Fragile Families

CHILD CARE STUDY

POST OBSERVATION FORM

NOTES:
This data file associated with this survey uses the naming convention, ffcc_pof_*, where "**" denotes the question number (ex. "ffcc_pof_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.

DATE: ______ / ______ / ______

MONTH YEAR

ffc3_pof_datem/ffc3_pof_datey

Conducted by
Mathematica Policy Research, Inc.

for
Teachers College
Columbia University

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.
A.

INTRODUCTION

As you know, I will be observing (CHILD) this morning. I want to see what a typical morning is like for (him/her). I want to see how (he/she) acts around the other people in the room and how (he/she) pays attention to the things in the room. I want to find out what kinds of experiences (he/she) usually has. For the observations to be accurate, it is important that everyone act as naturally as possible and just do what they would be doing if I weren’t here. I know this is easier said than done, but try to do what you would normally do. The purpose of these observations is really just to find out how children spend their time in child care. I will be following (CHILD)’s activities, and I may, therefore, need to go in and out of the room. I'll try not to be disruptive. If you just ignore me, I hope that the children will too.

INTRODUCCIÓN

Como Ud. ya sabe, voy a estar observando a (CHILD) esta mañana. Quiero ver lo que es una mañana típica para (él/ella). Quiero ver como actúa alrededor de otras personas en el (aula/cuarto) y como presta atención a las cosas en el lugar. Quiero averiguar que tipo de experiencias (él/ella) tiene, generalmente. Para que estas observaciones sean precisas, es importante que todos los presentes se comporten en la manera más natural que es posible, y que hagan lo que harían si yo no estuviera aquí. Yo sé que esto es más fácil decir que hacer, pero traten de hacer lo que normalmente hacen. El propósito de estas observaciones es ver como pasan los niños el tiempo mientras están bajo cuidado. Yo voy a estar observando a las actividades de (CHILD), y por lo tanto, quizás tendré que salir y entrar del (aula/cuarto). Trataré de no interrumpir. Si Ud. (ignora/pasa por alto) mi presencia, espero que los niños harán lo mismo.
## A. OBSERVATION CHECKLIST

**A1.** IS THERE GARBAGE, LITTER, OR BROKEN GLASS IN THE STREET OR ROAD, ON THE SIDEWALKS, OR IN YARDS?

- **ALMOST NONE** ................................................................. 01
- **YES, BUT NOT A LOT** ..................................................... 02
- **YES, QUITE A BIT** .......................................................... 03
- **YES, ALMOST EVERYWHERE** .......................................... 04
- **NOT OBSERVED** ........................................................... -1

**A2.** HOW WOULD YOU RATE THE GENERAL CONDITION OF MOST OF THE BUILDINGS ON THE BLOCK/OR WITHIN 100 YARDS OF THE PROVIDER?

- **WELL KEPT WITH GOOD REPAIR AND EXTERIOR SURFACE** ...................................................... 01
- **FAIR CONDITION** .......................................................... 02
- **POOR CONDITION WITH PEELING PAINT AND NEED OF REPAIR** ........................................ 03
- **BADLY DETERIORATED** ............................................... 04
- **NOT OBSERVED** ........................................................... -1

**A3.** IS THERE GRAFFITI ON THE BUILDINGS OR WALLS OF THE BUILDINGS ON THE BLOCK OR WITHIN 100 YARDS OF THE PROVIDER?

- **NONE** ............................................................................. 01
- **YES, BUT NOT A LOT** ..................................................... 02
- **YES, QUITE A BIT** .......................................................... 03
- **YES, ALMOST EVERYWHERE** .......................................... 04
- **NOT OBSERVED** ........................................................... -1

**A4.** ARE THERE VACANT, ABANDONED, OR BOARDED-UP BUILDINGS, ON THE BLOCK OR WITHIN 100 YARDS OF THE PROVIDER?

- **NO** .................................................................................. 01
- **YES, ONE BUILDING FITS THIS DESCRIPTION** .................. 02
- **YES, 2-3 BUILDINGS FIT THIS DESCRIPTION** ................. 03
- **YES, 4 OR MORE BUILDINGS FIT THIS DESCRIPTION** ....... 04
- **NOT OBSERVED** ........................................................... -1
A5. ARE THERE ABANDONED VEHICLES ON THE BLOCK OR WITHIN 100 YARDS OF THE PROVIDER?

