
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

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

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

|___|___| HOURS WORKED PER WEEK

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

|___|___| WEEKS WORKED PER YEAR
G19. Do you currently hold another paid job to supplement your child care income?

YES.............................................................01
NO ..............................................................00

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

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. How long have you worked at (CENTER)?

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

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

G21. How long have you worked in the early child care and education field, including time at
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

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

YES ............................................................. 01
NO .............................................................. 00 → GO TO G23

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?

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

YES ............................................................. 01
NO .............................................................. 00 → GO TO G24
G23A. Which of the following have you had? Have you had or taken . . .

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

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

YES............................................................. 01
NO .............................................................. 00 → GO TO G25

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?

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>a. Child Development Associate (CDA)?................................. 01</td>
</tr>
<tr>
<td>b. Montessori Certificate?.............................................. 01</td>
</tr>
<tr>
<td>c. College Early Childhood Education Certificate? ................ 01</td>
</tr>
<tr>
<td>d. Elementary Teaching Credential? .................................. 01</td>
</tr>
<tr>
<td>e. Anything else? (SPECIFY).............................................. 01</td>
</tr>
</tbody>
</table>
G26. Have you ever had first aid training?

YES................................................................. 01

NO .............................................................. 00 \rightarrow GO TO G27

G26A. When did you have this training?

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

G27. Have you ever had CPR for children training?

YES................................................................. 01

NO .............................................................. 00 \rightarrow GO TO G28

G27A. Is your CPR certification up-to-date?

YES................................................................. 01

NO .............................................................. 00

DON’T KNOW............................................. -1

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. 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.