# National Study of Child Care for Low-Income Families

# Care in the Home: A Description of Family Child Care and the Experiences of the Families and Children Who Use It

## Final Report
## *Volume II*
## *Measures Used in the Study*

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# Table of Contents

**Parent Interview** ..... **1**
**Family Child Care Provider Interview** ..... **66**
**School-Age Child Interview** ..... **100**

**Family Child Care Home Observation**
Information Sheet ..... 109
Physical Description Of Setting ..... 110
Roster Of Children Enrolled And Present ..... 111

**Environment Checklist** ..... **113**
**Environment Snapshot** ..... **137**
**Child Observation** ..... **140**
**Provider Rating System** ..... **142**

* The Environmental Checklist and Provider Rating have been revised for use in later studies (as the QUEST). Please contact Jean Layzer at jeanlayzer1@mac.com or Barbara Goodson at Barbara_goodson@abtassoc.com for information about the QUEST measures.

# National Study of Child Care for Low-Income Families

**PARENT INTERVIEW**
**(IN-PERSON WITH**
**USERS OF FAMILY CHILD CARE)**

Respondent Name _____

Respondent ID _____

Interviewer Name _____

Interviewer ID _____

Date of Interview _____/_____/_____

## Introduction

Thank you for agreeing to talk to us. As you know, we are talking to you as part of a research project that we are doing on families' use of child care. It's very important that we talk to every one of the families in the study. As we explained earlier, everything that you say to me will be completely private—only the research staff will see the interview, and your name won't remain on any of the forms. We have assigned each interview an ID number, and no one except the research staff will be able to match your name with that ID.

I want to thank you again for agreeing to talk with me. If you have any questions at any time, or if you don't understand something I've said, please let me know. If you feel uncomfortable with any questions, please let me know and we'll go on to the next one. Okay? Do you have any questions now?

## Section A. Household Characteristics

First I'd like to ask you some questions about your household.

A1. I'd like to know about anyone who lives in your household now. I only need to know their first names. Let's start with you. (GO TO CHART 1; ENTER RESPONDENT'S NAME ON FIRST LINE, NAMES OF ALL OTHER MEMBERS OF HOUSEHOLD ON SUCCEEDING LINES.) Let me read what you've told me back to you. (READ A1 LIST.) Did we include everyone who *usually* lives here?

(ASK A2 and A3 FOR EACH PERSON LISTED IN A1 AND ENTER ON CHART 1.)

A2. What is (NAME)'s relationship to you? (ENTER RELATIONSHIP AND CODE.)

A3. How old is (NAME)?

**CHART 1**

| **A1. Household Roster**<br><br>Please give me the first names of all the people who live in the household now, starting with you. | | **A2. Relationship to Respondent**<br><br>What is (NAME)'s relationship to you? *(ENTER CODE NUMBER IN "CODE" COLUMN.)* | | **A3. Age for Respondent and Children**<br><br>How old is (NAME)? *(ENTER YRS. FOR PERSONS >5 YRS. AND YRS. & MOS. FOR CHILDREN <5 YRS. IF INFO. UNKNOWN, ENTER 99.)* |
|---|---|---|---|---|
| | | Relationship | Code | # Yrs./Mos. |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |

**A2 — Relationship to Respondent Codes**

| | | | | | |
|---|---|---|---|---|---|
| 01 | HUSBAND/WIFE | 09 | SISTER | 17 | GRANDMOTHER |
| 02 | PARTNER | 10 | BROTHER | 18 | GRANDFATHER |
| 03 | MOTHER/STEPMOTHER | 11 | BIOLOGICAL CHILD | 19 | GRANDDAUGHTER |
| 04 | FATHER/STEPFATHER | 12 | UNRELATED ADULT | 20 | GRANDSON |
| 05 | FORMER PARTNER'S MOTHER | 13 | UNRELATED CHILD | 21 | PARTNER'S GRANDMOTHER |
| 06 | FORMER PARTNER'S FATHER | 14 | OTHER RELATED ADULT | 22 | PARTNER'S GRANDFATHER |
| 07 | PARTNER'S MOTHER | 15 | OTHER RELATED CHILD | | |
| 08 | PARTNER'S FATHER | 16 | STEP CHILD | | |

A5. Do you consider your family to be of Hispanic or Latino descent?

YES, HISPANIC OR LATINO ..... 1

NO, NOT HISPANIC OR LATINO..... 2

A5a. What race(s) do you consider that your family belongs to? (DO NOT READ LIST. CIRCLE ALL THAT ARE MENTIONED.)

WHITE..... 1
BLACK/AFRICAN AMERICAN ..... 2
AMERICAN INDIAN OR ALASKA NATIVE ..... 3
ASIAN ..... 4
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER..... 5
OTHER (SPECIFY) _____..... 6

A6. Where were you born? (DO NOT READ LIST. CIRCLE ONE.)

USA..... 1 GO TO SECTION B
ANOTHER COUNTRY ..... 2
DON'T KNOW..... 97
REFUSED..... 98

A6a. IF RESPONDENT ANSWERED "ANOTHER COUNTRY," ASK: How long have you lived in the United States? RECORD IN YEARS.

_____ Number of years

DON'T KNOW..... 97
REFUSED..... 98

**Section B. Mother's Education and Training**

Now I'd like to talk to you about your education and training, including any educational or job training classes that you are currently attending.

B1. What is the last or highest grade in school that you have completed? (DO NOT READ LIST. CHECK ONE.)

☐ NO FORMAL SCHOOLING

**ELEMENTARY SCHOOL ONLY**

☐ LESS THAN 6TH GRADE

☐ GRADE 6

☐ GRADE 7

☐ GRADE 8

**HIGH SCHOOL**

☐ GRADE 9

☐ GRADE 10

☐ GRADE 11

☐ GRADE 12

☐ MORE THAN GRADE 12

B1a. Do you have a high school diploma or GED?

| | | |
|---|---|---|
| YES, DIPLOMA ..... | 1 | GO TO B2 |
| YES, GED ..... | 2 | GO TO B2 |
| NO ..... | 3 | |

B1b. Are you currently taking a GED or adult education class?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO B2 |

B1c. On average, how many hours a week do you attend these GED or adult education classes?

_____# of hours per week

B2. Have you attended vocational, trade, or business school after high school?

YES..... 1
NO..... 2 GO TO B2C

B2a. How many years did you complete?

- ☐ LESS THAN ONE YEAR
- ☐ ONE TO TWO YEARS
- ☐ TWO YEARS OR MORE

B2b. Have you obtained any job-related certificates or licenses? (CIRCLE ALL THAT APPLY.)

YES, TRADE LICENSE OR CERTIFICATE..... 1
YES, CDA (CHILD DEVELOPMENT ASSOCIATE)..... 2
YES, OTHER (SPECIFY) _____..... 3
NO..... 4

B2c. Are you currently taking classes or workshops for a specific type of job, trade or occupation or for general job skills? For example, a program to learn auto mechanics, hairdressing, sales, computers, carpentry, construction, clerical, or food services?

YES..... 1
NO..... 2 GO TO B2D

B2c1. On average, how many hours a week do you attend this class (these classes)?

_____ # of hours per week

B2d. Are you currently participating in any Job Club or Job Search Skills class or activity?

YES..... 1
NO..... 2 GO TO B3

B2d1. On average, how many hours per week do you do this?

_____# of hours per week

B3. Have you attended college?

YES..... 1
NO..... 2 GO TO B3C

B3a. How many years did you complete

- ☐ 1 YEAR OR LESS

☐ 2 YEARS

☐ 3 YEARS

☐ 4 YEARS

☐ GRADUATE SCHOOL

B3b. Have you received any degrees?

| | | |
|---|---|---|
| YES, ASSOCIATES DEGREE ..... | 1 | |
| YES, BACHELOR'S DEGREE..... | 2 | |
| YES, GRADUATE DEGREE..... | 3 | |
| NO ..... | 4 | |

B3c. Are you currently taking any college classes?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO B4 |

B3c1. On average, how many hours a week do you attend this class (these classes)?

_____ # of hours per week

B4. Are you currently taking part in any program in which you have an unpaid job, so that you can get some work experience or perform community service while you are receiving (cash assistance, welfare)?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO..... | 2 | GO TO SECTION C |

B4a. On average, how many hours per week do you spend in this program, working at this unpaid job?

_____# of hours per week

**Section C. Parent's Employment**

Now I'd like to ask you some questions about your current work situation.

C1. Do you currently have a paid job or jobs? This would include paid babysitting, housecleaning, or paid community service work.

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO C10 |

C2. How many paid jobs do you currently have?

_____
NUMBER OF JOBS

C3. What (is/are) your (job/jobs)? What do you make or do? (RECORD FOR POSTCODING.)

Job A

Job B

Job C _____

C4. FOR EACH JOB ASK: Do you work the same number of hours each week or does your schedule vary week to week?

| | **Same Hours** | **Hours Vary** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C4a. Do you work the same number of hours each day or does your daily schedule vary day to day?

| | **Same Hours** | **Hours Vary** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C4b. Last week, how many hours did you work at (this job/these jobs)?

| | **Number of Hours** |
|---|---|
| Job A | |
| Job B | |
| Job C | _____ |

C4c. Is your job (are any of your jobs) seasonal?

| | | |
|---|---|---|
| YES, HAS MORE THAN ONE JOB ..... | 1 | |
| YES, HAS ONLY ONE JOB..... | 2 | GO TO C5 |
| NO..... | 3 | GO TO C5 |

C4d. Which ones are seasonal?

| | **Yes** | **No** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C5. Does your job (any of your jobs) require you to work weekends, nights or evenings after 6 pm, or early morning hours before 6 am?

| | **Yes** | **No** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C6. How much money do you earn from this job (these jobs)?

| Job A | Job B | Job C |
|---|---|---|
| $ _____ | $ _____ | $ _____ |

Don't know..... 99999

C7. Is that per: (READ LIST. CIRCLE ONE.)

| | Job A | Job B | Job C |
|---|---|---|---|
| Hour..... | 1 | 1 | 1 |
| Day ..... | 2 | 2 | 2 |
| Week..... | 3 | 3 | 3 |
| Month ..... | 4 | 4 | 4 |
| Year ..... | 5 | 5 | 5 |
| Unit (SPECIFY)_____ ..... | 6 | 6 | 6 |

C7a. Is that before taxes, or is that after taxes?

| | Before Taxes | After Taxes |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C8. How many weeks did you work full-time, that is, 30 hours or more per week, in the past year at:

| | Number of Weeks Full-Time |
|---|---|
| Job A | |
| Job B | |
| Job C | _____ |

C8a. How many weeks did you work part-time in the past year at:

| | Number of Weeks Part-Time |
|---|---|
| Job A | |
| Job B | |
| Job C | _____ |

C9. Does your job (any of your jobs) include any of these benefits? (READ LIST. CIRCLE ONE RESPONSE FOR EACH.)

| | Yes | No | (If volunteered) Not eligible |
|---|---|---|---|
| Medical insurance for employees..... | 1 | 2 | 3 |
| Medical insurance for children..... | 1 | 2 | 3 |
| Dental insurance for employees ..... | 1 | 2 | 3 |
| Dental insurance for children ..... | 1 | 2 | 3 |
| Sick time ..... | 1 | 2 | 3 |
| Vacation or holidays ..... | 1 | 2 | 3 |
| Life insurance..... | 1 | 2 | 3 |
| Retirement plan ..... | 1 | 2 | 3 |
| Information about child care resources ..... | 1 | 2 | 3 |
| Regular on-site child care..... | 1 | 2 | 3 |
| Emergency or drop-in child care..... | 1 | 2 | 3 |

GO TO C11.

C10. Have you <u>ever</u> had a paid job (including self-employment)?

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

C11. Are you currently looking for work?

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

(ASK QUESTIONS C12-C16 ONLY IF PARENT INDICATES (S)HE HAS A SPOUSE/PARTNER IN QUESTION A2.)

Now I'd like to ask you about the current work situation of your (spouse/partner).

C12. Does your (spouse/partner) currently have a paid job or jobs?

YES ..... 1
NO ..... 2 GO TO SECTION D

C13. How many paid jobs does your (spouse/partner) currently have?

_____
NUMBER OF JOBS

C14. What (is/are) your (spouse's/partner's) (job/jobs)? What does your (spouse/partner) make or do? (RECORD FOR POSTCODING.)

Job A

Job B

Job C _____

C15. FOR EACH JOB ASK: Does your (spouse/partner) work the same number of hours each week or does (his/her) schedule vary week to week?

| | **Same Hours** | **Hours Vary** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C15a. Does s/he work the same number of hours each day or does (his/her) schedule vary day to day?

| | **Same Hours** | **Hours Vary** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C15b. Last week, how many hours a week did your (spouse/partner) work at (this job/these jobs)?

| | **Number of Hours** |
|---|---|
| Job A | |
| Job B | |
| Job C | _____ |

C15c. Is (his/her) job (are any of his/her jobs) seasonal?

| | | |
|---|---|---|
| YES, HAS MORE THAN ONE JOB ..... | 1 | |
| YES, HAS ONLY ONE JOB..... | 2 | GO TO C16 |
| NO..... | 3 | GO TO C16 |

C15d. Which ones are seasonal?

| | **Yes** | **No** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

C16. Does (his/her) job (any of his/her jobs) require (him/her) to work weekends, nights or evenings after 6 pm, or early morning hours before 6 am?

| | **Yes** | **No** |
|---|---|---|
| Job A | 1 | 2 |
| Job B | 1 | 2 |
| Job C | 1 | 2 |

**Section D. Barriers to Employment**

D1. IF RESPONDENT IS NOT CURRENTLY WORKING AND C10=YES, SAY: You mentioned earlier that you did work in the past. What is the main reason you stopped working? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| COULDN'T AFFORD CHILD CARE | 1 |
| PREFERRED NOT TO WORK WHILE CHILDREN ARE YOUNG | 2 |
| HAD PROBLEMS FINDING A CHILD CARE PROVIDER I FELT COMFORTABLE WITH | 3 |
| HAD PROBLEMS FINDING A CHILD CARE ARRANGEMENT IN A CONVENIENT LOCATION | 4 |
| HAD PROBLEMS FINDING A CHILD CARE ARRANGEMENT FOR THE HOURS I NEEDED IT | 5 |
| PREGNANT/NEW BABY/PATERNITY LEAVE | 6 |
| FAMILY MEMBER HAD SPECIAL NEEDS | 7 |
| ILLNESS/HEALTH-RELATED REASONS | 8 |
| NOT INTERESTED IN WORKING/DON'T NEED THE MONEY | 9 |
| LACKED NECESSARY JOB SKILLS | 10 |
| SPOUSE DID NOT LIKE RESPONDENT WORKING | 11 |
| MOVED/RELOCATED | 12 |
| IN SCHOOL OR TRAINING | 13 |
| OTHER (SPECIFY) _____ | 14 |

IF NOT C1 = 2 CURRENTLY WORKING AND C10=2, GO TO D6.

D2. During the time you have had young children, did you ever reduce the number of hours you worked?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO D6 |

D3. Why was that? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| PREFERRED NOT TO WORK WHILE CHILDREN WERE YOUNG | 1 |
| CHILD CARE PROBLEMS | 2 |
| COULDN'T AFFORD CHILD CARE | 3 |
| GOT PREGNANT/HAD A CHILD/TOOK PATERNITY LEAVE | 4 |
| STARTED HAVING TO STAY HOME WITH OTHER DEPENDENTS | 5 |
| OWN ILLNESS/HEALTH REASONS | 6 |
| FIRED/LAID OFF | 7 |
| DID NOT MAKE ENOUGH MONEY | 8 |
| DID NOT LIKE JOB | 9 |
| SPOUSE DID NOT LIKE RESPONDENT WORKING | 10 |
| RELOCATED/MOVED | 11 |
| RETURNED TO SCHOOL/JOB TRAINING | 12 |
| OTHER (SPECIFY)_____ | 13 |

D4. When did you most recently reduce your hours?

_____
DATE

D5. When did you go back to a full-time schedule? (IF HASN'T RETURNED TO WORK, ENTER "00/00/00".)

_____
DATE

D6. At any time in the past 12 months, have you had to quit a job, school, job search or a training activity because you had problems arranging child care or keeping a child care arrangement (for any of your children)?

| | |
|---|---|
| YES | 1 |
| NO | 2 |

D7. And, at any time in the last 12 months, did you **not** take a new job or not start a training program because you had problems arranging child care or keeping a child care arrangement?

| | |
|---|---|
| YES | 1 |
| NO | 2 |

D8. IF NEVER WORKED, GO TO D9. Parents have different reasons for working. What (is/was) your main reason for working? (READ LIST AND EMPHASIZE MAIN REASON. CIRCLE ONE.)

| | | |
|---|---|---|
| I/we need the money | 1 | |
| To find a career for myself | 2 | |
| To get out of the house or spend time with adults | 3 | |
| To meet welfare requirement | 4 | |
| Other (SPECIFY)_____ | 5 | GO TO SECTION E |

D9. (ASK ONLY IF C1 AND C10 ARE "NO".) Parents have different reasons for not working. What (is/was) your main reason for not working? (DO NOT READ LIST. CIRCLE ONE.)

| | |
|---|---|
| CAN'T AFFORD CHILD CARE | 1 |
| PREFER NOT TO WORK WHILE CHILDREN ARE YOUNG | 2 |
| HAVE PROBLEMS FINDING SATISFACTORY DAY CARE | 3 |
| PREGNANT/NEW BABY/PATERNITY LEAVE | 4 |
| FAMILY MEMBER HAS SPECIAL NEEDS | 5 |
| ILLNESS/HEALTH-RELATED REASONS | 6 |
| CAN'T FIND A JOB | 7 |
| NOT INTERESTED IN WORKING/DON'T NEED THE MONEY | 8 |
| NEVER WORKED/LACK JOB SKILLS | 9 |
| SPOUSE DOES NOT LIKE RESPONDENT WORKING | 10 |
| RELOCATED/MOVED | 11 |
| IN SCHOOL OR TRAINING | 12 |
| OTHER (SPECIFY)_____ | 13 |

**Section E. Child Care History of Focus Child**

The next set of questions are about the child care arrangements you may have used over the past 12 months for (FOCUS CHILD). Beginning with (current month), 1998, and going up to the present, I'd like to go through each of the arrangements you have used for (NAME OF FOCUS CHILD).

E1. Did anyone other than you or your spouse/partner care for (FOCUS CHILD) on a regular basis while you were working or in school or job training in the past year—since (current month), 1998?

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO SECTION F |
| DON'T KNOW | 3 | GO TO SECTION F |

Let's start with your most recent arrangement.

