

**ECLS-B          PRESCHOOL NATIONAL STUDY: EARLY CARE AND EDUCATION  
PROVIDER (ECEP) INTERVIEW**

**SECTION 1–UP: UPDATE TYPE OF CARE INFORMATION**

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

The following information is uploaded from the Preschool 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, email, 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. Selection of setting for ACYF observation
17. Parent/guardian permission to contact for interview/observation
18. Comments from parents

**TO CONFIRM THAT YOU READ THE INFORMED CONSENT TO THE RESPONDENT AND THAT THE RESPONDENT AGREED TO PARTICIPATE IN THE INTERVIEW, ENTER 1**

**UP002**

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

{YES/NO}, CARE IS PROVIDED IN A HOME ..... 1  
{YES/NO}, CARE IS PROVIDED IN A  
CENTER/PROGRAM ..... 2  
REFUSED ..... RF  
DON’T KNOW ..... DK

**DISPLAY INSTRUCTIONS:**

Display “yes” or “no” according to which path was preloaded (home- or center-based).

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.**

**UP003PREBX**

IF CENTER-BASED (UP002 = 2) AND NOT SELECTED FOR OBSERVATION (FROM PARENT INTERVIEW) OR NO PARENTAL CONSENT FOR OBSERVATION (PRELOADED FROM PARENT INTERVIEW) GO TO UP004BX.

IF HOME-BASED (UP002 = 1) AND NOT SELECTED FOR OBSERVATION (FROM PARENT INTERVIEW) OR NO PARENTAL CONSENT FOR OBSERVATION (PRELOADED FROM PARENT INTERVIEW) GO TO UP010.

ELSE, GO TO UP003.

**UP003c**

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

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

**As part of this study, we would also like to observe {CHILD}{ and {TWIN}} while {he/she/they} {is/are} in your care at a time that is convenient to you. The observation will take about 3½ hours and we will give {you/your program } a \$20 gift certificate to thank you.**

**UP003DBX**

IF HOME-BASED (UP002 = 1) GO TO UP010.

ELSE GO TO UP003D.

**UP003d**

**We will also send you a 10-minute self-administered questionnaire to complete prior to the observation.**

**UP004BX**

IF CENTER-BASED (UP002 = 2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW) GO TO SECTION CI

IF CENTER-BASED (UP002, = 2) AND TWIN IN CARE (FROM PARENT INTERVIEW) GO TO UP022.

ELSE, GO TO UP010.

**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 (UP017BX)
- REFUSED..... RF(UP017BX)
- DON’T KNOW.....DK (UP017BX)

**UP012**

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

- GRANDMOTHER .....1 (UP017BX)
- AUNT .....2 (UP017BX)
- SISTER .....3 (UP017BX)
- UNCLE .....4 (UP017BX)
- COUSIN.....5 (UP017BX)
- GRANDFATHER.....6 (UP017BX)
- MOTHER.....7 (UP016)
- FATHER.....8 (UP016)
- BROTHER.....9 (UP017BX)
- ENTER OTHER RELATIVE (SPECIFY)  
*[How are you related to {him/her/them}??]*.....10
- REFUSED.....RF (UP017BX)
- DON'T KNOW.....DK (UP017BX)

**UP014**

**ENTER OTHER RELATIONSHIP (SPECIFY)**

**[What is the relationship?]**

**UP016**

If mother (UP012 = 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**

**UP017BX**

IF HOME-BASED (UP002 = 1) AND NO TWIN (UPLOADED FROM PARENT GO TO UP026.

ELSE, GO TO UP022.

**UP022**

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

- YES.....1
- NO.....2 (UP025BX)
- REFUSED.....RF
- DON'T KNOW.....DK

**UP024**

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

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

**Do {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 them while they are in this {child care/early childhood} program.**

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

**UP025BX**  
 IF CENTER-BASED (UP002 = 2) GO TO SECTION CI.  
 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
- REFUSED..... RF
- DON'T KNOW..... DK

**UP027**

**Do you provide care for {CHILD} { and {TWIN}} in your home?**

**ENTER YES IF CARE IS PROVIDED IN CAREGIVER’S HOME OR IN BOTH CAREGIVER’S HOME AND ANOTHER’S HOME.**

- YES..... 1
- NO..... 2
- 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 ..... 1
- A provider, or..... 2
- A caregiver?..... 3
- REFUSED..... RF

**UP030BX**

IF HOME-BASED (UP002 = 1) GO TO SECTION CF.  
ELSE, GO TO SECTION CI.

**GO TO SECTION 2-CI.**

**SECTION 2–CI: CENTER INFORMATION**

*SECTION IS ADMINISTERED TO  
CENTER-BASED DIRECTOR/ADMINISTRATOR*

**CI002**

**Now let's talk about the structure and organization of your program.**

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

- PUBLIC SCHOOL PREKINDERGARTEN.....1 (CI010)
- PRIVATE SCHOOL PREKINDERGARTEN .....2 (CI010)
- A CHILD CARE CENTER .....3 (CI010)
- HEAD START PROGRAM.....4 (CI010)
- PRESCHOOL/NURSERY SCHOOL .....5 (CI010)
- ENTER SOME OTHER PROGRAM (PLEASE  
SPECIFY) [*What type of program is  
child/children enrolled in?*] .....6
- REFUSED.....RF (CI010)
- DON'T KNOW.....DK (CI010)

**CI002OS**

**PLEASE SPECIFY.**

**CI010**

**LATER FILLS:**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “program”. Else, display “center”.

**In what type of place is your {center/program} located?**

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

- YOUR HOME.....1 (CI015)
- ANOTHER HOME.....2 (CI015)
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF  
WORSHIP .....3 (CI015)
- A PUBLIC SCHOOL.....4 (CI015)
- A PRIVATE SCHOOL .....5 (CI015)
- A COLLEGE OR UNIVERSITY .....6 (CI015)
- A COMMUNITY CENTER .....7 (CI015)
- A PUBLIC LIBRARY .....8 (CI015)
- ITS OWN BUILDING.....9 (CI015)
- MORE THAN ONE PLACE .....10 (CI015)
- OFFICE BUILDING.....11 (CI015)
- SOME OTHER PLACE.....91
- REFUSED.....RF (CI015)
- DON'T KNOW .....DK (CI015)

**CI011**

**ENTER OTHER PLACE.**

**CI015BX**

IF PUBLIC SCHOOL PREK (CI002 = 1), GO TO CI023.  
ELSE GO TO CI015.

**CI015**

**Is your organization non-profit or for-profit?**

- NON-PROFIT.....1
- FOR-PROFIT .....2 (CI030)
- REFUSED.....RF
- DON'T KNOW.....DK

**CI020**

**HELP AVAILABLE**

**Is your program independent or is it sponsored by another organization, such as a church or community agency?**

- INDEPENDENT.....1 (CI030)
- SPONSORED .....2
- REFUSED.....RF (CI030)
- DON'T KNOW .....DK (CI030)

**CI023**

**HELP AVAILABLE**

**What type of organization sponsors your {center/program}?**

**CODE ALL THAT APPLY.**

**PROBE: Is your program sponsored by any other organizations?**

- HEAD START.....1 (CI030)
- SOCIAL SERVICE ORGANIZATION OR  
AGENCY .....2 (CI030)
- CHURCH OR RELIGIOUS GROUP.....3 (CI030)
- PUBLIC SCHOOL/BOARD OF EDUCATION.....4 (CI030)
- PRIVATE SCHOOL, RELIGIOUS.....5 (CI030)
- PRIVATE SCHOOL, NON-RELIGIOUS.....6 (CI030)
- COLLEGE OR UNIVERSITY.....7 (CI030)
- PRIVATE COMPANY OR INDIVIDUAL .....8 (CI030)
- NON-GOVERNMENT COMMUNITY  
ORGANIZATION.....9 (CI030)
- STATE OR LOCAL GOVERNMENT .....10 (CI030)
- ENTER SOME OTHER TYPE OF SPONSORING  
AGENCY (SPECIFY) [*What other types of  
organizations sponsor your program?*].....91
- REFUSED.....RF (CI030)
- DON'T KNOW .....DK (CI030)

**CI024**

**HELP AVAILABLE**

**ENTER OTHER TYPE OF SPONSORING AGENCY.**

**CI030a**

**Is your {center/ program} accredited by any national, state, or local organization?**

- YES.....1
- NO.....2 (CI030c)
- NO, EXEMPT.....3 (CI030c)
- REFUSED.....RF
- DON'T KNOW .....DK

**DO NOT PROBE FOR “EXEMPT” IF PARTICIPANT RESPONDS “NO”**

**CI030b**

**HELP AVAILABLE**

**Would that be a national, a state, or a local organization?**

**CODE ALL THAT APPLY.**

- NATIONAL.....1
- STATE.....2
- LOCAL.....3
- REFUSED.....RF
- DON'T KNOW .....DK

**CI030c**

**HELP AVAILABLE**

**Is your {center/ program} licensed by any national, state, or local organization?**

- YES.....1
- NO.....2 (CI045a)
- REFUSED.....RF (CI045a)
- DON'T KNOW .....DK (CI045a)

**CI030d**

**HELP AVAILABLE**

**Would that be a national, a state, or a local organization?**

**CODE ALL THAT APPLY.**

- NATIONAL.....1
- STATE.....2
- LOCAL.....3
- REFUSED.....RF
- DON'T KNOW .....DK

**CI040**

**HELP AVAILABLE**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teach”.

Else, display “care for”.

