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

SECTION VA: VERIFY ADDRESS INFORMATION

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

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

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

VAINTR O

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

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

{Comments from parents}

ENTER “1” TO CONTINUE.

DISPLAY FOR MINOR PROVIDERS ONLY:

IMPORTANT – MINOR PROVIDER: THE CHILD CARE PROVIDER, {Caregiver/Teacher First and Last Name} IN THIS CASE WAS REPORTED TO BE LESS THAN 18 YEARS OF AGE. YOU NEED TO DETERMINE THE AGE AND DATE OF BIRTH FOR {Caregiver/Teacher First and Last Name}. IF {Caregiver/Teacher First and Last Name} IS 15, 16, OR 17 YEARS OLD, PARENTAL CONSENT MUST BE OBTAINED PRIOR TO CONDUCTING THE INTERVIEW. IF {Caregiver/Teacher First and Last Name} IS LESS THAN 15, THIS INTERVIEW CANNOT BE CONDUCTED. THE FIRST QUESTIONS IN THE INTRODUCTION PART OF THIS INTERVIEW ASK FOR THE AGE AND DATE OF BIRTH. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO PROCEED WITH THIS CASE, CONSULT WITH YOUR FIELD SUPERVISOR.
IF HOME-BASED, GO TO VA004.
IF CENTER-BASED, GO TO VA002.

VA002
DISPLAY THE FOLLOWING INSTRUCTIONS FOR FIELD INTERVIEWER (FI):
DURING THE PARENT INTERVIEW THE INFORMATION BELOW WAS PROVIDED FOR THE
CHILD CARE PROVIDER. PLEASE UPDATE/VERIFY THIS INFORMATION AND THEN
TRANSMIT THE CASE TO RTI.

{ Program Name}
PLEASE ENTER/CORRECT THE NAME OF THE PROGRAM.

VA004
{{Director/Administrator First Name}/{Care Provider First Name}}
PLEASE ENTER/CORRECT THE {DIRECTOR/ADMINISTRATOR/CARE PROVIDER}’S
FIRST NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.
DISPLAY INSTRUCTIONS:
For center-based, display “Director/Administrator’s First Name.”
For home-based, display “Care Provider’s First Name.”

VA005
{{Director/Administrator Last Name}/{Care Provider Last Name}}
PLEASE ENTER/CORRECT THE {DIRECTOR/ADMINISTRATOR/CARE PROVIDER}’S
LAST NAME NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO
CONTINUE.
DISPLAY INSTRUCTIONS:
For center-based, display “Director/Administrator’s Last Name.”
For home-based, display “Care Provider’s Last Name.”

VA006
{Care Provider’s First Name}
DISPLAY INSTRUCTIONS:
PLEASE ENTER/CORRECT THE CARE PROVIDER’S FIRST NAME NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

VA007

{Care Provider’s Last Name}

PLEASE ENTER/CORRECT THE CARE PROVIDER’S LAST NAME NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

VA009

{Mailing Address First Line}

PLEASE ENTER/CORRECT THE {CARE PROVIDER’S/CENTER’S} FIRST LINE OF THE MAILING ADDRESS NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

DISPLAY INSTRUCTIONS:
For home-based, display “Care Provider’s Mailing Address First Line.”
For center-based, display “Center Mailing Address First Line.”

VA011

{Mailing Address Second Line}

PLEASE ENTER/CORRECT THE {CARE PROVIDER’S/CENTER’S} SECOND LINE OF THE MAILING ADDRESS NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

DISPLAY INSTRUCTIONS:
For home-based, display “Care Provider’s Mailing Address Second Line.”
For center-based, display “Center Mailing Address Second Line.”

VA013

{City}

PLEASE ENTER/CORRECT THE {CARE PROVIDER’S/CENTER’S} CITY NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

DISPLAY INSTRUCTIONS:
For home-based, display “Care Provider’s City.”
For center-based, display “Center City.”

VA015

{State}
PLEASE ENTER/CORRECT THE {CARE PROVIDER’S/CENTER’S} STATE NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

DISPLAY INSTRUCTIONS:
For home-based, display “Care Provider’s State.”
For center-based, display “Center State.”

VA017

{Zip Code}

PLEASE ENTER/CORRECT THE {CARE PROVIDER’S/CENTER’S} ZIP NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

DISPLAY INSTRUCTIONS:
For home-based, display “Care Provider’s Zip.”
For center-based, display “Center Zip.”

VA018

{Phone Number}

PLEASE ENTER/CORRECT THE {CARE PROVIDER’S/CENTER’S} PHONE NUMBER (XXX-XXX-XXXX FORMAT) NAME IF DIFFERENT FROM ABOVE. OTHERWISE, HIT ENTER TO CONTINUE.

DISPLAY INSTRUCTIONS:
For home-based, display “Care Provider’s Phone Number.”
For center-based, display “Center Phone Number.”

VA050

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

CENTER NAME: {Center Name}

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

CARE PROVIDER: {Care Provider First and Last Name}

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

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

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

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

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

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

INFORMATION COMPLETE; CAN BE USED FOR MAILING........1
INFORMATION INCOMPLETE BUT THIS IS BEST AVAILABLE......2
THE INTERVIEW STATUS HAS BEEN SET TO 360 (Info verified).

INTERVIEWER: IF POSSIBLE, BREAKOUT OF THE INTERVIEW USING “ALT-X” AND TRANSMIT THE ADDRESS INFORMATION TO RTI.
OR
IF YOU ARE CURRENTLY IN CONTACT WITH THE PROVIDER, YOU CAN PRESS “1” AND THEN “ENTER” TO CONTINUE.
IF THIS IS THE SITUATION, TRANSMIT AT YOUR EARLIEST OPPORTUNITY.

PVAGEBX
IF CARE PROVIDER IS A MINOR, GO TO PVAGE.
ELSE, GO TO SECTION UP.