E2. Who cared for the child? Where did he/she spend the time while you were working or in school or job training? (DO NOT READ LIST. CIRCLE ALL THAT APPLY. ENTER ARRANGEMENT CODES IN CHILD CARE CALENDAR.)

| | Arrangement Number | | | |
|---|---|---|---|---|
| | **1** | **2** | **3** | **4** |
| DAY CARE CENTER, NURSERY, PRESCHOOL, BEFORE OR AFTER SCHOOL | 1 | 1 | 1 | 1 |
| HEAD START CENTER | 2 | 2 | 2 | 2 |
| KINDERGARTEN, ELEMENTARY, OR JUNIOR HIGH SCHOOL (SEE PROBE) | 3 | 3 | 3 | 3 |
| LESSONS, CLUBS, SPORTS, OR SIMILAR ACTIVITIES | 4 | 4 | 4 | 4 |
| A PARTNER (BOYFRIEND/GIRLFRIEND) | 5 | 5 | 5 | 5 |
| SOMEONE NOT RELATED TO (CHILD) WHO IS AT LEAST 18 YEARS OR OLDER (OTHER THAN PARTNER) | 6 | 6 | 6 | 6 |
| SOMEONE NOT RELATED TO (CHILD) WHO IS UNDER 18 YEARS OLD (OTHER THAN PARTNER) | 7 | 7 | 7 | 7 |
| A GRANDMOTHER OR GRANDFATHER OF (CHILD) | 8 | 8 | 8 | 8 |
| CHILD'S OTHER PARENT (IF NOT LIVING IN HOUSEHOLD) | 9 | 9 | 9 | 9 |
| A BROTHER, SISTER, STEP-BROTHER, OR STEP-SISTER OF (CHILD) WHO IS ≤12 YRS. OLD. | 10 | 10 | 10 | 10 |
| A BROTHER, SISTER, STEP-BROTHER, OR STEP-SISTER OF (CHILD) WHO IS >12 YRS. OLD. | 11 | 11 | 11 | 11 |
| ANOTHER RELATIVE, SUCH AS AUNT, UNCLE, OR COUSIN | 12 | 12 | 12 | 12 |
| CHILD TOOK CARE OF (HIM/HER)SELF | 13 | 13 | 13 | 13 |
| EXTENDED DAY, BEFORE/AFTER SCHOOL PROGRAM, BOYS/GIRLS CLUB, YMCA/YWCA | 14 | 14 | 14 | 14 |
| SUMMER DAY CARE, CAMP OR SUMMER SCHOOL | 15 | 15 | 15 | 15 |
| OTHER (SPECIFY)_____ | 16 | 16 | 16 | 16 |

**PROBE:** Where did he/she spend the time while you were working or in school or job training when he/she was <u>not</u> in school?

E3. Where was that care provided? (CIRCLE FOR EACH ARRANGEMENT. TRANSFER PLACE CODE ON CALENDAR.)

| | Arrangement Number | | | |
|---|---|---|---|---|
| | **1** | **2** | **3** | **4** |
| CHILD'S OWN HOME | 1 | 1 | 1 | 1 |
| OTHER PARENT'S HOME | 2 | 2 | 2 | 2 |
| OTHER PRIVATE HOME | 3 | 3 | 3 | 3 |
| CHURCH, SYNAGOGUE, OR OTHER RELIGIOUS INSTITUTION | 4 | 4 | 4 | 4 |
| SCHOOL | 5 | 5 | 5 | 5 |
| PARENT'S WORKPLACE | 6 | 6 | 6 | 6 |
| COMMUNITY CENTER | 7 | 7 | 7 | 7 |
| OTHER PLACE (SPECIFY) _____ | 8 | 8 | 8 | 8 |
| DON'T KNOW | 9 | 9 | 9 | 9 |

E4. For each of the child care arrangements, please tell me for which months the care was provided. For (ARRANGEMENT #1), what was the first month in 1998 that this care was provided? (ASK E5 FOR FIRST ARRANGEMENT AND ENTER IN CALENDAR. THEN, CONTINUE ASKING E4 AND E5 FOR ALL OTHER ARRANGEMENTS AND ENTER IN

CALENDAR.)

E5. On average, how many hours per week did (CAREGIVER) usually care for (FOCUS CHILD) in each month since (FIRST MONTH NAMED IN E4)?

| Arrangement Number | Avg. Number of Hours/Wk. | Codes | |
|---|---|---|---|
| 1 | (ENTER CODE AT LEFT | < 10 hrs./wk. . . . . | 01 |
| 2 | IN CALENDAR FOR | 10-20 hrs/wk . . . . . | 02 |
| 3 | EACH MONTH) | 21-30 hrs/wk . . . . . | 03 |
| 4 | | > 30 hrs/wk or more . . . . | 04 |

E5a. In which months beginning with (FIRST MONTH MENTIONED IN E4) did you work at a paid job? (ENTER “W” IN EACH MONTH WORKED.)

E5b. In which months beginning with (FIRST MONTH MENTIONED IN E4) did you attend school or job training classes? (ENTER “S” IN EACH MONTH ATTENDED SCHOOL.)

E5c. In which months beginning with (FIRST MONTH MENTIONED IN E4) did your spouse/partner work at a paid job? (ENTER “W” IN EACH MONTH WORKED.)

E5d. In which months beginning with (FIRST MONTH MENTIONED IN E4) did your child attend school? (ENTER “S” IN EACH MONTH IN SCHOOL.)

E5e. In which months beginning with (FIRST MONTH MENTIONED IN E4) was child on summer vacation? (ENTER “V” IN EACH MONTH ON VACATION.)

E6. How much did *you* pay for . . . Don't include any costs for which you were reimbursed.

PROBE: Was this payment only for (FOCUS CHILD)?

| Arrangement Number | Amount | No Payment | Payment Only to Focus Child |
|---|---|---|---|
| 1 | $_____._____ | _____ | Y N |
| 2 | $_____._____ | _____ | Y N |
| 3 | $_____._____ | _____ | Y N |
| 4 | $_____._____ | _____ | Y N |

per

| | Arrangement Number | | | |
|---|---|---|---|---|
| | **1** | **2** | **3** | **4** |
| HOUR ..... | 1 | 1 | 1 | 1 |
| DAY ..... | 2 | 2 | 2 | 2 |
| WEEK ..... | 3 | 3 | 3 | 3 |
| MONTH ..... | 4 | 4 | 4 | 4 |
| OTHER (SPECIFY)_____ | 5 | 5 | 5 | 5 |
| DON'T KNOW ..... | 6 | 6 | 6 | 6 |
| NA ..... | 9 | 9 | 9 | 9 |

E7. Approximately how many different non-parental child care arrangements, including care by relatives, has (NAME OF FOCUS CHILD) been in since he/she was born?

_____
# OF ARRANGEMENTS

E8. How many of these care arrangements were in a center? In someone else's home? In the child's own home?

_____ # IN CENTERS

_____ # IN SOMEONE ELSE'S HOME

_____ # IN OWN HOME

**Calendar for Child Care and Employment Histories**

ID# |___|___|___|___|___|___|
Child # |___|___|___|___|___|___|

**INTERVIEWER**: If arrangement/job began before 4/98, record month and year.

| Enter Code | | | Enter average hours per week per arrangement | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Date Mo/Yr | Apr. 98 | May 98 | June 98 | July 98 | Aug. 98 | Sep. 98 | Oct. 98 | Nov. 98 | Dec. 98 | Jan. 99 | Feb. 99 | Mar. 99 | Apr. 99 | May 99 | June 99 |
| Child Care | **Arrangement Code** | **Place Code** | | | | | | | | | | | | | | | | |
| | 1. | | | | | | | | | | | | | | | | | |
| | 2. | | | | | | | | | | | | | | | | | |
| | 3. | | | | | | | | | | | | | | | | | |
| | 4. | | | | | | | | | | | | | | | | | |
| E5a. Respondent worked | | | | | | | | | | | | | | | | | | |
| E5b. Respondent attended school/ job training | | | | | | | | | | | | | | | | | | |
| E5c. Spouse/partner worked | | | | | | | | | | | | | | | | | | |
| E5d. Child in school | | | | | | | | | | | | | | | | | | |
| E5e. Child on summer vacation | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

**Section F. Current Employment Schedule and Child Care Arrangements**

Now I'd like you to help me fill out a schedule of your current work hours and a schedule of your child care arrangements for (FOCUS CHILD) and your other children.

Let's begin by thinking about what you did last week.

F1. During most of last week were you: (READ LIST. CIRCLE ONE.)

| | |
|---|---|
| Working ..... | 1 |
| Holding a job, but not at work ..... | 2 |
| Not working, but looking for work ..... | 3 |
| At home full time ..... | 4 |
| Going to school ..... | 5 |
| Unable to work..... | 6 |
| In training..... | 7 |
| Other (SPECIFY)_____... | 8 |

F2. How many hours did you work last week?

_____
NUMBER HOURS

F3. How many hours were you in school last week?

_____
NUMBER HOURS

F4. How many hours were you in training last week?

_____
NUMBER HOURS

Let's go through your work, school, and training schedule for last week. We'll begin with Monday and end with Sunday. I'd like to go through your jobs, school, or training one at a time, starting with the one at which you spent the most hours.

F5. For each day that you (worked/went to school or training) when did you leave the house, and when did you get home? (ENTER DEPARTURE AND RETURN TIMES UNDER APPROPRIATE DAYS OF THE WEEK. LIST EACH JOB SEPARATELY ON EMPLOYMENT SCHEDULE.)

According to what I have recorded (SUMMARIZE WEEKLY WORK/SCHOOL/TRAINING SCHEDULE), is that correct? Have I missed anything? (CORRECT ANY ERRORS.)

IF PARTNER OR SPOUSE PRESENT AND EMPLOYED: Let's do the same for your spouse/partner.

O.K., now let's go through (FOCUS CHILD)'s child care schedule for the same week. We'll do the same thing: beginning with Monday and ending on Sunday, please tell me how many hours (FOCUS CHILD) spent in child care.

F6. For each day that (FOCUS CHILD) was cared for by someone other than yourself or your spouse/partner, which hours did (FOCUS CHILD) spend in care? (ENTER BEGINNING AND ENDING TIMES OF DAY UNDER APPROPRIATE DAYS OF THE WEEK ON CHILD CARE SCHEDULE. LIST EACH TYPE OF ARRANGEMENT SEPARATELY.)

According to what I have recorded (SUMMARIZE CHILD'S SCHEDULE), is that correct? Have I missed anything? (CORRECT ANY ERRORS.)

(ASK ONLY IF THERE ARE SIBLINGS:)
F7. Are any of (FOCUS CHILD)'s siblings in child care with (him/her) at any time?

| | | |
|---|---|---|
| YES..... | 1 | |
| NO..... | 2 | GO TO F9 |

If YES:

F7a. Which one(s): (CHECK ALL THAT APPLY. RECORD NUMBER AND NAMES.)

| | Number | Names |
|---|---|---|
| ☐ Sister | _____ | _____ |
| ☐ Brother | _____ | _____ |
| ☐ Step-sister | _____ | _____ |
| ☐ Step-brother | _____ | _____ |

O.K., now let's go through (CHILD'S NAME) child care schedule for the same week. We'll do the same thing: beginning with Monday and ending on Sunday, please tell me how many hours (child) spent in child care.

F8. For each day that (child) was cared for by someone other than yourself or your spouse/partner,

which hours did (child) spend in care? (ENTER BEGINNING AND ENDING TIMES OF DAY UNDER APPROPRIATE DAYS OF THE WEEK. LIST EACH TYPE OF ARRANGEMENT SEPARATELY. REPEAT FOR EACH CHILD UNDER 13.)

According to what I have recorded (SUMMARIZE CHILD'S SCHEDULE), is that correct? Have I missed anything? (CORRECT ANY ERRORS.)

F9. How does (FOCUS CHILD) get to and from his/her primary care arrangement? (CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| PARENT PICKS UP/DROPS OFF CHILD IN OWN CAR | 1 |
| PARENT PICKS UP/DROPS OFF CHILD, USING PUBLIC TRANSPORTATION | 2 |
| PARENT PICKS UP/DROPS OFF CHILD ON FOOT | 3 |
| ANOTHER PARENT PICKS UP/DROPS OFF CHILD | 4 |
| PROVIDER PICKS UP/DROPS OFF CHILD | 5 |
| OTHER (SPECIFY)_____ | 8 |

F9a. About how far from your home is (FOCUS CHILD's) main care arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

F9b. About how far from where you work is this arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

F10. Do you have a hard time getting (CHILD) to day care?

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO SECTION G |

F10a. In what ways is it hard for you?

| | |
|---|---|
| DON'T OWN A CAR ..... | 1 |
| PUBLIC TRANSPORTATION IS UNRELIABLE, LONG WAITS ..... | 2 |
| NO DIRECT PUBLIC TRANSPORTATION ..... | 3 |
| CAR IS UNRELIABLE ..... | 4 |
| CAN'T ALWAYS USE THE CAR ..... | 5 |
| NEED TO MAKE SEVERAL STOPS ..... | 6 |
| OTHER (SPECIFY) _____ .... | 7 |

F11. (IF F9=5, THEN GO TO SECTION G.) Does provider ever transport child to or from child care?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

**Employment Schedule**

ID# |___|___|___|___|___|___|

**INTERVIEWER**: If respondent/spouse/partner does night shift work, record hours on actual day.

| Enter Title | | | Enter Time of Departure and Return | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Job Number** | **Title** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| | 1. | | | | | | | | |
| | 2. | | | | | | | | |
| **Respondent** | 3. | | | | | | | | |
| | **Job Number** | **Title** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| | 1. | | | | | | | | |
| | 2. | | | | | | | | |
| **Spouse** | 3. | | | | | | | | |

**Child Care Schedule—FOCUS CHILD**

Child's Name _____
Child # |___|___|___|___|___|___|

**INTERVIEWER**: You will **not** be accounting for every hour child's week, just those that child is in care.

**Arrangements**

| **Enter Title** | | **Enter Beginning and Ending Times** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Care** | **Place** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

**Child Care Schedule—Sibling #1**

Child's Name _____
Child # |___|___|___|___|___|___|

**INTERVIEWER**: You will **not** be accounting for every hour child's week, just those that child is in care.

**Arrangements**

| **Enter Title** | | **Enter Beginning and Ending Times** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Care** | **Place** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

**Child Care Schedule—Sibling #2**

Child's Name _____
Child # |___|___|___|___|___|___|

**INTERVIEWER**: You will **not** be accounting for every hour child's week, just those that child is in care.

**Arrangements**

| **Enter Title** | | **Enter Beginning and Ending Times** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Care** | **Place** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

**Child Care Schedule—Sibling #3**

Child's Name _____
Child # |___|___|___|___|___|___|

**INTERVIEWER**: You will **not** be accounting for every hour child's week, just those that child is in care.

**Arrangements**

| **Enter Title** | | **Enter Beginning and Ending Times** | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Care** | **Place** | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

**Section G. Flexibility of Work and Sources of Stress**

First, I'd like to talk a little about any flexibility you have in your current jobs and then later, about things that cause you stress. (IF MORE THAN ONE JOB, PROBE: IS THIS TRUE OF YOUR OTHER JOB(S)?)

G1. Do you get any paid holidays?

| | |
|---|---|
| YES, IN ONLY ONE JOB | 1 |
| YES, IN MORE THAN ONE JOB | 2 |
| NO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G2. Are you allowed any paid time off for personal illness?

| | |
|---|---|
| YES, IN ONLY ONE JOB | 1 |
| YES, IN MORE THAN ONE JOB | 2 |
| NO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G3. Are you allowed to take a few days off to care for a sick child without losing pay, without using vacation days, AND without having to make up some other reason for your absence?

| | |
|---|---|
| YES, IN ONLY ONE JOB | 1 |
| YES, IN MORE THAN ONE JOB | 2 |
| NO | 3 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G4. How hard is it for you to take time off during your work day to take care of personal or family matters—very hard, somewhat hard, not too hard, or not at all hard?

| | |
|---|---|
| Very hard | 1 |
| Somewhat hard | 2 |
| Not too hard | 3 |
| Not at all hard | 4 |
| IT DEPENDS (VOL.) | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G5. Can your child(ren) get in touch with you while you are at work ?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G6. Can you get in touch with your child(ren) while you are at work ?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G7. Please tell me how much you agree with the following statement: At the place where you work, employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or family needs are LESS likely to get ahead in their jobs. Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

| | |
|---|---|
| Strongly agree | 1 |
| Somewhat agree | 2 |
| Somewhat disagree | 3 |
| Strongly disagree | 4 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G8. How much control do you have over the scheduling of your work hours? Would you say that you have . . .

| | |
|---|---|
| A great deal of control | 1 |
| Quite a bit of control | 2 |
| Some control | 3 |
| A little control | 4 |
| No control at all | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G9. How much do your job and family responsibilities conflict with each other? Do they conflict . . .

| | |
|---|---|
| A great deal | 1 |
| Quite a bit | 2 |
| Somewhat | 3 |
| A little | 4 |
| Not at all | 5 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

G10. Next I have a list of statements about how jobs can sometimes affect family life, especially

your interactions with your children. Please tell me how often each of the following has been true in the last three months.

(READ ITEM.) Is this true never, rarely, sometimes, often or very often.

| | Never | Rarely | Some-times | Often | Very often |
|---|---|---|---|---|---|
| a. I have a lot of energy for my child(ren) at the end of the work day..... | 1 | 2 | 3 | 4 | 5 |
| b. Because of my job, I do not have as much patience with my child(ren) as I would like to have..... | 1 | 2 | 3 | 4 | 5 |
| c. When I am at home, I can put work aside and focus on my child(ren) ..... | 1 | 2 | 3 | 4 | 5 |
| d. I am angry or irritable with my child(ren) because of things that happen at work ..... | 1 | 2 | 3 | 4 | 5 |
| e. When I get home, I am too tired to do very much with my child(ren)..... | 1 | 2 | 3 | 4 | 5 |

G11. During **the last three months**, how many days of work have you missed for any reason? Don't include scheduled holidays or vacation days.

_____
NUMBER OF DAYS

NONE ..... 8 GO TO G12

G11a. How many of these days did you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home.

_____
NUMBER OF DAYS

G12. During **the last three months**, how many days were you late to work or did you have to leave early for any reason?

_____
NUMBER OF DAYS

NONE..... 8 GO TO G13

G12a. How many of these days were you late or did you leave early because of your child care responsibilities?

_____
NUMBER OF DAYS

G13. Approximately how many days in **the last three months** did you have to make special arrangements for (CHILD)'s care because (PROVIDER) was sick or unavailable? Don't count days when you would have had a holiday anyway.

**PROBE:** Such as finding another provider or staying home yourself.

_____
NUMBER OF DAYS

NONE ..... 1
DON'T KNOW..... 8
REFUSED..... 9

G14. Approximately how many days in **the last three months** did you have to make special arrangements for (CHILD)'s care for some other reason (for example, your child was sick, your transportation broke down, or any other reason). Don't count days when you would have had a holiday anyway.

