Appendix E

WECEP Questionnaire

This appendix includes the entire WECEP instrument fielded as part of the Early Childhood Longitudinal Study, Birth Cohort. Additional items are being considered for inclusion in the interview fielded as part of the ECLS-K:11. These items include the following:

In section CI (Center Information), ADMINISTERED TO CENTER-BASED DIRECTOR:
1. How many 0- and 3-year old children are you licensed to {care for/teach}?

2. The following two questions would be asked for each of the funding sources mentioned by respondent in CI 055:
   How many children are fully or partially funded by (funding source)…?
   Do you receive funds from any of these sources for {CHILD}?
       [IF YES…] Which of these sources provide funds for {CHILD}?

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

Section administered to Caregiver/Provider/ Teacher:
   1. How many children are currently enrolled/do you currently care for? Please include children who you care for at times when (Child) is not in your care?

   2. After OC 010 (p.30) How many children do you typically care for at the same time as…?
      How many of the children are related to you?

   3. How many hours is a television or video on while {CHILD} is in your {care/class}?

   4. What is the age of the youngest child in your care?

   5. Do you receive any money or in-kind support from the School Breakfast or Lunch programs?

   6. Additional activities to add to list in question WA 018a-w (p.44) I'm going to read a list of activities that children may participate in. … Outdoor play; Adult-directed/led activities.

   7. In a typical day, how much time {{do/does} {the children in your program/ the children in your care/{CHILD} spend in the following kinds of activities?
      DISPLAY INSTRUCTIONS: ENTER IN MINUTES (NOT HOURS)
      a. Adult-directed whole class activities
      b. Adult-directed small group activities
      c. Adult-directed individual activities
      d. Child-selected activities
      e. Play outdoors.

   8. Insert after BK 074, which asks about credentials:
      Which credential do you have? {endorse item(s) from list based on response}
      a.   Child Development Associate (CDA)
      b.   state credential
      c.   other {fill-in}

   9. Do you offer care…
      a.   After 8PM?
      b.   Overnight?
      c.   On the weekends?

EARLY CHILDHOOD LONGITUDINAL STUDY, BIRTH COHORT (ECLS-B) KINDERGARTEN YEAR 2006 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 HOMEBASED PROVIDER

The following information is uploaded from the Kindergarten Year Parent Interview

    1. Child's full name.
    2. Child's gender.
    3. Child's date of birth.
    4. Child'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.
    12.
    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.

VAINTRO

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 INTERVIEW PORTION 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.

VA002BX IF HOME-BASED, GO TO VA004. IF

CENTER-BASED, GO TO VA002.

VA002 DISPLAY THE FOLLOWING INSTRUCTIONS FOR FIELD

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

{Center/Program Name} PLEASE ENTER/CORRECT THE NAME OF

THE CENTER/PROGRAM.

VA004 {{Director/Administrator First Name}/{Care Provider First Name}} PLEASE

ENTER/CORRECT THE DIRECTOR/ADMINISTRATOR'S FIRST NAME.

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'S FIRST NAME.

DISPLAY INSTRUCTIONS:

For center-based, display "Director/Administrator's Last Name."

For home-based, display "Care Provider's Last Name."

VA006BX IF HOME-BASED, GO TO VA009. IF

CENTER-BASED, GO TO VA006.

VA006 {Care Provider's First Name} DISPLAY INSTRUCTIONS:

PLEASE ENTER/CORRECT THE CARE PROVIDER'S FIRST NAME.

VA007 {Care Provider's Last Name} PLEASE ENTER/CORRECT THE CARE PROVIDER'S LAST NAME.

VA009 {Mailing Address First Line} PLEASE ENTER/CORRECT THE CARE PROVIDER'S FIRST LINE OF THE MAILING

ADDRESS. 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 SECOND LINE OF THE MAILING

ADDRESS. 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 CITY. 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 STATE. 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 ZIP. 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 PHONE NUMBER (XXX-XXX-XXXX

FORMAT). 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

VA060

INTERVIEWER: IF POSSIBLE, BREAKOUT OF THE INTERVIEW USING "ALT-X" AND TRANSMIT THE ADDRESS INFORMATION TO RTI. 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} 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.