NO..............................................................................................01
ONLY ONE...............................................................................02
2-3.............................................................................................03
4 OR MORE ...............................................................................04
NOT OBSERVED.........................................................................-1

A6. HOW WOULD YOU RATE THE CONDITION OF THE STREET IN FRONT OF PROVIDER?

VERY GOOD—RECENT RESURFACING, SMOOTH.....01
MODERATE—EVIDENCE KEPT IN GOOD REPAIR ......02
FAIR—MINOR REPAIRS NEEDED, BUT NOT ROUGH SURFACE.................................03
POOR—POTHOLES AND OTHER EVIDENCE OF NEGLECT...............................04

A7. DOES THE ENVIRONMENT IMMEDIATELY OUTSIDE PROVIDER (YARD, PATIO, ENTRYWAY OR PORCH AND STAIRS) HAVE ANY OF THE FOLLOWING?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>UNLIT ENTRANCE OR STAIRWAY</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>B.</td>
<td>BROKEN STEPS</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>C.</td>
<td>BROKEN GLASS OR BROKEN TOYS</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>D.</td>
<td>LARGE DITCHES</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>E.</td>
<td>ALCOHOL OR DRUG PARAPHERNALIA</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>F.</td>
<td>STREWN GARBAGE/LITTER</td>
<td>01 00 -1</td>
</tr>
</tbody>
</table>

A8. DOES THE EXTERIOR OF THE BUILDING HAVE ANY OF THE FOLLOWING? (Consider condition of walls, paint, windows, lights, extent of needed repairs, and cleanliness.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>PEELING PAINT, NEEDS PAINT JOB</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>B.</td>
<td>CRUMBLING OR DAMAGED WALLS</td>
<td>01 00 -1</td>
</tr>
<tr>
<td>C.</td>
<td>BROKEN OR CRACKED WINDOWS</td>
<td>01 00 -1</td>
</tr>
</tbody>
</table>
A9. HOW WOULD YOU BEST DESCRIBE THE HOME OR BUILDING?

CENTER—SEPARATE BUILDING OR STOREFRONT ......................................................... 01
APARTMENT BUILDING .................................................................................. 02
ONE FAMILY (DETACHED) HOME ................................................................. 03
TWO FAMILY HOME, DUPLEX ....................................................................... 04
MOBILE HOME, TRAILER ........................................................................... 05
ROW HOUSE, TOWNHOUSE ......................................................................... 06
OTHER (SPECIFY) ....................................................................................... 07

GO TO C1
B. COMMON AREAS

FOR THESE QUESTIONS CONSIDER THE ENTRANCE, FOYER AND HALLWAYS OF THE BUILDING OR CENTER.

B1. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>-1</td>
</tr>
</tbody>
</table>

B2. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN HOLES IN FLOOR?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>-1</td>
</tr>
</tbody>
</table>

B3. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>-1</td>
</tr>
</tbody>
</table>

B4. DO THE INTERIOR COMMON AREAS OF THE BUILDING (EXAMPLES: ENTRANCE, FOYER, HALLWAYS) CONTAIN EXPOSED WIRES?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>00</td>
<td>-1</td>
</tr>
</tbody>
</table>
C. INTERIOR OF BUILDING

C1. ARE THERE ANY BROKEN WINDOWS OR CRACKED WINDOWPANES?

YES ................................................................................... 01
NO ..................................................................................... 00
NOT OBSERVED .............................................................. -1

C2. IS THE WIRING OPEN AND EXPOSED?

YES ................................................................................... 01
NO ..................................................................................... 00
NO ELECTRICAL WIRING ............................................... -4
NOT OBSERVED .............................................................. -1

C3. DOES THE HOUSING UNIT/CENTER CONTAIN OPEN CRACKS OR HOLES IN WALLS OR CEILING?

YES ................................................................................... 01
NO ..................................................................................... 00
NOT OBSERVED .............................................................. -1

C4. DOES THE HOUSING UNIT/CENTER CONTAIN HOLES IN FLOOR?

YES ................................................................................... 01
NO ..................................................................................... 00
NOT OBSERVED .............................................................. -1

C5. DOES THE HOUSING UNIT/CENTER CONTAIN BROKEN PLASTER OR PEELING PAINT OVER 1 SQUARE FOOT OR MORE?