PVAGE
What is {Caregiver First and Last Name}’s age?
ENTER AGE IN YEARS.
Answer must be in range from 10 to 25.
DISPLAY INSTRUCTIONS:
THE PARENT REPORTED THAT {Caregiver First and Last Name} MIGHT BE UNDER 18 YEARS OF AGE. IF {Caregiver First and Last Name} IS 15, 16, OR 17 YEARS OLD, PARENTAL CONSENT MUST BE OBTAINED PRIOR TO CONDUCTING THE INTERVIEW. IF {Caregiver First and Last Name} IS LESS THAN 15, THIS INTERVIEW CANNOT BE CONDUCTED. WE NEED TO DETERMINE THE EXACT AGE TO KNOW HOW TO PROCEED.

PVDOB
What is {Caregiver First and Last Name}’s birth date?
ENTER MONTH OF BIRTH.
Answer must be in range from 1 up to 12.
ENTER DAY OF BIRTH.
Answer must be in range from 1 to 31.
ENTER YEAR OF BIRTH.
Answer must be in range from 1982 to 1997.

CONSENT18BX
IF PVAGE IS BETWEEN 15 AND 17, GO TO CONSENT18.
IF PVAGE IS EQUAL TO OR > THAN 18, GO TO SECTION UP.
IF PVAGE IS < 15, GO TO TOO YOUNG.
BECAUSE {Caregiver First and Last Name} IS LESS THAN 18 YEARS OF AGE, YOU MUST OBTAIN PARENTAL CONSENT.

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

CHOOSE ONE OF THE OPTIONS BELOW.

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

ENDNOCONSENT
THE INTERVIEW WILL NOW EXIT. THIS CASE CANNOT BE COMPLETED WITHOUT PARENTAL CONSENT.
ENTER “1” TO EXIT.
INTERVIEW IS TERMINATED.

TOOYOUNG
DISPLAY INSTRUCTIONS:
ENTER “1” IF YOU ARE READY TO ASSIGN THE CASE A FINAL CODE OF 450.
INTERVIEW IS TERMINATED.
SECTION UP: UPDATE TYPE OF CARE INFORMATION
SECTION IS ADMINISTERED TO THE CENTER-BASED DIRECTOR/ADMINISTRATOR AND HOME-BASED CAREGIVERS

UP001PRE U
YOU HAVE ENTERED THE WECEP INTERVIEW FOR {CHILD {AND TWIN}}’S PROVIDER, CASE {INTERVIEW CASE}: {PROVIDER NAME}.
COMMENTS FROM PARENT CAPI
{INSERT COMMENTS}
ENTER “1” TO CONTINUE.

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

UP002
According to {FULL NAME OF PARENT/RESPONDENT}, you provide care for {CHILD} {and{TWIN}} in a home. Is this correct?
YES, CARE IS PROVIDED IN A HOME..................................1
NO, CARE IS PROVIDED IN A CENTER/PROGRAM....................2

If RF or DK, display message:
YOU HAVE NOT SELECTED A SETTING FOR THE CHILD CARE (HOME OR CENTER). WITHOUT THIS INFORMATION THE INTERVIEW WILL TERMINATE.
PRESS ENTER TO GO BACK AND ENTER A RESPONSE OR PRESS ‘S’ TO TERMINATE THE INTERVIEW.
WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.
PRESS “ENTER” TO GO BACK AND CHANGE THE ANSWER OR PRESS “S” TO CONTINUE AND TERMINATE INTERVIEW.
According to {FULL NAME OF PARENT/RESPONDENT}, you provide care for {CHILD} {and {TWIN}} in a {center/not located in a private home/program, not located in a private home}. Is this correct?

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

If RF or DK, display message:
WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.
PRESS “ENTER” TO GO BACK AND CHANGE THE ANSWER OR PRESS “S” TO CONTINUE AND TERMINATE INTERVIEW.

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

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

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

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

UP005
Are you {CHILD} {and {TWIN}}’s administrator, teacher, or both?
ADMINISTRATOR .........................................................1
TEACHER ........................................................................2
BOTH ADMINISTRATOR AND TEACHER ..........3

UP006BX
IF CENTER-BASED (UP002=2) AND TALKING WITH TEACHER (UP005=2), GO TO UP025A.
IF CENTER-BASED (UP002=2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW) AND TALKING TO ADMINISTRATOR (UP005= 1 OR 3), GO TO UP025A.
UP007

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

Do I have your permission to begin the interview?

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

UP010.

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

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

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

UP012BX

IF UP010=1, RF OR DK (RELATED), GO TO UP012 (HOW RELATED).
IF UP010=2 (NOT RELATED) AND TWIN IN HOUSEHOLD, GO TO UP022 (BOTH IN CARE).
ELSE, UP010=2 (NOT RELATED) AND NO TWIN IN HOUSEHOLD, GO TO UP25A (BEFORE-/AFTER-SCHOOL).

UP012

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

GRANDMOTHER ...........................................................1  (UP022)
AUNT ...............................................................................2  (UP022)
SISTER.............................................................................3  (UP022)
UNCLE.............................................................................4  (UP022)
COUSIN............................................................................5  (UP022)
GRANDFATHER.............................................................6  (UP022)
If UP012 = 1 or 6 and R is a minor (PVAGE<40), display message:
YOU ENTERED THAT THE {AGE} YEAR OLD RESPONDENT IS A {GRANDMOTHER/GRANDFATHER}. PRESS “ENTER” TO GO BACK AND CHANGE THE ANSWER OR PRESS “S” TO CONTINUE INTERVIEW.

If UP012 = 3 or 9 and R > 40, display message:
YOU ENTERED THAT THE {AGE} YEAR OLD RESPONDENT IS THE CHILD’S {SISTER/BROTHER}. PRESS “ENTER” TO GO BACK AND CHANGE THE ANSWER OR PRESS “S” TO CONTINUE INTERVIEW.

UP014
ENTER OTHER RELATIONSHIP (SPECIFY) [What is the relationship?].

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

UP016
If mother (UP012 = 7) display “mother.”
Else, display “father.”

IF RESPONDENT IS A MOTHER OR FATHER OF CHILD, END INTERVIEW.

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

BREAK OFF INTERVIEW.

UP022
Are {CHILD} and {TWIN} both cared for at this setting?