PVAGEDOB 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 1970 to 1995.

<div align="center">

CONSENT18BX

</div>

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:
BECAUSE THE PROVIDER IS LESS THAN 15 YEARS OF AGE, THE INTERVIEW WILL NOW TERMINATE AND ASSIGN A FINAL CODE OF 450.

ENTER "1" IF YOU ARE READY TO ASSIGN THE CASE A FINAL CODE OF 450.

INTERVIEW IS TERMINATED.

UP001PRE U

YOU HAVE ENTERED THE WECEP INTERVIEW FOR CASE {INTERVIEW CASE}, {PROVIDER NAME}. COMMENTS FROM PARENT CAPI {INSERT COMMENTS} ENTER "1" TO CONTINUE.

UP002

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

CARE IS PROVIDED IN A HOME 1
CARE IS PROVIDED IN A CENTER/PROGRAM..........................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.

UP005BX

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

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

CKLOCHome

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

ADMINISTRATOR 1
TEACHER..2
BOTH ADMINISTRATOR AND TEACHER.................3

UP006BX

IF TWIN IN HOUSEHOLD, GO TO UP022. IF UP005

= 1 OR 3, AND NO TWIN, GO TO UP025A. IF UP005

= 2, AND NO TWIN, GO TO TC005.

UP007

DISPLAY INSTRUCTIONS:

If home-based, display "30" minutes. If center-based, display "40" minutes.

If center-based and in public school pre-kindergarten and UP005 = 1, display "Your part only takes about 10 minutes and asks about your school's program and staffing."

If center-based and any other care setting and UP005 = 1, display "Your part only takes about 10 minutes and asks about your center's program and staffing."

If home-based or center-based and UP005 = 2 or 3, display "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."

If home-based, display "you." If center-based, display "your center."

This interview takes about {30/40} 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

IF CENTER-BASED (UP002 = 2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW), AND TALKING WITH TEACHER (UP005 = 2), GO TO TC005A.

IF CENTER-BASED (UP002 = 2) AND NO TWIN IN CARE (FROM PARENT INTERVIEW), AND TALKING TO ADMINISTRATOR (UP005 = 1), GO TO SECTION CI.

IF CENTER-BASED (UP002 = 2) AND TWIN IN CARE (FROM PARENT INTERVIEW) GO TO UP02.

ELSE, GO TO UP01.

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.

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YES................................................................1
NO...............................................................2 (UP024)
REFUSED....................................................RF DON'T
KNOW...........................................................DK
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UP012

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

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GRANDMOTHER ..........................................1 (UP015BX)
AUNT ..........................................................2 (UP015BX)
SISTER .......................................................3 (UP015BX)
UNCLE .......................................................4 (UP015BX)
COUSIN.......................................................5 (UP015BX)
GRANDFATHER...........................................6 (UP015BX)
MOTHER/STEPMOTHER ............................7 (UP016)
FATHER/STEPFATHER................................8 (UP016)
BROTHER....................................................9 (UP015BX)
OTHER RELATIVE (SPECIFY)....................10
REFUSED....................................................RF DON'T
KNOW...........................................................DK
```

If UP012 = 1 and R < 40, display message:

YOU ENTERED THAT THE {AGE} YEAR OLD RESPONDENT IS A GRANDMOTHER. 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.

UP015BX

> HOME-BASED AND NOT CHILD'S FATHER OR MOTHER AND TWIN IS NOT IN
> SAME CARE SETTING GO TO UP026.

> HOME-BASED AND NOT CHILD'S FATHER OR MOTHER AND TWIN IS IN
> SAME CARE SETTING GO TO UP022.

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.

<div align="center">

BREAK OFF INTERVIEW.

</div>

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

setting?