YES ................................................................................... 01
NO ..................................................................................... 00
NOT OBSERVED .............................................................. -1

C6. IS INSIDE OF HOME/CENTER DARK? (EXAMPLES: CLOSED DRAPES IN DAYTIME; POOR LIGHTING)

YES ................................................................................... 01
NO ..................................................................................... 00
NOT OBSERVED .............................................................. -1
C7. **IS INSIDE OF HOME/CENTER OVERCROWDED?** *(EXAMPLES: many people in a very small space, difficult to find a private place to interview respondent, frequent interruptions and difficult for child too find a place to play or for people to avoid bumping into each other)*

    YES .......................................................................................... 01
    NO ............................................................................................. 00
    NOT OBSERVED ...................................................................... -1

C8. **ARE ALL VISIBLE ROOMS NOTICEABLY CLUTTERED?** *(EXAMPLES: visible rooms are messy or are cluttered with clothes, toys all over, children’s schoolwork, shoes and socks, other objects)*

    YES .......................................................................................... 01
    NO ............................................................................................. 00
    NOT OBSERVED ...................................................................... -1

C9. **ARE ALL VISIBLE ROOMS DIRTY OR NOT REASONABLY CLEANED?** *(EXAMPLES: trash strewn around, dirty dishes in kitchen, floor, cubbies, table tops, and furniture have not been cleaned or dusted fairly recently)*

    YES .......................................................................................... 01
    NO ............................................................................................. 00
    NOT OBSERVED ...................................................................... -1

C10. **IS INSIDE ENVIRONMENT UNSAFE FOR YOUNG CHILDREN?** *ANSWER “YES” IF ONE OR MORE POTENTIALLY DANGEROUS HEALTH OR STRUCTURAL HAZARDS. (EXAMPLES: frayed electrical wires, mice or rats, broken glass, poisons, falling plaster, broken stairs, peeling paint, cleaning materials left out, flames and heat within reach of young children)*

    UNSAFE .................................................................................. 01
    SAFE ....................................................................................... 00
    NOT OBSERVED ...................................................................... -1

C11. **DID YOU OBSERVE ANY CHILD’S ARTWORK OR PHOTOGRAPHS OF HOUSEHOLD CHILDREN ON DISPLAY IN THE HOME?** *(EXAMPLES: ARTWORK OR PHOTOS ON REFRIGERATOR OR ON WALLS)*

    NO ARTWORK/PICTURES ...................................................... 01
    ARTWORK/PICTURES ............................................................. 00
    NOT OBSERVED ...................................................................... -1
C12. **IS THIS OBSERVATION FOR A FAMILY-BASED PROVIDER OR CENTER?**

   FAMILY-BASED ........................................................................ 01
   CENTER .................................................................................. 02 → GO TO SECTION D

C13. **DOES THE HOUSE OR APARTMENT HAVE AT LEAST 100 SQUARE FEET OF LIVING SPACE PER PERSON?** *(This is roughly a 10X10 room)*

   LESS THAN 100 SQUARE FEET ........................................... 01
   AT LEAST 100 SQUARE FEET .............................................. 00

C14. **HOW NOISY IS THE HOUSE OR APARTMENT?** *Consider the sounds of television, shouts of children, radio, etc.*

   VERY NOISY—HARD TO HEAR CONVERSATIONS .... 01
   SOMEWHAT NOISY ............................................................ 02
   NOT VERY NOISY ............................................................... 03

C15. **HOW MUCH STREET NOISE COMES INTO THE HOUSE OR APARTMENT FROM THE OUTSIDE?** *Consider trains, cars, people, music.*

   VERY NOISY—HARD TO HEAR CONVERSATIONS .... 01
   SOMEWHAT NOISY ............................................................ 02
   NOT VERY NOISY ............................................................... 03
## D. HOME SCALE

**INTERVIEWER:** Answer on the basis of your personal observations of the home/center and the focus provider/focus child interactions at the time of your visit.

