The Fragile Families and Child Wellbeing Study changed its name to The Future of Families and Child Wellbeing Study (FFCWS).
Due to the issue date of this document, FFCWS will be referenced by its former name. Any further reference to FFCWS should kindly observe this name change.

### FRAGILE FAMILIES

#### Child Care Providers

#### FAMILY CHILD CARE/KITH & KIN INTERVIEW

**October 2002**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>LANGUAGE OF INTERVIEW:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTH</td>
<td>ffcc_famsurvey_loi</td>
</tr>
<tr>
<td>YEAR</td>
<td></td>
</tr>
<tr>
<td>ffcc_famsurvey_datem/ffcc_famsurvey_datey</td>
<td>ENGLISH.................................01</td>
</tr>
<tr>
<td></td>
<td>SPANISH..........................02</td>
</tr>
</tbody>
</table>

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NOTES:

*WHEN NOT OTHERWISE INDICATED, THE MAJORITY OF QUESTIONS WERE DRAWN FROM THE CHILD CARE PROVIDER AND DIRECTOR INTERVIEWS FOR THE NATIONAL EVALUATION OF EARLY HEAD START.

*This data file associated with this survey uses the naming convention, ffcc_famsurvey_*, where “*” denotes the question number (ex. “ffcc_famsurvey_a1” for “a1”).

*The “-9 =missing” convention is used in this file to denote when a response is missing for a particular question/variable; the “-2=enforced skip” convention is used to indicate when the question was not required to be filled in based on a previous response. Throughout the survey, additional missing codes, such as “-1” and “-5” may also used.

*Two versions of this survey were administered (either an “October” or “May” version) and are differentiated with the variable, ffcc_famsurvey_version. Throughout the survey, codes for missing data of “-7” and “-8” will indicate if there was a differences in questions, wording, or response choice between the versions.
INTRODUCTION TO PROVIDER:

Hello. My name is __________________. As you may know, (PARENT) is part of a study of parents and children called the Survey of Parents, being conducted by Princeton and Columbia Universities. When we interviewed (PARENT), you were named as the person who takes care of (CHILD). (PARENT) gave us permission to contact you and invite you to be part of the study. We are trying to learn about the different types of child care that children experience, and the experiences of people who care for young children. We would really appreciate your help. It is critical to learn from people like yourself about child care’s place in the lives of children and families.

We would like to ask you some questions about your experiences caring for (CHILD). We would also like to visit you to watch (CHILD) while (he/she) is in child care. To thank you for your help, we will give you (FCC $25/K&K $50) at the end of the visit.

Any information you provide will be kept absolutely confidential. No information will be shared with any government agency or with any parents or other people in your community. Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. We really thank you for your help, and we will be grateful for any time that you can give us.

The interview will take approximately 30 minutes. Do you have any questions about the interview?
SECTION A: CARE PROVIDED

To begin, I'd like to ask you some general questions about the time you spend caring for young children in general, and (CHILD) in particular.

A1. Are you related to (CHILD)?

YES ............................................................ 01
NO ............................................................. 00 → GO TO A2

A1a. What is your relation to (CHILD)?

MATERNAL GRANDMOTHER ................... 01
PATERNAL GRANDMOTHER ................... 02
MATERNAL AUNT ................................. 03
PATERNAL AUNT................................. 04
GREAT GRANDMOTHER ....................... 05
SIBLING ............................................... 06
COUSIN ............................................... 07
BIOLOGICAL MOTHER .......................... 08
BIOLOGICAL FATHER ........................... 10
OTHER (SPECIFY) .............................. 09

A2. When you care for (CHILD) do you care for (him/her) in your home, or do you care for (him/her) in (his/her) home?

PROVIDER'S HOME .............................. 01 → GO TO A3
CHILD'S HOME ................................. 02
SOMETIMES ONE/SOMETIMES THE OTHER ................................. 03
CHILD AND PROVIDER LIVE IN SAME HOUSEHOLD ................... 04 → GO TO A3

OTHER ............................................... 09
A2_a A2A. Which of the following best describes where you live?

In the same neighborhood where you work .......................................... 01 → GO TO A3

In a different neighborhood from where you work .......................................... 02

A2_b A2B. Approximately how long does it take you to get to (the child’s home/RESPONSE FROM A2)?

|      |      | MINUTES TO GET TO WORK

A2_c A2C. Do you . . .

Walk to work, ............................................. 01

Drive to work, ............................................. 02

Take public transportation, or ..................... 03

Get to work some other way? (SPECIFY) ..................... 09

A2_c9oth

VOLUNTEERED: IT VARIES .................... 00

A3 A3. Including (CHILD), how many children do you care for on a regular basis while (CHILD) is here? Please include your own children who are there when (CHILD) is there.

(CHILD) PLUS ONE OTHER ..................... 01

NUMBER OF CHILDREN INCLUDING (CHILD) ..................... [____|____|] → GO TO A5

NO OTHERS, ONLY (CHILD) ..................... 00 → GO TO A6

IF ONE OTHER CHILD:

A4 A4. Is this other child your own child?

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

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

A4_a A4A. Is this other child a brother or sister of (CHILD)?

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

NO ............................................................. 00
A4B. How old is this other child?

- LESS THAN 12 MONTHS OLD .................. 01
- 12-18 MONTHS OLD ................................. 02
- 19-23 MONTHS OLD ................................. 03
- 2 YEARS OLD ............................................ 04
- 3 YEARS OLD ............................................ 05
- 4 YEARS OLD ............................................ 06
- 5 YEARS OLD, OR .................................... 07
- 6 YEARS OLD OR OLDER ....................... 08

GO TO A6

A5. Are any of these (NUMBER IN A3) children your own child(ren)?

- YES ............................................................ 01
- NO ............................................................. 00 → GO TO A5B

A5A. How many of your own children do you care for while you provide child care for others?

|      |      |  NUMBER OF OWN CHILDREN

A5B. Are any of these (NUMBER IN A3) children brothers or sisters of (CHILD)?

- YES ............................................................ 01
- NO ............................................................. 00 → GO TO A5D

A5C. How many of these (NUMBER IN A3) children are brothers or sisters of (CHILD)?

|      |      |  NUMBER OF BROTHERS/SISTERS
A5D. How many of the (NUMBER IN A3) children you care for when (CHILD) is here are . . .

