



## 36M Questionnaire - Child Care Facility

<b>Event Category:</b>	Time-Based
<b>Event:</b>	36M
<b>Administration:</b>	N/A
<b>Instrument Target:</b>	Child Care Facility
<b>Instrument Respondent:</b>	Primary Caregiver
<b>Domain:</b>	Questionnaire
<b>Document Category:</b>	Questionnaire
<b>Method:</b>	Data Collector Administered
<b>Mode (for this instrument*):</b>	In-Person, CAI; Phone, CAI
<b>OMB Approved Modes:</b>	In-Person, CAI; Phone, CAI; Web-Based, CAI
<b>Estimated Administration Time:</b>	2 minutes
<b>Multiple Child/Sibling Consideration:</b>	Per Child
<b>Special Considerations:</b>	N/A
<b>Version:</b>	1.0
<b>MDES Release:</b>	4.0

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0593\*). Do not return the completed form to this address.

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## 36M Questionnaire - Child Care Facility

### GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

DATA ELEMENT FIELDS	MAXIMUM CHARACTERS PERMITTED	DATA TYPE	PROGRAMMER INSTRUCTIONS
ADDRESS AND EMAIL FIELDS	100	CHARACTER	
UNIT AND PHONE FIELDS	10	CHARACTER	
_OTH AND COMMENT FIELDS	255	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 255 characters</li> </ul>
FIRST NAME AND LAST NAME	30	CHARACTER	<ul style="list-style-type: none"> <li>Limit text to 30 characters</li> </ul>
ALL ID FIELDS	36	CHARACTER	
ZIP CODE	5	NUMERIC	
ZIP CODE LAST FOUR	4	NUMERIC	
CITY	50	CHARACTER	
DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.)	10	NUMERIC CHARACTER	<ul style="list-style-type: none"> <li>DISPLAY AS MM/DD/YYYY</li> <li>STORE AS YYYY-MM-DD</li> <li>HARD EDITS: MM MUST EQUAL 01 TO 12 DD MUST EQUAL 01 TO 31 YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR.</li> </ul>
TIME VARIABLES	TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION	NUMERIC	<ul style="list-style-type: none"> <li>HARD EDITS: HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59</li> </ul>

### **Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER.

THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

## CHILD CARE/DAY CARE EXPOSURES

(TIME\_STAMP\_CCC\_ST).

### PROGRAMMER INSTRUCTIONS

- INSERT DATE/TIME STAMP
- PRELOAD PARTICIPANT ID (**P\_ID**) AND RESPONDENT ID (**R\_P\_ID**) FOR ADULT CAREGIVER.
- PRELOAD **CHILDCARE**, **RELATIVE\_CARE**, **FAM\_BASED\_CARE**, **CENTER\_BASE\_CARE**, AND **HEAD\_START** FROM CORE QUESTIONNAIRE - CHILD (**INSTRUMENT\_ID = XX**).
- IF **CHILDCARE = 1** GO TO **CCC01000**.
- OTHERWISE, GO TO **TIME\_STAMP\_CCC\_ET**.
- PRELOAD FIRST NAME OF CHILD (**C\_FNAME**) FROM PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID = XX**) AND DISPLAY APPROPRIATE NAME IN "C\_FNAME" THROUGHOUT THE INSTRUMENT.
- OTHERWISE, IF **C\_FNAME = -1** OR **-2**, DISPLAY "the child" IN APPROPRIATE FIELDS THROUGHOUT THE INSTRUMENT.
- IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID = XX**) = 1, DISPLAY "his", "he", OR "himself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.
- IF **CHILD\_SEX** IN PARTICIPANT VERIFICATION, SCHEDULING, & TRACING QUESTIONNAIRE (**INSTRUMENT\_ID = XX**) = 2, DISPLAY "her", "she", OR "herself" IN APPROPRIATE FIELDS THROUGHOUT INSTRUMENT.

**CCC01000.** I'd like to ask some questions about each of the childcare locations, other than your own home, where {C\_FNAME/the child} is cared for by relatives, by non-relatives, or in a day care or early childhood program. Thinking about the {#ARRANGEMENT} arrangement...

### PROGRAMMER INSTRUCTIONS

- IF FIRST LOOP DISPLAY "first", IF SECOND DISPLAY "second", IF THIRD DISPLAY "third", AND IF FOURTH DISPLAY "fourth" IN {#ARRANGEMENT}.

**CCC02000/(ARRANGEMENT\_NAME).** What is the name of this arrangement?

NAME OF ARRANGEMENT \_\_\_\_\_

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

### SOURCE

New

### PROGRAMMER INSTRUCTIONS

- FOR EACH LOOP, DISPLAY **ARRANGEMENT\_NAME** THROUGHOUT INSTRUMENT AS APPROPRIATE.