**PROBE:** Such as finding someone else to care for the child.

_____
NUMBER OF DAYS

NONE ..... 1
DON'T KNOW..... 8
REFUSED..... 9

G15. How true are the following statements? Are they . . .

not true at all, not usually true, somewhat true, or very true?

| | Not true at all | Not usually true | Some-what true | Very true |
|---|---|---|---|---|
| a. My work schedule makes it easy to be on time. ..... | 1 | 2 | 3 | 4 |
| b. I work a regular day shift. ..... | 1 | 2 | 3 | 4 |
| c. My work schedule keeps changing. ..... | 1 | 2 | 3 | 4 |
| d. My shift and work schedule cause extra stress for me and my child. ..... | 1 | 2 | 3 | 4 |
| e. Where I work it's difficult to deal with child care problems during working hours. ..... | 1 | 2 | 3 | 4 |
| f. In my work schedule I have enough flexibility to handle family needs. ..... | 1 | 2 | 3 | 4 |
| g. I rely on my caregiver to be flexible about hours.. . | 1 | 2 | 3 | 4 |
| h. My caregiver is willing to work with me about my work schedule. ..... | 1 | 2 | 3 | 4 |
| i. I have changed my work schedule in order to keep the care I have. ..... | 1 | 2 | 3 | 4 |
| j. I find it difficult to balance work and family. ..... | 1 | 2 | 3 | 4 |

G16. We would like to know which areas of life are creating difficulty, worry, or stress for people. In the previous three months, to what extent have any of the following areas of life been a source of stress to you?

Your health: Would you say it has been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4

The health of other family members: Would you say it has been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4

Child care: Would you say it has been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4

Care of elderly or adult family members with a disability: Would you say it has been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4
Not applicable..... 5

Personal or family finances: Would you say they have been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4

Your job: Would you say it has been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4
Not applicable..... 5

Family relationships, including extended family: Would you say they have been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4

Safety of your neighborhood: Would you say it has been. . .

No stress at all..... 1
Hardly any stress ..... 2
Some stress ..... 3
A lot of stress..... 4

**Section H. Specific Reasons for Choosing Mode of Care and Specific Arrangement**

Let's talk now about (NAME OF PROVIDER FROM SCREENER) who is the person that takes care of (NAME OF FOCUS CHILD) for most of the time you are working.

H1. Before you chose (PROVIDER) to care for (CHILD), did you visit other providers in person, visit other facilities, check references, or consider staying home yourself?

| | | |
|---|---|---|
| YES..... | 1 | |
| NO ..... | 2 | GO TO H4 |

H2. Did you find any other arrangements that were satisfactory with respect to type and quality of care, location, and cost, and that had space for (CHILD)?

| | | |
|---|---|---|
| YES..... | 1 | |
| NO ..... | 2 | GO TO H4 |

H3. Not including (PROVIDER), how many other acceptable choices did you have?

_____ IF NONE, GO TO H4.
NUMBER OF ARRANGEMENTS

H3a. What kinds of choices of care did you have? (READ AND CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| Center Care ..... | 1 |
| Other Family Child Care ..... | 2 |
| Relative Care ..... | 3 |
| Other (Specify) _____ ..... | 4 |

H4. Does (FOCUS CHILD) have special needs that you had to consider in choosing a care arrangement?

| | | |
|---|---|---|
| YES..... | 1 | |
| NO ..... | 2 | GO TO H5 |

H4a. What are they? CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| PHYSICAL DISABILITY ..... | 1 |
| HEALTH CARE NEED ..... | 2 |
| BEHAVIORAL OR EMOTIONAL PROBLEM ..... | 3 |
| LEARNING DISABILITY ..... | 4 |
| NEEDS MORE ATTENTION THAN OTHERS..... | 5 |
| FEARFUL, SHY ..... | 6 |
| DIFFICULT TO HANDLE ..... | 7 |
| OTHER (SPECIFY)_____ | 8 |

H5. Would you have preferred some other child care arrangement rather than (PROVIDER)?

| | | |
|---|---|---|
| YES..... | 1 | |
| NO ..... | 2 | GO TO H6 |

H5a. What would you have preferred? (DO NOT READ LIST. RANK AS MANY AS MENTIONED IN ORDER FROM #1 UP TO #9.)

| | **H5a.** | | **H5b.** |
|---|---|---|---|
| FAMILY DAY CARE/NON-RELATIVE..... | ____ | GO TO H6 | ____ |
| CHILD'S GRANDMOTHER OR GRANDFATHER..... | ____ | GO TO H5b | ____ |
| CHILD'S FATHER [IF NOT LIVING WITH (CHILD), GO TO E5B. OTHERWISE, GO TO E6.]..... | ____ | | ____ |
| MOTHER'S HUSBAND OR PARTNER (IF NOT CHILD'S FATHER) ..... | ____ | GO TO H6 | ____ |
| CHILD'S OTHER RELATIVE ..... | ____ | ASK H5b | ____ |
| HEAD START ..... | ____ | GO TO H6 | ____ |
| CENTER, PRESCHOOL, NURSERY SCHOOL, OR OTHER SCHOOL ..... | ____ | GO TO H6 | ____ |
| TO STAY HOME MYSELF (SEE PROBE)..... | ____ | | ____ |
| OTHER (SPECIFY)_____ | ____ | GO TO H6 | ____ |

**PROBE:** IF RESPONDENT ANSWERS "TO STAY HOME MYSELF" AND VOLUNTEERS NO FURTHER RESPONSE, ASK: "Given that you need child care, what would you have preferred?" (ENTER IN H5a COLUMN, STARTING WITH #2.)

H5b. (FOR EACH ARRANGEMENT MENTIONED THAT DIRECTS "ASK H5b"): Would you have preferred that the care be in <u>your</u> home or <u>their</u> home?

| | | |
|---|---|---|
| YOUR HOME..... | 1 | GO TO H6 |
| THEIR HOME ..... | 2 | GO TO H6 |
| DON'T CARE..... | 3 | GO TO H6 |

H6. **(INTERVIEWER: IS CURRENT CARE BY A RELATIVE?)**

| | | |
|---|---|---|
| YES | 1 | GO TO H9 |
| NO | 2 | |

H7. How did you first learn about (PROVIDER/CENTER/PROGRAM)? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| KNEW PROVIDER/CENTER/PROGRAM ALREADY AS A FRIEND OR NEIGHBOR | 1 |
| REFERRED BY FRIENDS, NEIGHBORS, OR RELATIVES | 2 |
| REFERRED BY ANOTHER PROVIDER/CENTER/ PROGRAM | 3 |
| NEWSPAPER/ADVERTISEMENTS/BULLETIN BOARDS | 4 |
| YELLOW PAGES | 5 |
| RESOURCE AND REFERRAL SERVICE | 6 |
| WELFARE OR SOCIAL SERVICE | 7 |
| OTHER COMMUNITY SERVICE OR AGENCY | 8 |
| PROVIDER CARED FOR OTHER CHILD | 9 |
| OTHER (SPECIFY)_____ | 10 |

H8. Before (PROVIDER/CENTER/PROGRAM) started to care for (CHILD), did you ever visit the home/center/program to see where and how (CHILD) would be cared for?

| | |
|---|---|
| YES | 1 |
| NO | 2 |

H9. How difficult or easy was it for you to find a satisfactory child care arrangement for (CHILD)? Was it . . .

| | |
|---|---|
| Very difficult | 1 |
| Somewhat difficult | 2 |
| Neither difficult nor easy | 3 |
| Somewhat easy | 4 |
| Very easy | 5 |

H10. How long was it between the time you started looking and the time you made final plans for (CHILD) to stay with (PROVIDER/CENTER/PROGRAM)?

IMMEDIATELY ..... 0

_____ NUMBER OF

DAYS..... 1
WEEKS..... 2
MONTHS..... 3
YEARS ..... 4

H11a. Why did you choose (ARRANGEMENT) instead of another kind of arrangement for (CHILD)? What was the most important reason? (RECORD VERBATIM, THEN CODE ONLY ONE RESPONSE IN COLUMN A. READ LIST ONLY IF NECESSARY.)

_____

_____

H11b. What other things were important for you? Tell me in order of importance. (RANK RESPONSES IN ORDER GIVEN, STARTING WITH #2.)

| | A. Most important | B. Ranking of other reasons |
|---|---|---|
| COST. | 1 | _____ |
| ACCEPTS SUBSIDY | 2 | _____ |
| CONVENIENT HOURS | 3 | _____ |
| CONVENIENT LOCATION. | 4 | _____ |
| AVAILABILITY. | 5 | _____ |
| STAFF IS TRAINED, PROFESSIONAL | 6 | _____ |
| CENTERS ARE MONITORED MORE CLOSELY | 7 | _____ |
| SIZE OF GROUP | 8 | _____ |
| SAFETY/HEALTH/CLEANLINESS | 9 | _____ |
| CHILDREN OF DIFFERENT AGES | 10 | _____ |
| WANTED AN EXPERIENCE THAT WOULD PREPARE MY CHILD FOR SCHOOL | 11 | _____ |
| PREFER FAMILY MEMBER. | 12 | _____ |
| PROVIDER IS TRUSTWORTHY. | 13 | _____ |
| PROVIDER IS LIKE A FAMILY MEMBER/ CLOSE RELATIONSHIP TO FAMILY | 14 | _____ |
| PROVIDER'S ATTENTION/WARMTH TOWARDS CHILDREN | 15 | _____ |
| PROVIDER'S RELATIONSHIP TO PARENTS | 16 | _____ |
| PROVIDER'S EXPERIENCE IN CARING FOR CHILDREN | 17 | _____ |
| HAS SAME VALUES. | 18 | _____ |
| HOME-LIKE ATMOSPHERE. | 19 | _____ |
| SAME LANGUAGE/ETHNICITY | 20 | _____ |
| RECOMMENDED BY SOMEONE I TRUST. | 21 | _____ |
| WILL CARE FOR SIBLINGS. | 22 | _____ |
| CHILD WAS COMFORTABLE. | 23 | _____ |
| OTHER (SPECIFY). | | |
| _____ | 24 | _____ |
| _____ | 25 | _____ |
| _____ | 26 | _____ |
| _____ | 27 | _____ |

H12. In addition to child care, do you need help in caring for a disabled or elderly family member?

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

**Section I. Knowledge of Child Care Market**

I1. What are the child care options/choices for parents in your neighborhood who have infants under the age of one? Can they find . . .

| | Yes | No | DK |
|---|---|---|---|
| Center care ..... | 1 | 2 | 3 |
| Care by a non-relative in that person's home ..... | 1 | 2 | 3 |
| Care by relatives in the relative's home ..... | 1 | 2 | 3 |
| Care by a non-relative in the child's home ..... | 1 | 2 | 3 |
| Care by relatives in the child's home ... | 1 | 2 | 3 |

I1a. What do they usually choose?

| | |
|---|---|
| CENTER CARE..... | 1 |
| CARE BY A NON-RELATIVE IN THAT PERSON'S HOME..... | 2 |
| CARE BY RELATIVES IN THE RELATIVE'S HOME ..... | 3 |
| CARE BY A NON-RELATIVE IN THE CHILD'S HOME..... | 4 |
| CARE BY RELATIVES IN THE CHILD'S HOME ..... | 5 |
| DON'T KNOW ..... | 6 |

I2. What are the child care options/choices for parents who need care for toddlers or preschoolers? Can they find . . .

| | Yes | No | DK |
|---|---|---|---|
| Center care ..... | 1 | 2 | 3 |
| Care by a non-relative in that person's home ..... | 1 | 2 | 3 |
| Care by relatives in the relative's home ..... | 1 | 2 | 3 |
| Care by a non-relative in the child's home ..... | 1 | 2 | 3 |
| Care by relatives in the child's home ... | 1 | 2 | 3 |

I2a. What do they usually choose?

| | |
|---|---|
| CENTER CARE..... | 1 |
| CARE BY A NON-RELATIVE IN THAT PERSON'S HOME..... | 2 |
| CARE BY RELATIVES IN THE RELATIVE'S HOME ..... | 3 |
| CARE BY A NON-RELATIVE IN THE CHILD'S HOME..... | 4 |
| CARE BY RELATIVES IN THE CHILD'S HOME ..... | 5 |
| DON'T KNOW ..... | 6 |

I3. What are the child care options/choices for parents in your neighborhood who have school-age children who need care before and after school? Can they find . . .

| | **Yes** | **No** | **DK** |
|---|---|---|---|
| School-based programs ..... | 1 | 2 | 3 |
| Non-school-based programs..... | 1 | 2 | 3 |
| Center care ..... | 1 | 2 | 3 |
| Care by a non-relative in that person's home ..... | 1 | 2 | 3 |
| Care by relatives in the relative's home ..... | 1 | 2 | 3 |
| Care by a non-relative in the child's home ..... | 1 | 2 | 3 |
| Care by relatives in the child's home ... | 1 | 2 | 3 |

I3a. What do they usually choose?

| | |
|---|---|
| SCHOOL-BASED PROGRAMS..... | 1 |
| NON-SCHOOL-BASED PROGRAMS | 2 |
| CENTER CARE..... | 3 |
| CARE BY A NON-RELATIVE IN THAT PERSON'S HOME..... | 4 |
| CARE BY RELATIVES IN THE RELATIVE'S HOME ..... | 5 |
| CARE BY A NON-RELATIVE IN THE CHILD'S HOME..... | 6 |
| CARE BY RELATIVES IN THE CHILD'S HOME ..... | 7 |
| DON'T KNOW ..... | 8 |

I4. For parents like you, in your neighborhood, what kind of care is most affordable? What is least affordable?

| | **Most affordable** | **Least affordable** |
|---|---|---|
| CENTER CARE..... | 1 | 1 |
| CARE BY A NON-RELATIVE IN THAT PERSON'S HOME..... | 2 | 2 |
| CARE BY RELATIVES IN THE RELATIVE'S HOME ..... | 3 | 3 |
| CARE BY A NON-RELATIVE IN THE CHILD'S HOME ..... | 4 | 4 |
| CARE BY RELATIVES IN THE CHILD'S HOME ..... | 5 | 5 |
| DON'T KNOW ..... | 6 | 6 |

I5. How do parents in your neighborhood find out about what child care is available?

| | |
|---|---|
| FRIENDS, RELATIVES ..... | 1 |
| PROVIDERS ..... | 2 |
| NEWSPAPERS/ADVERTISEMENTS/BULLETIN BOARDS ..... | 3 |
| YELLOW PAGES ..... | 4 |
| RESOURCE AND REFERRAL SERVICES..... | 5 |
| SOCIAL SERVICE OR WELFARE AGENCY STAFF ..... | 6 |
| OTHER COMMUNITY AGENCY ..... | 7 |
| LEAFLETS, INFORMATIONAL BROCHURES..... | 8 |
| DON'T KNOW..... | 9 |

I6. I'm going to read a list of statements. For each one, tell me whether it is true, somewhat true or not true. (READ STATEMENTS. CIRCLE ONE RESPONSE.)

| | True | Somewhat True | Not true |
|---|---|---|---|
| a. I've had difficulty finding the child care I want. | 1 | 2 | 3 |
| b. There are good choices for child care where I live | 1 | 2 | 3 |
| c. I found a caregiver who shares my values. | 1 | 2 | 3 |
| d. I like the way my caregiver views the world | 1 | 2 | 3 |
| e. When I made this arrangement, I had more than one option | 1 | 2 | 3 |
| f. In choosing child care, I've felt I had to take whatever I could get. | 1 | 2 | 3 |
| g. For my child care arrangement, transportation is a big problem. | 1 | 2 | 3 |
| h. My child care is too far from home. | 1 | 2 | 3 |

**Section J. Parental Attitudes, Beliefs, Values**

J1. Now I am going to read a list of statements that describe child care situations. I would like to know how important each one is to you.

**READ ITEM:** Is this extremely important, very important, somewhat important, not too important, or not at all important to you?

| | Extremely | Very | Some-what | Not too | Not at all | Don't know |
|---|---|---|---|---|---|---|
| How important is . . . | | | | | | |
| a. Provider's openness to parents' dropping in to see children during the day. | 1 | 2 | 3 | 4 | 5 | 8 |
| b. Teaching of cultural or religious values. | 1 | 2 | 3 | 4 | 5 | 8 |
| c. The number of children in the group. | 1 | 2 | 3 | 4 | 5 | 8 |
| d. The presence of children of different ages. | 1 | 2 | 3 | 4 | 5 | 8 |
| e. The provider's communication with parents about their children. | 1 | 2 | 3 | 4 | 5 | 8 |
| f. Cleanliness | 1 | 2 | 3 | 4 | 5 | 8 |
| How important is . . . | | | | | | |
| g. The provider's style of discipline. | 1 | 2 | 3 | 4 | 5 | 8 |
| h. More like home than a school. | 1 | 2 | 3 | 4 | 5 | 8 |
| I. The provider's experience in taking care of children. | 1 | 2 | 3 | 4 | 5 | 8 |
| j. A provider with a close relationship to your family | 1 | 2 | 3 | 4 | 5 | 8 |
| k. A provider who shares my values | 1 | 2 | 3 | 4 | 5 | 8 |
| l. A provider who is licensed or registered by the state | 1 | 2 | 3 | 4 | 5 | 8 |
| How important is . . . | | | | | | |
| m. The way the provider teaches children to get along with other children | 1 | 2 | 3 | 4 | 5 | 8 |
| n. Attention to nutrition. | 1 | 2 | 3 | 4 | 5 | 8 |
| o. Availability of care that is day in and day out. | 1 | 2 | 3 | 4 | 5 | 8 |
| p. Attention to children's safety. | 1 | 2 | 3 | 4 | 5 | 8 |
| q. The attention children receive from the caregiver | 1 | 2 | 3 | 4 | 5 | 8 |
| r. Provider's warmth toward children | 1 | 2 | 3 | 4 | 5 | 8 |
| How important is . . . | | | | | | |
| s. Provider's training in taking care of children. | 1 | 2 | 3 | 4 | 5 | 8 |
| t. Teaching things child needs to know for school | 1 | 2 | 3 | 4 | 5 | 8 |
| u. Teaching children things about their community | 1 | 2 | 3 | 4 | 5 | 8 |
| v. Teaching children things about nature | 1 | 2 | 3 | 4 | 5 | 8 |
| w. The amount of TV or videos children can watch | 1 | 2 | 3 | 4 | 5 | 8 |
| x. Opportunities for active play | 1 | 2 | 3 | 4 | 5 | 8 |
| How important is . . . | | | | | | |
| y. The extent to which the provider organizes children's activities | 1 | 2 | 3 | 4 | 5 | 8 |
| z. The presence of children from different ethnic groups | 1 | 2 | 3 | 4 | 5 | 8 |
| aa. The amount of providers experience in child care | 1 | 2 | 3 | 4 | 5 | 8 |

**Section K. Knowledge of and Use of Subsidies**

K1. Thinking back to (PREVIOUS MONTH) what was the total amount you paid for child care for (READ NAMES OF CHILDREN UNDER13) in that month? Please include only the money you had to pay out of your own pocket. Don't include any payment for which you were reimbursed or which was made by an agency.

$ _____

**IF ONLY ONE CHILD UNDER 13, SKIP TO K2.**

K1a. How many children does this payment include?

_____
# CHILDREN

K2. Do you receive a child care subsidy or voucher for your child/any of your children?