STOP WHEN NUMBER IN A3 IS REACHED

<table>
<thead>
<tr>
<th>a5d_1</th>
<th>12-18 months old? ..........................................</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a5d_2</td>
<td>19-23 months old? ..........................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a5d_3</td>
<td>2 years old? ................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a5d_4</td>
<td>3 years old? ................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a5d_5</td>
<td>4 years old? ................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a5d_6</td>
<td>5 years old? ................................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a5d_7</td>
<td>6 years old or older? .......................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a5d_8</td>
<td>TOTAL .........................................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SHOULD EQUAL A3

a6  A6. (Does [CHILD]/Including [CHILD], how many of these children) have special needs? By special needs, we mean, for example, children who have been designated as physically disabled, chronically ill, or with chronic medical problems, emotionally or behaviorally disturbed, or learning disabled.

<table>
<thead>
<tr>
<th></th>
<th>NUMBER OF SPECIAL NEEDS CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>00</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-1</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-3</td>
</tr>
</tbody>
</table>

GO TO A7
A6A. What special needs (does this child/do these children) have? **YOU MAY READ LIST AS PROBES IF NECESSARY.**

CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th>A6_a1</th>
<th>CEREBRAL PALSY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A6_a2</td>
<td>SPINA BIFIDA</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a3</td>
<td>DEAFNESS</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a4</td>
<td>BLINDNESS</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a5</td>
<td>MENTAL RETARDATION</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a6</td>
<td>MOTOR DELAYS</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a7</td>
<td>LANGUAGE PROBLEMS</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a8</td>
<td>EMOTIONAL PROBLEMS</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a9</td>
<td>AUTISM</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a10</td>
<td>SEVERE ASTHMA</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a11</td>
<td>DIABETES</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a12</td>
<td>ATTENTION DEFICIT DISORDER (ADD)</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a13</td>
<td>ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>A6_a14</td>
<td>OTHER (SPECIFY)</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

A6_b A6B. Do you feel that you are sufficiently trained to meet the needs of (this child/these children)?

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

NO ..............................................................00
A7. My next questions are about the languages you speak and the language that (CHILD) (and the other [child/children]) speak(s). **INTERVIEWER:** IF THERE ARE CHILDREN LESS THAN THREE YEARS OLD IN A4B OR A5D, READ: If you take care of very young children, please tell me about the language they are starting to learn.

**INTERVIEWER:** ASK EACH QUESTION IN ORDER. CODE RESPONSES IN THE GRID.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LANGUAGE(S) OF PROVIDER</strong></td>
<td><strong>LANGUAGE(S) OF FOCUS CHILD</strong></td>
<td><strong>MAIN LANGUAGE OF FOCUS CHILD</strong></td>
<td><strong>LANGUAGE(S) OF FOCUS CHILD PARENTS</strong></td>
<td><strong>LANGUAGES OF OTHER CHILDREN</strong></td>
</tr>
<tr>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE ONE</td>
<td>CIRCLE ALL THAT APPLY</td>
<td>CIRCLE ALL THAT APPLY</td>
</tr>
<tr>
<td>ENGLISH</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>SPANISH</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>FRENCH</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>CREOLE</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>OTHER #1 (SPECIFY)</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>OTHER #2 (SPECIFY)</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>OTHER #3 (SPECIFY)</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>OTHER #4 (SPECIFY)</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
<tr>
<td>OTHER #5 (SPECIFY)</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
<td>01 YES/00 NO</td>
</tr>
</tbody>
</table>
A11. CHECK A7A AND A8. DOES THE CHILD SPEAK A LANGUAGE THAT THE PROVIDER DOES NOT SPEAK?

YES ............................................................ 01
NO ............................................................. 00 → GO TO A12

A11A. How much trouble do you have communicating with (CHILD) because you don’t speak (one of) (his/her) language(s)? Is it . . .

A great deal, ............................................... 01
Some, or .................................................... 02
No trouble at all? ........................................ 03 → GO TO A12

A11B. Is there anyone else readily available to help you communicate with (CHILD) in (his/her) own language(s)?

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

A12. CHECK A7A AND A9. DO EITHER OF FOCUS CHILD’S PARENTS SPEAK A LANGUAGE THAT THE PROVIDER DOES NOT SPEAK?

YES ............................................................ 01
NO ............................................................. 00 → GO TO A13

A12A. How much trouble do you have communicating with (CHILD’s) parent(s) because you don’t speak (one of) (his/her/their) language(s)? Is it . . .

A great deal, ............................................... 01
Some, or .................................................... 02
No trouble at all? ........................................ 03 → GO TO A13

A12B. Is anyone else readily available to help you communicate with (CHILD’s) parent(s) in (his/her/their) own language(s)?

YES ............................................................ 01
NO ............................................................. 00
A13. My next questions are about you and (CHILD).

When did you first start taking care of (CHILD) on a regular basis?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

A14. How many hours do you usually watch (CHILD) in a typical week?

<table>
<thead>
<tr>
<th>HOURS</th>
</tr>
</thead>
</table>

ENTIRE TIME.................................168

A15. CHECK A2: IS CARE ONLY IN CHILD’S HOME (A2=02 OR 04)?

YES..................................................01 → GO TO A16
NO ..................................................00

A15a. Does (CHILD) have a special place (in your home/the place where you watch [CHILD]) to keep (his/her) toys or personal belongings?

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

A16. Is there a television available for ([CHILD]/the children) to watch when you are taking care of (him/her/them)?

YES..................................................01
NO ..................................................00 → GO TO A17

A16a. How many hours is there a television on during a typical day when you care for (CHILD)? Is it . . .

Never, ..............................................00 → GO TO A17
One hour or less per day, ......................01
1-2 hours per day, ..............................02
3-4 hours per day, ...............................03
5-7 hours per day, or ............................04
More than 7 hours per day? ....................05
A16B. What television shows are generally on while you are watching (CHILD)? Please give me a few examples. **RECORD FIRST TWO MENTIONED**

a16_b1 1. __________________________

a16_b2 2. __________________________

A17. If (CHILD) hits you, what do you do? **RECORD VERBATIM AND CIRCLE ALL THAT APPLY IN A17A.**

PROBE: Anything else?

________________________________________________________________________

________________________________________________________________________

A17A.  