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

If RF or DK, display:
WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.
PRESS “ENTER” TO GO BACK AND CHANGE THE ANSWER OR PRESS “S” TO CONTINUE AND TERMINATE INTERVIEW.
UP024

DISPLAY INSTRUCTIONS:
If home-based (UP002 = 1) display “caregiver and child care.”
If center-based (UP002 = 2) display “teacher and early childhood.”

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

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

If RF or DK, display:
WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.
PRESS “ENTER” TO GO BACK AND CHANGE THE ANSWER OR PRESS “S” TO CONTINUE AND TERMINATE INTERVIEW.

UP025
If home-based (UP002 = 1) display “you.”
If center-based (UP002 = 2) display “this provider.”

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

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

If RF or DK, display:
WE CANNOT CONTINUE THE INTERVIEW WITHOUT THIS INFORMATION. PLEASE ASK RESPONDENT TO ANSWER THE QUESTION.
PRESS “ENTER” TO GO BACK AND ENTER A RESPONSE OR PRESS ‘S’ TO TERMINATE THE INTERVIEW.

UP025a
If center-based (UP002 = 2), display:

{Does/Do} {CHILD {and TWIN}} attend the program before school, after school, or both before and after school?
If home-based (UP002 = 1), display:

Do you care for {CHILD {and TWIN}} before school, after school, or both?

BEFORE SCHOOL ONLY ..............................................1
AFTER SCHOOL ONLY ................................................2
BEFORE AND AFTER SCHOOL ..................................3
REFUSED ........................................................................ RF
DON’T KNOW .........................................................................DK
If RF or DK, display:

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

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

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

UP026
Do you provide care for {CHILD} {and {TWIN}} in the home where {he/she/they} {live/lives}? 
ENTER “YES” IF CARE IS PROVIDED IN CHILD’S HOME OR IN BOTH CHILD’S HOME AND ANOTHER’S HOME.

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

UP028
Do you live with {CHILD} {and {TWIN}}? 
PROBE: This can include living in an in-law suite, above the garage, or in quarters attached to the house.

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

UP029
Can you tell me what you prefer to be called in your role as an early childhood professional? Do you prefer to be called a teacher, a provider, or a caregiver?

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

Verify (Verify)

CASE INFORMATION REVIEW SCREEN

ONCE YOU PASS THIS SCREEN, YOU WILL NOT BE ABLE TO RETURN TO THIS PORTION OF THE INTERVIEW.
{CHILD NAME}:
{TWIN NAME}:

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

IF HOME-BASED, DISPLAY:

PROVIDER IS RELATED:

RELATIONSHIP:

PROVIDES CARE IN CHILD’S HOME:

LIVES WITH CHILD:

IF CENTER- OR HOME-BASED, DISPLAY:

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

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

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

PROVFNAME

ENTER THE FIRST NAME OF THE CHILD CARE PROVIDER.

PROVLNAME

ENTER THE LAST NAME OF THE CHILD CARE PROVIDER.

<table>
<thead>
<tr>
<th>UP026BX</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CENTER-BASED (UP002 = 2) AND UP005 = 1 OR 3, GO TO CI001.</td>
</tr>
<tr>
<td>IF CENTER-BASED (UP002 = 2) AND UP005 = 2, GO TO TC005.</td>
</tr>
<tr>
<td>IF HOME-BASED, GO TO SECTION CF.</td>
</tr>
</tbody>
</table>

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

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

IF UP029 = 3 or TC005a = 3 then
{caregiver/provider/teacher} = caregiver
{caring for/teaching} = caring for
{care for/teach} = care for
{caregiving/teaching} = caregiving
{care/instruction} = care
{direct care/instruction} = direct care
{providing care/teaching} = providing care
{teach/care for} = care for
{teaching/child care} = child care
SECTION CI: CENTER INFORMATION

SECTION IS ADMINISTERED TO CENTER-BASED DIRECTOR/ADMINISTRATOR

C1001BX

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

CI001

DISPLAY INSTRUCTIONS:

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

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

Do I have your permission to begin the interview?

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

DoneOth

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

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

KnowOth

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

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

OthID

INTERVIEWER: WHAT IS THE CASEID FOR THE CASE COMPLETED BY THIS ADMINISTRATOR?
BECAUSE CONSENT WAS REFUSED, THE ADMINISTRATION SECTION IS TERMINATING.
ENTER “1” TO CONTINUE.

CI002
What type of program {is/are} {CHILD}{ and {TWIN}} enrolled in?

PUBLIC BEFORE-/AFTER-SCHOOL CARE ...............1 (C1010)
PRIVATE BEFORE-/AFTER-SCHOOL CARE ..........2 (C1010)
A CHILD CARE CENTER .............................................3 (C1010)
SOME OTHER PROGRAM (PLEASE SPECIFY) ......4
REFUSED..........................................................RF (C1010)
DON’T KNOW..........................................................DK (C1010)

CI005OS
PLEASE SPECIFY.

CI010
In what type of place is your program located?

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

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

CI011
ENTER OTHER PLACE.
CI014
Is this program run by a church, synagogue, or other religious group?

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

CI018
Is the organization that legally administers your program a public organization or a private organization?

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

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

CI019
Is the public organization that administers your program a public elementary, middle, or junior high school or a public school district?

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

CI023 HELP AVAILABLE
What type of organization sponsors your program?
CODE ALL THAT APPLY.

PROBE: Is your program sponsored by any other organizations?

HEAD START...........................................................................1 (CI030a)
SOCIAL SERVICE ORGANIZATION OR AGENCY .............2 (CI030a)
CHURCH OR RELIGIOUS GROUP.....................................3 (CI030a)
PUBLIC SCHOOL/BOARD OF EDUCATION.......................4 (CI030a)
PRIVATE SCHOOL, RELIGIOUS.......................................5 (CI030a)
PRIVATE SCHOOL, NON-RELIGIOUS...............................6 (CI030a)
COLLEGE OR UNIVERSITY..............................................7 (CI030a)
PRIVATE COMPANY OR INDIVIDUAL ...........................8 (CI030a)
NON-GOVERNMENT COMMUNITY ORGANIZATION.........9 (CI030a)
STATE OR LOCAL GOVERNMENT.................................10 (CI030a)
SOME OTHER TYPE OF SPONSORING AGENCY
(SPECIFY) ...........................................................................91
REFUSED........................................................................RF (CI030a)
DON’T KNOW......................................................................DK (CI030a)
CI024
ENTER OTHER TYPE OF SPONSORING AGENCY.