YES ..... 1
NO ..... 2GO TO K7

K2a. Where does the subsidy or voucher come from? _____
NAME OF AGENCY

K2b. Does your child care provider receive a direct payment from a government agency for your child care?

YES ..... 1
NO ..... 2
DON'T KNOW ..... 8

(ASK ONLY IF THERE ARE SIBLINGS:)
K2c. For which children (under 13) do you or your provider receive a subsidy?

| Name of Child | Yes | No | DK |
|---|---|---|---|
| _____ | 1 | 2 | 8 |
| _____ | 1 | 2 | 8 |
| _____ | 1 | 2 | 8 |
| _____ | 1 | 2 | 8 |

K3. When did you (or your provider) begin receiving the subsidy for (CHILD A, B, C, D)?

Child A _____/_____
MONTH YEAR
Child B _____/_____
MONTH YEAR
Child C _____/_____
MONTH YEAR
Child D _____/_____
MONTH YEAR

K4. Did any of your child care arrangements change because you began receiving a subsidy?

YES ..... 1
NO ..... 2GO TO K6

K5. How did they change?

HAD TO CHANGE PROVIDERS ..... 1
HAD TO CHANGE TYPE OF CARE..... 2
OTHER (SPECIFY) _____ ..... 3
OTHER (SPECIFY) _____ ..... 4
OTHER (SPECIFY) _____ ..... 5
OTHER (SPECIFY) _____ ..... 6

K6. Is the (AMOUNT FROM K1) you gave me before as your monthly cost of child care, the amount of the copayment (NAME OF AGENCY) requires?

YES ..... 1GO TO K9
NO ..... 2
NO, NO CO-PAYMENT ..... 3 GO TO K10
DON'T KNOW ..... 4 GO TO K9

K6a. Is this amount more or less than (NAME OF AGENCY) requires you to pay?

LESS..... 1GO TO K10
MORE..... 2

K6b. Why do you have to pay more?

PROVIDER CHARGES MORE, IN ADDITION TO
COPAYMENT ..... 1
PAYMENT TO OTHER PROVIDER FOR EXTRA
HOURS..... 2
OTHER (SPECIFY) _____ ..... 3
OTHER (SPECIFY) _____ ..... 4
OTHER (SPECIFY) _____ ..... 5
OTHER (SPECIFY) _____ ..... 6

SKIP TO K10

K7. Have you ever applied for a child care subsidy?

**PROBE**: Have you ever applied for help to pay for child care?

YES ..... 1
NO ..... 2GO TO K11

K8. What happened when you applied? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

| | | |
|---|---|---|
| RECEIVED A SUBSIDY ..... | 1 | GO TO K8a |
| APPLICATION PENDING/ON WAITING LIST..... | 2 | GO TO K10 |
| DIDN'T GET ANY HELP ..... | 3 | GO TO K10 |
| WAS NOT ELIGIBLE AT THAT TIME..... | 4 | GO TO K10 |
| GOT TIRED OF WAITING..... | 5 | GO TO K10 |
| OTHER (SPECIFY)_____ ..... | 6 | GO TO K10 |

K8a. Was that within the last year?

YES ..... 1
NO ..... 2GO TO K8c

K8b. When did you stop receiving the subsidy?

_____
MONTH

K8c. Why did the subsidy end?

| | |
|---|---|
| SANCTION ..... | 1 |
| MISSED BEING RECERTIFIED..... | 2 |
| LOST MY JOB..... | 3 |
| CHILD BECAME INELIGIBLE ..... | 4 |
| PROVIDER BECAME INELIGIBLE ..... | 5 |
| OTHER (SPECIFY) _____ ..... | 6 |

K8d. Did your child care arrangements change when the subsidy stopped?

YES ..... 1
NO ..... 2GO TO K9

K8e. How did they change?

| | |
|---|---|
| HAD TO CHANGE PROVIDERS ..... | 1 |
| HAD TO CHANGE TYPE OF CARE..... | 2 |
| OTHER (SPECIFY) _____ ..... | 3 |
| OTHER (SPECIFY) _____ ..... | 4 |
| OTHER (SPECIFY) _____ ..... | 5 |
| OTHER (SPECIFY) _____ ..... | 6 |

GO TO K10.

K9. When the subsidy stopped, did you get help from anyone else to pay for child care?

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

K9a. What kind of help did you get?

| | |
|---|---|
| PROVIDER DID NOT PRESS FOR PAYMENT ..... | 1 |
| PARENT, RELATIVE, OR FRIEND HELPED WITH PAYMENT ..... | 2 |
| OTHER AGENCY HELPED WITH PAYMENT ..... | 3 |
| OTHER (SPECIFY) _____ ..... | 4 |

K10. How did you hear about the subsidy program? That is, how did you find out you could get financial help with child care? (DO NOT READ LIST. CIRCLE ALL THAT ARE MENTIONED.)

| | |
|---|---|
| FRIEND, RELATIVE, NEIGHBOR..... | 1 |
| CHILD CARE PROVIDER ..... | 2 |
| CHILD CARE AGENCY WORKER ..... | 3 |
| RESOURCE AND REFERRAL SERVICES ..... | 4 |
| WELFARE AGENCY STAFF..... | 5 |
| RADIO, TV OR NEWSPAPER AD ..... | 6 |
| INFORMATIONAL BROCHURE ..... | 7 |
| EMPLOYER..... | 8 |
| OTHER (SPECIFY)_____ ..... | 9 |

K11. Other than subsidies you might receive, who helps pay for your child care? (CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| RELATIVE..... | 1 |
| FRIEND..... | 2 |
| CHILD'S FATHER..... | 3 |
| CHILD'S MOTHER..... | 4 |
| EMPLOYER..... | 5 |
| PRIVATE AGENCY OR CHARITY ..... | 6 |
| NO ONE ..... | 7 |
| OTHER (SPECIFY)_____ ..... | 8 |

**Section L: Attitudes Towards Current Arrangement and Relationship with Provider**

Now let's talk about your feelings about family child care in general and then your current arrangement in particular.

L1. What do you see as the special advantages of a family child care arrangement for you? Compared with, for example, care in a child care center?
(CIRCLE ALL RESPONSES.)

| | |
|---|---|
| COST | 1 |
| FLEXIBILITY OF HOURS | 2 |
| HOURS OF CARE MATCH MY SCHEDULE | 3 |
| LIKE A HOME | 4 |
| CHILD CAN BE WITH SIBLINGS | 5 |
| PROVIDER HELPS ME AS WELL AS MY CHILD | 6 |
| PROVIDER IS LIKE A FAMILY MEMBER | 7 |
| CHILD CAN BE WITH CHILDREN OF DIFFERENT AGES | 8 |
| MORE INDIVIDUAL ATTENTION | 9 |
| CARE IS CLOSE TO WHERE I LIVE (OR WORK) | 10 |
| PROVIDER SHARES MY VALUES | 11 |
| CARES FOR INFANTS | 12 |
| OTHER (SPECIFY)_____ | 13 |
| DON'T SEE ADVANTAGES, WOULD PREFER A CENTER | 14 |

L2. What, if any, are the disadvantages of a family child care arrangement?

| | |
|---|---|
| PROVIDER IS ALONE, NO ONE SEES WHAT HAPPENS | 1 |
| IF PROVIDER IS SICK, THERE IS NO BACKUP | 2 |
| PROVIDER TELLS ME HOW I SHOULD RAISE MY CHILD | 3 |
| PROVIDER DOESN'T TEACH MY CHILD THINGS HE/SHE NEEDS TO KNOW FOR SCHOOL | 4 |
| HOME DOESN'T HAVE AS MANY TOYS OR AS MUCH EQUIPMENT AS A CENTER | 5 |
| CHILDREN WATCH TOO MUCH TV | 6 |
| PROVIDER SPENDS TIME DURING DAY DOING CHORES | 7 |
| PROVIDER HAS TOO MANY VISITORS DURING DAY | 8 |
| PROVIDER'S CHILDREN HAVE TOO MANY PLAYMATES DURING DAY | 9 |
| OTHER (SPECIFY)_____ | 10 |
| NO DISADVANTAGES | 11 |

L3. Knowing what you know now, if you had to decide all over again whether to send (CHILD) to (PROVIDER), what would you decide? Would you . . .

Definitely send (him/her) again? ..... 1
Have some second thoughts?..... 2
Probably not send (him/her) again or ..... 3
Definitely not send (him/her) again..... 4
Don't know ..... 97
Refused ..... 98

L4. If a friend of yours with a child the same age as (CHILD) was thinking about sending her child to (PROVIDER), what would you say? Would you . . .

Strongly recommend it, ..... 1
Recommend it,..... 2
Have doubts about recommending it, or..... 3
Advise your friend against it?..... 4
Don't know ..... 97
Refused ..... 98

L5. Next, I have a few questions about your relationship with (PROVIDER) over the last three months.

Have you gotten together socially with (PROVIDER) in the last three months?

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

L6. Has (PROVIDER) made special arrangements to help you out with work or family problems in the last three months?

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

L7. Has (PROVIDER) helped you in other ways in the last three months? (e.g., lent a car, equipment)

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

L8. Has (PROVIDER) been critical of you as a parent or as a person in the last three months?

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

L9. Have you shared your personal feelings or concerns with (PROVIDER) in the last three months?

YES ..... 1

NO ..... 2

L10. Have you had a disagreement or dispute with (PROVIDER) in the last three months . . .

a. about child rearing?

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

b. about money?

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

c. about coming late to pick up (CHILD)?

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

L11. Have you talked with (PROVIDER) about (CHILD) and how (she/he) is doing in the last three months?

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

(ASK ONLY IF WORKING/GOING TO SCHOOL/LOOKING FOR JOB:)
L12. Has (PROVIDER) shown resentment of you or your needs as a working parent in the last three months?

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

L13. Do you consider (PROVIDER) a personal friend?

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

L14. I'd like to read a list of statements about your current child care provider and your child's experience in her home. For each item, tell me if it is always true, often true, sometimes true or never true. (READ EACH STATEMENT. AFTER EACH STATEMENT, REPEAT RESPONSE CATEGORIES.)

| **First, we'll talk about your relationship and communication with the caregiver:** | **Circle One:** | | | | | |
|---|---|---|---|---|---|---|
| A I feel comfortable telling my caregiver what's going on at home ..... | Never | Sometimes | Often | Always | ? | NA |
| B My caregiver accepts the way I raise my child..... | Never | Sometimes | Often | Always | ? | NA |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| C | My caregiver is supportive of me as a parent ..... | Never | Sometimes | Often | Always | ? | NA |
| D | My caregiver gets uncomfortable when I try to suggest changes ..... | Never | Sometimes | Often | Always | ? | NA |
| E | We've talked about how to deal with problems that might arise ..... | Never | Sometimes | Often | Always | ? | NA |
| F | My caregiver and I share information ..... | Never | Sometimes | Often | Always | ? | NA |
| G | I feel welcomed by the caregiver..... | Never | Sometimes | Often | Always | ? | NA |
| H | I'm free to drop in whenever I wish ..... | Never | Sometimes | Often | Always | ? | NA |

**Now, we'll talk about the caregiver's ability and the richness of activities for your child:** **Circle One:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| I | It's an interesting place for my child ..... | Never | Sometimes | Often | Always | ? | NA |
| J | There are lots of creative activities going on..... | Never | Sometimes | Often | Always | ? | NA |
| K | There are plenty of toys, books, pictures, and music for my child ..... | Never | Sometimes | Often | Always | ? | NA |
| L | The caregiver provides activities that are just right for my child..... | Never | Sometimes | Often | Always | ? | NA |
| M | I feel my child is getting too old for the activities ..... | Never | Sometimes | Often | Always | ? | NA |
| N | My child gets a lot of individual attention..... | Never | Sometimes | Often | Always | ? | NA |
| O | The caregiver helps children to make their own decisions ..... | Never | Sometimes | Often | Always | ? | NA |
| P | The caregiver changes activities in response to my child's needs ..... | Never | Sometimes | Often | Always | ? | NA |
| Q | My caregiver has good training and education..... | Never | Sometimes | Often | Always | ? | NA |

**I have some other statements about your child's caregiver and activities.** **Circle One:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| R | My caregiver is open to new information and learning | Never | Sometimes | Often | Always | ? | NA |
| S | My caregiver shows she/he knows a lot about children and their needs..... | Never | Sometimes | Often | Always | ? | NA |
| T | In care, my child has many natural learning experiences ..... | Never | Sometimes | Often | Always | ? | NA |
| U | The caregiver reads aloud during the day..... | Never | Sometimes | Often | Always | ? | NA |
| V | The children watch a great deal of TV or videos in care ..... | Never | Sometimes | Often | Always | ? | NA |
| W | In my child's care, there is a balance between quiet and noisy activities ..... | Never | Sometimes | Often | Always | ? | NA |
| X | The caregiver is skilled with children in a group..... | Never | Sometimes | Often | Always | ? | NA |
| Y | The caregiver handles discipline matters easily without being harsh ..... | Never | Sometimes | Often | Always | ? | NA |
| Z | The caregiver seems happy and content ..... | Never | Sometimes | Often | Always | ? | NA |
| AA | The children seem out of control..... | Never | Sometimes | Often | Always | ? | NA |

**Next, we'll talk about the relationship between the caregiver and your child—her warmth and quality of interest in your child:** **Circle One:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| BB | My caregiver is happy to see my child ..... | Never | Sometimes | Often | Always | ? | NA |
| CC | The caregiver seems impatient with my child ..... | Never | Sometimes | Often | Always | ? | NA |
| DD | My child likes my caregiver ..... | Never | Sometimes | Often | Always | ? | NA |
| EE | The caregiver takes an interest in my child ..... | Never | Sometimes | Often | Always | ? | NA |
| FF | The caregiver accepts my child for who she/he is ..... | Never | Sometimes | Often | Always | ? | NA |
| GG | The caregiver makes an effort to get to know my child | Never | Sometimes | Often | Always | ? | NA |
| HH | My caregiver recognizes my child's special abilities .. | Never | Sometimes | Often | Always | ? | NA |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| II | The caregiver tries to figure out how my child is feeling..... | Never | Sometimes | Often | Always | ? | NA |
| JJ | The caregiver is warm and affectionate toward my child..... | Never | Sometimes | Often | Always | ? | NA |
| KK | My child is treated with respect..... | Never | Sometimes | Often | Always | ? | NA |

**Now, about how your child is doing in child care:** **Circle One:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| LL | My child gets along well with the other children in care ..... | Never | Sometimes | Often | Always | ? | NA |
| M | My child likes the other children..... | Never | Sometimes | Often | Always | ? | NA |
| M | | | | | | | |
| NN | My child has been happy in the arrangement ..... | Never | Sometimes | Often | Always | ? | NA |

**Section M: Housing and Other Costs/Income**

My next questions are about your housing arrangements and living expenses.

M1. Do you currently. . .

| | | |
|---|---|---|
| Own your own home | 1 | GO TO M3 |
| Rent your home or apartment | 2 | |
| Live with family or friends and not pay rent | 3 | |
| Live with family or friends and pay part of rent | 4 | |
| Live in a group shelter | 5 | |
| Live in some other arrangement (SPECIFY) _____ | 6 | |
| Jail | 7 | |
| Homeless | 8 | |
| Live alone and rent free | 9 | |

M2. Do you live in public housing?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |

M2a. Do you pay less rent because the government pays for part of it, through Section 8 housing, for example?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 8 |

M3. How many times have you moved in the past 12 months?

_____
NUMBER OF TIMES

| | |
|---|---|
| NONE | 0 |

M4. Altogether in (PRIOR MONTH), what did your household spend on housing? Please include any rent or mortgage payments. Do not include any subsidies you might get; only include what you pay out-of-pocket.

| | |
|---|---|
| NONE | 0 |
| $_____ PER MONTH | GO TO M5 |
| DON'T KNOW | 8 |

M4a. I just need an estimate. Do you think it was . . .

| | |
|---|---|
| $200 or less | 1 |
| $201-$400 | 2 |
| $401-$600 | 3 |
| $601-$800 | 4 |
| $801-$1,000 | 5 |
| $1,001-$1,200 | 6 |
| $1,201-$1,400 | 7 |
| $1,401-$1,600 | 8 |
| $1,601-$1,800 | 9 |
| $1,801-$2,000 | 10 |
| More than $2,000 | 11 |

M5. Are utilities such as heat, gas and electric included in the amount your household pays for (rent/mortgage)?

| | |
|---|---|
| YES | 1GO TO M6 |
| SOMEBODY ELSE PAYS | 2 |
| NO | 3 |
| DON'T KNOW | 8 |

M6. For the month of (PRIOR MONTH), what did your household spend directly on utilities, including any heating bills, gas and electric. Please tell me only about expenses that were not part of your rent or mortgage. Only tell me what you paid out-of-pocket; do not include any subsidies that you receive.

$_____ PER MONTH ..... GO TO M7

DON'T KNOW ..... 8

M6a. I just need to know a range. Do you think it was . . .

| | |
|---|---|
| $25 or less | 1 |
| $26-$50 | 2 |
| $51-$100 | 3 |
| $101-$150 | 4 |
| $151-$200 | 5 |
| $201 or more | 6 |
| DON'T KNOW | 8 |
| REFUSED | 9 |

M7. About how much did you spend in the last 7 days on groceries for (you and (CHILD)/you and your family)? Please include any outside food assistance you may have received like food stamps.

**PROBE:** Your best guess is fine.

$_____ AMOUNT

DON'T KNOW ..... 8
REFUSED ..... 9

M7a. Are you currently receiving Food Stamps?

YES ..... 1
NOT ..... 2

M8. Could you tell me about how much (you/you and your family) spent in the last 7 days on eating out, including breakfasts, lunches and snacks?

**PROBE:** Your best guess is fine.

$_____ AMOUNT

DON'T KNOW ..... 8
REFUSED ..... 9

M9. About how much did you spend in (PRIOR MONTH) on clothing and shoes for your family? Please include money spent by your child(ren) on clothing and shoes.

**PROBE:** Your best guess is fine.

$_____ AMOUNT

DON'T KNOW ..... 8

M10. During (PRIOR MONTH), about how much did **you** spend out-of-pocket for medical expenses for you and your family? Don't include the cost of dental care, health insurance premiums, or any costs that were paid by your health insurance. Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles for doctor visits.

**PROBE:** Your best guess is fine.

$_____ AMOUNT

DON'T KNOW ..... 8

M11. How much did you pay in (PRIOR MONTH) for gas for your car?

$_____ AMOUNT ..... GO TO M12

NONE..... 1 GO TO M12
DOES NOT HAVE CAR..... 2 GO TO M12
DON'T KNOW..... 8

M11a. Do you think it was . . .

$25 or less ..... 1
$26-$50 ..... 2
$51-$100 ..... 3
More than $100 ..... 4
DON'T KNOW..... 8
REFUSED..... 9

M12. How much did you pay in (PRIOR MONTH) for (you/you and your family) to use public transportation, that is, buses, trains, or taxis?