**CIRCLE ALL THAT APPLY**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a17a_0</td>
<td>THIS NEVER HAPPENS</td>
<td>01</td>
</tr>
<tr>
<td>a17a_1</td>
<td>HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH</td>
<td>01</td>
</tr>
<tr>
<td>a17a_2</td>
<td>EXPLAIN THE RULES</td>
<td>01</td>
</tr>
<tr>
<td>a17a_3</td>
<td>SCOLD</td>
<td>01</td>
</tr>
<tr>
<td>a17a_4</td>
<td>TIME OUT</td>
<td>01</td>
</tr>
<tr>
<td>a17a_5</td>
<td>NO RESPONSE, IGNORE</td>
<td>01</td>
</tr>
<tr>
<td>a17a_6</td>
<td>REDIRECT BEHAVIOR</td>
<td>01</td>
</tr>
<tr>
<td>a17a_7</td>
<td>TELL CHILD NOT TO HIT/TO STOP</td>
<td>01</td>
</tr>
<tr>
<td>a17a_9</td>
<td>OTHER (SPECIFY)</td>
<td>01</td>
</tr>
</tbody>
</table>
A18. If (CHILD) disagrees with you or says negative things about you, what do you do? RECORD VERBATIM AND CIRCLE ALL THAT APPLY IN A18A.

PROBE: Anything else?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a18a_0</td>
<td>THIS NEVER HAPPENS</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_1</td>
<td>HIT (ANY DEGREE), SPANK, YELL AT, SERIOUSLY PUNISH</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_2</td>
<td>EXPLAIN THE RULES</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_3</td>
<td>SCOLD</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_4</td>
<td>TIME OUT</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_5</td>
<td>NO RESPONSE, IGNORE</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_6</td>
<td>REDIRECT BEHAVIOR</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_7</td>
<td>TELL CHILD NOT TO SAY NEGATIVE THINGS/TO STOP</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_9</td>
<td>OTHER (SPECIFY)</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>a18a_101</td>
<td>ASK WHY, DISCUSS</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>
A19. The next questions are about (CHILD) and how (he/she) behaves.

(READ ITEM). (So far as you know) Is this not true, somewhat or sometimes true, or very true or often true for (CHILD)?

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

<table>
<thead>
<tr>
<th>a. (He/She) can’t stand waiting, wants everything now ...</th>
<th>NOT TRUE</th>
<th>SOMEWHAT OR SOMETIMES TRUE</th>
<th>VERY TRUE OR OFTEN TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. (He/She) is cruel to animals ..................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>c. (He/She) is defiant .............................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>d. (His/Her) demands must be met immediately ................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>e. (He/She) destroys things belonging to (his/her) family or other children ..................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>f. (He/She) is disobedient .........................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>g. (He/She) is disturbed by any change in routine .............</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>h. (He/She) doesn’t get along with other children ..............</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>i. (He/She) doesn’t seem to feel guilty after misbehaving ..</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>j. (He/She) is easily frustrated ....................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>k. (He/She) is easily jealous .......................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>l. (He/She) gets in many fights ....................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>m. (He/She) hits others .............................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>n. (He/She) hurts animals or people without meaning to .......</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>o. (He/She) has angry moods ........................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>p. (He/She) is nervous, high strung, or tense ..................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>q. (He/She) physically attacks people ............................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>r. Punishment doesn’t change (his/her) behavior ................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>s. (He/She) screams a lot ............................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>t. (He/She) is selfish or won’t share ............................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>u. (He/She) has a speech problem ..................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>v. (He/She) is stubborn, sullen, or irritable ..................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>w. (He/She) has sudden changes in mood or feelings ............</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>x. (He/She) has temper tantrums or a hot temper ...............</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>y. (He/She) is uncooperative .......................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>z. (He/She) is unusually loud .....................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>aa. (He/She) wants a lot of attention ............................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>bb. (He/She) is whiny ...............................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>cc. (He/She) is withdrawn; (he/she) doesn’t get involved with others ........................................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>dd. (He/She) has trouble getting to sleep .....................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>ee. (He/She) talks or cries in (his/her) sleep ..................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>ff. (He/She) wakes up often at night .............................</td>
<td>00</td>
<td>01</td>
<td>02</td>
</tr>
</tbody>
</table>
SECTION B: CHILD CARE ROUTINE AND PROGRAM

Now I’d like to ask you some questions about your routines while you watch (CHILD).

**b1** B1. On average, how many hours per week do you provide child care to children who are not your own?

|      |      |      |   HOURS OF CARE PER WEEK
|-------|-------|-------|--------------------------
| ONLY WATCH FOCUS CHILD, AND/OR OWN CHILD(REN)......-4

**b2** B2. Altogether, how many weeks during the year are you not available to provide child care?

|      |      |      | WEEKS
|-------|-------|-------|---------------------

**b3_a** B3A. IS CARE IN THE PROVIDER’S HOME? (A2=01 OR 03?)

YES .................................................................01
NO .................................................................00 → GO TO B6

**b5_hr** B5. (When [CHILD/CHILDREN] come(s) to your house) What time do(es) ([CHILD]/the first child) typically arrive?

|      |      |      |      |

**b5_min** (1) AM..............................................................01
PM..............................................................02

**b5_1ampm**

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

**b5_ah** B5A. (When [CHILD/CHILDREN] come(s) to your house) What time does ([CHILD]/the last child) typically leave?

|      |      |      |      |

**b5_am**

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

**b5_a1ap**
b6  B6. Do you ever care for children on weekends?

YES ............................................................ 01
NO ............................................................ 00 → GO TO B7

b6_a  B6A. Do you ever care for (CHILD) on weekends?

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

b7  B7. Do you ever provide care in the late night or early morning hours or for a parent whose work hours vary from week to week?

YES ............................................................ 01
NO ............................................................ 00 → GO TO B8A

b8  B8. Do you ever care for (CHILD) in the late night or early morning hours?

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

b8_a  B8A. Do the hours you watch (CHILD) vary from week to week?

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

b9  B9. During the last two months, that is since (DATE TWO MONTHS AGO), how many days were you not able to take care of ([CHILD]/children) because you were sick, one of your own children was sick, or because of a personal emergency, illness or another reason?

|      |      | NUMBER OF DAYS IN LAST TWO MONTHS

The next questions are about your policies and procedures. (FOR RELATIVES WHO CARE FOR ONLY ONE CHILD, ADD: Some of these questions may not seem to fit your situation, but we need to ask everyone the same questions.)

b10  B10. Do you keep any medical records for ([CHILD]/the children you take care of)?

YES ............................................................ 01
NO ............................................................ 00 → GO TO B12
B11. My next questions are about the records you keep. Do you have any of the following for (CHILD) (and the other [child/children])?