```
            YES..................................................................1
            NO....................................................................2
            REFUSED....................................................RF
            DON'T KNOW.............................................DK
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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 (UP026BX)
NO..2 (UP025)
REFUSED..RF (UP026BX)
DON'T KNOW...DK (UP026BX)

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 CHANGE THE ANSWER OR PRESS "S" TO CONTINUE AND TERMINATE INTERVIEW.

UP025a

{Does/Do} {CHILD and TWIN} attend the {center/program} before school, after school, or both before and after school?

BEFORE SCHOOL ONLY 1
AFTER SCHOOL ONLY..2
BEFORE AND AFTER SCHOOL...................................3
REFUSED...RF
DON'T KNOW...DK

UP026BX IF CENTER-BASED, (UP002 = 2), AND UP005 = 1 OR 3, GO

TO CI001. IF CENTER-BASED, (UP002 = 2), AND UP005 = 2, GO TO

TC005. ELSE GO TO 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 (CF Section)
PROVIDER ....2 (CF Section)
CAREGIVER..3 (CF Section)

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

UP030BX IF HOME-BASED (UP002 = 1) GO TO SECTION CF. ELSE, GO TO SECTION CI.

GO TO SECTION CI

CI001BX 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?

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

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

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PUBLIC AFTER-SCHOOL CARE...................................1 (C1010)
PRIVATE 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)
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CI005OS

PLEASE SPECIFY.

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)
        ITS 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)

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 {center/program}?

CODE ALL THAT APPLY.

PROBE: Is your program sponsored by an organization?

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

DISPLAY: DO NOT PROBE FOR "EXEMPT" IF PARTICIPANT RESPONDS "NO"

                   YES...1
                   NO..2 (CI045e)
                   NO, EXEMPT..3 (CI045e)
                   REFUSED...RF DON'T
                   KNOW..DK

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

```
YES.................................................................................1
NO..............................................................................2 (CI045e)
REFUSED................................................................RF (CI045e)
DON'T KNOW........................................................DK (CI045e)
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CI040 HELP AVAILABLE

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

Else, display "care for."

How many children are you licensed to {care for/teach}? ENTER "0" IF CENTER IS NOT

LICENSED OR EXEMPT FROM LICENSING. FOR PROBE: If CI002 = 1 (public school pre-

kindergarten), display "school." Else follow display
instructions found at end of section UP. PROBE: How many children of any age are permitted to

be at the {center/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.

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REFUSED....................................................................RF DON'T
KNOW............................................................DK
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CI043

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

Else, display "care for."

How many 4- and 5-year old children are you licensed to {care for/teach}?
PROBE: How many 4- and 5-year old children are permitted to be at the {center/program} at one
time? ENTER NUMBER OF 4- AND 5-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
```

What is the average fee for 5-year old children who attend the {center/program} full-time and whose parents pay in full?

PROBE: By full-time, we mean 5-year old children who are enrolled for all days each week that your {center/program} accepts kindergarteners.

ENTER AMOUNT.

Answer must be in the range from 1.00 to 25,000.00.

Interviewer 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 5-year old children who attend the {center/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 {center/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…
>> **Title 1?**
>> **Title XX?**
>> **Local or State funds?**
>> **No Child Left Behind supplemental services funds?**
>> **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

DoneOth

INTERVIEWER: IS THE ADMINISTRATOR REFUSING BECAUSE HE/SHE ALREADY COMPLETED THE ADMINSTRATOR 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

2INTERVIEWER: WHAT IS THE CASEID FOR THE CASE COMPLETED BY THIS ADMINISTRATOR?