$_____ AMOUNT ..... GO TO M13

DOES NOT USE MASS TRANSIT..... 2
DON'T KNOW..... 8

M12a. Do you think it was . . .

$25 or less ..... 1
$26-$50 ..... 2
$51-$100 ..... 3
$101-$200 ..... 4
More than $200 ..... 5
DON'T KNOW..... 8
REFUSED..... 9

Now I'd like to ask you about the income you received last year. Remember that this information will remain confidential and will not be reported to any agency.

M13. First I'd like you to tell me, if you can, what your total household income was last month?

$_____

DON'T KNOW..... 8

M13a. Is that before or after taxes?

| | |
|---|---|
| BEFORE TAXES | 1 |
| AFTER TAXES | 2 |
| NOT SURE/DON'T KNOW | 3 |

M14. Now I would like to ask you about your total household income for last year (LAST CALENDAR YEAR) for all the people in your household, including you. Again, consider all sources of cash income, including jobs, alimony, child support, Welfare, Unemployment Insurance, Social Security, SSI, or Workmen's Compensation. Exclude food stamps or food checks. Please tell me the number that is closest to your total household income for last year. (READ LIST. CIRCLE ONE.)

| | |
|---|---|
| $3,000 or less | 1 |
| $3,001-$6,000 | 2 |
| $6,001-$9,000 | 3 |
| $9,001-$12,000 | 4 |
| $12,001-$15,000 | 5 |
| $15,001-$20,000 | 6 |
| $20,001-$30,000 | 7 |
| $30,001-$40,000 | 8 |
| $40,001-$50,000 | 9 |
| Over $50,000 | 10 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

M14a. Was any of your income last year from welfare payments?

| | |
|---|---|
| YES | 1 |
| NO | 2 |

M14b. When you filed your income taxes for last year, did you claim the Earned Income Tax Credit (EITC)?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 3 |

M15. Now we'd like to ask you some questions about [FOCUS CHILD]. We're interested in the ways he/she is learning to play with other children and to express his/her feelings. I'm going to read a list of descriptions to you, and I want you to tell me whether your child is like the description rarely or never, sometimes, often, or almost always. There are no right or wrong answers. Every child is different, and we are interested in knowing about how children develop and learn about being with other people.

**Emotion Regulation Checklist**
(Shields & Cicchetti, 1995; adapted by Abt Associates Inc., 1999)

| | | Rarely/ Never 1 | Sometimes 2 | Often 3 | Almost Always 4 |
|---|---|---|---|---|---|
| 1. | Is a cheerful child. | 1 | 2 | 3 | 4 |
| 2. | Has wild mood swings (changes unexpectedly from a good to a bad mood). | 1 | 2 | 3 | 4 |
| 3. | Responds positively when adults approach him/her in a friendly or neutral way. | 1 | 2 | 3 | 4 |
| 4. | Moves easily from one activity to another; doesn't become angry, anxious, upset or overly-excited when changing activities. | 1 | 2 | 3 | 4 |
| 5. | Gets over it quickly when he/she is upset or unhappy (doesn't pout, remain sullen, anxious or sad after upsetting events) | 1 | 2 | 3 | 4 |
| 6. | Is easily frustrated. | 1 | 2 | 3 | 4 |
| 7. | Responds positively when another child approaches him/her in a friendly or neutral way. | 1 | 2 | 3 | 4 |
| 8. | Is likely to have angry outburst or easily throws tantrums. | 1 | 2 | 3 | 4 |
| 9. | Is able to wait for what he/she wants. | 1 | 2 | 3 | 4 |
| 10. | Seeing others unhappy gives him/her pleasure (e.g., laughs when someone gets hurt or punished, enjoys teasing others) | 1 | 2 | 3 | 4 |
| 11. | Can keep his/her excitement under control (e.g., doesn't get "carried away" in high energy play situations or overly excited when it is not appropriate). | 1 | 2 | 3 | 4 |
| 12. | Is whiny or clingy with adults. | 1 | 2 | 3 | 4 |
| 13. | Is likely to have outbursts of energy and exuberance (or excitement) that are disruptive. | 1 | 2 | 3 | 4 |
| 14. | Responds angrily when an adult sets limits. | 1 | 2 | 3 | 4 |

**Emotion Regulation Checklist**
(Shields & Cicchetti, 1995; adapted by Abt Associates Inc., 1999)

| | Rarely/ Never 1 | Sometimes 2 | Often 3 | Almost Always 4 |
|---|---|---|---|---|
| 15. Is able to say when he/she is feeling sad, angry or mad, fearful or afraid. | 1 | 2 | 3 | 4 |
| 16. Seems sad or without energy. | 1 | 2 | 3 | 4 |
| 17. When [CHILD] tries to play with others, he/she is overly exuberant (overly-excited). | 1 | 2 | 3 | 4 |
| 18. Seems unemotional (e.g., child's expression is vacant or inexpressive; child seems emotionally absent). | 1 | 2 | 3 | 4 |
| 19. When another child attempts in a friendly or neutral way to get [CHILD] to play or join in, he/she responds negatively (e.g., may speak in angry tone of voice or respond fearfully). | 1 | 2 | 3 | 4 |
| 20. Is impulsive; does things without thinking. | 1 | 2 | 3 | 4 |
| 21. Shares in feelings of others; shows concern when others are upset or unhappy. | 1 | 2 | 3 | 4 |
| 22. Displays excitement or enthusiasm that upsets or intrudes on others | 1 | 2 | 3 | 4 |
| 23. When another child acts aggressively toward [CHILD] or intrudes on [CHILD], he/she reacts appropriately (e.g., expresses anger, fear, frustration, distress but does not return aggression). | 1 | 2 | 3 | 4 |
| 24. When [CHILD] tries to get others to play, he/she shows negative emotions (anger, fear, frustration, distress). | 1 | 2 | 3 | 4 |

**Section N. Tracking Information and Interviewer Observations**

N1. Thank you for letting me spend this time with you. I would like to thank you for participating in the study.

To help us get in touch with you in case you move, we'd like to ask you for the names and addresses of people who can help us find you.

N2. (What is/Is TELEPHONE NUMBER) your telephone number?

| | | |
|---|---|---|
| TELEPHONE NUMBER SAME AS ON QUESTIONNAIRE | 1 | |
| NEW TELEPHONE NUMBER _____ | 2 | (RECORD ON COVER SHEET) |
| NO TELEPHONE | 0 | GO TO N7 |
| REFUSED | 9 | GO TO N7 |

N3. Is that your telephone, or is it someone else's?

| | | |
|---|---|---|
| RESPONDENT'S | 1 | GO TO N11 |
| OTHER'S | 2 | |

N4. Whose telephone is it?

| | |
|---|---|
| Name:_____ | 1 |
| REFUSED | 9 |

N5. What is (his/her/their) address?

Street address:_____ Apt. No.____

City:_____

State:_____Zip Code:_____

| | |
|---|---|
| SAME AS RESPONDENT'S | 4 |
| REFUSED | 9 |

N6. What is (his/her/their) relationship to you? (CIRCLE ALL THAT APPLY.)

PARENT OR STEPPARENT..... 1
AUNT OR UNCLE ..... 2
GRANDPARENT..... 3
SIBLING..... 4
OTHER RELATIVE (SPECIFY)
_____..... 5
FRIEND..... 6
OTHER (SPECIFY)
_____..... 7
REFUSED..... 9 GO TO N11

N7. Can you give me a number where you can be reached?

Telephone number
_____

NO .....0GO TO N11
REFUSED..... 9 GO TO N11

N8. Whose telephone is that?

Name:_____ ..... 1

REFUSED..... 9

N9. What is (his/her/their) address?

Street address:_____ Apt. No.____

City:_____

State:_____Zip Code:_____

DON'T KNOW..... 8
REFUSED..... 9

N10. What is (his/her/their) relationship to you? (CIRCLE ALL THAT APPLY.)

| | | |
|---|---|---|
| PARENT OR STEPPARENT | 1 | |
| AUNT OR UNCLE | 2 | |
| GRANDPARENT | 3 | |
| SIBLING | 4 | |
| OTHER RELATIVE (SPECIFY) _____ | 5 | |
| FRIEND | 6 | |
| OTHER (SPECIFY) _____ | 7 | |
| REFUSED | 9 | GO TO N11 |

N11. What are the names, addresses, and telephone numbers of relatives who will know how to contact you six months from now?

**OTHER RELATIVE'S NAME, ADDRESS, AND TELEPHONE NUMBER**

Other relative's full name:_____

Nickname:_____

Street address:_____ Apt. No.____

City:_____

State:_____Zip Code:_____

Telephone: _____

Spouse's name (if applicable)
_____

| | | |
|---|---|---|
| DOES NOT HAVE OTHER RELATIVES | 4 | |
| SAME AS RESPONDENT'S | 5 | |
| NO OTHER CONTACTS | 6 | GO TO N14 |

N12. What are the names, addresses, and telephone numbers of close friends who will know how to contact you six months from now?

**CLOSE FRIEND'S NAME, ADDRESS, AND TELEPHONE NUMBER**

Close friend's full name:_____

Nickname:_____

Street address:_____ Apt. No.____

City:_____

State:_____Zip Code:_____

Telephone: _____

Spouse's name (if applicable)
_____

DOES NOT HAVE ANY CLOSE FRIENDS..... 4
SAME AS RESPONDENT'S..... 5
NO OTHER CONTACTS ..... 6 GO TO N14

N13. Anyone else?

**OTHER PERSON'S NAME, ADDRESS, AND TELEPHONE NUMBER**

Other person's full name:_____

Nickname:_____

Street address:_____ Apt. No.____

City:_____

State:_____Zip Code:_____

Telephone: _____

Spouse's name (if applicable)
_____

DOES NOT HAVE OTHER RELATIVES..... 4
SAME AS RESPONDENT'S..... 5
NO OTHER CONTACTS ..... 6 GO TO N14

N14. **CLOSING.** Thank you very much. Those are all our questions. We'll be back in touch.

# National Study of Child Care for Low-Income Families

## FAMILY CHILD CARE PROVIDER INTERVIEW

Respondent Name _____

Respondent ID _____

Interviewer Name _____

Interviewer ID _____

Date of Interview _____/_____/_____

## Introduction

Thank you for agreeing to talk with us. As you know, we are talking to you as part of a research project that we are conducting on families' use of child care. Everything that you say to me will be completely private—only the research staff will see the interview, and your name won't remain on any of the forms. We have assigned each interview an ID number, and no one except the research staff will be able to match your name with that ID.

I want to thank you again for agreeing to talk with me. If you have any questions at any time, or if you don't understand something I've said, please let me know. If you feel uncomfortable with any questions, please let me know and we'll go on to the next one. Okay? Do you have any questions now?

## Section A. Care Provided

A1. How long have you been caring for children in your home other than your own children or children who live with you?

RECORD ANSWER AS EITHER THE NUMBER OR YEARS AND MONTHS OR THE DATE WHEN PROVIDER STARTED CARING FOR CHILDREN.

a. _____ YEARS AND _____ MONTHS

OR

b. SINCE _____ MONTH, 19 _____

DON'T KNOW ..... 97
REFUSED ..... 98

A1a. Is their someone who helps you to take care of the children on a regular basis?

YES ..... 1
NO ..... 2 GO TO A2

A1b. How long has this person been helping you?

_____ _____
# YEARS # MONTHS

A2. When you first began, what made you decide to provide care for children? (ACCEPT ONLY ONE RESPONSE. PROBE FOR THE MAIN REASON.)

| | A2 | A2A |
|---|---|---|
| WANT TO STAY AT HOME WITH OWN CHILDREN ..... | 1 | 1 |
| RELATIVES OR FRIENDS NEED CARE SO THEY CAN WORK ..... | 2 | 2 |
| LIKE CHILDREN..... | 3 | 3 |
| THERE IS A NEED FOR GOOD CHILD CARE FOR WORKING PARENTS..... | 4 | 4 |
| NEEDED THE MONEY..... | 5 | 5 |
| WANTED A BUSINESS OF MY OWN..... | 6 | 6 |
| HAD BEEN A TEACHER IN A DAY CARE CENTER..... | 7 | 7 |
| ALWAYS WANTED TO TEACH, WORK WITH CHILDREN..... | 8 | 8 |
| OTHER (SPECIFY)_____ | 9 | 9 |
| DON'T KNOW ..... | 97 | 97 |
| REFUSED ..... | 98 | 98 |

A2a. What is the main reason you continue to provide care? (ENTER IN A2A COLUMN.)

A2b. How would you describe what you are trying to do with the children you care for? What do you see as your responsibilities? (CIRCLE ALL THAT APPLY.)

| | |
|---|---|
| HELP PREPARE THEM FOR SCHOOL ..... | 1 |
| CREATE A HOME-LIKE ATMOSPHERE..... | 2 |
| BE A SUBSTITUTE PARENT FOR THEM ..... | 3 |
| KEEP CHILDREN SAFE..... | 4 |
| HELP THEM TO LEARN TO GET ALONG WITH OTHER CHILDREN ..... | 5 |
| HELP THEM TO LEARN TO GET ALONG WITH OTHER PEOPLE..... | 6 |
| TEACH THEM WHAT IS RIGHT..... | 7 |
| OTHER (SPECIFY) _____ ..... | 8 |
| OTHER (SPECIFY) _____ ..... | 9 |
| OTHER (SPECIFY) _____ ..... | 10 |

A3. How many children other than your own children or children who live with you do you take care of on a regular basis each week?

PROBE: By regular basis I mean on a schedule that is similar from week to week.

| | |
|---|---|
| _____ CHILDREN | |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

A4. Next, I have a few questions about [the child/each of the (NUMBER FROM A3) children] you take care of on a regular basis. (Let's start with the youngest.)

| | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | Child 6 |
|---|---|---|---|---|---|---|
| A5. How old is the youngest (next youngest) child you take care of regularly? | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months |
| A6. What is child's first name? | | | | | | |
| A7. ASK IF NOT OBVIOUS: Is that a boy or a girl? | GIRL.....1<br>BOY.....2 | GIRL ..... 1<br>BOY ..... 2 | GIRL ..... 1<br>BOY ..... 2 | GIRL ..... 1<br>BOY ..... 2 | GIRL ..... 1<br>BOY ..... 2 | GIRL ..... 1<br>BOY ..... 2 |
| A8. Is (NAME OF CHILD) related to you? | YES.....1<br>NO .....2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 |
| A9. How is child related to you? | GRANDCHILD .....1<br>NEPHEW/ NIECE .....2<br>COUSIN.....3<br>BROTHER/ SISTER .....4<br>OTHER (SPECIFY) _____.96 | GRANDCHILD ..... 1<br>NEPHEW/ NIECE..... 2<br>COUSIN ..... 3<br>BROTHER/ SISTER..... 4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD ..... 1<br>NEPHEW/ NIECE..... 2<br>COUSIN ..... 3<br>BROTHER/ SISTER..... 4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD ..... 1<br>NEPHEW/ NIECE..... 2<br>COUSIN ..... 3<br>BROTHER/ SISTER..... 4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD ..... 1<br>NEPHEW/ NIECE..... 2<br>COUSIN ..... 3<br>BROTHER/ SISTER..... 4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD ..... 1<br>NEPHEW/ NIECE..... 2<br>COUSIN..... 3<br>BROTHER/ SISTER..... 4<br>OTHER (SPECIFY) _____ 96 |
| A9a. Is this child a special needs child? | YES.....1<br>NO .....2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 |
| A10. Do you charge for caring for this child? | YES.....1<br>NO .....2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 | YES ..... 1<br>NO..... 2 |
| A11. If yes, how much do you charge per week for this child? | $_____ | $_____ | $_____ | $_____ | $_____ | $_____ |
| A11a. How much of this fee does the parent pay? | $_____ | $_____ | $_____ | $_____ | $_____ | $_____ |
| B7a. How much does the (CC agency) pay? | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 |

| | Child 7 | Child 8 | Child 9 | Child 10 | Child 11 | Child 12 |
|---|---|---|---|---|---|---|
| A5. How old is the youngest (next youngest) child you take care of regularly? | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months | _____ yrs<br>_____ months |
| A6. What is child's first name? | | | | | | |
| A7. ASK IF NOT OBVIOUS: Is that a boy or a girl? | GIRL.....1<br>BOY.....2 | GIRL.....1<br>BOY.....2 | GIRL.....1<br>BOY.....2 | GIRL.....1<br>BOY.....2 | GIRL.....1<br>BOY.....2 | GIRL..... 1<br>BOY..... 2 |
| A8. Is (NAME OF CHILD) related to you? | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES..... 1<br>NO..... 2 |
| A9. How is child related to you? | GRANDCHILD .....1<br>NEPHEW/ NIECE .....2<br>COUSIN .....3<br>BROTHER/ SISTER.....4<br>OTHER (SPECIFY) _____.96 | GRANDCHILD .....1<br>NEPHEW/ NIECE .....2<br>COUSIN .....3<br>BROTHER/ SISTER.....4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD .....1<br>NEPHEW/ NIECE .....2<br>COUSIN .....3<br>BROTHER/ SISTER.....4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD .....1<br>NEPHEW/ NIECE .....2<br>COUSIN .....3<br>BROTHER/ SISTER.....4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD .....1<br>NEPHEW/ NIECE .....2<br>COUSIN .....3<br>BROTHER/ SISTER.....4<br>OTHER (SPECIFY) _____ 96 | GRANDCHILD ..... 1<br>NEPHEW/ NIECE ..... 2<br>COUSIN ..... 3<br>BROTHER/ SISTER..... 4<br>OTHER (SPECIFY) _____ 96 |
| A9a. Is this child a special needs child? | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES..... 1<br>NO..... 2 |
| A10. Do you charge for caring for this child? | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES.....1<br>NO.....2 | YES..... 1<br>NO..... 2 |
| A11. If yes, how much do you charge per week for this child? | $_____ | $_____ | $_____ | $_____ | $_____ | $_____ |
| A11a. How much of this fee does the parent pay? | $_____ | $_____ | $_____ | $_____ | $_____ | $_____ |
| B7a. How much does the (CC agency) pay? | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 | $_____<br>DK.....9999 |

A12. I'd like to go through a typical week with you. Let's start with the children you care for, starting with (CHILD #1). Which days does he/she spend time here? When does he/she arrive? When does he/she leave? (MARK SCHEDULE FOR CHILD #1 ON CHART; GO THROUGH EACH CHILD'S SCHEDULE IN THE SAME WAY.)

Now, I'd like to find out about your own children who are around during these times. Let's start with (NAME OF PROVIDER'S FIRST CHILD). (MARK SCHEDULE FOR EACH CHILD.)

Finally, are there adult family members or friends who are here at the same time as the children? Can we talk through their schedules? (MARK SCHEDULE FOR EACH ADULT.)