<table>
<thead>
<tr>
<th>CIRCLE 01, 00 OR 02 FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b11_a</th>
<th>a. Record of immunization and other health records? 01 00 02</th>
</tr>
</thead>
<tbody>
<tr>
<td>b11_b</td>
<td>b. Emergency contact information? 01 00 02</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>b11_c</td>
<td>c. Written permission to get medical care in an emergency? 01 00 02</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>b11_d</td>
<td>d. Phone numbers for doctors? 01 00 02</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>b11_e</td>
<td>e. Information on health problems such as allergies or hyperactivity? 01 00 02</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>b11_f</td>
<td>f. Written permission to give medicine? 01 00 02</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>b11_g</td>
<td>g. Do you keep physician’s name? 01 00</td>
</tr>
</tbody>
</table>

B12. CHECK A3: IS FOCUS CHILD ONLY CHILD IN CARE (A3=00)?

b12

<table>
<thead>
<tr>
<th>b12</th>
<th>YES 01 → GO TO B13B</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO 00</td>
<td></td>
</tr>
</tbody>
</table>

B13A. What do you do to inform other parents if you learn that a child has an infectious disease such as pink eye or chicken pox?

<table>
<thead>
<tr>
<th>b13_a</th>
<th>CIRCLE ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTHING 00</td>
<td></td>
</tr>
<tr>
<td>SEND NOTES HOME 01</td>
<td></td>
</tr>
<tr>
<td>CALL PARENTS 02</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY) 09</td>
<td></td>
</tr>
</tbody>
</table>

| b13_a9oth | NO OTHER CHILDREN IN CARE 10 |
B13B. What is your policy if child abuse is suspected?

PROBE: Anything else?

CIRCLE ALL THAT APPLY

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>b13b_0</td>
<td>NO POLICY</td>
<td>01</td>
</tr>
<tr>
<td>b13b_2</td>
<td>CONTACT SPECIALIST</td>
<td>01</td>
</tr>
<tr>
<td>b13b_3</td>
<td>CONTACT HEALTH AND HUMAN SERVICES/YOUTH SERVICES/CHILD WELFARE AGENCY</td>
<td>01</td>
</tr>
<tr>
<td>b13b_4</td>
<td>CONTACT POLICE</td>
<td>01</td>
</tr>
<tr>
<td>b13b_5</td>
<td>CONTACT OTHER AUTHORITIES</td>
<td>01</td>
</tr>
<tr>
<td>b13b_8</td>
<td>CONFRONT OR TALK TO PARENT(S)</td>
<td>01</td>
</tr>
<tr>
<td>b13b_9</td>
<td>OTHER (SPECIFY)</td>
<td>01</td>
</tr>
</tbody>
</table>


Every day, .................................................. 01
A few times a week, ................................... 02
A few times a month, or ............................. 03
Never? ....................................................... 00 → GO TO B15

b14_a B14A. When you take (CHILD) in a car, do you usually put (him/her) in a car seat, a booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?

NO RESTRAINT ........................................ 00
CAR SEAT ............................................... 01
BOOSTER SEAT ....................................... 02
REGULAR SEATBELT ............................... 03
SOMEONE’S LAP (VOLUNTEERED) ........ 04

b14_b B14B. When you take (CHILD) in a car, does (he/she) usually sit in the front seat or the back seat?

FRONT ....................................................... 01
BACK ......................................................... 02
VARIES (VOLUNTEERED) ...................... 03
ASK B15 TO B17 FOR THE PLACE WHERE CHILD IS WATCHED.

B15. CODE PROVIDER’S HOME WITHOUT ASKING IF OBSERVED, IF NOT OBSERVED, ASK: (Does your home/the place where you watch [CHILD]) have smoke alarms?

b15

YES ............................................................ 01
NO ............................................................ 00 → GO TO B16

B15A. As far as you know, are the batteries working in the smoke alarms?

b15_a

YES ............................................................ 01
HARD WIRED TO ELECTRICAL SYSTEM .............................................. 02
NO ............................................................ 00
DON’T KNOW .................................................. -1

B16. (Do you/Does the place where you watch [CHILD]) have a first aid kit?

b16

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

B17. Has (your home/the place where you watch [CHILD]) passed a fire inspection?

b17

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

B18. CHECK A4, A5 AND A5A. DOES PROVIDER CARE FOR ANY CHILDREN OTHER THAN FOCUS CHILD OR PROVIDER’S OWN CHILDREN (A4 OR A5 OR A5A=BLANK OR 00)?

b18

YES ............................................................ 01
NO ............................................................ 00 → GO TO B24

B19. Child care providers sometimes have helpers who assist with caring for young children. These helpers may be paid or not paid. Altogether, how many adults help you take care of children in a typical week?

b19

IF ASKED, SAY “BY ADULTS I MEAN THOSE 18 OR OLDER.”

[______] ADULT ASSISTANTS

NO ADULT ASSISTANTS .............................................. 00 → GO TO B20
B19A. How many of these assistants are paid money or paid in a non-cash arrangement?

b19_a

|   |   | PAID ADULT ASSISTANTS |

B20. Do you have any helpers who are 17 or younger?

b20

YES ............................................................ 01
NO ............................................................. 00 → GO TO B21

B20A. How many younger helpers do you have?

b20_a

|   |   | YOUNGER HELPERS |

NO YOUNGER HELPERS ......................... 00 → GO TO B21

B20B. How many of these younger helpers are paid money or paid in a non-cash arrangement?

b20_b

|   |   | PAID YOUNGER HELPERS. |

B21. DOES PROVIDER HAVE ANY ASSISTANTS? (B19 OR B20A CODED WITH NUMBER?)

b21

YES ............................................................ 01 → GO TO B22
NO ............................................................. 00

B21A. What do you usually do if you are called away suddenly while you are responsible for (CHILD/the children)?

CIRCLE ONE

b21_a

HAVE SUBSTITUTE AVAILABLE ............01
ADULT FAMILY MEMBER HELPS..........02
NON-ADULT FAMILY MEMBER HELPS....03
SEND CHILDREN HOME .................04
OTHER (SPECIFY) .........................09
TAKE THEM WITH ME ..................101

GO TO B24

B22. Including you, what is the maximum number of caregivers when (CHILD) is here?

b22

CAREGIVERS ............................................ |   |   |
B22a. And what is the minimum number of caregivers when (CHILD) is here?

CAREGIVERS............................................ |     |     |

PROVIDER IS ONLY CAREGIVER........01

B23. How many assistants have stopped working with you since (CHILD) started here?

|     |     | ASSISTANTS LEFT

B23a. How many new assistants have started working with you since (CHILD) started here?

|     |     | NEW ASSISTANTS

B24. Do you get paid to watch (CHILD), either by (his/her) parents or by some other source?