AdminPending

BECAUSE CONSENT WAS REFUSED, THE ADMINISTRATION SECTION IS TERMINATING. ENTER "1" TO CONTINUE. GO TO AdminRefBX

ST005 Now, I have some questions about you and your staff. In months and year, how long have you been the {director/administrator} at this {center/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 months and years, how long have you been the {director/administrator} at 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

ST019

How many total staff members, who work directly with children, are employed at the {center/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

DISPLAY INSTRUCTIONS: 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 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. EXTRA SENTENCE

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: 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 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

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 {center/program} provides.
Does your {center/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.**

> **Physical screenings or examinations other than dental, hearing and vision?**
> **Dental screenings or examinations?**
> **Hearing screenings or examinations?**
> **Vision screenings or examinations?**
> **Speech/language screenings or evaluations?**
> **Developmental assessments?**
> **Assessments of social skills or behavior problems?**
> **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

CS016

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

CS018

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

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

<div align="center">

CS022ABX

</div>

IF NO PROVIDER WAS IDENTIFIED IN THE PARENT INTERVIEW (CM100 = RF, DK, OR BLANK), GO TO CS022A.

ELSE, SKIP TO SECTION TC.

CS022a

As we mentioned, we would also like to interview {CHILD/TWIN}'s primary {care provider/teacher}. {CHILD/TWIN}'s parent was not able to tell us the name of the {care provider/teacher} who cares most for {CHILD/TWIN}. Please tell me the name of {CHILD/TWIN}'s primary {care provider/teacher}.

FIRST NAME

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

[As we mentioned, we would also like to interview {CHILD/TWIN}'s primary {care provider/teacher}. {CHILD/TWIN}'s parent was not able to tell us the name of the {care provider/teacher} who cares most for {CHILD/TWIN}. Please tell me the name of {CHILD/TWIN}'s primary care provider.]

LAST NAME

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

ADMINENDBX

IF THE ADMINISTRATOR IS ALSO THE PROVIDER/TEACHER, GO TO SECTION CF.

IF THE ADMINISTRATOR IS NOT ALSO THE CAREGIVER/TEACHERAND 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.

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)

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.

TC004BX IF UP005 = 3, GO TO TC005A. ELSE
GO TO TC005.

TC005

DISPLAY INSTRUCTIONS:

If preload.oEnrolledPrg = PUBPRESCH, display "school."

If preload.oEnrolledPrg = HEADSTART, display "program."

Else, display "center."

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 {school/program/center} $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   (CF   Section)
          PROVIDER   ...................................................2  (CF   Section)
          CAREGIVER..................................................3 (CF Section)
```

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

CF002PRE FILL

INSTRUCTIONS:

If home based (UP002 = 1), display "you." If center-

based (UP002 = 2), 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}}.

CF005 How many months have you been {caring for/teaching}

{CHILD/TWIN}? IF LESS THAN ONE MONTH, ENTER "1" MONTH.

ENTER MONTHS.

Answer must be in the range from 1 to 80.
     REFUSED...RF
     DON'T KNOW..DK

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.
     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.

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

If CF015 > CF010, display check message:

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

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

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."