## CHILD CARE PROVIDER SCHEDULE

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Children in care<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____<br>6. _____<br>7. _____<br>8. _____<br>9. _____<br>10. _____<br>11. _____<br>12. _____ | | | | | | | |
| Caregiver's children<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____<br>6. _____ | | | | | | | |
| Other adults<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | | | | | | | |

A13. [Is the child you care for/How many of the (NUMBER FROM A3) children you care for are] ...

| | Number | Don't Know | Refused |
|---|---|---|---|
| of Hispanic or Latino descent? ..... | _____ | 97 | 98 |

A13a. [Is the child you care for/How many of the (NUMBER FROM A3) children you care for are] ...

| | | Number | Don't Know | Refused |
|---|---|---|---|---|
| a. | White? ..... | _____ | 97 | 98 |
| b. | Black/African American? ..... | _____ | 97 | 98 |
| c. | American Indian or Alaska native? ..... | _____ | 97 | 98 |
| d. | Asian? ..... | _____ | 97 | 98 |
| e. | Native Hawaiian or other Pacific Islander? | _____ | 97 | 98 |
| f. | Other? (SPECIFY) _____ _____ | _____ | 97 | 98 |

A14. During January through March of this year, how many children did you stop caring for?

**THIS INCLUDES CHILDREN THE PROVIDER REFUSES TO CARE FOR ANY LONGER AND CHILDREN THE PARENT WITHDRAWS FOR ANY REASON.**

_____ CHILDREN

DON'T KNOW ..... 97
REFUSED ..... 98

A15. During January through March of this year, how many new children did you start taking care of?

_____ CHILDREN

DON'T KNOW ..... 97
REFUSED ..... 98

A15a. How many children can you comfortably take care of at one time?

_____ # OF CHILDREN AT ONE TIME

A16. Is there a child care resource and referral network in your community?

**IF THE PROVIDER KNOWS ABOUT THESE OR BELONGS TO ONE SHE WILL NOT NEED A DEFINITION.**

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO A18 |
| DON'T KNOW | 97 | GO TO A18 |
| REFUSED | 98 | GO TO A18 |

A17. Are you listed with a resource and referral agency?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

A18. Is your home licensed as a family child care home by the State?

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO A19 |

A18a. How long have you been licensed?

_____ _____
YEARS MONTHS

A18b. How often are you required to renew your license?

| | |
|---|---|
| YEARLY | 1 |
| EVERY TWO YEARS | 2 |
| NO RE-LICENSING REQUIREMENT | 3 |
| OTHER (SPECIFY)_____ | 4 |
| DON'T KNOW | 5 |

A18c. Does the State licensing agency make monitoring visits to your home?

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO A19 |

A18d. How frequently do licensing staff make monitoring visits?

| | |
|---|---|
| More than once a year | 1 |
| Once a year | 2 |
| Once every two years | 3 |
| On an irregular schedule | 4 |

A18e. Are you notified in advance about these visits?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| SOMETIMES | 3 |

A18f. When was the last visit?

_____/_____
MONTH YEAR

A19. Are you a member of a family child care organization such as the Family Day Care Professional Association or the National Association for the Education of Young Children (NAEYC)?

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

A20. Are you sponsored by a group (e.g., a church, Head Start, Catholic Charities) that organizes family day care in your area?

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO A21 |
| DON'T KNOW | 97 | GO TO A21 |
| REFUSED | 98 | GO TO A21 |

A20a. Are you taking part in the Child and Adult Care Feeding Program?

| | |
|---|---|
| YES | 1 |
| NO | 2 |

A21. Do you meet on a regular basis with other family day care providers for training or as part of a support network?

| | | |
|---|---|---|
| YES | 1 | GO TO A22 |
| YES, BUT NOT REGULARLY | 2 | GO TO A22 |
| NO | 3 | |
| DON'T KNOW | 97 | |
| REFUSED | 98 | |

A21a. Are you aware of opportunities for training or support groups?

| | |
|---|---|
| YES | 1 |
| NO | 2 |

A22. When a child leaves, what do you do to try to find another child to care for? (CIRCLE ALL THAT APPLY.)

**PROBE:** Any other steps?

| | |
|---|---|
| TRY TO GET REFERRALS FROM FRIENDS, NEIGHBORS, OR RELATIVES | 1 |
| TRY TO GET REFERRALS FROM WELFARE OR SOCIAL SERVICE CASEWORKERS | 2 |
| NEWSPAPERS, YELLOW PAGES, OR OTHER ADVERTISEMENTS | 3 |
| TRY TO GET REFERRALS FROM COMMUNITY AGENCIES OTHER THAN WELFARE OR SOCIAL SERVICE | 4 |
| TALK TO FRIENDS OR OTHER FAMILIES WITH CHILDREN | 5 |
| PARENTS OF CHILDREN IN CARE | 6 |
| BULLETIN OR MESSAGES BOARDS | 7 |
| CHECK WITH DAY CARE CENTERS OR PRESCHOOLS | 8 |
| GET REFERRALS FROM RESOURCE AND REFERRAL AGENCY | 9 |
| WORD OF MOUTH | 10 |
| WAITING LIST | 11 |
| PAMPHLETS OR FLYERS | 12 |
| NONE OR TAKE NO STEPS | 13 |
| OTHER (SPECIFY) _____ _____ | 99 |
| NO OTHER STEPS | 00 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

A23. The last time you had an opening, how long did it take you to find another child to care for?

**IF "NO TIME AT ALL" CODE AS "0 DAYS"**

| | |
|---|---|
| _____ days | 1 |
| _____ weeks | 2 |
| _____ months | 3 |
| STILL HAVE OPENING/COULDN'T FIND ANOTHER CHILD | 96 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

**IF PROVIDER IS NOT CARING FOR ANY SPECIAL NEEDS CHILDREN, SKIP TO QA25.**

A24. Do your have to do any special things for the special needs child(ren) you are caring for?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO A26 |

A24a. What are they?

| | |
|---|---|
| SPECIAL MEDICATION ..... | 1 |
| TAKE TO DOCTOR'S APPOINTMENT ..... | 2 |
| TAKE TO THERAPY ..... | 3 |
| OTHER (SPECIFY)_____ ..... | 4 |

GO TO A26

A25. Have you ever taken care of a child with special needs or handicaps?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

A26. What is the earliest time that parents can drop off their child(ren)?

| | |
|---|---|
| _____ _____ AM ..... | 1 |
| _____ _____ PM ..... | 2 |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

A27. How late can parents pick up their child(ren)?

| | |
|---|---|
| _____ _____ AM ..... | 1 |
| _____ _____ PM ..... | 2 |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

A27a. Do you ever make special arrangements with parents to drop off a child earlier or pick up later?

| | | |
|---|---|---|
| YES..... | 1 | |
| NO ..... | 2 | GO TO A29 |

A27b. Do parents pay extra for this?

| | |
|---|---|
| YES..... | 1 |
| NO ..... | 2 |

A28. Do you ever provide weekend care?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

A29. Can you provide care for parents who work off-hours or whose hours vary week to week?

| | |
|---|---|
| YES, OFF-HOURS ..... | 1 |
| YES, VARIED HOURS ..... | 2 |
| YES, BOTH ..... | 3 |
| NO, NEITHER ..... | 4 |

A30. Are there any weeks during the year that you do ***not*** provide child care? How many weeks?

**INCLUDES SCHEDULED VACATIONS AND TIMES WHEN PROVIDER REGULARLY DOES NOT PROVIDE CARE.**

| | |
|---|---|
| _____ _____ weeks ..... | 1 |
| OPEN ALL YEAR ..... | 00 |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

A30a. Do you provide any help to parents in getting alternative child care?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

A31. Do you ever have to turn away a child for any reason?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO A32 |

A31a. Why do you have to do this?

| | |
|---|---|
| WOULD HAVE TOO MANY CHILDREN ..... | 1 |
| CHILD REQUIRES SPECIAL CARE ..... | 2 |
| OTHER (SPECIFY) _____ ..... | 3 |
| OTHER (SPECIFY) _____ ..... | 4 |
| OTHER (SPECIFY) _____ ..... | 5 |

A32. What do you see as the special advantages of a family child care arrangement for parents? (CIRCLE ALL RESPONSES THAT APPLY.)

| | |
|---|---|
| COST | 1 |
| FLEXIBILITY OF HOURS | 2 |
| HOURS OF CARE MATCH PARENTS' SCHEDULE | 3 |
| LIKE A HOME | 4 |
| CHILD CAN BE WITH SIBLINGS | 5 |
| PROVIDER HELPS PARENT AS WELL AS CHILD | 6 |
| PROVIDER IS LIKE A FAMILY MEMBER | 7 |
| CHILD CAN BE WITH CHILDREN OF DIFFERENT AGES | 8 |
| MORE INDIVIDUAL ATTENTION | 9 |
| CARE IS CLOSE TO WHERE CHILD LIVES | 10 |
| SHARES PARENT'S VALUES | 11 |
| OTHER (SPECIFY)_____ | 12 |
| NONE | 13 |

A33. What about for you? What are the advantages, the good things about being a family child care providers? (CIRCLE ALL RESPONSES THAT APPLY.)

| | |
|---|---|
| LETS ME STAY AT HOME WITH MY OWN CHILDREN | 1 |
| I CAN HELP YOUNG PARENTS | 2 |
| I CAN TEACH CHILDREN THINGS THEY NEED TO KNOW | 3 |
| IT'S LIKE BEING A TEACHER, BUT YOU WORK FOR YOURSELF | 4 |
| IT GIVES YOU INDEPENDENCE | 5 |
| I DON'T HAVE TO BUY BUSINESS CLOTHES, FIGHT TRAFFIC | 6 |
| I FEEL LIKE A PROFESSIONAL PERSON | 7 |
| OTHER (SPECIFY)_____ | 8 |
| NONE | 9 |

A34. Are there any disadvantages? What are they?

| | |
|---|---|
| I AM NOT ALWAYS SEEN AS A PROFESSIONAL | 1 |
| PARENTS PICK THEIR CHILDREN UP LATE | 2 |
| PARENTS CHANGE THEIR SCHEDULES ON SHORT NOTICE | 3 |
| PARENTS DON'T PAY ME | 4 |
| PARENTS ARE OFTEN LATE IN PAYING ME | 5 |
| PARENTS TAKE CHILDREN OUT OF CARE WITHOUT GIVING ME NOTICE | 6 |
| I DON'T HAVE ENOUGH TIME FOR MY OWN CHILDREN | 7 |
| I DON'T HAVE ENOUGH PERSONAL TIME | 8 |
| THERE'S A LOT OF WEAR AND TEAR ON MY HOME | 9 |
| OTHER (SPECIFY)_____ | 10 |
| I DON'T GET PAID ENOUGH | 11 |
| NONE | 12 |

**Section B. Child Care Fees**

Next, I would like to talk about the fees you charge for child care.

**CATI CHECK: DO NOT ASK IF ALL CARE IS FREE.** GO TO SECTION C

B1. Do you sometimes charge different amounts depending on ...

| | | Yes | No | Do Not Do This | Don't Know | Refused |
|---|---|---|---|---|---|---|
| a. | The number of children from the same family | 1 | 2 | 96 | 97 | 98 |
| b. | Family income ..... | 1 | 2 | 96 | 97 | 98 |
| c. | Your relationship with a child's family; if they are family, friends, or strangers?..... | 1 | 2 | 96 | 97 | 98 |
| d. | The number of hours per week that you care for a child..... | 1 | 2 | 96 | 97 | 98 |
| e. | The child's age..... | 1 | 2 | 96 | 97 | 98 |
| f. | Whether a child is toilet trained..... | 1 | 2 | 96 | 97 | 98 |
| g. | Whether a child has a diagnosed handicap .... | 1 | 2 | 96 | 97 | 98 |
| h. | Whether parents or an outside agency such as Welfare or an employment or training program is paying for the care ..... | 1 | 2 | 96 | 97 | 98 |
| i. | Whether you provide special services such as . . . | | | | | |
| | i.1. Meals ..... | 1 | 2 | 96 | 97 | 98 |
| | i.2. Transportation..... | 1 | 2 | 96 | 97 | 98 |
| | i.3. Diapers..... | 1 | 2 | 96 | 97 | 98 |
| | i.4. Other (SPECIFY) _____ _____ | 1 | 2 | 96 | 97 | 98 |
| B2. | Are there any other reasons why you charge different amounts for child care (SPECIFY) _____ _____ | 1 | 2 | 96 | 97 | 98 |

B3. Does a federal, state, or local agency such as welfare or (NAME OF LOCAL CHILD CARE SERVICES AGENCY) and employment or training program pay all or part of the fees for any of the children you care for?

**THIS INCLUDES PAYMENTS MADE DIRECTLY TO THE PROVIDER AND SUBSIDIES TO PARENTS EARMARKED FOR THE PROVIDER.**

| | | |
|---|---|---|
| YES | 1 | |
| NO | 2 | GO TO B9 |
| DON'T KNOW | 97 | GO TO B9 |
| REFUSED | 98 | GO TO B9 |

B4. How many of the children you care for are paid for in this way?

____ ____ CHILDREN

| | |
|---|---|
| DON'T KNOW | 97 |
| REFUSED | 98 |

B5. Does the agency pay you directly for slots, pay you for vouchers or certificates received from parents, or does it pay the child's parent in cash?

| | | |
|---|---|---|
| PAYS PROVIDER DIRECTLY FOR SLOT | 1 | |
| PAYS PROVIDER FOR VOUCHERS | 2 | GO TO B7 |
| PAYS PARENT IN CASH | 3 | |
| VARIES PER CHILD | 4 | |
| DON'T KNOW | 97 | |
| REFUSED | 98 | |

B6. Do any parents pay you with child care vouchers?

**PROBE:** Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The provider can then turn them in for cash payment.

| | |
|---|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

B7. Does the agency pay the full fee or a partial fee for a child's care?

| | |
|---|---|
| FULL | 1 |
| PARTIAL | 2 |
| VARIES PER CHILD | 3 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

B7a. **REFER TO ROSTER AT A5 AND ASK.** How much does (NAME OF LOCAL CHILD CARE AGENCY) pay for each child? ENTER ON ROSTER.

B8. Do you ask parents of subsidized children to pay the whole of the difference between what you charge and what the agency pays you?

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

GO TO B10

B9. Would you accept children whose fees are paid by a public agency?

YES ..... 1
NO ..... 2
DON'T KNOW ..... 97
REFUSED ..... 98

B10. How many of the children you care for have parents who receive public assistance, such as welfare, Food Stamps, or WIC.

_____ CHILDREN

DON'T KNOW ..... 97
REFUSED ..... 98

IF PROVIDER DOES NOT CARE FOR SUBSIDIZED CHILDREN, GO TO SECTION C.

B11. Are there problems for you, associated with subsidies or caring for subsidized children?

YES ..... 1
NO ..... 2 GO TO SECTION C

B12. What kinds of problems?

HAVE TO WAIT FOR PAYMENTS ..... 1
AMOUNT OF SUBSIDY IS INADEQUATE ..... 2
PARENTS OFTEN CAN'T OR WON'T PAY THE COPAYMENT AMOUNT ..... 3
PARENTS LEAVE WITHOUT NOTICE ..... 4
OTHER (SPECIFY)
_____ . 5
_____ . 6

B13. What happens when a parent loses the subsidy?

I LET THE CHILD STAY FOR A WHILE ..... 1
I MAKE A PAYMENT ARRANGEMENT WITH PARENT ..... 2
I ASK THE PARENT TO FIND ANOTHER ARRANGEMENT ..... 3
OTHER (SPECIFY)
_____ . 4

**Section C. Health and Safety**

Now I'd like to ask you some questions about health and safety.

C1. Do you allow parents to leave children who ...

| | | Yes | No | Don't Know | Refused |
|---|---|---|---|---|---|
| a. | Have a feverish appearance ..... | 1 | 2 | 97 | 98 |
| b. | Have severe coughs ..... | 1 | 2 | 97 | 98 |
| c. | Have unusual spots or rashes..... | 1 | 2 | 97 | 98 |

C2. Are sick children separated from other children?

**IN A SEPARATE ROOM, NOT ACROSS THE ROOM.**

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |
| SOMETIMES OR DEPENDS ..... | 3 |
| CARES FOR ONLY ONE CHILD ..... | 96 |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

C3. At a parent's or physician's request, do you administer ...

| | | Yes | No | Some-times | Don't Know | Refused |
|---|---|---|---|---|---|---|
| a. | Over-the-counter medications such as aspirin or cough syrup ..... | 1 | 2 | 3 | 97 | 98 |
| b. | Prescription medications..... | 1 | 2 | 3 | 97 | 98 |

C4. In case of emergency, do you have the phone number of (each/the) child's doctor?

| | |
|---|---|
| YES, ALL..... | 1 |
| SOME, NOT ALL..... | 2 |
| NO ..... | 3 |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

C5. Do you have a medical release for (each/the) child in case of emergencies?

**THIS IS A PERMISSION FORM ALLOWING THE PROVIDER TO TAKE A CHILD TO A DOCTOR OR HOSPITAL FOR TREATMENT IN AN EMERGENCY IF THE PARENT CAN'T BE REACHED.**

| | |
|---|---|
| YES, ALL | 1 |
| SOME, NOT ALL | 2 |
| NO | 3 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

C6. Do you have a plan to follow if (one of) the child(ren) in your care needs emergency medical care?

**A PLAN FOR HOW THE PROVIDER WILL ARRANGE CARE FOR OTHER CHILDREN AND FOR TRANSPORTATION TO THE DOCTOR OR HOSPITAL.**

| | |
|---|---|
| YES | 1 |
| NO | 3 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

C7. Do you have a list of persons to whom (each/the) child may be released?

| | |
|---|---|
| YES, ALL | 1 |
| SOME, NOT ALL | 2 |
| NO | 3 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

C8. What arrangements do you make for providing child care when you are sick? (CODE ONLY ONE RESPONSE.)

**PROBE FOR MOST FREQUENT ARRANGEMENT IF PROVIDER HAS MADE MORE THAN ONE ARRANGEMENT.**

| | |
|---|---|
| TELL PARENTS THEY CANNOT BRING CHILD | 1 |
| MAKE ALTERNATIVE ARRANGEMENTS FOR CHILDREN | 2 |
| CARE FOR CHILDREN ANYWAY | 3 |
| NEVER GET SICK | 97 |
| OTHER (SPECIFY) _____ _____ . | 5 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

C9. Do you have a plan in case of fire?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | |

(INTERVIEWER: RECORD THESE ANSWERS ON ENVIRONMENTAL CHECKLIST ALSO.)