CI030a
Is your program accredited by any national, state, or local organization?
DISPLAY: DO NOT PROBE FOR “EXEMPT” IF PARTICIPANT RESPONDS “NO”
YES ................................................................................... 1
NO ..................................................................................... 2
NO, EXEMPT .................................................................. 3
REFUSED ........................................................................ RF
DON’T KNOW .................................................................. DK

CI030c HELP AVAILABLE
Is your program licensed by any national, state, or local organization?
YES ................................................................................... 1
NO ..................................................................................... 2 (CI045e)
REFUSED ........................................................................ RF (CI045e)
DON’T KNOW .................................................................. DK (CI045e)

CI040 HELP AVAILABLE
How many children are you licensed to {care for/teach}?
PROBE: How many children of any age are permitted to be at the program at one time?
ENTER NUMBER OF CHILDREN.
Answer must be in the range from 1 to 250.
Interviewer may override range up to 995.
REFUSED ........................................................................ RF
DON’T KNOW .................................................................. DK

CI043
How many kindergarten children are you licensed to {care for/teach}?
PROBE: How many kindergarten children are permitted to be at the program at one time?
ENTER NUMBER OF KINDERGARTEN CHILDREN.
Answer must be in the range from 0 to 100.
Interviewer may override range up to 200.
REFUSED ........................................................................ RF
DON’T KNOW .................................................................. DK
CI045e
What is the average fee for kindergarten children who attend the program full-time and whose parents pay in full?

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

ENTER AMOUNT.
Answer must be in the range from 1.00 to 25,000.00.
Interviwer may override range up to 40,000.00.

IF FULL-TIME CARE IS NOT OFFERED, ENTER “-1.”
IF RESPONDENT SAYS “NO FEE CHARGED” ENTER “0.”

| NO FEE ................................................................. 0 (CI053) |
| REFUSED .............................................................. RF (CI053) |
| DON’T KNOW ......................................................... DK (CI053) |

CI047
[What is the average fee for kindergarten children who attend the program full-time and whose parents pay in full?]

ENTER UNIT.

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

CI049
SPECIFY OTHER UNIT.

CI053
Does your program receive any local, state, or government funding?

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

CI055BX
IF THE PROGRAM RECEIVES GOVERNMENT FUNDS (CI053 = 1), ASK CI055.
ELSE, SKIP TO SECTION ST.
CI055.
Do you receive funds from...
   a. Title I?
   b. Title XX?
   c. Local or State funds?
   d. No Child Left Behind supplemental services funds?
   e. Other Grant Funds? (SPECIFY)
      YES.................................................................1 (Section ST)
      NO......................................................................2 (Section ST)
      REFUSED..........................................................RF (Section ST)
      DON’T KNOW....................................................DK (Section ST)

CI057
SPECIFY OTHER FUNDS.

GO TO SECTION ST
ST005
Now, I have some questions about you and your staff.
In years and months, how long have you been the administrator of this program?
IF LESS THAN 1 YEAR, ENTER “0” AND PROMPT FOR NUMBER OF MONTHS.
ENTER NUMBER OF YEARS.
Answer must be in the range from 0 to 25.
Interviewer may override range up to 50.

REFUSED .................................................................RF (ST019)
DON’T KNOW .........................................................DK (ST019)

ST010
[In years and months, how long have you been the administrator at this program?] 
IF LESS THAN 1 MONTH, ENTER “1.”
ENTER NUMBER OF MONTHS.
Answer must be in the range from 0 to 11.

REFUSED .................................................................RF
DON’T KNOW .........................................................DK

ST019
How many total staff members, who work directly with children, are employed at the program
during the time {CHILD}{and {TWIN}} attend? Include full and part time staff but do not include
bus drivers, cooks, or other staff who do not work directly with children.
PROBE: Please include only {caregivers/teachers}, assistant {caregivers/teachers} and aides,
{caregiver/teacher}-directors, administrative directors and other staff who work directly with
children.
PROMPT: What is your best guess?
ENTER NUMBER OF STAFF.
Answer must be in range from 1 to 30.
Interviewer may override range up to 50.

REFUSED .................................................................RF
DON’T KNOW .........................................................DK
ST020
DISPLAY INSTRUCTIONS
Display current month as word month for MONTH, and current year minus 1 as four digit year for YEAR.

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

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

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF HIRED IN THE LAST 12 MONTHS.
Answer must be in the range from 0 to 12.
Interviewer may override range up to 50.

REFUSED.................................................................RF
DON’T KNOW ........................................................DK

ST025
DISPLAY INSTRUCTIONS:
Display current month as word month for MONTH, and current year minus 1 as four digit year for YEAR.

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

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

PROMPT: What is your best guess?

ENTER NUMBER OF STAFF LEFT IN THE LAST 12 MONTHS.
Answer must be in the range from 0 to 12.
Interviewer may override range up to 50.

REFUSED.................................................................RF
DON’T KNOW ........................................................DK

GO TO SECTION CS
SECTION CS: CENTER SERVICES

SECTION IS ADMINISTERED TO
CENTER-BASED DIRECTOR/ADMINISTRATOR

CS005a-h HELP AVAILABLE

FILL INSTRUCTIONS:
Display “before-” if UP025a = 1
Display “after-” if UP025a = 2
Display “before- and after-” if UP025a = 3

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

READ FIRST TIME AND AS NECESSARY.

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

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

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

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

CS010

FILL INSTRUCTIONS:
Display “before-” if UP025a = 1
Display “after-” if UP025a = 2
Display “before- and after-” if UP025a = 3

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

YES...................................................................................1
NO.....................................................................................2 (CS016)
REFUSED................................................................RF (CS016)
DON’T KNOW.............................................................DK (CS016)
Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program or the Child Care Food Program for the meals and snacks you serve?