If CI002 = 1 (public school pre-kindergarten), display “school.” Else follow display instructions found at end of section UP.

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

**PROBE: How many children of any age are permitted to be at the {center/program/school} 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**

**HELP AVAILABLE**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teach”.

Else, display “care for”.

**How many 4-year-old children are you licensed to {care for/teach}?**

**PROBE: How many 4-year-old children are permitted to be at the {center/program} at one time?**

**ENTER NUMBER OF 4-YEAR-OLD CHILDREN.**

Answer must be in the range from 0 to 100.

Interviewer may override range up to 200.

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

**CI045a**

**Do you charge a fee for children to attend this {center/program}?**

YES.....1  
NO.....2 (GO TO SECTION ST)  
REFUSED.....RF (GO TO SECTION ST)  
DON'T KNOW .....DK (GO TO SECTION ST)

**CI045b**

**Do you accept children with subsidies?**

YES.....1  
NO.....2 (CI045d)  
REFUSED.....RF (CI045d)  
DON'T KNOW .....DK (CI045d)

**CI045c**

**Do you help parents link to subsidies or give parents information about payment assistance for child care that they may qualify for?**

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

**CI045d**

**Does any parent pay the full fee?**

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

**CI045e**

**What is the fee for 4-year old children who attend the {center/program} full-time and whose parents pay in full?**

**PROBE: By full-time, we mean at least {30/35} hours per week.**

**DISPLAY INSTRUCTIONS:**

Display 30 when CI002 = 1. Else display 35.

**ENTER AMOUNT.**

Answer must be in the range from 0.00 to 25000.00.

Interviewer may override range up to 75000.00.

**IF FULL-TIME CARE NOT OFFERED, ENTER -1.**

- REFUSED.....RF (GO TO SECTION ST)
- DON'T KNOW .....DK (GO TO SECTION ST)

**CI047**

**[What is the fee for 4-year old children who attend the program full-time and whose parents pay in full?]**

**ENTER UNIT.**

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

**CI049**

**SPECIFY OTHER UNIT.**

**GO TO SECTION 3-ST**

**SECTION 3–ST: STAFFING**

*SECTION IS ADMINISTERED TO  
CENTER-BASED DIRECTOR/ADMINISTRATOR*

**ST005**

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

**In years and months , how long have you been the administrator of this {center/program}?  
IF LESS THAN 1 YEAR, ENTER ZERO 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 (ST015)  
DON'T KNOW .....DK (ST015)

**ST010**

**[In years and months , how long have you been the administrator of this {center/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

**ST015**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teachers” and “teacher”.  
Else, display “caregivers” and “caregiver”.

**How many of the {caregivers/teachers} on your payroll are full-time, that is work 35 or more hours per week? By {caregiver/teacher}, we mean staff, including yourself, who work directly with the children. Do not include bus drivers, cooks, or other staff who do not work directly with children.**

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

**ENTER NUMBER FULL TIME STAFF (35 HOURS OR MORE/WEEK).**

Answer must be in the range from 0 to 15.

Interviewer may override range up to 60.

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

**ST017**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teachers” and “teacher”.  
Else, display “caregivers” and “caregiver”.

**How many of the {caregivers/teachers} on your payroll are part-time, that is work less than 35 hours per week? By {caregiver/teacher} we mean staff, including yourself, who work directly with the children at least some of the time. Do not include bus drivers, cooks, or other staff who do not work directly with children.**

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

**ENTER NUMBER PART TIME STAFF (LESS THAN 35 HOURS/WEEK).**

Answer must be in the range from 0 to 15.

Interviewer may override range up to 99.

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

**ST020**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teachers” and “teacher”.  
Else, display “caregivers” and “caregiver”.

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

**How many of the {center/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 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. The person hired does not have to still be employed to be included in the count..**

**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**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teachers” and “teacher”.  
Else, display “caregivers” and “caregiver”.

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

**How many of the {center’s/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 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 4-CS.**

**SECTION 4–CS: CENTER SERVICES**

*SECTION IS ADMINISTERED TO  
CENTER-BASED DIRECTOR/ADMINISTRATOR*

**CS005a-j**

Next, I would like to ask you about some of the services your {center/program}.

Does your {center/program} provide any of the following services to children or their families?

**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**

**HELP AVAILABLE**

Do you serve meals or snacks to children in your {center/program}?

YES.....1  
NO.....2 (CS017a)  
REFUSED.....RF (CS017a)  
DON'T KNOW .....DK (CS017a)

**CS015**

Do you currently receive reimbursement from the United States Department of Agriculture (USDA) for meals or snacks served to children in your {center/program}?

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

**CS017a-b**

**HELP AVAILABLE**

**Does your {center/program} currently provide care or education to any children who have been referred to you by ...**

- a. Head Start?**
- b. Early Head Start?**

YES.....1  
 NO.....2 (CS019)  
 REFUSED.....RF  
 DON'T KNOW.....DK

**CS018**

**HELP AVAILABLE**

If CS017a is YES and CS017b is YES, then display "Head Start or Early Head Start".

Else if CS017a is YES, then display "Head Start".

Else if CS017b is YES, then display "Early Head Start".

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

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

**CS019**

If Head Start (CI001=4), display "Does your program".

Else Display "Does your program collaborate with a Head Start or Early Head Start to".

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

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

**GO TO SECTION 5-OB.**

**SECTION 5-OB: ACYF OBSERVATION**

*SECTION IS ADMINISTERED TO  
CENTER-BASED DIRECTOR/ADMINISTRATOR*

**OB124BX**

IF CENTER-BASED (UP002 = 2) AND NOT SELECTED FOR OBSERVATION (PRELOADED FROM PARENT INTERVIEW) OR IF CENTER-BASED (UP002 = 2) AND NO PARENTAL CONSENT FOR OBSERVATION (PRELOADED FROM PARENT INTERVIEW), GO TO OB130.  
ELSE, GO TO OB125.

**OB125**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “education”.  
Else, display “care”.

**As I mentioned earlier, there is a second part of the study where we would like to do an observation of the early {care/education} setting of {CHILD}{ and {TWIN}}.**

**One of our field representatives will contact you within the next week to tell you more about this observation.**

RESPONDENT DOES NOT REFUSE  
OBSERVATION.....1 (OB126)  
RESPONDENT REFUSES OBSERVATION .....2 (OB130END)  
RESPONDENT SAYS HIGHER PERMISSION IS  
NEEDED .....3

**OB125a**

**Will you obtain the necessary permission, or would you like a study staff member to do this for you?**

RESPONDENT WILL OBTAIN PERMISSION.....1 (OB126)  
RTI NEEDS TO OBTAIN PERMISSION .....2 (OB125b)

**OB125b**

**Please give me the name and contact information for the person we need to get in touch with.  
PLEASE INCLUDE NAME, JOB TITLE, PHONE NUMBER, EMAIL, AND MAILING ADDRESS.**

**OB126**

**When is the best day and time for someone to call you?  
ENTER DAY AND TIME.**

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

**OB127a**

**Do you have an email address we could use to get in touch with you?**

- YES..... 1
- NO.....2 (OB128)
- REFUSED.....RF (OB128)
- DON'T KNOW .....DK (OB128)

**OB127b**

**What is that address?**

**ENTER E-MAIL ADDRESS.**

**CONFIRM SPELLING.**

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

**OB128**

**Is there anything else I should let the field representative know about contacting you? For example, that you would like to be called on a different phone number or in the evening.**

- YES..... 1
- NO.....2 (OB130)
- REFUSED.....RF (OB130)
- DON'T KNOW.....DK (OB130)

**OB129**

**ENTER DIRECTOR'S/ADMINISTRATOR'S COMMENT**

**OB130**

**Thank you very much for taking the time to do this interview.**

**PRESS "1" TO CONTINUE WITH THE CAREGIVER/TEACHER PORTION OF THE INTERVIEW.**

**PRESS F10 TO BREAKOFF THE INTERVIEW.**

**GO TO SECTION 6-TC.**

**SECTION 6–TC: TRANSITION TO CAREGIVER/TEACHER**

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

**TC002**

If no twin with same caregiver (UP024 = 2) display CHILD FULL NAME (preloaded from parent interview) and CHILD.