<table>
<thead>
<tr>
<th>D1. PROVIDER HAD 2 CONVERSATIONS WITH CHILD. (needs to be two separate conversations. Conversations includes asking questions, talking about things of interest. For infants, the provider can talk, have eye contact with the child and have the child attend to the talk).</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONVERSED .................................................................01</td>
</tr>
<tr>
<td>DID NOT CONVERSE .....................................................02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D2. PROVIDER RESPONDED VERBALLY TO CHILD'S VOCALIZATIONS (sounds or words, important point is that focus provider did not ignore child. If child never vocalized to focus provider: Score as automatic “did not respond”).</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONDED .................................................................01</td>
</tr>
<tr>
<td>DID NOT RESPOND .........................................................00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D3. PROVIDER TOLD CHILD THE NAME OF AN OBJECT OR PERSON DURING VISIT (provider’s sensitivity to child’s search for names of objects around (him/her)—need not be as direct as “this is an apple”, but the focus provider’s statement must clearly label some object or person, not just use the word in a sentence. For example, “go get x” should not count because focus provider is not teaching child the name of anything).</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERVIEWER: INCLUDE BABY WORDS AS “01”.</td>
</tr>
<tr>
<td>TOLD CHILD .................................................................01</td>
</tr>
<tr>
<td>DID NOT TELL CHILD .....................................................00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D4. PROVIDER USES CORRECT GRAMMAR AND PRONUNCIATION. (Speech was distinct and audible. Score positive if you could understand and communicate with focus provider—do not score negatively for dialects. Not distinct includes slurred, mumbling or trouble articulating words or severe speech impediments.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORRECT/DISTINCT ........................................................01</td>
</tr>
<tr>
<td>NOT CORRECT/DISTINCT .................................................00</td>
</tr>
</tbody>
</table>
D5. PROVIDER INITIATED VERBAL EXCHANGES WITH VISITOR (Should have spontaneously made a few comments or asked a few questions or been a little wordy at times.)

INITIATED ................................................................. 01
DID NOT INITIATE ......................................................... 00

D6. PROVIDER USES COMPLEX SENTENCE STRUCTURE AND VOCABULARY (Refers to characteristic speech pattern during visit—if typically spoke in one word sentences or headshakes, score as "00").

COMPLEX ................................................................. 01
NOT COMPLEX ............................................................ 00

D7. PROVIDER SPONTANEOUSLY PRAISED CHILD AT LEAST TWICE (Any achievement noted with pride (e.g., can dress himself, has a good disposition. Important that you read the focus provider’s affect, sometimes negative comments are really positive remarks.)

INTERVIEWER: PRAISE MAY BE DIRECT TO CHILD OR TOLD TO YOU ABOUT CHILD.

PRAISED ................................................................. 01
DID NOT PRAISE .......................................................... 00

D8. PROVIDER’S VOICE CONVEYS POSITIVE FEELINGS TOWARD CHILD (was tone of voice animated, or flat and/or irritated)?

POSITIVE ................................................................. 01
NOT POSITIVE ............................................................. 00

D9. PROVIDER CARESSED OR KISSED CHILD AT LEAST ONCE (e.g., can include hugged, stroked hair, patted arm or leg, affectionately reaching out, blowing a kiss).

CARESSED ............................................................... 01
DID NOT CARESS .......................................................... 00
D10. PROVIDER HELPS CHILD DEMONSTRATE SOME ACHIEVEMENT DURING VISIT. (For example, tried to get the child to do something to impress the visitor or to show off.)

HELPED DEMONSTRATE ACHIEVEMENT .................. 01
DID NOT HELP DEMONSTRATE ACHIEVEMENT .... 00

D11. PROVIDER DID NOT SHOUT AT CHILD (e.g., did not raise voice above level required by distance between focus provider and child).

INTERVIEWER: DO NOT CODE FOCUS PROVIDER SHOUTING TO WARN CHILD OF DANGER OR STOP CHILD FROM BEING IN DANGER AS “SHOUTED.”

DID NOT SHOUT ....................................................... 01
SHOUTED ................................................................... 00

D12. PROVIDER DID NOT EXPRESS ANNOYANCE WITH OR HOSTILITY TOWARD CHILD (Should score as “00” if focus provider complained about child in a manner that did not suggest an affectionate joke. Could have told child to stop doing something several times and still receive a positive score if general tone was positive).

DID NOT EXPRESS ANNOYANCE .......................... 01
EXPRESSED ANNOYANCE ............................... 00

D13. PROVIDER NEITHER SLAPPED NOR SPANKED CHILD DURING THE VISIT (If uncertain about a particular action, note child’s behavior—if [he/she] whimpered or cried or frowned score as “00.”)