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

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

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

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

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

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

PROVFNAME
ENTER THE FIRST NAME OF THE CHILD CARE PROVIDER.

PROVLNAME
ENTER THE LAST NAME OF THE CHILD CARE PROVIDER.

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

ADMINREFBX
IF THE TEACHER INTERVIEW HAS ALREADY BEEN COMPLETED, GO TO SECTION FI.
ELSE, GO TO TEACHTRANS.
THE ADMINISTRATOR PORTION OF THE INTERVIEW HAS BEEN {COMPLETED/COMPLETED FOR A DIFFERENT CHILD/REFUSED}.

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

IS THE TEACHER AVAILABLE FOR THE INTERVIEW?

YES.............................................................................................1 (Section TC)
NO...........................................................................................2 (Break4Teach)

USE “ALT-X” TO BREAK OUT OF THIS INTERVIEW.
YOU CAN RESUME THE INTERVIEW WHEN THE CAREGIVER/TEACHER IS AVAILABLE.

BEGIN CAREGIVER/TEACHER PORTION OF THE INTERVIEW.
SECTION TC: TRANSITION TO CAREGIVER/TEACHER

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

TC004BX

IF UP005 = 3, GO TO TC005A.
ELSE GO TO TC005.

TC005

DISPLAY INSTRUCTIONS:

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

Do I have your permission to start the interview?

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

TC005a

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

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

TC005b.

TEACHREL

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

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

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

TC005BX

IF TC005B=1, RF OR DK (RELATED), GO TO TC005C (HOW RELATED).
TC005c
TEACHHOW
How are you related to {him/her/them}?

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

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

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

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

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

TC005d
TEACHOTH
ENTER OTHER RELATIONSHIP (SPECIFY) [What is the relationship?].

TC005e
TEACHPAR
If mother (TC005c = 7) display “mother.”
Else, display “father.”

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

BREAK OFF INTERVIEW.

LATER FILLS:

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

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

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

GO TO SECTION CF
SECTION CF: CARE OF FOCAL CHILD

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

CF002PRE
FILL INSTRUCTIONS:
If home based (UP002 = 1) or Administrator is the same person as caregiver, display “you.”
Else, display “your administrator.”
For some questions I ask you, there will be a long list of possible responses you can give. We recently mailed a packet of Response Cards to {you/your administrator}. Please get those out and have them handy while we begin. I’d like to start our discussion with some questions about {CHILD}{ and {TWIN}}.
IF RESPONDENT DOES NOT HAVE RESPONSE CARDS, PROCEED WITH INTERVIEW. LET RESPONDENT KNOW THAT YOU WILL READ ALOUD/REPEAT RESPONSE CATEGORIES AS NECESSARY.
"PRESS '1' AND THEN ENTER TO CONTINUE."

CF005
How many months have you been {caring for/teaching} {CHILD/TWIN}?
ENTER NUMBER OF MONTH(S).
IF LESS THAN ONE MONTH, ENTER “1” MONTH.
Answer must be in the range from 1 to 90.

<table>
<thead>
<tr>
<th>REFUSED</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF</td>
<td>DK</td>
</tr>
</tbody>
</table>

CF010
Typically, how many days each week do you {care for/teach} {CHILD/TWIN}?
ENTER NUMBER OF DAYS.
Answer must be in the range from 1 to 7.

<table>
<thead>
<tr>
<th>REFUSED</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF</td>
<td>DK</td>
</tr>
</tbody>
</table>
CF015
How many hours each week do you {care for/teach} {CHILD/TWIN}?

PROBE: How many hours would that be?

ENTER NUMBER OF HOURS PER WEEK.

REFUSED.................................................................RF
DON’T KNOW.........................................................DK

If CF015 > CF010*12, display check message:

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

If CF015 > CF010*24, display check message:

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

If CF015 < 5, display check message:

YOU ENTERED THAT THE RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF015} HOURS. PLEASE VERIFY YOUR RESPONSE AND PRESS ‘S’ IF IT IS CORRECT. ENTER THE CORRECT RESPONSE IF IT IS INCORRECT.

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

CF040
Including yourself, how many adults usually help {care for/teach} {CHILD} and {TWIN} at the same time?

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

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

ENTER NUMBER OF ADULTS.

Answer must be in the range from 1 to 4.
Interviewer may override range up to 9.

REFUSED.................................................................RF
DON’T KNOW.........................................................DK

CF055a
What is your primary language?

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

DISPLAY: IF RESPONDENT’S PRIMARY LANGUAGE IS NOT ON THE LIST, ENTER “91.”
<table>
<thead>
<tr>
<th>Language Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>ARABIC</td>
<td>2</td>
</tr>
<tr>
<td>CHINESE</td>
<td>3</td>
</tr>
<tr>
<td>FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.)</td>
<td>4</td>
</tr>
<tr>
<td>FRENCH</td>
<td>5</td>
</tr>
<tr>
<td>GERMAN</td>
<td>6</td>
</tr>
<tr>
<td>GREEK</td>
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<td>ITALIAN</td>
<td>8</td>
</tr>
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<td>JAPANESE</td>
<td>9</td>
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<tr>
<td>KOREAN</td>
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<td>POLISH</td>
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<td>PORTUGUESE</td>
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<tr>
<td>NATIVE AMERICAN</td>
<td>17</td>
</tr>
<tr>
<td>SIGN LANGUAGE</td>
<td>18</td>
</tr>
<tr>
<td>MIDDLE EASTERN</td>
<td>19</td>
</tr>
<tr>
<td>WEST EUROPEAN</td>
<td>20</td>
</tr>
<tr>
<td>INDIAN SUBCONTINENT</td>
<td>21</td>
</tr>
<tr>
<td>SOUTHEAST ASIAN</td>
<td>22</td>
</tr>
<tr>
<td>PACIFIC ISLAND</td>
<td>23</td>
</tr>
<tr>
<td>SOME OTHER LANGUAGE (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>RF</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>DK</td>
</tr>
</tbody>
</table>