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

NO .........................................................00 → GO TO B27

B25. What do you charge to take care of (CHILD)?

$ |     |     |     |     |

REFUSED..................................................-3 → GO TO B25B

CODE WITHOUT ASKING IF MENTIONED:

B25a. Is that per . . .

Hour,..........................................................01

Day............................................................02

Week..........................................................03

Two weeks..................................................04

Month, or..................................................05

Year? ........................................................06 → GO TO B25C
b25_b  B25B. I just need a range. Is it . . .

About $200 per month or less, ...............01
$201 to $400, .........................................02
$401 to $600, .........................................03
$601 to $800, .........................................04
$801 to $1,000, .......................................05
Or more than $1,000 a month? ...............06
DON’T KNOW ...........................................-1
REFUSED .................................................-3

B25C(1). CHECK A4A. AND A5B. ARE ANY OF CHILD’S SIBLINGS IN CARE (A4A OR A5B=01)?

b25_c1

YES ......................................................01
NO ..........................................................00 → GO TO B26

B25D. What would you charge for just (CHILD)?

PROBE FOR AN ESTIMATE IF NECESSARY.

$ |___| |___| |___| |___| |___|

REFUSED .............................................-3 → GO TO B25F

CODE WITHOUT ASKING IF MENTIONED:

b25_e

Hour, .....................................................01
Day, .......................................................02
Week, .....................................................03
Two weeks, .............................................04
Month, or ...............................................05
Year? ....................................................06

GO TO B26
**b25_f**

B25F. I just need a range. Is that . . .

About $200 per month or less, ..................01
$201 to $400, .............................................02
$401 to $600, .............................................03
$601 to $800, .............................................04
$801 to $1,000, ..........................................05
Or more than $1,000 a month? ..................06
DON’T KNOW ............................................-1
REFUSED ..................................................-3

**b26**

B26. Is any part of (CHILD’s) care paid for by government subsidy?

YES ............................................................01
NO .............................................................00 → GO TO B26E

**b26_a**

B26A. What local, state, or federal program provides these funds?

CITY/STATE PROGRAM ....................................01
DEPARTMENT OF SOCIAL SERVICES .............02
OTHER PROGRAM ............................................03
____________________________________

**b26_b**

B26B. How much of (CHILD’S) care is paid for by (that subsidy/those subsidies)?

$ |____|____|____|____|

DON’T KNOW ............................................-1
REFUSED ..................................................-3 → GO TO B26D

**b26_c**

B26C. Is that per . . .

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

GO TO B26E
B26D. About how much of (CHILD’S) care is paid by (that subsidy/those subsidies)? Is it . . .

All, .............................................................. 01
Most, .......................................................... 02
Some, or .................................................... 03
Just a bit? ................................................... 04

B26E. Does (CHILD) receive any discounts or scholarships aside from government subsidies?

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

B27. (CHECK A4, A4A, A5, A5B.) DOES PROVIDER CARE FOR ANY CHILDREN OTHER THAN FOCUS CHILD, (HIS/HER) SIBLINGS, OR PROVIDER’S OWN CHILDREN (A4 AND A4A=00, OR A5 AND A5B=00)?

YES ............................................................ 01
NO ............................................................. 00  → GO TO B33

B28. Do the parents of the other (child/children) pay you out of their own money? Please do not include government subsidies.

CODE YES IF ANY PARENTS PAY.

YES ............................................................ 01
NO ............................................................. 00  → GO TO B29

B28A. Do you charge families different fees based upon their family income?

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

B29. Do you provide discounts or scholarships for (the other child/any of the other children)?

PROBE: Do not include funds from other sources.

YES ............................................................ 01
NO ............................................................. 00  → GO TO B30
b29_a  B29A. How many children currently receive these discounts or scholarships?

|____|____| CHILDREN

b30  B30. Is any part of the other (child’s/children’s) child care paid for by government subsidies?

YES ............................................................ 01
NO ............................................................. 00 → GO TO B32

b31  B31. How many children are supported fully or in part by government subsidies?

|____|____| CHILDREN

b31a  B31A. What local, state, or federal programs provide these funds?

PROBE: Any others?

CITY/STATE PROGRAM ............................................. 01
DEPARTMENT OF SOCIAL SERVICES .................. 02
OTHER PROGRAM ..................................................... 03

b31_b  B31B. Would you like to serve more subsidized children?

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

b31_c  B31C. Could you continue to operate if you didn’t serve subsidized children?

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

b32  B32. CHECK B24, B26, B28, AND B30. IS PROVIDER PAID FOR CARE?

YES ............................................................ 01
NO ............................................................. 00 → GO TO B34
B32A. In a typical month, how much money do you earn from caring for children? (This includes cash, vouchers, subsidies or any other monetary sources.)

B34B. If you could do what you wanted to do, ideally, how many hours in total would you like to work each week?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>HOURS PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE/WOULD NOT WORK ..................000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B35. CHECK A2: IS CARE IN PROVIDER’S HOME (A2=01, 03, OR 04)?

YES..........................................................01
NO .....................................................................00 → GO TO B41

B36. Are you sponsored by a group—for example, a church, Head Start, Catholic Charities—that organizes family day care in your area?

YES..........................................................01
NO .....................................................................00 → GO TO B37

B36A. What is the name of that group?

GROUP: ________________________________________

B37. Are you part of a network that provides training, assistance, or support to child care providers who care for children in their homes?

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

B38. Are you licensed or regulated by the state?

YES..........................................................01
NO .....................................................................00
B39. Are you a member of any early childhood or child care professional organizations?

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

B40. Is your program accredited by the National Association for Family Child Care—NAFCC—or some other organization?

NAFCC .......................................................... 01 \rightarrow GO TO B41
OTHER ORGANIZATION (SPECIFY) ........ 09

B40A. Are you currently pursuing NAFCC accreditation?

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

B41. CHECK A2. IS CHILD CARED FOR IN HIS/HER OWN HOME (A2=02, 03, OR 04)?

YES ............................................................ 01 \rightarrow READ B42A - B42C AS “THE NEIGHBORHOOD THAT THE CHILD LIVES IN”
NO ............................................................. 00 \rightarrow READ B42A-B42C AS “YOUR NEIGHBORHOOD”

My next questions are about (your neighborhood/the neighborhood that [CHILD] lives in).

B42A. How do you think this neighborhood compares with most other neighborhoods around here? Is it better, the same, or worse?