```
                    ENGLISH ........................................................1 (CF055c)
                    ARABIC ...........................................................2 (CF055c)
                    CHINESE..........................................................3 (CF055c)
                    FILIPINO LANGUAGE...................................4 (CF055c)
                    FRENCH............................................................5 (CF055c)
                    GERMAN .........................................................6 (CF055c)
                    GREEK .............................................................7 (CF055c)
                    ITALIAN ..........................................................8 (CF055c)
                    JAPANESE........................................................9 (CF055c)
                    KOREAN..........................................................10 (CF055c)
                    POLISH ...........................................................11 (CF055c)
                    PORTUGUESE ...............................................12 (CF055c)
                    SPANISH.........................................................13 (CF055c)
                    VIETNAMESE..................................................14 (CF055c)
                    AFRICAN.........................................................15 (CF055c)
                    EAST EUROPEAN .........................................16 (CF055c)
                    NATIVE AMERICAN .....................................17 (CF055c)
                    SIGN LANGUAGE...........................................18 (CF055c)
                    MIDDLE EASTERN........................................19 (CF055c)
                    WEST EUROPEAN ........................................20 (CF055c)
                    INDIAN SUBCONTINENT............................21 (CF055c)
                    SOUTHEAST ASIAN......................................22 (CF055c)
                    PACIFIC ISLAND ..........................................23 (CF055c)
                    SOME OTHER LANGUAGE (SPECIFY) ....................91
                    REFUSED..................................................RF (CF055c)
                    DON'T KNOW..........................................DK (CF055c)
```

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..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

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

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

CB025a-e [1]

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.

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

---

[1] This item is not on the K ECEP

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 the {him/her/them}?

PROBE: Please only include books for children.

ENTER NUMBER OF BOOKS.

Answer must be in range from 0 to 250.

Interviewer may override range up to 1000.

<div align="center">

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

</div>

LE015

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

<div align="center">

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

</div>

LE020a

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

<div align="center">

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

</div>

YOU REPORTED ABOVE THAT RESPONDENT CARES FOR {CHILD/TWIN} A TOTAL OF {CF010} DAYS PERWEEK. 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, display check message:

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

LE030a-e HELP AVAILABLE

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."

      Read books to {CHILD/TWIN}?
      Tell stories to {CHILD/TWIN}?
      Sing songs with {CHILD/TWIN}?
      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

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}?
**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." ENTER
RESPONSE.**

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

up to 24.

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

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.

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

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 10 hours per week, during the hours before and/or after school.

<div align="center">

WA001BX

</div>

IF R DOES NOT CARE FOR ANY OTHER CHILDREN WHILE CARING FOR CHILD (OC005 = 2, RF, OR DK), SKIP TO WA00BX.

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/SETTING} DOES NOT HAVE OLDER CHILDREN .........................3
        REFUSED......................................................................................................RF
        DON'T KNOW..............................................................................................DK
```

WA005BX IF UP025A = 1 OR 3, GO TO

WA005. IF UP025A = 2, GO TO WA005A.

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED AND UP026 = 1 AND UP028 = 2 AND UP025a = 1]

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 AND UP026 = 1 AND UP028 = 2 AND UP025a = 3]

What time do you usually arrive at CHILD's {and TWIN's} home for before-school care?

IF CARED FOR IN CHILD'S HOME AND R DOES LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED AND UP026 = 1 AND UP028 = 1 AND UP025a = 1]

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 UP026 = 1 AND UP028 = 1 AND UP025a = 3]

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

IF HOME BASED, NOT CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED AND UP026 = 2 AND UP028 = 2 AND UP025a = 1]

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 AND UP026 = 2 AND UP028 = 2 AND UP025a = 3]

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

IF CENTER-BASED CARE SETTING – BEFORE SCHOOL ONLY [IF CENTER-BASED AND UP025a = 1]

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

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

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-11:30AM.

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED AND UP026 = 1 AND UP028 = 2 AND UP025a = 1]

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 AND UP026 = 1 AND UP028 = 2 AND UP025a = 3]

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

IF CARED FOR IN CHILD'S HOME AND R DOES LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED AND UP026 = 1 AND UP028 = 1 AND UP025a = 1]

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 UP026 = 1 AND UP028 = 1 AND UP025a = 3]

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

IF HOME BASED, NOT CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – BEFORE SCHOOL ONLY [IF HOME-BASED AND UP026 = 2 AND UP028 = 2 AND UP025a = 1]

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 AND UP026 = 2 AND UP028 = 2 AND UP025a = 3]

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

IF CENTER-BASED CARE SETTING – BEFORE SCHOOL ONLY [IF CENTER-BASED AND UP025a = 1]

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

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

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

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

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

override from 6:00AM to 1:00PM.

      WA005ABX IF UP025A <> 3, SKIP TO

      WA010BX. IF UP025A = 3, GO TO WA005A.

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED 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 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 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 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 AND UP026 = 2 AND UP028 = 2 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 AND UP026 = 2 AND UP028 = 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 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 AND UP025a = 3]

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

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

Range is WA005a - 12:30PM-3:30PM. Interviewer

can override from 12:00PM to 4:00PM.

IF CARED FOR IN CHILD'S HOME AND R DOESN'T LIVE WITH CHILD – AFTER SCHOOL ONLY [IF HOME-BASED 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 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 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 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 AND UP026 = 2 AND UP028 = 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 AND UP026 = 2 AND UP028 = 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 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 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 1:00PM 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.