CF055b

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

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

ENGLISH ................................................................. 1 (OC Section)
ARABIC ................................................................. 2 (OC Section)
CHINESE ............................................................... 3 (OC Section)
FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.) ......................... 4 (OC Section)
FRENCH ................................................................. 5 (OC Section)
GERMAN ................................................................. 6 (OC Section)
GREEK ................................................................. 7 (OC Section)
ITALIAN ................................................................. 8 (OC Section)
JAPANESE ............................................................ 9 (OC Section)
KOREAN ............................................................... 10 (OC Section)
POLISH ................................................................. 11 (OC Section)
PORTUGUESE ...................................................... 12 (OC Section)
SPANISH ............................................................. 13 (OC Section)
VIETNAMESE ....................................................... 14 (OC Section)
AFRICAN ............................................................. 15 (OC Section)
EAST EUROPEAN .................................................. 16 (OC Section)
NATIVE AMERICAN ............................................ 17 (OC Section)
SIGN LANGUAGE ................................................... 18 (OC Section)
MIDDLE EASTERN ............................................... 19 (OC Section)
WEST EUROPEAN ............................................... 20 (OC Section)
INDIAN SUBCONTINENT .................................... 21 (OC Section)
SOUTHEAST ASIAN ............................................. 22 (OC Section)
PACIFIC ISLAND ................................................ 23 (OC Section)
SOME OTHER LANGUAGE (SPECIFY) ............... 91
REFUSED .......................................................... RF (OC Section)
DON’T KNOW .................................................. DK (OC Section)

CF056
SPECIFY OTHER LANGUAGE.

GO TO SECTION OC.
SECTION OC: OTHER CHILDREN IN CARE/CLASS

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

OC005
Do you {care for/teach} other children at the same time that you are {caring for/teaching} {CHILD}{ and {TWIN}}?

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

OC010
Now I’d like to ask you a few questions about the other children that you {care for/teach}.
For these questions, please do NOT include {CHILD}{ and {TWIN}} in your answers.

How many children do you typically {care for/teach} at the same time as {CHILD} {and {TWIN}}?
DISPLAY FOR HOME-BASED ONLY: Please include your own children and all children you {care for/teach} before and after school, but do NOT include {CHILD} {and TWIN}.

ENTER NUMBER OF CHILDREN.
Answer must be in the range from 1 to 25.
Interviewer may override range up to 50.

REFUSED ........................................................................RF
DON’T KNOW ........................................................................DK

OC040
How many of the other children that you {care for/teach} at the same time as {CHILD} {and {TWIN}} speak a language other than English?

ENTER NUMBER OF CHILDREN.
Answer must be in the range from 0 to 24.
Interviewer may override range up to 49.

REFUSED ........................................................................RF
DON’T KNOW ........................................................................DK

OC050 HELP AVAILABLE
How many of the other children that you currently {care for/teach} at the same time as {CHILD} {and {TWIN}} have special health needs? This includes those children with a diagnosed physical, cognitive, or behavioral disability, with a chronic illness or medical problem, or with emotional problems.

ENTER NUMBER OF CHILDREN WITH SPECIAL NEEDS.
Answer must be in the range from 0 to 10.
Interviewer may override range up to 50.

REFUSED.................................................................RF
DON’T KNOW.......................................................DK

GO TO SECTION CB
SECTION CB: CAREGIVER BELIEFS AND ATTITUDES

SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

CB025a-e

READ FIRST TIME AND AS NECESSARY.

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

Please choose your response from Response Card number 1.

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

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

GO TO SECTION LE
SECTION LE: LEARNING ENVIRONMENT
SECTION IS ADMINISTERED TO
CAREGIVER/PROVIDER/TEACHER

LE005
FILL INSTRUCTIONS:
If home-based (UP002 = 1) display care.
If center-based (UP002 = 2) display classroom.

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

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

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

PROBE: Please only include books for children.
Answer must be in range from 0 to 250.
Interviewer may override range up to 1000.

REFUSED..............................................................RF
DON’T KNOW.......................................................DK

LE015
Do you have a computer available for {him/her/them} to use?

YES.................................................................1
NO.................................................................2 (LE030)
REFUSED..........................................................RF (LE030)
DON’T KNOW...................................................DK (LE030)
LE020a

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

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

If LE020a > CF010, display check message:

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

LE020b

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

ENTER MINUTES.

Answer must be in the range from 0 to 90.

Interviewer may override range up to 500.

REFUSED ...........................................................................RF
DON’T KNOW ....................................................................DK

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

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

IF ASKING ABOUT CHILD AND TWIN IN THE SAME SETTING, GO BACK TO LE20a AND
LE020B FOR TWIN PATH.
I am going to ask you about activities you might do with {CHILD/TWIN}. I will ask on average how many times per week you do each activity with {CHILD/TWIN}. This can be either alone or in a group. On average, how many times per week do you…

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

a. Read books to {CHILD/TWIN}?

b. Tell stories to {CHILD/TWIN}?

c. Sing songs with {CHILD/TWIN}?

d. Play games or do puzzles with {CHILD/TWIN}?

e. Build something or play with construction toys with {CHILD/TWIN}?

ENTER NUMBER.

Answer must be in the range from 0 to 21.

Interviewer may override range up to 50.

REFUSED .............................................................. RF
DON’T KNOW ............................................................ DK

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

FILL INSTRUCTIONS:

Fill date as today’s date minus 1 month.

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

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

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

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

ENTER NUMBER OF TIMES.

Answer must be in the range from 0 to 16.

REFUSED .............................................................. RF
DON’T KNOW ............................................................ DK
LE050 HELP AVAILABLE

FILL INSTRUCTIONS:
If home-based (UP002 = 1) display “care.”
If center-based (UP002 = 2) display “class.”

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

ENTER NUMBER OF HOURS
IF RESPONDENT REPORTS NOT OWNING A TV OR NO TV IN CENTER OR CHILD DOES NOT WATCH TV, ENTER “95.”
IF LESS THAN ONE HOUR, ENTER “0.”

Answer must be in the range from 0 to 4.
Interviewer may override range up to 24.