If twin with same caregiver (UP024 = 1) display CHILD and TWIN FULL NAME (preloaded from parent interview) and CHILD and TWIN.

**Hello, my name is \_\_\_\_\_, and I'm calling on behalf of the U.S. Department of Education for the Early Childhood Longitudinal Study. {{CHILD FULL NAME}}/{CHILD and TWIN FULL NAME}} and {his/her/their} family are participating in the study and have given us permission to speak with you. We spoke with {ADMINISTRATOR} previously, and asked a few questions about your {center/program}. We would also like to ask you some questions about the care and education that {CHILD}{ and TWIN}} {receives/receive}. {ADMINISTRATOR} gave us permission to speak to you. 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 {caring for/teaching} children. We will send your {center/program} \$20 to thank you for agreeing to do the interview.**

**TC003PREBX**

IF CENTER-BASED (UP002 = 2) AND NOT SELECTED FOR OBSERVATION (PRELOADED FROM PARENT INTERVIEW) OR IF CENTER-BASED (UP002 = 2) AND NO ADMINISTRATOR CONSENT FOR OBSERVATION (OB125 = 2) OR IF CENTER-BASED (UP002 = 2) AND NO PARENTAL CONSENT FOR OBSERVATION (PRELOADED FROM PARENT INTERVIEW), GO TO TC004.

ELSE, GO TO TC003.

**TC003**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “class”.

Else, display “care”.

**We would also like to observe {CHILD}{ and {TWIN}} while {he/she/they} {is/are} in your {care/class}, at a time that is convenient for you. The observation will take about 3½ hours and we will give your {program/center} a \$20 gift certificate after the visit.**

**TC004**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “teachers”.

Else, display “caregivers”.

**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} or children. 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.**

**TC005**

**Do I have your permission to start the interview?**

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

**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 ..... 1  
A provider, or.....2  
A caregiver?.....3  
REFUSED.....RF  
DON'T KNOW.....DK

**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 7-CF.**

**SECTION 7-CF: CARE OF FOCAL CHILD**

*SECTION IS ADMINISTERED TO  
CAREGIVER/ PROVIDER/TEACHER*

**CF002PRE**

**For some questions I ask you, there will be a long list of possible responses. 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}}.**

**DISPLAY INSTRUCTIONS:**

Display "you" for home-based interviews. Display "your administrator" for center-based cases.

**CF005**

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

IF LESS THAN ONE MONTH, ENTER '1' MONTH.

Answer must be in the range from 1 to 60.

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

**CF010**

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

ENTER NUMBER OF DAYS.

Answer must be in the range from 1 to 7.

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

**CF015**

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

**PROBE: How many hours would that be?**

**ENTER NUMBER OF HOURS PER WEEK.**

Answer must be in the range from 1 to 60.

Interviewer may override range up to 100.

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

<p><b>CF019BX</b></p> <p>IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT CF005-CF015. ELSE, GO TO CF020.</p>
--

**CF024BX**

IF HOME-BASED (UP002 = 1) AND CARE IN CHILD’S HOME (UP026, = 1), GO TO CF040.

ELSE, GO TO CF025.

**CF025**

**How many paid {caregiving/teaching} staff provide direct {care/instruction} to {CHILD}{ and {TWIN}} on a typical day?**

**PROBE: The total number of paid {caregiving/teaching} staff who provide any direct {care/instruction} at some point during the day.**

**ENTER NUMBER OF PAID STAFF.**

Answer must be in the range from 0 to 5.

Interviewer may override range up to 20.

REFUSED.....RF  
DON’T KNOW.....DK

**CF030**

**HELP AVAILABLE**

**How many adult volunteers also provide {direct care/instruction} to {CHILD} {and {TWIN}} on a typical day?**

**PROBE: The total number of volunteers who provide any {direct care/instruction} at some point during the day.**

**ENTER NUMBER OF VOLUNTEERS.**

Answer must be in the range from 0 to 3.

Interviewer may override range up to 10.

REFUSED.....RF  
DON’T KNOW.....DK

**CF040BX**

IF CF025 N.E. MISSING, RF, OR DK AND CF030 N.E. MISSING, RF, OR DK, SKIP TO CF055A. ELSE GO TO CF040.

CF040

HELP AVAILABLE

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.

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

HELP AVAILABLE

What is your primary language?

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

CODE '91' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ENGLISH .....	0	(CF055c)
ARABIC .....	1	(CF055c)
CHINESE.....	2	(CF055c)
FILIPINO LANGUAGE.....	3	(CF055c)
FRENCH.....	4	(CF055c)
GERMAN .....	5	(CF055c)
GREEK .....	6	(CF055c)
ITALIAN .....	7	(CF055c)
JAPANESE.....	8	(CF055c)
KOREAN.....	9	(CF055c)
POLISH .....	10	(CF055c)
PORTUGUESE .....	11	(CF055c)
SPANISH.....	12	(CF055c)
VIETNAMESE.....	13	(CF055c)
AFRICAN.....	14	(CF055c)
EAST EUROPEAN .....	15	(CF055c)
NATIVE AMERICAN .....	16	(CF055c)
SIGN LANGUAGE.....	17	(CF055c)
MIDDLE EASTERN.....	18	(CF055c)
WEST EUROPEAN .....	19	(CF055c)
INDIAN SUBCONTINENT.....	20	(CF055c)
SOUTHEAST ASIAN.....	21	(CF055c)
PACIFIC ISLAND .....	22	(CF055c)
ENTER SOME OTHER LANGUAGE (SPECIFY)		
<i>[What language is your primary language?]</i> .....	91	
REFUSED.....	RF	(CF055c)
DON'T KNOW .....	DK	(CF055c)

CF055b

HELP AVAILABLE

SPECIFY OTHER LANGUAGE.

CF055c

HELP AVAILABLE

What language(s) do you speak most when {caring for/teaching} {CHILD}{ and {TWIN}}?

CODE ALL THAT APPLY.

- ENGLISH .....0 (GO TO SECTION OC)
- ARABIC .....1 (GO TO SECTION OC)
- CHINESE.....2 (GO TO SECTION OC)
- FILIPINO LANGUAGE.....3 (GO TO SECTION OC)
- FRENCH.....4 (GO TO SECTION OC)
- GERMAN .....5 (GO TO SECTION OC)
- GREEK .....6 (GO TO SECTION OC)
- ITALIAN .....7 (GO TO SECTION OC)
- JAPANESE .....9 (GO TO SECTION OC)
- KOREAN.....9 (GO TO SECTION OC)
- POLISH .....10 (GO TO SECTION OC)
- PORTUGUESE .....11 (GO TO SECTION OC)
- SPANISH.....12 (GO TO SECTION OC)
- VIETNAMESE .....13 (GO TO SECTION OC)
- AFRICAN .....14 (GO TO SECTION OC)
- EAST EUROPEAN .....15 (GO TO SECTION OC)
- NATIVE AMERICAN .....16 (GO TO SECTION OC)
- SIGN LANGUAGE .....17 (GO TO SECTION OC)
- MIDDLE EASTERN .....18 (GO TO SECTION OC)
- WEST EUROPEAN .....19 (GO TO SECTION OC)
- INDIAN SUBCONTINENT.....20 (GO TO SECTION OC)
- SOUTHEAST ASIAN .....21 (GO TO SECTION OC)
- PACIFIC ISLAND .....22 (GO TO SECTION OC)
- ENTER SOME OTHER LANGUAGE (SPECIFY)  
     [*What other language do you speak most when*  
     *{caring for/teaching} child?*] .....91
- REFUSED.....RF (GO TO SECTION OC)
- DON'T KNOW .....DK (GO TO SECTION OC)

CF056

HELP AVAILABLE

SPECIFY OTHER LANGUAGE.

GO TO SECTION 8-OC.