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…

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

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.

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 1.

WA018BX

IF HOME-BASED (UP002 =1), SKIP WA018 Q, R, AND V.

Creative arts or crafts such as painting, sewing, or carpentry.
Construction or building with hollow blocks, Legos, or sand.
Science activities or experiments.
Board or card games, puzzles.
Reading independently or in small groups.
Creative writing.
Time for doing homework.
Computer or electronic games.
Television watching.
Video or movie viewing.
Cooking or food preparation.
Unstructured dramatic play or dress up play.
Storytelling, role-playing, or theatrical activities.
Movement, dance, or exercise activities.
Musicmaking, music appreciation or singing activities.
Unstructured physically active play such as running or swimming.
Organized individual skillbuilding sports such as swimming, track, field, gymnastics.
Organized team sports such as soccer.
Field trips, excursions.
Socializing.
Tutoring.
Formal guidance or psychological counseling or therapy.
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
```

IF HOME-BASED CARE (UP002 = 1) AND ONLY ONE CHILD CARE IN (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.
School-age child care {programs/settings} sometimes serve specific groups of children. Are {most of} the children you {serve/care for}…

> **Children of working parents?**
> **From low-income families?**
> **From certain religious groups?**
> **Special needs?**
> **From migrant families?**
> **English-speaking?**
> **Homeless?**
> **From another group? SPECIFY_____**

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

> **WA030BX** HOME-BASED CARE (UP002 = 1).

> GO TO SECTON 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

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.

<div align="center">

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

</div>

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?

<div align="center">

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

</div>

WA075 Do {caregivers/teachers/providers} receive training on the use of these curricula?

<div align="center">

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

</div>

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

BK008 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

BK010BX

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.

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

BK012 ENTER

YEAR.

Answer must be in the range from 1910 to 1992.
REFUSED..RF
DON'T KNOW...DK

BK025 HELP AVAILABLE 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 2.

CODE ALL THAT APPLY.

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

BK039

ENTER ANOTHER RACE (SPECIFY). *[Please specify any other race that you are].*

                REFUSED..RF
                DON'T KNOW..DK

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
NO...2 (BK075BX)
REFUSED..RF (BK075BX)
DON'T KNOW...DK (BK075BX)

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 – 14 OR RF OR DK, THEN SKIP
TO BK120. IF BK070 = 15 – 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)

If CALCAGE - BK120 = 12 or less, display check message.
YOU REPORTED {BK120} YEARS IN CHILD CARE, BUT RESPONDENT IS {CALCAGE} YEARS OLD.

[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.

<div style="text-align:center">

REFUSED...RF
DON'T KNOW..DK
</div>

<div style="text-align:center">

BK126BX
</div>

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

ELSE, GO TO BK126A.

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 disagree, disagree, neither agree or disagree, agree, or strongly agree.

Please choose your response from Response Card number 3.

> **I really enjoy my present {teaching job/child care position}.**
> **I am certain I am making a difference in the lives of the children I {teach/care**

for}.

> **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

<div style="text-align:center">

BK127BX
</div>

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

IF HOME-BASED (UP002 = 1) AND CARE IS PROVIDED IN CHILD'S HOME (UP026 = 1), GO TO SECTION IC. ELSE, GO TO BK135A & B.

BK135a HELP AVAILABLE

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

<div style="text-align:center">

YES..1
NO..2
REFUSED   ....RF
DON'T KNOW ....DK
</div>