REFUSED.................................................................RF
DON’T KNOW........................................................DK

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

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

LE053BX
IF HOME-BASED AND CARE IS PROVIDED IN CHILD’S HOME, GO TO SECTION WA.
ELSE GO TO LE085A.

LE085a
Do you provide meals or snacks while {CHILD} {and} {TWIN} {is/are} in your care?

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

LE085b HELP AVAILABLE
Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program (CACFP) or the Child Care Food Program for the meals and snacks you serve?

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

GO TO SECTION WA.

39
SECTION WA: WRAP AROUND CARE

WA001PRE

FILL INSTRUCTIONS:
Display “program” if center-based.
Display “setting” if home-based.

Now, I’d like to ask you some questions about your wrap-around care {program/setting}. By wrap-around care we mean regularly scheduled, nonparental care for at least 5 hours per week, during the hours before and/or after school.

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

WA001

FILL INSTRUCTIONS:
Display “before-” if UP025a = 1
Display “after-” if UP025a = 2
Display “before- and after-” if UP025a = 3
Display “program” if center-based.
Display “setting” if home-based.

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

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

WA005BX
IF UP025A = 1 OR 3 (BEFORE-SCHOOL OR BEFORE- AND AFTER-SCHOOL CARE), GO TO WA005.
IF UP025A = 2 (AFTER-SCHOOL CARE), GO TO WA005A.
What time do you usually arrive at CHILD’s {and TWIN’s} home?

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

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

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

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

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

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

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

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

Interviewer can override from 5:00AM-1:30 PM.
And what time do you usually leave your care setting?

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

And what time do you usually leave your before-school program?

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

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

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

IF UP025A=1 (BEFORE-SCHOOL CARE), SKIP TO WA010BX.

IF UP025A>1 (AFTER-SCHOOL OR BEFORE- AND AFTER-SCHOOL CARE), GO TO WA005A.
IF CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 2]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Interviewer can override from 10:00AM to 5:00PM.
IF CARED FOR IN CHILD’S HOME AND R DOESN’T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED (UP002=1) AND UP026 = 1 AND UP028 = 2 AND UP025a = 2]

And what time do you usually leave your care setting?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WA010BX

IF ONLY 1 CHILD IN CARE (OC005 = 2, RF, OR DK), SKIP TO WA015.
WA010
FILL INSTRUCTIONS:
Display “before-” if UP025a = 1
Display “after-” if UP025a = 2
Display “before- and after-” if UP025a = 3
Display “program” if center-based.
Display “setting” if home-based.

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

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

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

WA015a-g
FILL INSTRUCTIONS:
Display “program” if center-based.
Display “setting” if home-based.
Display “Was your program designed” for center-based.
Display “Do you provide care” for home-based.

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

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

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

WA016BX
IF NONE OR ONLY 1 OF WA015A-G EQUALS 1, SKIP TO WA018.
ELSE ASK WA016.
WA016
Which of these purposes is your most important purpose?

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

SUPERVISION .................................................................1
RECREATION ..................................................................2
ACADEMIC ...................................................................3
ENRICHMENT ................................................................4
REMEDIATION ..........................................................5
PREVENTION ...........................................................6
HOME-LIKE ....................................................................7
REFUSED ........................................................................RF
DON’T KNOW ..............................................................DK
WA018a-w

FILL INSTRUCTIONS:
Display “program” if center-based.
Display “setting” or “care” if home-based.

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

Please choose your response from Response Card number 2.

<table>
<thead>
<tr>
<th>WA018BX</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF HOME-BASED (UP002 =1), SKIP WA018 Q, R, AND V.</td>
</tr>
</tbody>
</table>

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

w. Formal guidance or psychological counseling or therapy.
w. Free time.

DAILY ..............................................................................1
WEEKLY ...........................................................................2
MONTHLY .........................................................................3
OCCASIONALLY ...........................................................4
AS NEEDED ....................................................................5
NEVER .............................................................................6
WA020BX
IF ONLY ONE CHILD IN CARE (OC005 = 2, DK, OR RF), SKIP TO WA025BX.
ELSE ASK WA020.

WA020
How are children grouped for activities during the time {CHILD}{and {TWIN}} attend[s]?
PROBE: They could be grouped by age, ability, gender, activity, interest, etc.
CODE ALL THAT APPLY

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

WA022BX
IF WA020 = 91, GO TO WA022.
ELSE, GO TO WA023.

WA022
SPECIFY OTHER GROUPING.

WA023
I have entered that children are grouped by:
(DISPLAY RESPONSES ALREADY ENTERED)
Are there any other ways that children are grouped?

YES...................................................................................1 (GO BACK TO WA020)
NO.....................................................................................2
REFUSED.........................................................................RF
DON’T KNOW...............................................................DK
WA025BX
IF HOME-BASED CARE (UP002 = 1) AND ONLY ONE CHILD IN CARE (OC005 NE 1), GO TO SECTION BK.
ELSE GO TO WA025.

WA025
FILL INSTRUCTION:
Display “serve” if center-based.
Display “care for” if home-based.
Display “most of” only if OC005 = 1.
READ FIRST TIME AND AS NECESSARY.
School-age child care {programs/settings} sometimes serve specific groups of children. Are {most of} the children you {serve/care for}...
   a. Children of working parents?
   b. From low-income families?
   c. From certain religious groups?
   d. Special needs?
   e. From migrant families?
   g. Homeless?
   h. From another group? SPECIFY___________________________________
      YES.................................................................1
      NO.................................................................2
      REFUSED......................................................RF
      DON’T KNOW...............................................DK

WA030BX
IF HOME-BASED CARE (UP002 = 1),
GO TO SECTION BK.

WA030
Does your program coordinate services for children with schools or other organizations?
PROBE: Coordinating services may entail communicating regularly with other organizations about children’s care, making referrals, or arranging services to be delivered to children.
      YES.................................................................1
      NO.................................................................2
      REFUSED......................................................RF
      DON’T KNOW...............................................DK
WA050

FILL INSTRUCTIONS:
Display “before-” if UP025a = 1
Display “after-” if UP025a = 2
Display “before- and after-” if UP025a = 3

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

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

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

WA065

FILL INSTRUCTIONS:
Display “before-” if UP025a = 1
Display “after-” if UP025a = 2
Display “before- and after-” if UP025a = 3

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

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

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

WA075

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

YES ................................................................................... 1
NO ..................................................................................... 2
REFUSED ........................................................................ RF
DON’T KNOW ...................................................................... DK
WA080

FILL INSTRUCTIONS:

Display “caregivers/teachers/providers” according to UP029.
Display “specific children” if twins or child and OC005 = 1.