C10. Is there a gun in the house?

| | | |
|---|---|---|
| YES ..... | 1 | GO TO C10A |
| NO ..... | 2 | |

C10a. Where is it kept?

| | |
|---|---|
| LOCKED PLACE, INACCESSIBLE TO CHILDREN ..... | 1 |
| NOT IN LOCKED PLACE, ACCESSIBLE TO CHILDREN..... | 2 |

C11. Do you have a first-aid kit?

| | | |
|---|---|---|
| YES ..... | 1 | GO TO C11A |
| NO ..... | 2 | |

C11a. What is in it and where is it kept? (OBSERVE IF POSSIBLE AND RECORD.)

| | |
|---|---|
| READILY ACCESSIBLE TO CAREGIVER BUT OUT OF REACH OF CHILDREN AND ADEQUATELY STOCKED (DISPOSABLE NONPOROUS GLOVES, SEALED PACKAGES OF ALCOHOL WIPES OR ANTISEPTIC, SCISSORS, TWEEZERS, THERMOMETER, BANDAGES, GAUZE, SYRUP OF IPECAC, COLD PACK, TELEPHONE NUMBER OF POISON CONTROL CENTER) ..... | 1 |
| NOT READILY ACCESSIBLE TO CAREGIVER OR WITHIN REACH OF CHILDREN OR NOT ADEQUATELY STOCKED..... | 2 |

**Section D. Work and Other Stresses**

I'd like to ask you some questions about the kinds of stress you may experience, as a result of caring for children.

D1. How often during the past three months have you felt used up at the end of the day? Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D2. How often during the past three months have you felt tired when you got up in the morning and had to face another day?

**PROBE IF NECESSARY**: Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D3. How often during the past three months have you felt burned out or stressed by your work?

**PROBE IF NECESSARY**: Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D4. During the past three months, how often have you felt nervous and stressed?

**PROBE IF NECESSARY**: Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D5. During the past three months, how often have you not had enough time for yourself? Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D6. During the past three months, how often have you ***not*** had enough time for your family or other important people in your life? Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D7. In the past three months, how often have you ***not*** had the energy to do things with your family or other important people in your life? Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D8. In the past three months, how often have you ***not*** been able to get everything done at home each day?

**PROBE IF NECESSARY:** Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D9. In the past three months, how often have you ***not*** been in as good a mood as you would like to be?

**PROBE IF NECESSARY:** Would you say very often, often, sometimes, rarely, or never?

| | |
|---|---|
| Very often | 1 |
| Often | 2 |
| Sometimes | 3 |
| Rarely | 4 |
| Never | 5 |
| Don't know | 97 |
| Refused | 98 |

D10. We would like to know which areas of life are creating difficulty, worry, or stress for people. In the previous three months, to what extent have any of the following areas of life been a source of stress to you?

Your health: Would you say it has been ...

| | |
|---|---|
| No stress at all ..... | 1 |
| Hardly any stress ..... | 2 |
| Some stress ..... | 3 |
| A lot of stress..... | 4 |

The health of family members: Would you say it has been ...

| | |
|---|---|
| No stress at all ..... | 1 |
| Hardly any stress ..... | 2 |
| Some stress ..... | 3 |
| A lot of stress..... | 4 |

Caring for children: Would you say it has been ...

| | |
|---|---|
| No stress at all ..... | 1 |
| Hardly any stress ..... | 2 |
| Some stress ..... | 3 |
| A lot of stress..... | 4 |

Care of elderly or adult family members with a disability: Would you say it has been ...

| | |
|---|---|
| No stress at all ..... | 1 |
| Hardly any stress ..... | 2 |
| Some stress ..... | 3 |
| A lot of stress..... | 4 |

Personal or family finances: Would you say it has been ...

| | |
|---|---|
| No stress at all ..... | 1 |
| Hardly any stress ..... | 2 |
| Some stress ..... | 3 |
| A lot of stress..... | 4 |

Family relationships, including extended family: Would you say it has been ...

| | |
|---|---|
| No stress at all ..... | 1 |
| Hardly any stress ..... | 2 |
| Some stress ..... | 3 |
| A lot of stress..... | 4 |

D11. While caring for children in your home, you may have experienced conflicts between responsibilities to your family and responsibilities for the children you care for. Have you had any of the following experiences?

| | | Yes | No | Not Applicable | Don't Know | Refused |
|---|---|---|---|---|---|---|
| a. | Your own children resented your attention to the other children..... | 1 | 2 | 96 | 97 | 98 |
| b. | You had to clean house or run errands while caring for the other children ..... | 1 | 2 | 96 | 97 | 98 |
| c. | Other members of your household resented disruption of household activities by your child care activities ..... | 1 | 2 | 96 | 97 | 98 |
| d. | Have you had problems with parents who leave their children with you, even though they have symptoms of illness that are not permitted ..... | 1 | 2 | 96 | 97 | 98 |
| e | Have you had problems with parents who are repeatedly late in picking up their children..... | 1 | 2 | 96 | 97 | 98 |
| f. | Were there any other conflicts between your family and child care demands (SPECIFY) _____ _____ | 1 | 2 | 96 | 97 | 98 |

**Section E. Relationship with Focus Child's Parent**

Next I have a few questions about your relationship with (FOCUS CHILD'S PARENT) over the last three months.

E1. Are your related to (FOCUS CHILD'S PARENT)?

| | | |
|---|---|---|
| YES ..... | 1 | |
| NO ..... | 2 | GO TO E2 |

E1a. How are you related? (FOCUS CHILD'S PARENT) is caregiver's . . .

| | | |
|---|---|---|
| PARENT ..... | 1 | GO TO E3 |
| SISTER ..... | 2 | GO TO E3 |
| AUNT..... | 3 | GO TO E3 |
| COUSIN..... | 4 | GO TO E3 |
| OTHER ..... | 5 | GO TO E3 |

E2. Were you friendly with (FOCUS CHILD'S PARENT) before you began providing care for (FOCUS CHILD)?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

E3. Have you gotten together socially with (PARENT) in the last three months?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

E4. Has (PARENT) been critical of you as a caregiver or as a person in the last three months?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

E5. Have you shared your personal feelings or concerns with (PARENT) in the last three months?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

E6. Have you had a disagreement or dispute with (PARENT) in the last three months ...

E6a. about child rearing?

| | |
|---|---|
| YES ..... | 1 |
| NO ..... | 2 |

E6b. about money?

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

E6c. about coming late to pick up (CHILD)?

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

E7. Have you talked with (PARENT) about (CHILD) and how (she/he) is doing in the last three months?

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

E8. Do you consider (PARENT) a personal friend?

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

E9. I am going to read some statements to you. For each one I'd like you to tell me if you strongly disagree, disagree, are neutral, agree, or strongly agree.

| | | **Strongly Disagree** | **Dis-agree** | **Neutral** | **Agree** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| a. | I trust the parent will tell me important things | 1 | 2 | 3 | 4 | 5 |
| b. | The parent and I talk about problems right away | 1 | 2 | 3 | 4 | 5 |
| c. | I truly value the parent's opinions | 1 | 2 | 3 | 4 | 5 |
| d. | When the parent and I have a problem, we don't discuss it | 1 | 2 | 3 | 4 | 5 |
| e. | The parent is someone I can rely on | 1 | 2 | 3 | 4 | 5 |
| f. | The parent and I seldom take time to discuss care | 1 | 2 | 3 | 4 | 5 |
| g. | I have great respect for the parent | 1 | 2 | 3 | 4 | 5 |
| h. | The parent has knowledge and skills | 1 | 2 | 3 | 4 | 5 |
| i. | The parent views me as a babysitter, not an educator | 1 | 2 | 3 | 4 | 5 |
| j. | I work closely with the parent | 1 | 2 | 3 | 4 | 5 |

| | | Strongly Disagree | Dis-agree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| k. | The parent and I almost always agree about care | 1 | 2 | 3 | 4 | 5 |
| l. | The parent is not really my friend | 1 | 2 | 3 | 4 | 5 |
| m. | I am sometimes concerned about confidentiality | 1 | 2 | 3 | 4 | 5 |
| n. | Communication between the parent and me is open | 1 | 2 | 3 | 4 | 5 |
| o. | The parent and I value our relationship | 1 | 2 | 3 | 4 | 5 |
| p. | I consider the parent a true friend | 1 | 2 | 3 | 4 | 5 |
| q. | The parent is not knowledgeable | 1 | 2 | 3 | 4 | 5 |
| r. | The parent genuinely cares for his/her child | 1 | 2 | 3 | 4 | 5 |
| s. | The parent and I have different values | 1 | 2 | 3 | 4 | 5 |
| t. | I am interested in the parent's personal life | 1 | 2 | 3 | 4 | 5 |
| u. | The child truly enjoys being with the parent | 1 | 2 | 3 | 4 | 5 |
| v. | I trust the parent to give good care | 1 | 2 | 3 | 4 | 5 |
| w. | I don't always respect the parent's opinions | 1 | 2 | 3 | 4 | 5 |
| x. | When I need help, the parent will help | 1 | 2 | 3 | 4 | 5 |
| y. | The parent gives me valuable suggestions | 1 | 2 | 3 | 4 | 5 |
| z. | The parent doesn't seem interested in me | 1 | 2 | 3 | 4 | 5 |
| aa. | I usually agree with the parent's discipline | 1 | 2 | 3 | 4 | 5 |
| bb. | I like and enjoy being with the parent | 1 | 2 | 3 | 4 | 5 |
| cc. | I don't feel the child is as well off with the parent as with me | 1 | 2 | 3 | 4 | 5 |
| dd. | I admire the way the parent works with the child | 1 | 2 | 3 | 4 | 5 |
| ee. | If the parent had a problem, I would help | 1 | 2 | 3 | 4 | 5 |
| ff. | The parent is an excellent parent all around | 1 | 2 | 3 | 4 | 5 |
| gg. | I view the parent as an employer, not a friend | 1 | 2 | 3 | 4 | 5 |
| hh. | The parent is a caring person | 1 | 2 | 3 | 4 | 5 |
| ii. | The parent's overall childrearing approach matches mine | 1 | 2 | 3 | 4 | 5 |

## Section F. Caregiver Characteristics and Experience

Now, some questions about you.

F1. What is the highest level of school you completed?

**IF THE PROVIDER ATTENDED SCHOOL OUTSIDE OF THE UNITED STATES, PROBE FOR THE EQUIVALENT OF THE US SYSTEM.**

| | | |
|---|---|---|
| LESS THAN HIGH SCHOOL | 1 | |
| GED | 2 | |
| HIGH SCHOOL DIPLOMA | 3 | GO TO F3 |
| LESS THAN 2 YEARS OF COLLEGE | 4 | GO TO F3 |
| TWO-YEAR ASSOCIATES' DEGREE | 5 | GO TO F3 |
| TWO OR MORE YEARS OF COLLEGE BUT NO COLLEGE DEGREE | 6 | GO TO F3 |
| VOCATIONAL OR TECHNICAL SCHOOL AFTER HIGH SCHOOL | 7 | GO TO F3 |
| COLLEGE DEGREE | 8 | GO TO F3 |
| POST-GRADUATE OR PROFESSIONAL DEGREE | 9 | GO TO F3 |
| DON'T KNOW | 97 | GO TO F3 |
| REFUSED | 98 | GO TO F3 |

F2. **INTERVIEWER: ENTER HIGHEST GRADE COMPLETED OR ASK:**

What is the highest grade of regular school you completed?

| | | |
|---|---|---|
| GRADE | _____ | _____ |
| DON'T KNOW | 97 | |
| REFUSED | 98 | |

F3. Have you had any special child care or early education training?

**PROBE:** Not counting any experience you have in caring for your own children.

**INCLUDE FORMAL SCHOOL (COLLEGE, HIGH SCHOOL), EXTENSION SCHOOL (NIGHT SCHOOL AND SPECIAL TRAINING PROGRAMS).**

| | |
|---|---|
| CHILD DEVELOPMENT ASSOCIATE (CDA) TRAINING | 1 |
| TEACHER TRAINING | 2 |
| NURSE'S TRAINING OR HEALTH COURSES | 3 |
| TRAINING BY REFERRAL OR GOVERNMENT AGENCY | 4 |
| CHILD CARE COURSES OR WORKSHOPS | 5 |
| CHILD DEVELOPMENT OR PSYCHOLOGY COURSES IN SCHOOL | 6 |
| OTHER TRAINING FOCUSED ON EDUCATION (SUCH AS ELEMENTARY EDUCATION) | 7 |
| OTHER TRAINING FOCUSED ON SOCIAL SERVICES (SUCH AS SOCIAL WORK) | 8 |
| OTHER (SPECIFY) _____ _____ | 9 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

F4. Are you of Hispanic or Latino descent?

| | |
|---|---|
| YES, HISPANIC OR LATINO | 1 |
| NO, NOT HISPANIC OR LATINO | 2 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

F5. What is/are your race(s)? (DO NOT READ LIST. CIRCLE ALL THAT ARE MENTIONED.)

| | |
|---|---|
| WHITE | 1 |
| BLACK/AFRICAN AMERICAN | 2 |
| AMERICAN INDIAN OR ALASKA NATIVE | 3 |
| ASIAN | 4 |
| NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | 5 |
| OTHER (SPECIFY) _____ | 6 |
| DON'T KNOW | 97 |
| REFUSED | 98 |

F6. What is your marital status?

MARRIED/LIVING WITH PARTNER ..... 1
DIVORCED ..... 2
SEPARATED..... 3
WIDOWED..... 4
NEVER MARRIED ..... 5
DON'T KNOW ..... 97
REFUSED ..... 98

F7. How old are you?

_____ _____ YEARS OLD

DON'T KNOW ..... 97
REFUSED ..... 98

F8. Approximately what was the total income of your family last year before taxes? Please include your own income and that of all members of your immediate family who are living with you and any other sources of income you may have.

$_____,_____PER YEAR ☐ GO TO F10

DON'T KNOW ..... 97 GO TO F9
REFUSED ..... 98 GO TO F9

F9. Can you tell me the range? Please stop me when I reach your income category. Was it ...

$0 to $6,000 ..... 1
$6,001 to $12,000 ..... 2
$12,001 to $18,000 ..... 3
$18,001 to $24,000 ..... 4
$24,001 to $30,000 ..... 5
OVER $30,000 ..... 6
DON'T KNOW ..... 97
REFUSED ..... 98

F10. Could you tell me approximately how much of your family income was received from child care last year?

**PROBE:** By last year, we mean 1998.

**INCLUDE ALL INCOME EARNED BY CHILD CARE PROVIDERS IN THE HOUSEHOLD.**

**IF RESPONDENT DOESN'T KNOW, PROBE:** Your best estimate would be fine.

$ ____ ____ ____ , ____ ____ ____ PER YEAR

OR

____ ____ ____ PERCENT

| | |
|---|---|
| NONE, DIDN'T PROVIDE CARE LAST YEAR ..... | 96 |
| DON'T KNOW ..... | 97 |
| REFUSED ..... | 98 |

G1. Now we'd like to ask you some questions about [FOCUS CHILD]. We're interested in the ways he/she is learning to play with other children and to express his/her feelings. I'm going to read a list of descriptions to you, and I want you to tell me whether your child is like the description rarely or never, sometimes, often, or almost always. There are no right or wrong answers. Every child is different, and we are interested in knowing about how children develop and learn about being with other people.

**Emotion Regulation Checklist**
(Shields & Cicchetti, 1995; adapted by Abt Associates Inc., 1999)

| | | Rarely/ Never 1 | Sometimes 2 | Often 3 | Almost Always 4 |
|---|---|---|---|---|---|
| 1. | Is a cheerful child. | 1 | 2 | 3 | 4 |
| 2. | Has wild mood swings (changes unexpectedly from a good to a bad mood). | 1 | 2 | 3 | 4 |
| 3. | Responds positively when adults approach him/her in a friendly or neutral way. | 1 | 2 | 3 | 4 |
| 4. | Moves easily from one activity to another; doesn't become angry, anxious, upset or overly-excited when changing activities. | 1 | 2 | 3 | 4 |
| 5. | Gets over it quickly when he/she is upset or unhappy (doesn't pout, remain sullen, anxious or sad after upsetting events) | 1 | 2 | 3 | 4 |
| 6. | Is easily frustrated. | 1 | 2 | 3 | 4 |
| 7. | Responds positively when another child approaches him/her in a friendly or neutral way. | 1 | 2 | 3 | 4 |
| 8. | Is likely to have angry outburst or easily throws tantrums. | 1 | 2 | 3 | 4 |
| 9. | Is able to wait for what he/she wants. | 1 | 2 | 3 | 4 |
| 10. | Seeing others unhappy gives him/her pleasure (e.g., laughs when someone gets hurt or punished, enjoys teasing others) | 1 | 2 | 3 | 4 |
| 11. | Can keep his/her excitement under control (e.g., doesn't get "carried away" in high energy play situations or overly excited when it is not appropriate). | 1 | 2 | 3 | 4 |
| 12. | Is whiny or clingy with adults. | 1 | 2 | 3 | 4 |
| 13. | Is likely to have outbursts of energy and exuberance (or excitement) that are disruptive. | 1 | 2 | 3 | 4 |
| 14. | Responds angrily when an adult sets limits. | 1 | 2 | 3 | 4 |
| 15. | Is able to say when he/she is feeling sad, angry or mad, fearful or afraid. | 1 | 2 | 3 | 4 |

**Emotion Regulation Checklist**
(Shields & Cicchetti, 1995; adapted by Abt Associates Inc., 1999)

| | Rarely/ Never 1 | Sometimes 2 | Often 3 | Almost Always 4 |
|---|---|---|---|---|
| 16. Seems sad or without energy. | 1 | 2 | 3 | 4 |
| 17. When [CHILD] tries to play with others, he/she is overly exuberant (overly-excited). | 1 | 2 | 3 | 4 |
| 18. Seems unemotional (e.g., child's expression is vacant or inexpressive; child seems emotionally absent). | 1 | 2 | 3 | 4 |
| 19. When another child attempts in a friendly or neutral way to get [CHILD] to play or join in, he/she responds negatively (e.g., may speak in angry tone of voice or respond fearfully). | 1 | 2 | 3 | 4 |
| 20. Is impulsive; does things without thinking. | 1 | 2 | 3 | 4 |
| 21. Shares in feelings of others; shows concern when others are upset or unhappy. | 1 | 2 | 3 | 4 |
| 22. Displays excitement or enthusiasm that upsets or intrudes on others | 1 | 2 | 3 | 4 |
| 23. When another child acts aggressively toward [CHILD] or intrudes on [CHILD], he/she reacts appropriately (e.g., expresses anger, fear, frustration, distress but does not return aggression). | 1 | 2 | 3 | 4 |
| 24. When [CHILD] tries to get others to play, he/she shows negative emotions (anger, fear, frustration, distress). | 1 | 2 | 3 | 4 |

# National Study of Child Care for Low-Income Families

## SCHOOL-AGE CHILD INTERVIEW

Respondent Name _____

Respondent ID _____

Interviewer Name _____

Interviewer ID _____

Date of Interview _____/_____/_____

I'd like to ask you some questions about what you do and where you go before and after school. I would like you to think about the questions and do your best to answer them. This is not a test, and there are no right or wrong answers; I'm just interested in what you think. All of your answers will be kept private. Your parents, teachers and other students will never see your answers.

1. Your mother/father/grandmother/etc told me that you go to (NAME OF PROGRAM OR CAREGIVER) before/after school, is that right?

   Yes .....1
   No (CLARIFY WHERE CHILD IS AND CONTINUE) .....2

First, I'd like to find out about the people who take care of you or are around when you are at (NAME OF PROGRAM OR CAREGIVER).