**SECTION 8-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 (GO TO SECTION CD)
- REFUSED.....RF (GO TO SECTION CD)
- DON'T KNOW .....DK (GO TO SECTION CD)

**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}}? {HOME-BASED: Please include your own children and children you {care for/teach} before and after school.} 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

**OC020**

**HELP AVAILABLE**

**In years and months, what is the age of the oldest child you {care for/teach} at the same time as {CHILD}{ and {TWIN}}? Please do not include {CHILD}{ or {TWIN}}.**

**IF LESS THAN ONE YEAR, ENTER '0' YEARS AND PROMPT FOR MONTHS.**

**PROBE: Please give your best estimate, in years and months.**

**ENTER NUMBER OF YEARS.**

Answer must be in the range from 0 to 13.

Interviewer may override range up to 21.

- REFUSED.....RF (OC025)
- DON'T KNOW.....DK (OC025)

**OC022**

[In years and months, what is the age of the oldest child you {care for/teach} at the same time as {CHILD}{ and {TWIN}}? Please do not include {CHILD}{ or {TWIN}}.]

**IF LESS THAN ONE MONTH, ENTER '1' MONTH OR IF MONTHS ARE NOT SPECIFIED BY CAREGIVER/TEACHER, ENTER '00'.**

**PROBE: Please give your best estimate, in years and months.**

**ENTER NUMBER OF MONTHS.**

Answer must be in the range from 0 to 11.

**OC025**

In years and months, what is the age of the youngest child you {care for/teach} at the same time as {CHILD}{ and {TWIN}}? Again, please do not include {CHILD}{ or {TWIN}}.

**IF LESS THAN ONE YEAR, ENTER ZERO YEARS AND PROMPT FOR MONTHS.**

**PROBE: Please give your best estimate, in years and months.**

**ENTER NUMBER OF YEARS.**

Answer must be in the range from 0 to 4.

Interviewer may override range up to 21.

REFUSED.....RF (OC035)  
DON'T KNOW.....DK (OC035)

**OC027**

[In years and months, what is the age of the youngest child you {care for/teach} at the same time as {CHILD}{ and {TWIN}}? Again, please do not include {CHILD}{ or {TWIN}}.]

**IF LESS THAN ONE MONTH, ENTER '1' MONTH OR IF MONTHS ARE NOT SPECIFIED BY CAREGIVER/TEACHER, ENTER ZERO.**

**PROBE: 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

**OC035**

Not including {CHILD}{ and {TWIN}}, how many other children that you {care for/teach} speak a language other than English?

**ENTER NUMBER OF CHILDREN.**

Answer must be in range from 0 to 50.

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

**OC050**

**HELP AVAILABLE**

**How many of the other children that you currently {care for/teach} have special needs? This includes those children with a diagnosed 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 9-CD.**

**SECTION 9—CD: CHILD DEVELOPMENT**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**CD014**

**Next I have some questions about how physically active {CHILD/TWIN} is in your setting. In answering these questions please think about {him/her} compared to other {boys/girls} {his/her} age. I will ask about structured activities and free time separately.**

**Aerobic exercise makes the heart work very hard and makes people break out in a sweat. Compared to other {boys/girls} {his/her} age, how much aerobic exercise does {CHILD/TWIN} get on a consistent basis? I am going to read to you five possible responses. Please listen to all of them before responding. Does {CHILD/TWIN} get . . .**

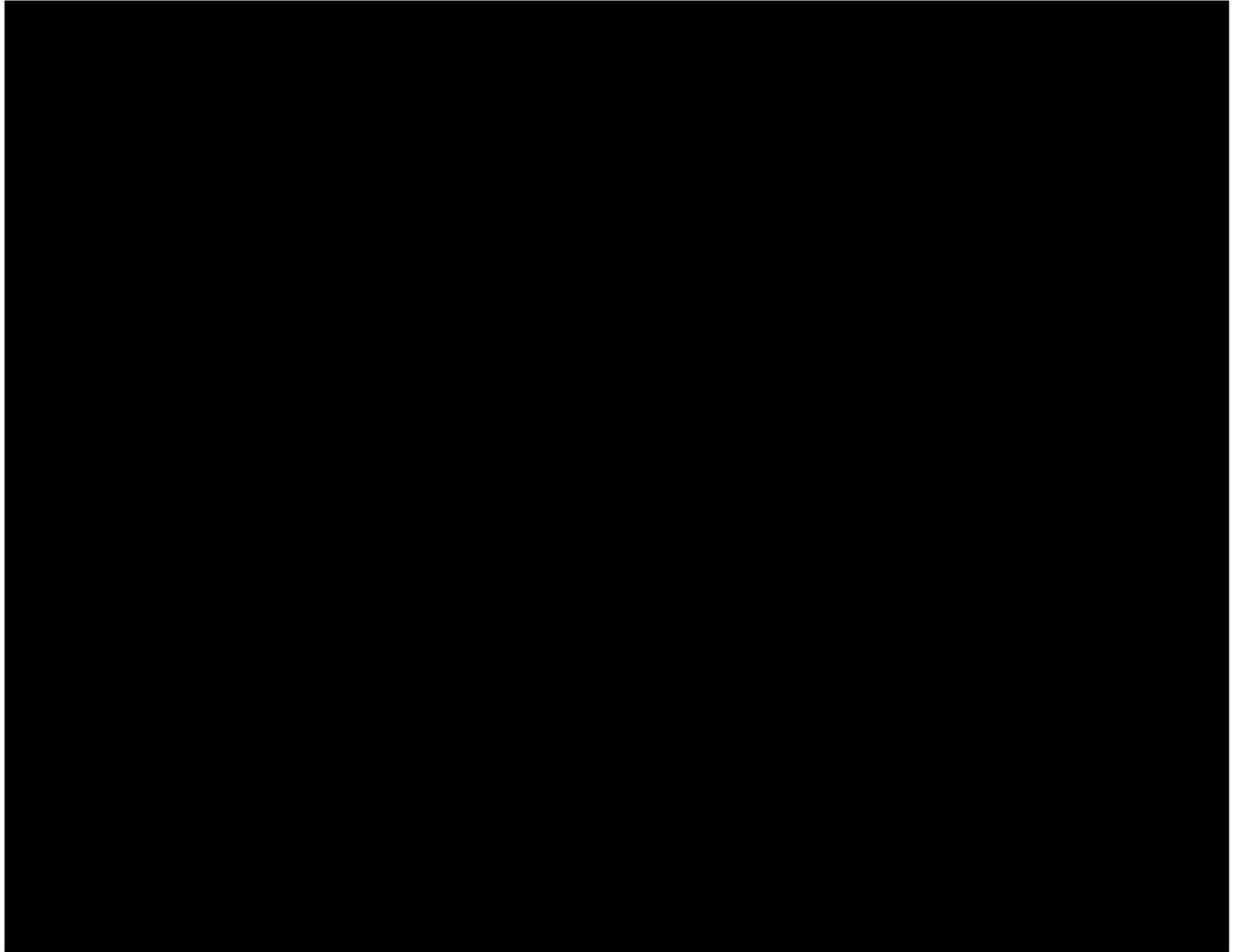
**SHOW CARD 1**

- A lot more aerobic exercise than most,..... 1
- A little more than most, ..... 2
- Average — same as most,..... 3
- A little less than most, or ..... 4
- A lot less than most? ..... 5
- REFUSED.....RF
- DON'T KNOW.....DK

CD015

Next, I have some questions about {CHILD/TWIN}'s behavior. For each of the behaviors I read to you, I'd like you to tell me how often you see {CHILD/TWIN} behave in this way: never, rarely, sometimes, often, or very often. Whenever I ask about how {CHILD/TWIN} behaves with other children, consider children who are close in age to {CHILD/TWIN} – no more than 2 years older or younger than {CHILD/TWIN}. Please base your answers on what you have seen of {CHILD/TWIN}'s behavior during the last 3 months. How often in the last 3 months have the following things occurred? {CHILD/TWIN}...

SHOW CARD 2



t. Worries about things

Never.....	0
Rarely.....	1
Sometimes.....	2
Often.....	3
Very Often.....	4
REFUSED.....	RF
DON'T KNOW.....	DK

**CD014BX**

IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT SECTION CD.  
ELSE, GO TO SECTION CR.

**GO TO SECTION 10-CR.**

**SECTION 10–CR: CAREGIVER-CHILD RELATIONSHIP**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**CR005a-f**

**Now I have a few questions about your relationship with {CHILD/TWIN}.**

If care is provided in child's home, but caregiver does not live there, display "I" and "arrive and {CHILD/TWIN} is".

Else, if caregiver lives in child's home, display "{CHILD/TWIN}" and "wakes up".

Else display "{CHILD/TWIN}" and "arrives".