**CCC03000/(SMOKE\_IN\_CHILD\_CARE\_CENTER).** Is {C\_FNAME/the child} ever exposed to cigarette or cigar smoke when {he/she} is at {ARRANGEMENT\_NAME}?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Vanguard Phase (6M,12M) (modified)

**CCC04000/(SMOKE\_NEAR\_BUILDING).** Have you ever noticed anyone smoking a cigarette or cigar near the entrance to the building or child care location?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC05000/(CHILDCARE\_PLAY\_OUTDOORS).** Does {C\_FNAME/the child} ever spend any time outdoors at {ARRANGEMENT\_NAME}?

Label	Code	Go To
YES	1	
NO	2	CCC12000
REFUSED	-1	CCC12000
DON'T KNOW	-2	CCC12000

**SOURCE**

National Children's Study, Vanguard Phase (6M,12M) (modified)

**CCC06000.** I'd like to ask some questions about the outdoor area where the child spends time at this childcare arrangement.

**CCC07000/(CHILDCARE\_PLAY\_SURF).** When children are outdoors they may spend time on different types of ground surfaces. When {C\_FNAME/the child} is outdoors at {ARRANGEMENT\_NAME}, does {he/she} spend any time on...

**INTERVIEWER INSTRUCTIONS**

- SELECT ALL THAT APPLY.

Label	Code	Go To
Grass	1	
Bare soil	2	



Label	Code	Go To
Mulch	3	
Concrete	4	
Sand	5	
Any other surface or surfaces	-5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Vanguard Phase (6M,12M) (modified)

**PROGRAMMER INSTRUCTIONS**

- IF CHILDCARE\_PLAY\_SURF = ANY COMBINATION OF 1 THROUGH 5, GO TO CHILDCARE\_SHADE.
- IF CHILDCARE\_PLAY\_SURF = ANY COMBINATION OF 1 THROUGH 5, AND -5, OR ONLY -5, GO TO CHILDCARE\_PLAY\_SURF\_OTH.
- IF CHILDCARE\_PLAY\_SURF = -1 OR -2, DO NOT ALLOW ANY OTHER RESPONSES AND GO TO CHILDCARE\_SHADE.

CCC08000/(CHILDCARE\_PLAY\_SURF\_OTH). What type of surface?

SPECIFY: \_\_\_\_\_

**INTERVIEWER INSTRUCTIONS**

- PROBE "Anything else?"
- LIST ALL OTHER SURFACES SEPARATED BY COMMAS.

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Vanguard Phase (6M, 12M)

CCC09000/(CHILDCARE\_SHADE). Is the area where {C\_FNAME/the child} spends time outdoors shaded, for example by trees, buildings, or screens?

Label	Code	Go To
YES	1	
NO	2	
SOMETIMES	3	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC10000/(CHILDCARE\_CARS\_IDLE).** Do cars or trucks frequently drive by, or idle with the engine running, near the area where {C\_FNAME/the child} spends time outdoors?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC11000/(CHILDCARE\_NESTS).** Have you ever noticed any bird, insect, or other animal nests near this outdoor area?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC12000.** I'd like to ask some questions about the building at this arrangement. If there is more than one building associated with this arrangement, please think about the building in which {C\_FNAME/the child} spends the most time.

**CCC13000/(CHILDCARE\_1978).** Was this building was constructed before 1978?

Label	Code	Go To
YES	1	
NO	2	CHILDCARE_BASEMENT
REFUSED	-1	CHILDCARE_BASEMENT
DON'T KNOW	-2	CHILDCARE_BASEMENT

**SOURCE**

New

**CCC14000/(CHILDCARE\_PAINT).** Have you ever noticed any peeling or chipping paint inside this building?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC15000/(CHILDCARE\_BASEMENT).** Does {C\_FNAME/the child} ever spend time in a classroom or playroom that is in a basement or below ground at {ARRANGEMENT\_NAME}?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC16000/(CHILDCARE\_WINDOWS).** Have you ever seen open windows anywhere in this building?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC17000/(CHILDCARE\_MOLD).** Have you ever seen any mold or mildew in this building?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC18000/(CHILDCARE\_ODORS).** Have you ever noticed any excessive odors in this building, such as those from cleaning products, art supplies, or air fresheners?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC19000/(CHILDCARE\_HOT\_WATER).** Have you ever noticed any sinks without hot water in this arrangement?

Label	Code	Go To
YES	1	
NO	2	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

New

**CCC20000/(CHILDCARE\_WATER\_SOURCE).** What is the source of {C\_FNAME/the child}'s drinking water at {ARRANGEMENT\_NAME}?