DID NOT SLAP ......................................................... 01
SLAPPED .................................................................. 00

D14. PROVIDER DID NOT SCOLD OR CRITICIZE CHILD DURING THE VISIT (Provider made negative comment directly to child [e.g., “you are a bad boy/girl.”])

DID NOT SCOLD ......................................................... 01
SCOLDED .................................................................. 00

D15. PROVIDER DID NOT INTERFERE OR RESTRICT CHILD (Restrictions can be verbal [“stop that”] as well as physical [slapped hand, took toy away, put crawling child in crib or play pen] do not count as negative action taken to prevent child from harming [him/her]self.)

DID NOT INTERFERE ............................................... 01
INTERFERED ......................................................... 00
E. POST VISIT RATING BY INTERVIEWER

E1. DURING THE ENTIRE VISIT, HOW AT EASE DID THE FOCUS PROVIDER APPEAR?

VERY UNCOMFORTABLE ............................................... 01
SLIGHTLY ILL AT EASE ................................................... 02
MODERATELY COMFORTABLE ..................................... 03
COMPLETELY COMFORTABLE AND AT EASE ......................... 04

E2. DURING THE ENTIRE VISIT, HOW DISRUPTIVE DO YOU THINK YOUR PRESENCE WAS?

NOT AT ALL DISRUPTIVE ............................................... 01
MINIMALLY DISRUPTIVE ................................................ 02
MODERATELY DISRUPTIVE ........................................... 03
HIGHLY DISRUPTIVE ...................................................... 04

E3. DURING THE ENTIRE VISIT, HOW MUCH DID THE FOCUS CHILD TRY TO INTERACT WITH YOU?

DIDN’T NOTICE YOU AT ALL .......................................... 01
A FEW GLANCES OR SMILES ONLY .................................. 02
QUITE NUMEROUS GLANCES, SMILES, VOCALIZATIONS ........... 03
PROLONGED WATCHING AND NUMEROUS ATTEMPTS TO INTERACT ........ 04

E4. RATE THE OVERALL POSITIVE RELATIONSHIP OF THE FOCUS PROVIDER WITH THE FOCUS CHILD.

NO EVIDENCE OF A SPECIAL LOVING RELATIONSHIP
(NO SPECIAL ATTENTION, NO PREFERENCE BY CHILD FOR PROVIDER) ............................................................... 01

HINTS OF A POSITIVE RELATIONSHIP 
(SOME DEVELOPING BUT MINIMAL) ................................. 02

MODERATELY POSITIVE RELATIONSHIP 
(NOT STRONG OR UNIFORMLY POSITIVE; AMBIGUOUS) ........... 03

STRONG POSITIVE RELATIONSHIP .............................. 04

DON’T KNOW/NOT OBSERVED ..................................... -1

EXAMPLES OF POSITIVE = SOURCE OF COMFORT, SHARES EXPERIENCE, AFFECTIONATE, MUTUAL ATTENTIVENESS, CLOSE PHYSICAL CONTACT, RESPONSIVENESS.
E5. RATE THE ADULT- OR CHILD-CENTEREDNESS OF THE CARE

ADULT-CENTERED/INADEQUATE ........................................ 01
(CARE IS INADEQUATE OR BARELY ADEQUATE—STAFF
CONVENIENCE IS FOCUS)

ADULT-CENTERED/ADEQUATE ........................................ 02
(CARE NOT MARKED BY SPECIAL GENTLENESS, RESPECT,
OR INTEREST IN CHILDREN, ADULT GOALS, DRIVE CARE)

SOMETIMES/SOMEWWHAT CHILD-CENTERED ............. 03
(SOMETIMES OR SOME CHILDREN GET GOOD CARE)

CONSISTENTLY CHILD-CENTERED ............................... 04
(ADULT TALK ABOUT CHILDREN, CARE AIMED AT IMPROVING
CHILD’S COMFORT, GENTLENESS, EFFORT TO PROVIDE
NURTURING AND SIMULATING EXPERIENCES)

E6. YOUR OVERALL IMPRESSION OF THE CHILD CARE

EXCELLENT ........................................................................ 05
GOOD ............................................................................... 04
FAIR .................................................................................. 03
POOR ................................................................................ 02
TERRIBLE ........................................................................... 01