**For each statement I read, tell me how much it is true for your relationship with {CHILD/TWIN}.**

**Would you say the statement is never true, sometimes true, or always true?**

**SHOW CARD 3**

- a. **If upset, {he/she} will seek comfort from me.**
- b. **{CHILD/TWIN} and I always seem to be struggling with each other.**
- c. **{He/She} is uncomfortable with physical affection or touch from me.**
- d. **{CHILD/TWIN} remains angry or is resistant after being disciplined.**
- e. **When {I/CHILD/TWIN} {arrive and {CHILD/TWIN} is/arrives/wakes up} in a bad mood, I know we're in for a long and difficult day.**
- f. **It is easy to be in tune with or to know what {CHILD/TWIN} is feeling.**

NEVER TRUE..... 1  
 SOMETIMES TRUE..... 2  
 ALWAYS TRUE..... 3  
 REFUSED..... RF  
 DON'T KNOW..... DK

**HELP AVAILABLE**

**CR006BX**

IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT SECTION CR.  
 ELSE, GO TO SECTION PI.

**GO TO SECTION 11-PI.**

**SECTION 11-PI: PARENTAL INVOLVEMENT**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**PI015**

**HELP AVAILABLE**

**Now I'd like to ask you about your contact with {CHILD}{and {TWIN}}'s parents.**

**How often do {CHILD} {and {TWIN}}'s parents ask you how things are going with {him/her/they}? Would you say . . .**

- Almost never..... 1
- Sometimes..... 2
- Often, or ..... 3
- Always? ..... 4
- REFUSED..... RF
- DON'T KNOW..... DK

**GO TO SECTION 12-CB.**

**SECTION 12–CB: CAREGIVER BELIEFS AND ATTITUDES**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**CB040a-m**

Now, I'd like to talk to you about your beliefs about children's readiness for school.

How important do you believe the following characteristics are for a child to be ready for kindergarten? Would you say not important, not very important, somewhat important, very important, or essential...

**SHOW CARD 4**

- a. **Finishes tasks**
- b. **Can count to 20 or more**
- c. **Takes turns and shares**
- d. **Has good problem-solving skills**
- e. **Is able to use pencils and paint brushes**
- f. **Is not disruptive of the class**
- g. **Knows the English language**
- h. **Is sensitive to other children's feelings**
- i. **Sits still and pays attention**
- j. **Knows most of the letters of the alphabet**
- k. **Can follow directions**
- l. **Identifies primary colors and shapes**
- m. **Communicates needs, wants, and thoughts verbally in primary language**
- n. **Writes own name**
- o. **Reads or pretends to read storybooks**

NOT IMPORTANT .....	1
NOT VERY IMPORTANT .....	2
SOMEWHAT IMPORTANT .....	3
VERY IMPORTANT .....	4
ESSENTIAL .....	5
REFUSED.....	RF
DON'T KNOW .....	DK

**HELP AVAILABLE**

**CB044BX**

IF HOME-BASED (UP002 = 1), GO TO CB050.  
ELSE, GO TO CB045.

**CB045a-c**

In some {centers/programs}, special efforts are made to make the transition into kindergarten less difficult for children. Which of the following are done in your {center/program}?

Answer Yes or No for each.

- a. You, or someone at the {center/program}, phone or send home information about the kindergarten program to parents
- b. Preschoolers spend some time in the kindergarten classroom
- c. Parents and children visit kindergarten prior to the start of the school year

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

**CB050a-c**

Please indicate the extent to which you agree with each of the following statements on children's preparation for school. Would you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree?

**SHOW CARD 5**

- a. Attending preschool (e.g., nursery, pre-kindergarten, or Head Start) is very important for success in kindergarten
- b. Children who begin formal reading and math instruction in preschool will do better in elementary school
- c. Most children should learn to read in kindergarten

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

**CB060**

Do you consider the neighborhood where you {care for/teach} {CHILD}{ and {TWIN}} to be very safe, fairly safe, fairly unsafe, or very unsafe?

**SHOW CARD 6**

VERY SAFE.....1  
FAIRLY SAFE .....2  
FAIRLY UNSAFE .....3  
VERY UNSAFE .....4  
REFUSED.....RF  
DON'T KNOW .....DK

**GO TO SECTION 13-LE.**

**SECTION 13–LE: LEARNING ENVIRONMENT**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**LE005**

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.**

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

**PROBE: Please only include books for the children**

**ENTER NUMBER OF BOOKS.**

Answer must be in the range from 0 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 (LE021BX)  
REFUSED.....RF (LE021BX)  
DON'T KNOW .....DK (LE021BX)

**LE020a**

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

NEVER.....0 (LE021BX)  
ONE.....1  
TWO.....2  
THREE.....3  
FOUR.....4  
FIVE.....5  
SIX.....6  
SEVEN.....7  
REFUSED.....RF  
DON'T KNOW .....DK

**LE020b**

Typically, {on one of those days/on that day}, how many minutes does {CHILD/TWIN} use the computer?

**DISPLAY INSTRUCTION:**

If LE020a = 1, display “on that day.”

**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

**LE021BX**  
IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT LE020A AND LE020B.  
ELSE, GO TO LE022BX

**LE022BX**  
IF HOME-BASED (UP002 = 1), GO TO LE030A.  
ELSE, GO TO LE025.

**LE025a-j**

Does your classroom have the following interest areas or centers for activities? This is a long list and you may or may not have all these things.

- a. Reading area with books
- b. Listening center
- c. Writing center or area
- d. Pocket chart or flannel board
- e. Math area with manipulatives (for example, things for children to count, measure, compare, or sort)
- f. Area for playing with puzzles and blocks (for example, legos)
- g. Water or sand table
- h. Dramatic play area or corner
- i. Art area
- j. Private area for one or two children to be alone

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

**LE030a**

**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.**

**DISPLAY INSTRUCTION:**

IF NEVER, ENTER 0.

**On average, how many times per week do you read books to {CHILD/TWIN}?**

**ENTER NUMBER**

Answer must be in the range from 0 to 21.

Interviewer may override range up to 50.

**DISPLAY INSTRUCTION:**

IF NEVER, ENTER 0.

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

**LE030b**

**On average, how many times per week do you tell stories to {CHILD/TWIN}?**

**DISPLAY INSTRUCTION: IF NEVER, ENTER 0.**

**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

**LE030c**

**On average, how many times per week do you sing songs with {CHILD/TWIN}?**

**DISPLAY INSTRUCTION:**

IF NEVER, ENTER 0.

**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

**LE030d**

**HELP AVAILABLE**

**On average, how many times per week do you play games or do puzzles with {CHILD/TWIN}? By games, we mean board games, card games, and guessing games.**

**DISPLAY INSTRUCTION:**

IF NEVER, ENTER 0.

**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

**LE030e**

**On average, how many times per week do you build something or play with construction toys with {CHILD/TWIN}?**

**DISPLAY INSTRUCTION:**

IF NEVER, ENTER 0.

**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

**LE034BX**

IF LE030A = 0, GO TO LE038BX.  
ELSE, GO TO LE035.

**LE035**

**How often do you ask {CHILD/TWIN} specific questions about what you read to {him/her}? {This includes a story time with other children.} Would you say . . .**

**DISPLAY INSTRUCTIONS:**

Display "This includes..." if UP022 = 1 or OC005 = 1.

Almost never.....1  
Sometimes.....2  
Often, or .....3  
Always? .....4  
REFUSED.....RF  
DON'T KNOW .....DK

**LE038BX**

IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT LE030PRE-LE035.  
ELSE, GO TO LE039BX.

**LE039BX**

IF CENTER-BASED (UP002 = 2), GO TO LE050.  
ELSE, GO TO LE040.

**LE040a-b**

About how many times in the past month have you done any of the following activities with {CHILD}{ and {TWIN}}? This can be either alone or in a group.

Would you say once a day or more, a few times a week, a few times a month, or rarely or not at all?

**SHOW CARD 7**

- a. Take {him/her/them} outside for a walk or to play in the yard, a park, or playground?
- b. Go to a public place like a zoo or museum with {CHILD}{ and {TWIN}}?

ONCE A DAY OR MORE ..... 1  
 FEW TIMES A WEEK ..... 2  
 FEW TIMES A MONTH ..... 3  
 RARELY/NOT AT ALL ..... 4  
 REFUSED ..... RF  
 DON'T KNOW ..... DK

**LE045**

**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?**

**ENTER NUMBER OF TIMES.**

Answer must be in range from 0 to 16.