**INTERVIEWER INSTRUCTIONS**

- SELECT ALL THAT APPLY.

Label	Code	Go To
Tap water	1	
Filtered tap water	2	
Bottled water	3	
Some other source	-5	
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Vanguard Phase (6M, 12M) (modified)

**PROGRAMMER INSTRUCTIONS**

- IF **CHILDCARE\_WATER\_SOURCE** = ANY COMBINATION OF 1 – 3, GO TO **CCC22000**.
- IF **CHILDCARE\_WATER\_SOURCE** = -5 OR ANY COMBINATION OF 1 – 3 AND -5, GO TO **CHILDCARE\_WATER\_SOURCE\_OTH**.
- IF **CHILDCARE\_WATER\_SOURCE** = -1 OR -2, DO NOT ALLOW SELECTION OF ANY OTHER RESPONSE AND GO TO **CCC22000**.

**CCC21000/(CHILDCARE\_WATER\_SOURCE\_OTH).**

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SPECIFY:

Label	Code	Go To
REFUSED	-1	
DON'T KNOW	-2	

**SOURCE**

National Children's Study, Vanguard Phase (6M, 12M) (modified)

**CCC22000.** We would now like to ask you some questions about noise at {ARRANGEMENT\_NAME}. We understand that you may not be in the child care location for much time, so please consider the noise {C\_FNAME/the child} may experience during {his/her} time in the location.

**CCC23000/(NOISE\_CHILDCARE).** Thinking about noise in this child care arrangement, how much do you think the noise bothers, disturbs, or annoys {him/her}?

Label	Code	Go To
Extremely	1	
Very much	2	
Moderately	3	
Slightly	4	
Not at all	5	
REFUSED	-1	
DON'T KNOW	-2	

#### SOURCE

The International Commission on Biological Effects of Noise's (ICBEN's) Community Response to Noise Team (in homes) (modified)

#### PROGRAMMER INSTRUCTIONS

- IF NOISE\_CHILDCARE = 1, 2, 3, OR 4, GO TO NOISE\_CHILDCARE\_SCALE.
- OTHERWISE, GO TO PROGRAMMER INSTRUCTIONS FOLLOWING NOISE\_CHILDCARE\_SCALE.

**CCC24000/(NOISE\_CHILDCARE\_SCALE).** What number from zero to ten best shows how much you would say {C\_FNAME/the child} is bothered, disturbed, or annoyed by noise at {ARRANGEMENT\_NAME}? Zero means {he/she} is not bothered at all and ten means {he/she} is extremely bothered.

Label	Code	Go To
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10	
REFUSED	-1	
DON'T KNOW	-2	

#### SOURCE

The International Commission on Biological Effects of Noise's (ICBEN's) Community

**SOURCE**

**Response to Noise Team (in homes) (modified)**

**PROGRAMMER INSTRUCTIONS**

- IF ALL FOUR OF THE FOLLOWING: **RELATIVE\_CARE**, **FAM\_BASED\_CARE**, **CENTER\_BASE\_CARE**, AND **HEAD\_START = 1**, AND
  - o IF TOTAL NUMBER OF LOOPS  $\neq$  4, GO TO **CCC01000**.
  - o IF TOTAL NUMBER OF LOOPS = 4, GO TO **TIME\_STAMP\_CCC\_ET**.
- IF ONLY THREE OF THE FOLLOWING: **RELATIVE\_CARE**, **FAM\_BASED\_CARE**, **CENTER\_BASE\_CARE**, AND/OR **HEAD\_START = 1**, AND
  - o IF TOTAL NUMBER OF LOOPS  $\neq$  3, GO TO **CCC01000**.
  - o IF TOTAL NUMBER OF LOOPS = 3, GO TO **TIME\_STAMP\_CCC\_ET**.
- IF ONLY TWO OF THE FOLLOWING: **RELATIVE\_CARE**, **FAM\_BASED\_CARE**, **CENTER\_BASE\_CARE**, AND/OR **HEAD\_START = 1**, AND
  - o IF TOTAL NUMBER OF LOOPS  $\neq$  2, GO TO **CCC01000**.
  - o IF TOTAL NUMBER OF LOOPS = 2, GO TO **TIME\_STAMP\_CCC\_ET**.
- IF ONLY ONE OF THE FOLLOWING: **RELATIVE\_CARE**, **FAM\_BASED\_CARE**, **CENTER\_BASE\_CARE**, OR **HEAD\_START = 1**, GO TO **TIME\_STAMP\_CCC\_ET**.

**(TIME\_STAMP\_CCC\_ET).**

**PROGRAMMER INSTRUCTIONS**

**INSERT DATE/TIME STAMP**