BETTER .......................................................... 01
SAME ............................................................ 02
WORSE .......................................................... 03

B42B. Have you heard gunshots in this neighborhood in the last year?

YES ............................................................ 01 \rightarrow GO TO B43
NO ............................................................. 00
**b42_c**  
B42C. How often have you heard gunshots in the last year? Would you say . . .

- Rarely, ........................................................ 01
- Once a month, ........................................... 02
- Once a week, ............................................. 03
- At least 2 times a week, or ......................... 04
- Daily? ......................................................... 05

**b43**  
B43. For each of the following, please tell me if it is very likely, likely, unlikely, or very unlikely that people in (your/[CHILD’s]) neighborhood would act in the following manner.

**INTERVIEWER: IF DON’T KNOW ASK FOR BEST GUESS.**

<table>
<thead>
<tr>
<th></th>
<th>VERY LIKELY</th>
<th>LIKELY</th>
<th>UNLIKELY</th>
<th>VERY UNLIKELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>If some children were spray-painting graffiti on a local building, how likely is it that the neighbors would do something about it? Would you say it is very likely, likely, unlikely, or very unlikely?</td>
<td>04</td>
<td>03</td>
<td>02</td>
</tr>
<tr>
<td>b.</td>
<td>If there were a fight in front of your house and someone was being beaten or threatened, how likely is it that the neighbors would break it up?</td>
<td>04</td>
<td>03</td>
<td>02</td>
</tr>
<tr>
<td>c.</td>
<td>If a child was showing disrespect to an adult, how likely is it that people in their neighborhood would scold that child?</td>
<td>04</td>
<td>03</td>
<td>02</td>
</tr>
<tr>
<td>d.</td>
<td>Suppose that because of budget cuts the fire station closest to (your/[CHILD’s]) home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?</td>
<td>04</td>
<td>03</td>
<td>02</td>
</tr>
</tbody>
</table>
B44 TO B47 REFER TO THE PLACE WHERE THE FOCUS CHILD IS CARED FOR. ASK B44 TO B44C WHEN THE INTERVIEW IS CONDUCTED BY TELEPHONE. OTHERWISE, CODE FROM OBSERVATION.

IF CONDUCTED BY TELEPHONE, READ:
My next questions are about the place where you care for (CHILD).

b44

B44. ON WHAT FLOOR IS THE APARTMENT WHERE THE FOCUS CHILD IS CARED FOR?

   __|__|_ FLOOR

   NOT APPLICABLE, SINGLE FAMILY DWELLING .................................. -4 → GO TO B46

B44A. INTERVIEWER: IS THE APARTMENT WHERE THE FOCUS CHILD IS CARED FOR ON THE 3RD FLOOR OR HIGHER?

b44_a

   YES ............................................................ 01
   NO .................................................................... 00 → GO TO B46

B44B. IS THERE AN ELEVATOR?

b44_b

   YES ............................................................ 01
   NO .................................................................... 00 → GO TO B46

B44C. IS THE ELEVATOR OPERATIONAL?

b44_c

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

b45

B45. (My next question is about the place where you care for [CHILD]).

How often does the elevator (in this building/in the building where you care for [CHILD]) break down? Is it . . .

   A few times a week, ........................................ 01
   A few times a month, or .............................. 02
   Less often than that or never? .................... 00 → GO TO B46
B45a. How quickly is it fixed? Is the...

- Same day, the ............................................ 01
- Same week, or ........................................... 02
- Longer than that? ....................................... 03

B46. (My next question is about the place where you care for [CHILD].)

How many rooms, not counting bathrooms, are in this (apartment/house)?

|___|___| NUMBER OF ROOMS

B47. How many bedrooms are in this (apartment/house)?

|___|___| NUMBER OF BEDROOMS
SECTION D: PROVIDER-PARENT RELATIONSHIP

D1. INTERVIEWER: IS PROVIDER (CHILD)’s MOTHER OR FATHER?

YES - MOTHER ......................................... 01 → GO TO D1C AND READ STATEMENTS ABOUT FATHER

YES - FATHER ......................................... 02 → GO TO D1C AND READ STATEMENTS ABOUT MOTHER

NO – NEITHER ......................................... 00 → CONTINUE TO D1A

D1A. I’d like to know a bit about the relationship you have with (CHILD)’s mother/father. Please answer the following questions based on your knowledge of the parent with whom you have had the most contact. Again, let me remind you that the answers you give will be kept confidential.

D1B. Please tell me which of (CHILD’S) parents you have the most contact with. Is it the . . .

Mother, ....................................................... 01 → READ D1C STATEMENT ABOUT MOTHER

Father, or ................................................... 02 → READ D1C STATEMENTS ABOUT FATHER

Both parents equally? ......................................... 00 → READ STATEMENTS ABOUT MOTHER

D1C. (READ STATEMENT) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>MILDLY AGREE</th>
<th>MILDLY DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>B.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>C.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>D.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>E.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>F.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>G.</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
</tbody>
</table>
D2. How often do you discuss (CHILD) with (her/his) (mother/father)? Is it . . .

- Less than once a month,......................01
- Once or twice a month,.......................02
- Once or twice a week, or....................03
- Most days?......................................04

D3. How often do you and (mother/father) disagree about how to take care of (CHILD)? Is it . . .

- Less than once a month,......................01
- Once or twice a month,.......................02
- Once or twice a week, or....................03
- Most days?......................................04

D4. For each statement I read, please say how often this is true of (mother/father).

(READ STATEMENT) Is this never true, sometimes true, often true or always true of (mother/father)?

<table>
<thead>
<tr>
<th></th>
<th>NEVER TRUE</th>
<th>SOMETIMES TRUE</th>
<th>OFTEN TRUE</th>
<th>ALWAYS TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. (CHILD's) (mother/father) and I share information..................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>b. We talk about how to deal with problems that might arise...........................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>c. (CHILD's) (mother/father) is supportive of me as a caregiver..........................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>d. (CHILD's) (mother/father) accepts the way I care for (her/him)........................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>e. I feel welcomed by (CHILD’s) (mother/father).............................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>f. This parent understands the kind of things I have to deal with on a day to day basis while I am taking care of (CHILD).............</td>
<td>01</td>
<td>02</td>
<td>03</td>
<td>04</td>
</tr>
</tbody>
</table>
SECTION E: CHILD CARE PROVIDER BELIEFS

E1. CHECK B24, B26, B28, AND B30. IS PROVIDER PAID FOR ANY CHILD CARE?