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

**LE050**

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

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

**Now I’d like to ask you about other things {CHILD} {and {TWIN}} may do in your {care/class}.**

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}?**

**IF RESPONDENT REPORTS NOT OWNING A TV OR NO TV IN CENTER OR CHILD DOES NOT WATCH TV, ENTER '0'.**

**IF LESS THAN ONE HOUR, ENTER 0**

**ENTER RESPONSE.**

Answer must be in range from 0 to 4.

Interviewer may override range up to 24.

REFUSED.....RF  
DONT' KNOW .....DK

**LE059BX**  
IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT LE050.  
ELSE, GO TO LE060.

**LE060a-e**

**DISPLAY INSTRUCTIONS:**

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

If center-based (UP002 = 2) display "program" and "room".

**Please tell me if you follow certain safety practices in your {program home care setting}. {READ ITEM} Would you say always, most of the time, sometimes, or never?**

**ENTER NOT APPLICABLE FOR (a) IF CAREGIVER RESPONDS THAT CHILD IS NEVER IN A CAR WHILE IN HIS/HER CARE.**

**SHOW CARD 8**

**LE060APREBX**

IF CENTER-BASED (UP002 = 2), GO TO LE060B.  
ELSE, GO TO LE060A.

- a. Do you use a car seat for {CHILD}{ and {TWIN}} when in the car?
- b. Have at least one operating smoke detector in your {room/home} with a working battery?
- c. Have a first-aid kit at your {program/home}?
- d. Keep the poison control center number and other emergency numbers by the telephone?
- e. Have covers on all your electrical outlets that don't have plugs in them?

ALWAYS ..... 1  
MOST OF THE TIME ..... 2  
SOMETIMES ..... 3  
NEVER ..... 4  
NOT APPLICABLE (a) only ..... 5  
REFUSED ..... RF  
DON'T KNOW ..... DK

**LE079BX**

IF HOME-BASED (UP002 = 1) AND CARE PROVIDED IN CHILD'S HOME (UP026 = 1), GO TO SECTION CA.  
IF CENTER-BASED (UP002 = 2), GO TO SECTION CA.  
ELSE, GO TO LE085A.

**LE085a**

**Now, I have some questions about meals or snacks served while {CHILD}{( and {TWIN}} {is/are} in your care.**

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

- YES.....1
- NO.....2 (GO TO SECTION CA)
- REFUSED.....R2 (GO TO SECTION CA)
- DON'T KNOW .....D2 (GO TO SECTION CA)

**LE085b**

**Do you participate in 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 14-CA.**

**SECTION 14-CA: CURRICULUM AND ACTIVITIES**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**CA001PRE**

Now, I'd like to ask you some questions about your curriculum and activities.

<p><b>CA005BX</b> IF HOME-BASED (UP002 = 1), GO TO CA025A-D.</p>
--

**CA005**

**Do {caregivers/teachers/providers} follow a written curriculum when planning activities for the children in their group?**

- YES.....1
- NO.....2 (CA025a-d)
- REFUSED.....RF (CA025a-d)
- DON'T KNOW.....DK (CA025a-d)

**CA015**

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

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

**CA025a-d**

**DISPLAY INSTRUCTIONS:**

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

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” and “adult directed individual”.

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display “the children in your class” and “adult-directed individual”.

Else, display “the children in your care” and “adult directed individual”.

**We would like you to tell us how you spend a typical day with {the children in your class/the children in your care/{CHILD}}.**

**Not including lunch or nap breaks, how much time {do/does} {the children in your class/the children in your care/{CHILD}} spend in the following kinds of activities?**

**Would you say {he/she/they} {spend/spends} no time, half an hour or less, about one hour, about two hours, or three hours or more in [READ ITEM]?**

**SHOW CARD 9**

**CA025APREBX**

IF OC005 = 1 (OTHER CHILDREN IN CARE BESIDES CHILD AND TWIN), GO TO CA025A.

ELSE, GO TO CA025C.

- a. Adult-directed whole class activities**
- b. Adult-directed small group activities**
- c. {Adult-directed individual/adult-directed} activities**
- d. Child-selected activities**

SPEND NO TIME .....	1
HALF AN HOUR OR LESS .....	2
ABOUT ONE HOUR .....	3
ABOUT TWO HOURS .....	4
THREE HOURS OR MORE .....	5
REFUSED.....	RF
DON'T KNOW .....	DK

**CA030.a-k**

**How often {do/does} {the children in your class/the children in your care/{CHILD} do each of the following reading and language activities?**

**Would you say never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or everyday?**

**SHOW CARD 10**

- a. Work on learning names of letters**
- b. Practice writing the letters of the alphabet**
- c. Discuss new words**
- d. Tell stories to a {caregiver/teacher/provider}**
- e. Work on phonics or phonemics, including rhyming games, singing the alphabet, and asking for the sounds of characters (e.g., what other word has a “sh” sound in it?)**
- f. Listen to you read stories where they see the print (for example, Big Books)**
- g. Listen to you read stories but they don’t see the print**
- h. Retell stories**
- i. Learn about conventions of print (for example, left to right orientation, book holding)**
- j. Write own name**
- k. Learn about rhyming words and word families**

NEVER .....	0
ABOUT ONCE A MONTH OR LESS .....	1
TWO OR THREE TIMES A MONTH .....	2
ONCE OR TWICE A WEEK .....	3
THREE OR FOUR TIMES A WEEK .....	4
EVERYDAY .....	5
REFUSED .....	RF
DON'T KNOW .....	DK

**CA035a-j**

How often {do/does} {the children in your class/the children in your care/{CHILD} and {TWIN}} do each of the following math activities?

Would you say never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or everyday?

**SHOW CARD 10**

- a. Count out loud
- b. Work with geometric manipulatives (for example, parquetry blocks, or shape puzzles)
- c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting)
- d. Play math-related games
- e. Use music to understand math concepts
- f. Use creative movement or creative drama to understand math concepts
- g. Work with rulers, measuring cups, spoons, or other measuring instruments
- h. Engage in calendar-related activities
- i. Engage in activities related to telling time
- j. Engage in activities that involve shapes and patterns

NEVER .....	0
ABOUT ONCE A MONTH OR LESS .....	1
TWO OR THREE TIMES A MONTH .....	2
ONCE OR TWICE A WEEK .....	3
THREE OR FOUR TIMES A WEEK .....	4
EVERYDAY .....	5
REFUSED .....	RF
DON'T KNOW .....	DK

**CA040PREBX**

IF HOME-BASED (UP002 = 1), GO TO SECTION BK.  
ELSE, GO TO CA040PRE.

**CA040PRE**

Now, I'd like to talk to you about how you monitor and assess {children/CHILD}'s growth and development.

**DISPLAY INSTRUCTIONS:**

Display "children" if OC005 = 1.

**CA060**

**What methods do you use for assessments? Would you say...**

**CHOOSE ONE.**

- Ratings based on classroom observation or work  
sampling .....1 (GO TO SECTION BK)
- Testing with standardized tests or assessments  
instruments, .....2 (GO TO SECTION BK)
- Both observation-based ratings and direct  
assessment, or .....3 (GO TO SECTION BK)
- ENTER Something else (specify)? [*What other  
methods of assessment are used?*] .....4
- REFUSED.....RF (GO TO SECTION BK)
- DON'T KNOW .....DK (GO TO SECTION BK)

**CA061**

**PLEASE SPECIFY.**

**GO TO SECTION 15-BK.**

**SECTION 15–BK: CAREGIVER BACKGROUND**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**BK008**

**Next I have some questions about you.**

**CODE IF KNOWN, OTHERWISE ASK:**

**Are you female or male?**

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

**BK010BX**

IF CASE FLAGGED AS A MINOR ECEP, DATE OF BIRTH IS COLLECTED  
BEFORE BEGINNING OF INTERVIEW. SKIP TO BK025.  
ELSE GO TO BK010.

**BK010**

**In what month and year were you born?**

**ENTER MONTH.**

Answer must be in range from 1 to 12.

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

**BK012**

**ENTER YEAR.**

Answer must be in range from 1910 to 1990.