```
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
```

GO TO SECTION PD

SECTION PD: PROFESSIONAL DEVELOPMENT

SECTION IS ADMINISTERED TO
CENTER-BASED CAREGIVER/PROVIDER/TEACHER
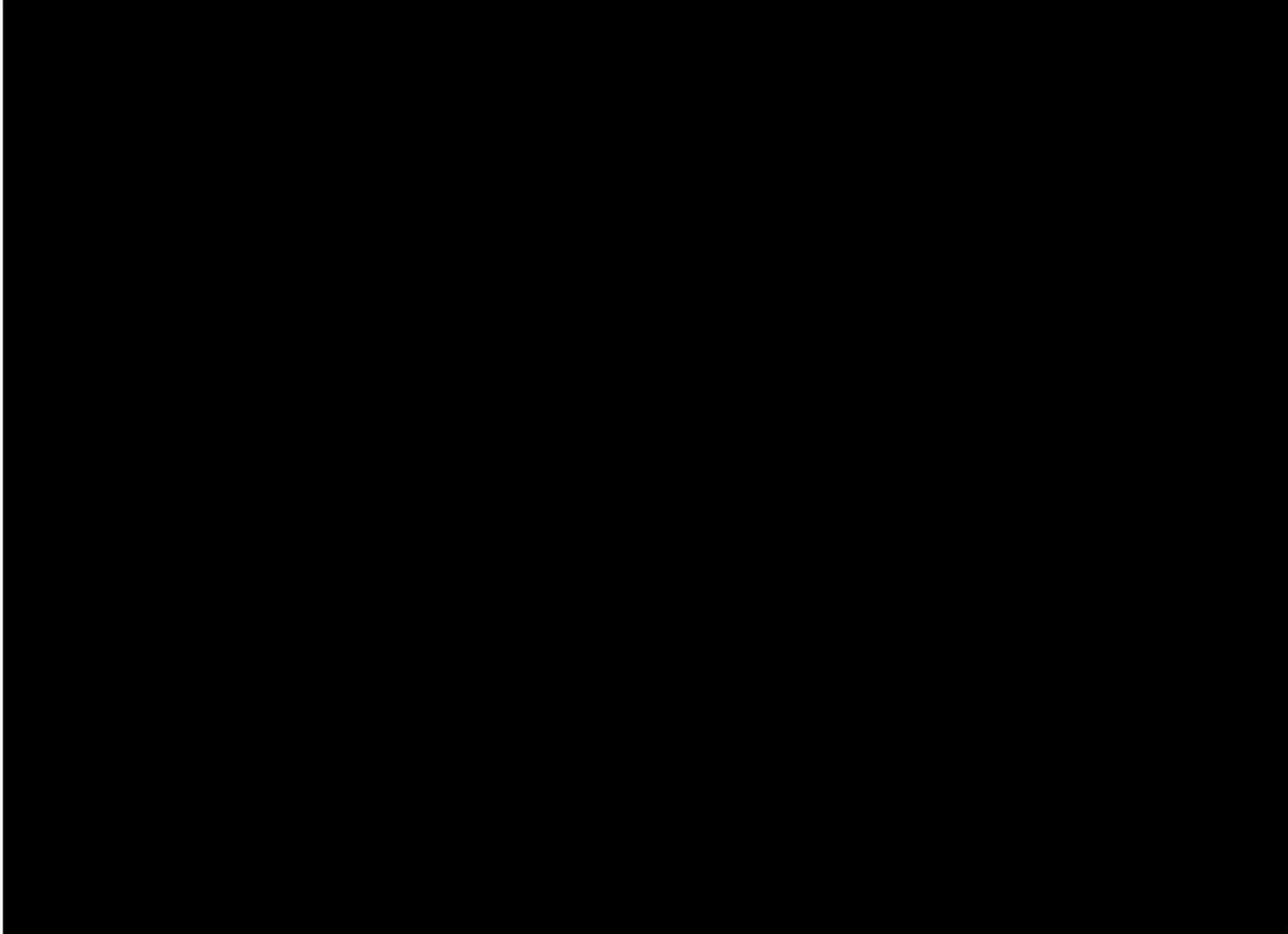
SECTIONAUBX
IF SECTION AU NOT ALREADY COMPLETE, GO TO SECTION AU.

CGTEACHBX
IF BOTH ADMINISTRATOR AND CAREGIVER/TEACHERSECTIONS ARE COMPLETE, GO TO SECTION FI.
ELSE, TERMINATE.