YES ........................................................................01
NO ...........................................................................00 → GO TO E3

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

E2. (READ STATEMENT) Do you strongly agree, mildly agree, mildly disagree or strongly disagree?

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>MILDLY AGREE</th>
<th>MILDLY DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You frequently feel like quitting and no longer taking care of young children........</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>b. If you had to do it again, you would still choose to do child care .........................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>c. You feel stuck in child care due to few other employment opportunities ...............</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>d. You wish there were more child care training opportunities available to you .....</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>e. You like providing child care, but find it difficult to make a living doing it..........</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>
E3. For each of the following statements, please tell me whether it describes how you feel about caring for ([CHILD]/children). Again, tell me if you strongly agree, mildly agree, mildly disagree or strongly disagree.

You view taking care of young children . . .

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY AGREE</th>
<th>MILDLY AGREE</th>
<th>MILDLY DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>e3_a</strong></td>
<td>As something you do mostly because you want to help ([CHILD’S][mother/father]/parents) out.....</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td><strong>e3_b</strong></td>
<td>As a stepping-stone to work in another field related to children ................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td><strong>e3_c</strong></td>
<td>As your chosen occupation ................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td><strong>e3_d</strong></td>
<td>As the only job that you feel qualified to do........</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td><strong>e3_e</strong></td>
<td>As temporary employment-until a better job is available..................................................</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>

E4. From the reasons I just listed, which would you say is your main reason for taking care of young children? Is it . . .

**CIRCLE ONE**

To help (CHILD’s) ([mother/father]/parents),.....................................................01

Because it is a stepping stone to another early childhood job, ..................................02

Because it’s your chosen occupation, ........03

Because it’s the only job you feel qualified to do,..................................................04

Because it’s temporary employment, or .....05

To work with Children........................................101
E5. I am going to read you some reasons people have given for becoming child care providers. Please tell me the one that best describes how you first came to work with young children? (READ ALL CHOICES)

CIRCLE ONE

You always wanted to do it, .........................01
A friend was doing it and suggested you try it, ....................................................02
A relative or friend who needed care for her children asked you to help them out, ....03
A teacher suggested you would be good at it, ...................................................04
You needed care for your own children and so decided to become a “sitter” or “provider” for others, too, ............................05
A welfare worker suggested you try it, or....06
There was some other reason? (SPECIFY).................................09

E6. If you had to guess, how much longer do you think that you will continue to take care of (other people’s) children in some way?

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

e6_yr

|_______| YEARS AND |_______| MONTHS
SECTION F: ABOUT THE CHILD CARE PROVIDER

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

F1. What would you say is the most enjoyable thing about taking care of children? RECORD VERBATIM

F2. What is the most difficult or frustrating part of caring for children? RECORD VERBATIM

F3. The next questions are about how you’ve been feeling. During the past year, how much have you been bothered or troubled by the following? (READ ITEM). Has this bothered or troubled you a lot, somewhat or not at all? CODE 01, 02 OR 03 FOR EACH

<table>
<thead>
<tr>
<th>Item</th>
<th>A LOT</th>
<th>SOMewhat</th>
<th>NOT AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F3A. CHECK A1a AND A3: IS PROVIDER CHILD’S PARENT AND NOT CARING FOR ANY OTHER CHILD (A1a=08 OR 10 AND A3=00)?

YES..........................................................01 ‚GO TO F9

NO .............................................................00
F4. Altogether, how long have you worked caring for children who are not your own? Please include time in child care centers, as a family child care provider, or as an informal child care provider.

**f4_yrs**  
Salary

**f4_mos**  
Salary

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

F5. CHECK A2. DOES PROVIDER CARE FOR CHILD/CHILDREN IN PROVIDER’S OWN HOME (A2 = 01, 03, OR 04)?

**f5**  
October only

YES .................................................................01
NO .................................................................00 → **GO TO F6**

F5A. And altogether, how long have you taken care of children who are not your own in your home?

**f5a_yrs**  
Salary

**f5a_mos**  
Salary

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

F6. Have you ever worked in a day care center or Head Start program?

**f6**  
Salary

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

F7. What (other) kind of child care setting have you worked in (besides that)?

**f7_a**  
Salary

**f7_b**  
Salary

**IF NONE, CIRCLE 00.**

______________________________________

______________________________________

______________________________________

NONE .................................................................00
F8A. Since you started working with young children, how would you describe your job history? Have you . . .

- Worked consistently as a provider of care to children, .................................................. 01
- Moved in and out of child care work, or ...... 02
- Mostly done other types of work? .............. 03

F8B. Are you paid for . . .

<table>
<thead>
<tr>
<th>CIRCLE 01, 02 OR 3 FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

f8b_a  a. Days when you are sick and can’t watch children? .................................................. 01 02 00

f8b_b  b. Days when a child is sick? ....................... 01 02 00

f8b_c  c. Days when you want to take a vacation? ........ 01 02 00

f8b_d  d. Holidays? .......................................................... 01 02 00

F8C. Not including Medicaid or other subsidized health care, are you offered paid health coverage through any source?

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

GO TO F9

F8D. Is this through . . .

- a. Spouse or partner’s plan, ...................... 01
- b. Privately purchased plan, or ................. 02
- c. Government assistance? ....................... 03

F8E. Are you enrolled in this plan?

- YES ........................................................................... 01
- NO ........................................................................... 00
F9. What is your date of birth?

\[
\begin{array}{c}
_{\text{MONTH}} \quad | \quad _{19} | \quad _{\text{YEAR}} \\
\end{array}
\Rightarrow \text{GO TO F10}
\]

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

F9A. I just need a range. Are you ...

\[f9_a\]

16 or less, .................................................. 01
17-20, ......................................................... 02
21-30, ......................................................... 03
31-50, ......................................................... 04
51-65, or ..................................................... 05
older than 66? ............................................ 06
REFUSED .................................................. -3

CODE WITHOUT ASKING IF OBVIOUS:

F10. Are you ... 

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

F11. Including yourself, how many people currently live in your house?

\[
_{\text{PEOPLE}}
\]

ONE/SELF ONLY ........................................ 01 \Rightarrow \text{GO TO F12}

F11A. Of these (NUMBER IN F10) people in your household, how many are children under age 18?

\[
_{\text{CHILDREN}}
\]

NONE ......................................................... 00
F12. Which of the following best describes your marital status? Are you . . .