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

**BK025**

**Are you of Spanish, Hispanic, or Latino origin?**

YES ..... 1  
NO ..... 2 (BK035)  
REFUSED ..... RF (BK035)  
DON'T KNOW ..... DK (BK035)

**BK030**

**HELP AVAILABLE**

**Which one or more of these groups are you . . .**

**CODE ALL THAT APPLY.**

**SHOW CARD 11**

- Mexican, Mexican American, Chicano, ..... 1 (BK035)
- Puerto Rican ..... 2 (BK035)
- Cuban, or ..... 3 (BK035)
- Enter Another Spanish, Hispanic, or Latino group?  
(SPECIFY) [*Which Spanish, Hispanic, of Latino  
group are you?*] ..... 91
- REFUSED ..... RF (BK035)
- DON'T KNOW ..... DK (BK035)

**BK031**

**ENTER OTHER GROUP.**

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

**BK035**

**What is your race?**

**CODE ALL THAT APPLY.**

**SHOW CARD 12**

- WHITE..... 1 (BK070)
- BLACK, AFRICAN AMERICAN ..... 2 (BK070)
- ENTER AMERICAN INDIAN OR ALASKA  
NATIVE (SPECIFY) [*Are you American Indian  
or Alaska Native?*] ..... 3 (BK036)
- ASIAN INDIAN ..... 4 (BK070)
- CHINESE..... 5 (BK070)
- FILIPINO..... 6 (BK070)
- JAPANESE ..... 7 (BK070)
- KOREAN..... 8 (BK070)
- VIETNAMESE ..... 9 (BK070)
- ENTER OTHER ASIAN (SPECIFY) [*What other  
Asian race are you?*] ..... 10 (BK037)
- NATIVE HAWAIIAN..... 11 (BK070)
- GUAMANIAN OR CHAMORRO ..... 12 (BK070)
- SAMOAN ..... 13 (BK070)
- ENTER OTHER PACIFIC ISLANDER  
(SPECIFY) [*What other Pacific Islander race  
are you?*] ..... 14 (BK038)
- ENTER ANOTHER RACE (SPECIFY) [*What  
other race are you?*] ..... 91 (BK039)
- REFUSED ..... RF (BK070)
- DON'T KNOW ..... DK (BK070)

**BK036**

**HELP AVAILABLE**

**ENTER OTHER TRIBE (SPECIFY).**

**[Please specify what tribe you belong to.]**

REFUSED.....RF (BK070)  
DON'T KNOW .....DK (BK070)

**BK037**

**ENTER OTHER ASIAN RACE (SPECIFY).**

**[Please specify what other Asian race you are.]**

REFUSED.....RF (BK070)  
DON'T KNOW .....DK (BK070)

**BK038**

**ENTER OTHER PACIFIC ISLANDER RACE (SPECIFY).**

**[Please specify what other Pacific Islander race you are.]**

REFUSED.....RF (BK070)  
DON'T KNOW .....DK (BK070)

**BK039**

**ENTER OTHER RACE (SPECIFY).**

**[Please specify any other race that you are.]**

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

**BK070**

**What is the highest level of school you have completed?**

NO FORMAL SCHOOLING.....	0	(BK080)
1ST GRADE .....	1	(BK080)
2ND GRADE .....	2	(BK080)
3RD GRADE .....	3	(BK080)
4TH GRADE .....	4	(BK080)
5TH GRADE .....	5	(BK080)
6TH GRADE .....	6	(BK080)
7TH GRADE .....	7	(BK080)
8TH GRADE .....	8	(BK080)
9TH GRADE .....	9	(BK080)
10TH GRADE .....	10	(BK080)
11TH GRADE .....	11	(BK080)
12TH GRADE BUT NO DIPLOMA .....	12	(BK080)
HIGH SCHOOL DIPLOMA/EQUIVALENT .....	13	(BK080)
VOC/TECH PROGRAM AFTER HIGH SCHOOL		
BUT NO VOC/TECH DIPLOMA .....	14	(BK080)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	15	(BK075)
SOME COLLEGE BUT NO DEGREE .....	16	(BK075)
ASSOCIATE'S DEGREE.....	17	(BK075)
BACHELOR'S DEGREE .....	18	(BK075)
GRADUATE OR PROFESSIONAL SCHOOL		
BUT NO DEGREE.....	19	(BK075)
MASTER'S DEGREE (MA, MS) .....	20	(BK075)
DOCTORATE DEGREE (PHD, EDD).....	21	(BK075)
PROFESSIONAL DEGREE AFTER		
BACHELOR'S		
DEGREE (MD, DDS, JD, LLB ETC.).....	22	(BK075)
REFUSED.....	RF	(BK080)
DON'T KNOW .....	DK	(BK080)

**BK075**

**HELP AVAILABLE**

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

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

YES .....	1	(BK080)
NO.....	2	(BK077)
REFUSED.....	RF	(BK077)
DON'T KNOW .....	DK	(BK077)

**BK077**

**How many college courses have you completed in the following areas?**

**Include relevant classes taken to earn a degree or CDA.**

- a. Early childhood education
- b. Elementary education
- c. Special education
- d. Curriculum development
- e. English as a second language (ESL)
- f. Child development
- g. Teaching methods
- h. Program administration/management

0 .....	1
1 .....	2
2 .....	3
3 .....	4
4 .....	5
5 .....	6
6+ .....	7
REFUSED .....	RF
DON'T KNOW .....	DK

**BK080**

**HELP AVAILABLE**

**Have you ever had any training or coursework specific to the care of children under 5 years old?**

**By training, I mean courses, workshops, or seminars.**

YES .....	1
NO .....	2 (BK095a)
REFUSED .....	RF (BK095a)
DON'T KNOW .....	DK (BK095a)

**BK085**

**Have you received any early childhood education training in the last 12 months?**

YES .....	1
NO .....	2 (BK095a)
REFUSED .....	RF (BK095a)
DON'T KNOW .....	DK (BK095a)

**BK090**

**HELP AVAILABLE**

**How much training did you receive in the last 12 months? Was it...**

**SHOW CARD 13**

- Less than 15 hours, .....1
- 15-23 hours, or.....2
- 24 or more hours? .....3
- REFUSED.....RF
- DON'T KNOW.....DK

**BK091**

**Was any of this training in the last 12 months new, that is, a training you've never attended before?**

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

**BK095a**

**HELP AVAILABLE**

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

- YES.....1 (BK100)
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

**BK095b**

**HELP AVAILABLE**

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

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

**BK100**

**Do you have any state awarded certificates or credentials pertaining to early childhood education or a related field such as nursing, social work, psychology, or special education?**

- YES.....1
- NO.....2
- REFUSED.....3
- DON'T KNOW.....4

**BK120**

**Not counting raising any of 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 range from 0 to 25.

Interviewer may override range up to 70.

REFUSED.....RF (BK125)  
DON'T KNOW .....DK (BK125)

**BK122**

**[Not counting raising any of 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 range from 0 to 11.

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

**BK125**

**DISPLAY INSTRUCTIONS:**

If home-based (UP002 = 1) and care not in child's home (UP026 = 2) display "this child care home".

If home-based (UP002 = 1) and care in child's home (UP026 = 1) and TWIN in care (UP024 = 1) display "CHILD and TWIN's home".

If home-based (UP002 = 1) and care in child's home (UP026 = 1) and no TWIN in care (UP024 = 2) display "CHILD's home".

**How long have you worked in {this center/this program/this child care home/ {CHILD}{ and {TWIN}}'s home}?**

**IF LESS THAN 1 YEAR ENTER '0 YEARS' AND PROMPT FOR MONTHS.**

**ENTER NUMBER OF YEARS.**

Answer must be in range from 0 to 25.

Interviewer may override range up to 70.

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

**BK125a**

[How long have you worked at {this center/this program/this child care home/ {CHILD}}{ and {TWIN}}’s home?]

**ENTER NUMBER OF MONTHS.**

Answer must be in range from 0 to 11.

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

**BK126a-c**

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

**SHOW CARD 14**

- 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

**BK129BX**  
 IF CENTER-BASED (UP002 = 2) GO TO BK142PRE.  
 ELSE, GO TO BK130.

**BK130a**

**Does the city or county require child care providers to register?**

**PROBE: Registered means you are signed up with the local government and identified in their records as a child care provider.**

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

**BK130b**

**Are you registered with the city or county as a child care provider?**

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

**BK134BX**

IF HOME-BASED (UP002 = 1) AND CARE IN CHILD'S HOME (UP026 = 1) GO TO BK142PRE.  
 ELSE, GO TO BK135.

**BK135a**

**HELP AVAILABLE**

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

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

**BK135b**

**HELP AVAILABLE**

**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-year old children are you licensed to care for at the same time?**

**ENTER NUMBER OF CHILDREN.**

Answer must be in 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

**BK145a-j**

Next, I would like to ask you about the reasons you became a {caregiver/teacher/ provider}.

I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason, or not a reason in your decision to become a {caregiver/teacher/ provider}.

**SHOW CARD 15**

- a. I became a {caregiver/teacher/provider} to be with young children.
- b. To make some money.
- c. To use my experience and/or education in child development.
- d. Because it was the only job I could find.