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

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

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

WA110

FILL INSTRUCTIONS:

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

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

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

GO TO SECTION BK.
Next I have some questions about you.

CODE IF KNOWN, OTHERWISE ASK:

Are you male or female?

MALE ...............................................................................1
FEMALE ...........................................................................2
REFUSED ...........................................................................RF
DON’T KNOW ..............................................................DK

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

ELSE GO TO BK010.

In what month and year were you born?

ENTER MONTH.

Answer must be in the range from 1 to 12.

REFUSED ...........................................................................RF
DON’T KNOW ..............................................................DK

ENTER YEAR.

Answer must be in the range from 1910 to 1992.

REFUSED ...........................................................................RF
DON’T KNOW ..............................................................DK

Are you of Spanish, Hispanic or Latino origin?

YES ...................................................................................1
NO ....................................................................................2
REFUSED ...........................................................................RF
DON’T KNOW ..............................................................DK
What is your race?

Please choose your answer from Response Card number 3.

CODE ALL THAT APPLY.

AMERICAN INDIAN OR ALASKA NATIVE.................................1 (BK070)
ASIAN......................................................................................2 (BK070)
BLACK OR AFRICAN AMERICAN...........................................3 (BK070)
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER..............4 (BK070)
WHITE....................................................................................5 (BK070)
ANOTHER RACE (SPECIFY)....................................................6 (BK039)
REFUSED..................................................................................RF (BK070)
DON’T KNOW........................................................................DK (BK070)

ENTER ANOTHER RACE (SPECIFY). \[ENTER OTHER RACE\].

REFUSED................................................................................RF
DON’T KNOW........................................................................DK
BK070 HELP AVAILABLE

What is the highest level of school you have completed?

NO FORMAL SCHOOLING ................................................................. 0
1ST GRADE ....................................................................................... 1
2ND GRADE ....................................................................................... 2
3RD GRADE ....................................................................................... 3
4TH GRADE ....................................................................................... 4
5TH GRADE ....................................................................................... 5
6TH GRADE ....................................................................................... 6
7TH GRADE ....................................................................................... 7
8TH GRADE ....................................................................................... 8
9TH GRADE ....................................................................................... 9
10TH GRADE ..................................................................................... 10
11TH GRADE ..................................................................................... 11
12TH GRADE BUT NO DIPLOMA ..................................................... 12
HIGH SCHOOL DIPLOMA/EQUIVALENT ........................................ 13
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH  DIPLOMA ................................................................. 14
VOC/TECH DIPLOMA AFTER HIGH SCHOOL ................................... 15
SOME COLLEGE BUT NO DEGREE ................................................ 16
ASSOCIATE’S DEGREE ................................................................. 17
BACHELOR’S DEGREE ................................................................. 18
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ....... 19
MASTER’S DEGREE (MA, MS) ......................................................... 20
DOCTORATE DEGREE (PHD, EDD) .................................................. 21
PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MD, DDS, 
JD, LLB ETC.) ............................................................................... 22
REFUSED ......................................................................................... RF
DON’T KNOW .................................................................................. DK

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

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

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

BK074 HELP AVAILABLE

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

YES ................................................................. 1 (BK075BX)
NO ................................................................. 2
REFUSED ................................................................. RF
DON’T KNOW ................................................................. DK
BK074b

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

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

BK075BX

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

BK075

HELP AVAILABLE

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

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

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

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

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

BK120

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

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

ENTER NUMBER OF YEARS.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 70.

REFUSED ........................................................................ RF (BK126)
DON’T KNOW ....................................................................... DK (BK126)

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

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

YOU HAVE ENTERED {BK120} YEARS OF WORKING WITH CHILDREN BUT RESPONDENT IS {CALCAGE} YEARS OLD PLEASE CORRECT YOUR ENTRY.
BK122

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

ENTER NUMBER OF MONTHS.
Answer must be in the range from 0 to 11.

REFUSED ................................................................. RF
DON’T KNOW ......................................................... DK

BK126BX

IF HOME-BASED (UP002 = 1) AND IS RELATED TO THE FOCAL CHILD (UP010 = 1), THEN SKIP TO BK127BX.
ELSE, GO TO BK126A.

BK126a-c

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

Please choose your response from Response Card number 4.

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

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

BK127BX

IF CENTER-BASED (UP002 = 2), GO TO SECTION PD.
IF HOME-BASED (UP002 = 1) AND CARE IS PROVIDED IN CHILD’S HOME (UP026 = 1), GO TO SECTION AU.
ELSE, GO TO BK135A & B.
BK135a

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

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

BK135b

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

YES ................................................................................... 1
NO ..................................................................................... 2 (BK140)
REFUSED ............................................................................. RF (BK140)
DON’T KNOW ......................................................................... DK (BK140)

BK136

How many 4- and 5-year old children are you licensed to care for at the same time?

ENTER NUMBER OF CHILDREN.

Answer must be in the range from 0 to 25.

Interviewer may override range up to 100.

REFUSED ............................................................................. RF
DON’T KNOW ......................................................................... DK

BK140

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

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

IF CENTER-BASED, GO TO SECTION PD.
IF HOME-BASED, GO TO AU.
**PD001a-j**

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

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

**YES**...................................................................................1

**NO**.....................................................................................2

**NOT APPLICABLE (j only) ............................................3**

**REFUSED......................................................................RF**

**DON’T KNOW.............................................................DK**

**SECTION AUBX**

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

**CGTEACHBX**

IF BOTH ADMINISTRATOR AND CAREGIVER/TEACHER SECTIONS ARE COMPLETE, GO TO SECTION FI.

ELSE, TERMINATE.