Married, ...................................................... 01
Unmarried but living with a partner, ............ 02
Separated or divorced, ............................... 03
Never married, or ....................................... 04
Widowed? .................................................. 05
REFUSED .................................................. -3

F13. Which of the following best describes your race? Are you . . .

CIRCLE ALL THAT APPLY

f13_1 White or Caucasian 01 00
f13_2 Black or African American 01 00
f13_3 Asian 01 00
f13_4* Native Hawaiian or Pacific Islander, or 01 00
f13_5 Native American or Alaskan Native? 01 00
f13_9 OTHER (SPECIFY) 01 00
f13_0 VOLUNTEERED: BI OR MULTIRACIAL 01 00
f13_101 VOLUNTEERED: HISPANIC 01 00

*October Version only

F14. Are you of Hispanic or Latino origin or descent?

YES ............................................................ 01
NO ............................................................. 00 → GO TO F16

F15. Are you . . .

Mexican, ..................................................... 01
Cuban, ....................................................... 02
Puerto Rican, ............................................. 03
Dominican, or ............................................ 04

Of some other descent? (SPECIFY) ........... 09
F16. Do you currently receive any of the following public supports?

<table>
<thead>
<tr>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>A. TANF, AFDC, or welfare payments?</td>
</tr>
<tr>
<td>B. Medicaid or other subsidized health care?</td>
</tr>
<tr>
<td>C. Subsidized child care for your own children?</td>
</tr>
<tr>
<td>D. Food supports such as food stamps, WIC, or free or reduced school lunches?</td>
</tr>
</tbody>
</table>

F17. If you filled out a federal tax return for 2001, did you fill out a special form to claim the Earned Income Tax Credit, called Schedule EITC?

[PROBE IF DON’T KNOW WHAT EITC IS: The federal government has a special rule that allows working people who make less than about $29,000 a year to get a tax refund. It’s called the Earned Income Tax Credit or EITC. Sometimes, if the IRS thinks that someone is eligible for the Earned Income Tax Credit they will send out a letter asking that person to fill out a special form so that they can claim the Earned Income Tax Credit. Did you claim the Earned Income Tax Credit?]

YES............................................................ 01
NO ............................................................. 00
DIDN’T FILE 2001 TAX RETURN .......... -4
DON’T KNOW ........................................... -1
REFUSED .................................................. -3

We’d like to know a bit about the training you have.

F21. Have you ever taken any courses or attended any workshops on how to care for young children?

YES............................................................ 01
NO ............................................................. 00 → GO TO F25

F22. Have you taken any child development or early childhood education courses at a college or university?

YES............................................................ 01
NO ............................................................. 00 → GO TO F23
F22. What is the highest level of early childhood education or ECE, and child development training you have received from a community or 4 year college?

- Less than 25 units of ECE or child development, ...................... 01
- An AA in ECE or child development, ................. 02
- A BA/BS in ECE or child development, ...... 03
- Graduate level courses in ECE or child development, ...................... 04
- A graduate degree in ECE or child development, or ......................... 05
- Something else? (SPECIFY) ...................... 09

F23. Have you had any (other) special training such as workshops, courses, or child education programs?

- YES .............................................................................. 01
- NO .............................................................................. 00 → GO TO F25

F23A. Which of the following have you had? Have you had or taken . . .

<table>
<thead>
<tr>
<th></th>
<th>CIRCLE YES OR NO FOR EACH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>f23a_a</td>
<td>Child development associate or CDA training? .................</td>
</tr>
<tr>
<td>f23a_b</td>
<td>Workshops in the community? .......................................</td>
</tr>
<tr>
<td>f23a_c</td>
<td>Workshops at professional meetings? ...............................</td>
</tr>
<tr>
<td>f23a_d</td>
<td>Child care courses in high school or vocational school?......</td>
</tr>
<tr>
<td>f23a_e</td>
<td>Other training focused on education such as elementary education? ................................................................</td>
</tr>
<tr>
<td>f23a_f</td>
<td>Training on taking care of children with special needs? ......</td>
</tr>
<tr>
<td>f23a_g</td>
<td>Some other training? (SPECIFY) .....................................</td>
</tr>
</tbody>
</table>
F24. In the past 12 months, about how much time did you spend at child related training programs, workshops, or conferences? Would you say . . .

- Less than 5 hours, ...................................... 01
- 5 to 10 hours, ............................................. 02
- 11-19 hours, ........................................... 03
- 20 hours or more? ...................................... 04
- NONE/NO TIME ......................................... 00

F25. Do you hold any of the following teaching certificates, permits or credentials? 

<table>
<thead>
<tr>
<th>Certificate</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Child Development Associate (CDA)?</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>b. Montessori Certificate?</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>c. College Early Childhood Education Certificate?</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>d. Elementary Teaching Credential?</td>
<td>01</td>
<td>00</td>
</tr>
<tr>
<td>e. Anything else? (SPECIFY)</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

May version only: Volunteered: None

F26. Have you ever had first aid training?

- YES .................................................................. 01
- NO .................................................................. 00 \(\rightarrow\) GO TO F27

F26A. When did you last have this training?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F27. Have you ever had CPR for children training?

- YES .................................................................. 01
- NO .................................................................. 00 \(\rightarrow\) GO TO F28
F27a  F27A. Is your CPR certification up-to-date?

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

F28. When did you last have a physical exam?

|_____|||_______|_____|
MONTH  YEAR

NEVER ....................................................... -4
DON’T KNOW ............................................ -1

F28a. What about a TB test?

|_____|||_______|_____|
MONTH  YEAR

NEVER ....................................................... -4
DON’T KNOW ............................................ -1

F29  F29. What is the highest level of school you have completed?

IF RESPONSE IS ‘NURSING, BUSINESS, VOCATIONAL,’ ETC., PROBE FOR HIGHEST LEVEL OF REGULAR SCHOOL COMPLETED.

CIRCLE ONE

SOME HIGH SCHOOL ........................................ 01
HIGH SCHOOL GRADUATE OR GED ........ 02
SOME COLLEGE COURSES,
BUT NO DEGREE ........................................ 03
TWO YEAR COLLEGE DEGREE .......... 04
FOUR YEAR COLLEGE DEGREE .......... 05
SOME GRADUATE SCHOOL ............... 06
GRADUATE DEGREE ................................... 07
F30. In what year did you complete this schooling?

|__|__|__|__|__ YEAR

Thank you for taking the time to answer my questions. This information will help us understand more about the experiences of children in child care settings, and people who take care of young children.

IF YOU HAVE NOT ALREADY DONE SO, SCHEDULE OBSERVATION VISIT.