**BK145EPREBX**  
IF CENTER-BASED (UP002 = 2), GO TO SECTION PD.  
ELSE, GO TO BK145E.

- e. To be my own boss (to make my own decisions and set my own hours).

**BK145FPREBX**  
IF CARE NOT PROVIDED IN CHILD'S HOME (UP026 <> 1), GO TO BK145F.  
ELSE, GO TO BK145GPREBX.

- f. To be able to work at home.

**BK145GPREBX**  
IF HOME-BASED (UP002 = 1) AND CAREGIVER HAS CHILDREN AT HOME UNDER 16 (BK055 ^ = 1), GO TO BK145G.  
ELSE, GO TO BK145HPREBX.

- g. To continue looking after my own children.

**IF RESPONDENT REPORTS NOT HAVING CHILDREN, ENTER 95.**

**BK145HPREBX**  
IF HOME-BASED (UP002 = 1) AND NONRELATIVE (UP010 = 2), GO TO SECTION HL.  
ELSE, GO TO BK145H.

- h. To allow {CHILD}{ and {TWIN}}'s parent(s) to work or go to school.**
- i. To care for {CHILD}{ and {TWIN}}.**
- j. Because children should be cared for by a relative.**

STRONG REASON ..... 1  
 WEAK REASON ..... 2  
 NOT A REASON ..... 3  
 REFUSED.....RF  
 DON'T KNOW.....DK

**BK146BX**

IF HOME-BASED (UP002 = 1) AND RELATIVE (UP010 = 1), GO TO SECTION HL.  
 ELSE, GO TO SECTION PD.

**GO TO SECTION 16-PD.**

**SECTION 16-PD: PROFESSIONAL DEVELOPMENT**

*SECTION IS ADMINISTERED TO  
CENTER-BASED CAREGIVER/PROVIDER/TEACHER*



**GO TO SECTION 17-HL.**

**SECTION 17–HL: CAREGIVER HEALTH**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**HL005**

**Now I'd like to ask a question about your health.**

**Would you say your health in general is . . .**

- Excellent ..... 1
- Very good ..... 2
- Good ..... 3
- Fair, or..... 4
- Poor? ..... 5
- REFUSED..... RF
- DON'T KNOW..... DK

**HL025**

**DISPLAY INSTRUCTIONS:**

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

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

**Does anyone smoke around {CHILD}{ and {TWIN}} while {he/she/they} {is/are} in your {care/class}?**

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

**GO TO SECTION 18-IC.**

**SECTION 18-IC: INCOME**

*SECTION IS ADMINISTERED TO  
CAREGIVER/PROVIDER/TEACHER*

**IC002PRE**

**The next questions ask about your employment arrangements and income.**

**IC029BX**

IF HOME-BASED (UP002 = 1) AND CARE OUTSIDE OF CHILD'S HOME (UP026 = 2), GO TO IC040.

ELSE, IF HOME-BASED, GO TO IC030.

IF CENTER-BASED (UP002 = 2), GO TO IC037.

**IC030**

**Do you spend the night at least 5 days a week in {CHILD}{ and {TWIN}}'s home?**

- YES..... 1
- NO..... 2 (IC036)
- CHILD LIVES IN RELATIVE'S HOME..... 3 (IC036)
- REFUSED..... RF (IC036)
- DON'T KNOW ..... DK (IC036)

**IC035**

**HELP AVAILABLE**

**Do you pay for your own room and board expenses?**

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

**IC036**

**Do you accept children with subsidies?**

- YES..... 1
- NO..... 2 (IC040)
- NOT APPLICABLE ..... 3 (IC040)
- REFUSED..... RF (IC040)
- DON'T KNOW ..... DK (IC040)

**IC037**

**Do you help parents link to subsidies or give parents information about payment assistance for child care that they may qualify for?**

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

**IC040**

**About how much do you earn before taxes and other deductions for providing child care and teaching?**

**PROBE: For all children, not just {CHILD}{ and {TWIN}}. Include any subsidies you receive for providing care and education.**

**ENTER AMOUNT EARNED.**

Answer must be in range from 0 to 50,000.

Interviewer may override range up to 99,000.

- REFUSED.....RF (IC045)
- DON'T KNOW .....DK (IC045)

**IC042**

**[About how much do you earn before taxes and other deductions for providing child care and teaching?]**

**ENTER UNIT. \$[IC040] PER...**

- HOUR.....1 (IC045)
- DAY.....2 (IC045)
- WEEK.....3 (IC045)
- MONTH.....4 (IC045)
- YEAR .....5 (IC045)
- ENTER OTHER (SPECIFY) [*What other unit are you paid in?*].....91
- REFUSED.....RF (IC045)
- DON'T KNOW .....DK (IC045)

**IC043**

**SPECIFY OTHER UNIT.**

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

**IC045**

**HELP AVAILABLE**

**In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?**

**Was it . . .**

**PROBE: Total income means gross income—that is, income before taxes are taken out.**

- \$25,000 or less, or ..... 1 (IC047a)
- More than \$25,000? ..... 2 (IC047b)
- REFUSED ..... RF (GO TO SECTION OP)
- DON'T KNOW ..... DK (GO TO SECTION OP)

**IC047a**

**Was it . . .**

- \$5,000 or less ..... 1 (GO TO SECTION OP)
- \$5,001 to \$10,000 ..... 2 (GO TO SECTION OP)
- \$10,001 to \$15,000 ..... 3 (GO TO SECTION OP)
- \$15,001 to \$20,000, or ..... 4 (GO TO SECTION OP)
- \$20,001 to \$25,000? ..... 5 (GO TO SECTION OP)
- REFUSED ..... RF (GO TO SECTION OP)
- DON'T KNOW ..... DK (GO TO SECTION OP)

**IC047b**

**Was it . . .**

- \$25,001 to \$30,000 ..... 1
- \$30,001 to \$35,000 ..... 2
- \$35,001 to \$40,000 ..... 3
- \$40,001 to \$50,000 ..... 4
- \$50,001 to \$75,000 ..... 5
- \$75,001 to \$100,000 ..... 6
- \$100,001 to \$200,000, or ..... 7
- \$200,001 or more ..... 8
- REFUSED ..... RF
- DON'T KNOW ..... DK

**GO TO SECTION 19-OP.**

**SECTION 19–OP: OBSERVATION PROVIDER**

**OP124BX**

IF NOT SELECTED FOR AN OBSERVATION (FROM PARENT INTERVIEW) OR IF ADMINISTRATOR DENIED PERMISSION TO OBSERVE (OB125 = 2), GO TO END).  
ELSE, GO TO OP125.

**OP125**

If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display education.

Else, display care.

**As I mentioned earlier, there is a second part of the study where we would like to do an observation of the early {care/education} setting of {CHILD} {and {TWIN}}.**

**{Pending {DIRECTOR FIRSTNAME DIRECTOR LASTNAME}'s approval}, a/A}n ECLS-B field representative will contact you in about a week to tell you more about this part of the study. Then, if you agree to participate, he or she will also schedule a time to do the observation.**

**DISPLAY INSTRUCTIONS:**

Display “Pending {DIRECTOR FIRSTNAME DIRECTOR LASTNAME}'s approval}, a/A” when OB125=3 (higher permission pending).

RESPONDENT DOES NOT REFUSE  
OBSERVATION .....1  
RESPONDENT REFUSES OBSERVATION .....2 (GO TO END)  
RESPONDENT SAYS HIGHER PERMISSION IS  
NEEDED .....3 (OP125a)

**OP125a**

**Will you obtain the necessary permission, or would you like a study staff member to do this for you?**

RESPONDENT WILL OBTAIN PERMISSION .....1 (OP126)  
RTI NEEDS TO OBTAIN PERMISSION .....2 (OP125b)

**OP125b**

**Please give me the name and contact information for the person we need to get in touch with.**

**PLEASE INCLUDE NAME, JOB TITLE, PHONE NUMBER, EMAIL, AND MAILING ADDRESS.**

**OP126**

**When is the best day and time for someone to call you?**

**ENTER TIME**

**ENTER DATE**

**OP127a**

**Do you have an email address we could use to get in touch with you?**

- YES..... 1
- NO.....2 (OP128)
- REFUSED.....RF (OP128)
- DON'T KNOW .....DK (OP128)

**OP127b**

**What is that address?**

**ENTER E-MAIL ADDRESS.**

**CONFIRM SPELLING.**

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

**OP128**

**Is there anything else I should let the field representative know about contacting you? For example, that you would like to be called on a different phone number, or in the evening.**

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

**OP129**

**ENTER PROVIDER'S COMMENT.**