2. How many grown-ups are there at (NAME OF PROGRAM OR CAREGIVER) who take care of you?

   _____

3. What is(are) the names of your teacher(s)/caregiver(s) who usually take(s) care of you after school? (ENTER ANSWER VERBATIM.)

   _____

4. Is there ever anyone else instead of (NAME) who takes care of you?

   YES (GO TO #5) .....1
   NO (GO TO #6) .....2

5. Does this person take care of you a lot or just once in awhile?

   A LOT .....1
   ONCE IN AWHILE .....2

6. Do any other grown-ups ever come to visit at (CAREGIVER OR PROGRAM NAME)'s?

   YES (GO TO #7) .....1
   NO (GO TO #9) .....2

7. Who comes to visit? (TRY TO GET RELATIONSHIPS OF VISITORS. RECORD RELATIONSHIP, NOT JUST NAMES)

ADULT FEMALE FRIEND OF CAREGIVER ..... 1
ADULT MALE FRIEND OF CAREGIVER ..... 2
FEMALE RELATIVE OF CAREGIVER ..... 3
MALE RELATIVE OF CAREGIVER ..... 4

8. How often do they come to visit—often, say several times a week, or just once in a while?

OFTEN ..... 1
ONCE'IN A WHILE ..... 2

Now, let's talk about the other children who are with you at (NAME OF PROGRAM OR CAREGIVER)?

9. How many children are there at the same time you are there (or in your group)?

_____

10. How old is the youngest child?

_____

11. How old is the oldest child?

_____

12. Are there any children your age?

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

13. Do any of your brothers or sisters go to this same day care/day care room with you?

YES (GO TO #14) ..... 1
NO (GO TO #15) ..... 2
NO SIBLINGS (GO TO #15) ..... 3

14. How many?

_____

15. Are any of the children who are in care with you related to (CAREGIVER'S NAME)?

YES (GO TO #16) .....1
NO (GO TO #17) .....2

16. How many?

_____

Now I'd like to ask you about the kinds of things do you do when you are at (NAME OF PROGRAM OF CAREGIVER)'s.

17. Are there toys or games for you to play with at (NAME OF PROGRAM OR CAREGIVER)?

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

18. Are there enough things for you to do when you are with (CAREGIVER'S NAME)?

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

19. Who decides what activities you do while at (CAREGIVER'S NAME)'s? Do you get to pick what you do?

YES, ALWAYS .....1
YES, SOMETIMES .....2
NO .....3

20. Does (CAREGIVER'S NAME) plan/choose activities for you?

YES, ALWAYS .....1
YES, SOMETIMES .....2
NO .....3

21. Think about what you did at (CAREGIVER'S NAME)'s yesterday (or the last day he/she was in care). (HAVE THE CHILD DESCRIBE HIS/HER DAY, USING THE FOLLOWING PROMPTS. MARK THOSE ACTIVITIES WHICH ARE MENTIONED.) What did you do when you first got there? Did you do that until you went home? What else did you do? Are these the kinds of things you usually do at (CAREGIVER'S NAME)'s? If no, what do you usually do?

WATCH TELEVISION/VIDEOS ..... I
PLAY VIDEO/COMPUTER GAMES ..... 2
DO HOMEWORK ..... 3
ARTS & CRAFTS ..... 4
BOARD GAMES ..... 5
GROSS MOTOR/ACTIVITIES/GAMES ..... 6
READ BOOKS ..... 7
FIELD TRIP/OUTING:
PARK ..... 8
STORE/BANK/POST OFFICE/DOCTOR'S OFFICE ..... 9
MUSEUM ..... 1
OTHER (SPECIFY)_____
II

22. Is there a place where you can play outside?

YES .....1
NO .....2 GO TO Q27

23. Are there outdoor toys or games equipment for you to play with?

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

24. Do you play outside when you are with (CAREGIVER'S NAME)?

YES (GO TO #25) .....1
NO (GO TO #27) .....2

25. How much? Do you play outside...? (READ CATEGORIES.)

ONLY ONCE IN A WHILE .....1
SOMETIMES .....2
PRETTY OFTEN .....3
WHENEVER WE WANT TO .....4

26. Do you get to choose when to play outside?

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

27. Does (CAREGIVER'S NAME) ever take you and the other kids on fieldtrips or outings?

YES (GO TO #28) ..... 1
NO (GO TO #30)..... 2

28. Where do you go? (CIRCLE ALL THAT APPLY.)

PARK..... 1
POOL ..... I ..... 2
STORE/POST OFFICE/DOCTOR' S OFFICE ..... 3
MUSEUM..... 4
OTHER ..... 5

29. How often? Do you go...? (READ CATEGORIES.)

Only once in awhile..... 1
Sometimes..... 2
Pretty often..... 3
Whenever we want to ..... 4

30. How do you usually get to (PROVIDER NAME)? (CIRCLE ONE RESPONSE.)

WALK THERE..... 1
TAKE THE BUS (PUBLIC TRANSPORTATION)..... 2
MOTHER PICKS UP AT SCHOOL AND DROPS OFF..... 3
OTHER RELATIVE OR FRIEND PICKS UP AT SCHOOL 4
PROVIDER PICKS UP ..... 5
SCHOOL BUS DROPS OFF..... 6
OTHER (SPECIFY) 7

30a. How do you usually get home from (PROVIDER NAME)? (CIRCLE ONE RESPONSE.)

WALK THERE ..... :.....I
TAKE THE BUS (PUBLIC TRANSPORTATION) ..... 2
MOTHER PICKS UP AT PROVIDER..... 3
OTHER RELATIVE OR FRIEND PICKS UP AT
PROVIDER ..... 4
PROVIDER DROPS OFF..... 5
OTHER (SPECIFY) 6

31. I am going to read some statements about what you do between the end of the school day and 6:30 at night. After each sentence, I'd like you to tell me if it is always true for you, sometimes true for you, or never true for you. (READ STATEMENTS. CIRCLE ONE RESPONSE.)

After school...

| | **Always true** | **Sometimes true** | **Never true** |
|---|---|---|---|
| a. my parents decide what I do ..... | 1 | 2 | 3 |
| b. I decide what I do ..... | 1 | 2 | 3 |
| c. I am allowed to go outside and play ..... | 1 | 2 | 3 |
| d. my parent(s) knows where I am ..... | 1 | 2 | 3 |
| e. my parent(s) knows who I am with ..... | 1 | 2 | 3 |
| f. it is easy to speak or see my parent(s) if I need to ..... | 1 | 2 | 3 |
| g. I speak to my parents ..... | 1 | 2 | 3 |
| h. my parents expect that I will see or speak to them ..... | 1 | 2 | 3 |
| i. in an emergency there is an adult I can speak to or see if I need to ..... | 1 | 2 | 3 |
| j. there's an adult who knows where I am ..... | 1 | 2 | 3 |
| k. there is an adult who knows who I am with ..... | 1 | 2 | 3 |

The last few questions I have are about what you like and don't like about (PROGRAM OR CAREGIVER'S NAME).

32. Do you like the different kinds of activities/games you get to do at (PROGRAM OR CAREGIVER'S NAME)?

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

Why or why not? (RECORD VERBATIM).

_____

33. Is there anything you wish was different about the activities/games?

YES (GO TO #34) .....
NO (GO TO #35) .....

34. What do you wish was different? (RECORD VERBATIM.)

_____

35. Do you like (CAREGIVER'S NAME)?

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

Why or why not? (RECORD VERBATIM).

_____

36. Is there anything you wish was different about (CAREGIVER'S NAME)?

YES (GO TO #37) ..... 1
NO (GO TO #38) ..... 2

37. What do you wish was different? (RECORD VERBATIM.)

38. Do you like the other kids at (PROGRAM OR CAREGIVER'S NAME)?

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

Why or why not? (RECORD VERBATIM).

_____

39. Is there anything you wish was different about the other kids?

YES (GO TO #40) ..... 1
NO (GO TO #41) ..... 2

40. What do you wish was different? (RECORD VERBATIM.)

_____

41. What do you like best about going to (CAREGIVER OR PROGRAM NAME)?

_____

42. What do you wish most that you could change? (RECORD VERBATIM.)

_____

# Family Child Care Home Observation
# Information Sheet

**ID Number** _____ **01**

**Name of Provider** _____

**Name of FCCH if different** _____

**Address of FCCH** _____

_____

**Focus Child (first name)** _____

**Date of Visit** _____
mm/dd/yyyy

**Name(s) of Observers** _____

_____

**Observer ID Number(s)** ____ ____ ____ ____ ____
City Observer

____ ____ ____ ____ ____
City Observer

# Family Child Care Home Observation
# Physical Description of Setting

**Number of rooms used for children** _____

**Type of setting:**

**All space used for child care is dedicated space** _____

**Some space used for child care is shared in provider=s apartment/home and some is dedicated** ____

**All child care space is shared** _____

**Other (describe)** ____

**Brief description of FCCH**

# Family Child Care Home Observation
# Roster of Children Enrolled and Present

| Children Who are NOT Provider=s Own Children | | | | |
|---|---|---|---|---|
| First Name of Child | Birthdate (mm/dd/yyyy) | Age | Related to Provider? (Y/N) | Present on Day of Visit? (Y/N) |
| 1 (FC) | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| use back of page to list additional children | | | | |

| Children Living with Provider(s) (younger than 18 years) | | | | |
|---|---|---|---|---|
| First Name of Child | Birthdate (mm/dd/yyyy) | Age | If younger than 12 years, cared for as part of FCCH? (Y/N) | Present on Day of Visit? (Y/N) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| use back of page to list additional children | | | | |

| Assistants/Helpers in Family Child Care Home | | | | |
|---|---|---|---|---|
| First Name of Assistant | Approximate # Hours Worked/Week | Age in Years | Related to Provider ? (Y/N) | Present on Day of Visit? (Y/N) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| use back of page to list additional assistants | | | | |

## Additional Children/Assistants

| Children Who are NOT Provider=s Own Children | | | | |
|---|---|---|---|---|
| First Name of Child | Birthdate (mm/dd/yyyy) | Age | Related to Provider? (Y/N) | Present on Day of Visit? (Y/N) |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

| Children Living with Provider(s) (younger than 18 years) | | | | |
|---|---|---|---|---|
| First Name of Child | Birthdate (mm/dd/yyyy) | Age | If younger than 12 years, cared for as part of FCCH? (Y/N) | Present on Day of Visit ? (Y/N) |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

| Assistants/Helpers in Family Child Care Home | | | | |
|---|---|---|---|---|
| First Name of Assistant | Approximate # of Hours Worked/Week | Age in Years | Related to Provider?(Y/N) | Present on Day of Visit? (Y/N) |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

National Study of Low-Income Child Care

# Environment Checklist

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# Environment Checklist
# Procedure and Definitions

### Overview

The Environment Checklist describes the physical conditions in the child care setting. It consists of 77 items organized into nine sections. Most of the items can be rated based on observation of the setting. A few may require the rater to ask the provider directly.

The rating system includes three categories: 1 = usually true/consistent evidence; 2 = partially or sometimes true/some evidence; and 3 = not true/little or no evidence. Each item must be rated as 1, 2 or 3. There are two exceptions. On some items, where the distinction is drawn between the presence and the absence of particular conditions, there are only two choicesB1 or 3. Also on some items, a fourth choice is provided: 4 = Not Applicable, For those items, the definition of Not Applicable is stated on the item. Usually, the item is not applicable because the setting does not have any children of a particular age.

### Space

1. ***1*** = most/all of the materials that children can reach on their own can be used safely by the children.
   ***2*** = only some of the materials that children can reach on their own can be used safely by the children.
   ***3*** = very little/none of the materials that children can reach on their own can be used safely by the children.

2. ***1*** = it is usually/always true that activities are not cramped or crowded, i.e., children always have enough space to participate in the activity comfortably.
   ***2*** = it is only sometimes true that activities are not cramped or crowded, i.e., children sometimes have enough space to participate in the activity comfortably.
   ***3*** = it is not true that activities are not cramped or crowded, i.e., children never or almost never have enough space to participate in the activity comfortably.

3. ***1*** = there is a comfortable and cozy place that children can use, i.e., soft furniture, carpet with cushions.
   ***2*** = DO NOT USE
   ***3*** = there is no comfortable and cozy place that children can use.

4. ***1*** = children usually have a place to use materials without interference from younger children; i.e., preschoolers can use materials without toddlers/babies interfering and if there are school-age children, a quiet place to do homework is available.
   ***2*** = children only sometimes have a place to use materials without interference from younger children; i.e., preschoolers sometimes can use materials without toddlers/babies interfering and sometimes not; or, if there are school-age children, a quiet place to do homework is only available some of the time.
   ***3*** = children rarely or never have a place to use materials without interference from younger children; i.e., preschoolers cannot use materials without toddlers/babies interfering and if there are school-age children, a quiet place to do homework is not available.

***4*** = not applicable if all of the children in the setting are the same age, i.e., all babies/toddlers, all preschoolers, or all school age children.

5. ***1*** = there is an area available on a regular basis where children can play actively, i.e., physical play involving movement, climbing, etc.; may be indoor or outdoor. If setting is in a location where climate is too harsh for outdoor play in winter, code as A1" only if there is an alternative indoor space.
***2*** = there is an area where children can play actively but it is available only some of the time, i.e., an outdoor area that cannot be used in winter
***3*** = there is **not** an area where children can play actively, i.e., physical play involving movement, climbing, etc.; may be indoor or outdoor.

6. ***1*** = children two years and under usually/consistently have access to space for physical movement, including crawling, standing up, walking holding onto sturdy, low furniture as needed. And space is sufficient and safe.
***2*** = children two years and under only sometimes have access to space for physical movement, including crawling, standing up, walking holding onto sturdy, low furniture as needed, and space that is available is sufficient and safe.
***3*** = children two years and under rarely/never have access to space for physical movement, including crawling, standing up, walking holding onto sturdy, low furniture as needed; or space that is available is not sufficient and safe.

***4*** = not applicable if all of the children in the setting are older than two years.

**Environmental Comfort**

7. ***1*** = lighting is usually/consistently bright where children use books, art materials, manipulatives.
***2*** = areas where children use books, art materials, manipulatives only sometimes is brightly lit.
***3*** = areas where children use books, art materials, manipulatives is rarely/never brightly lit.

8. ***1*** = there are no unpleasant smells, including urine, feces, garbage, pets, tobacco smoke, air deodorizers, other cleaners, mildew, or other fumes.
***2*** = DO NOT USE
***3*** = there are unpleasant smells, including urine, feces, garbage, pets, tobacco smoke, air deodorizers, other cleaners, mildew, or other fumes.

9. ***1*** = the level of background noise is usually/consistently comfortableBeither nonexistent or sufficiently low-level so as not to interfere with talking and listening. This means there is not a loud television or music on, including children=s music, and there is not loud background noise from outside (e.g., traffic).
***2*** = the level of background noise is sometimes **un**comfortableBsufficiently loud so as to interfere with talking and listening. This includes loud television or music on, including children=s music, and loud background noise from outside (e.g., traffic).
***3*** = the level of background noise is often/usually **un**comfortableBsufficiently loud so as to

interfere with talking and listening. This includes loud television or music on, including children=s music, and loud background noise from outside (e.g., traffic).

10. ***1*** = television is usually/consistently off--this also includes radio, records, videos, other forms of entertainment.
***2*** = television is on some of the time--this also includes radio, records, videos, other forms of entertainment.
***3*** = television is rarely or never off--this also includes radio, records, videos, other forms of entertainment.

***4*** = not applicable if there is no television, radio, record player, etc. in the setting.

**Equipment and Materials**

11a. ***1*** = for children one year or younger, there is sufficient quantity and variation in toys and materials to engage children in developmentally appropriate ways. [see attached list for examples of appropriate materials]
***2*** = for children one year or younger, toys and materials are only partly sufficient in quantity and variation in to engage children in developmentally appropriate waysBeither not enough toys for the number of children of that age or insufficient variation.
***3*** = for children one year or younger, toys and materials are not sufficient in quantity nor variety to be able to engage all children in developmentally appropriate ways.

***4*** = not applicable if no children are one year or younger.

11b. ***1*** = for children one+ up to three years of age, there is sufficient quantity and variation in toys and materials to engage children in developmentally appropriate ways. [see attached list for examples of appropriate materials]
***2*** = for children one+ up to three years of age, toys and materials are only partly sufficient in quantity and variation in to engage children in developmentally appropriate waysBeither not enough toys for the number of children of that age or insufficient variation.
***3*** = for children one+ up to three years of age, toys and materials are not sufficient in quantity nor variety to be able to engage all children in developmentally appropriate ways.

***4*** = not applicable if there are no children in the setting who are one+ up to three years of age.

11c. ***1*** = for children three+ up to five years of age, there is sufficient quantity and variation in toys and materials to engage children in developmentally appropriate ways. [see attached list for examples of appropriate materials]
***2*** = for children three+ up to five years of age, toys and materials are only partly sufficient in quantity and variation in to engage children in developmentally appropriate waysBeither not enough toys for the number of children of that age or insufficient variation.
***3*** = for children three+ up to five years of age, toys and materials are not sufficient in quantity nor variety to be able to engage all children in developmentally appropriate ways.

***4*** = not applicable if there are no children in the setting who are three+ up to five years of age.

11d. ***1*** = for children older than five years, there is sufficient quantity and variation in toys and materials to engage children in developmentally appropriate ways. [see attached list for examples of appropriate materials]
***2*** = for children older than five years, toys and materials are only partly sufficient in quantity and variation in to engage children in developmentally appropriate waysBeither not enough toys for the number of children of that age or insufficient variation.
***3*** = for children older than five years, toys and materials are not sufficient in quantity nor variety to be

able to engage all children in developmentally appropriate ways.

***4*** = not applicable if there are no children in the setting who are older than five years.

12. ***1*** = household items are used by children in learning/play activities.
***2*** = DO NOT USE.
***3*** = household items are never used by children in learning/play activities.

13. ***1*** = there are at least 10 books appropriate in level for each age of child enrolled. To count, books must be visible to the observer.
***2*** = there are some books--but fewer than 10Bvisible that are appropriate in level for each age of child enrolled.
***3*** = there are no more than two books visible that are appropriate in level for each age of child enrolled.

14. ***1*** = some books are accessible to children of all ages.
***2*** = some books are accessible but not to children of all ages.
***3*** = no books are available to children of any age.

15. ***1*** = other than books, there are some materials available to promote language and dramatic play. (Language materials include telephones, puppets, interactive games, audio materials. Dramatic play materials include dress up clothes, props, dolls, blocks, human/animal figures.) Materials must be accessible to children on their own.
***2*** = other than books, there are some materials to promote language and dramatic play but they are not accessible to the children.
***3*** = other than books, there are no materials available to promote language and dramatic play.

16. ***1*** = there are basic art materials in the setting and children usually/consistently have free access to them. (Art materials include crayons, paper, markers, glue, paint, playdough or clay.)
***2*** = there are basic art materials in the setting and children sometimes have free access to them.
***3*** = there are no basis art materials in the setting or there are materials but children do not have free access to them.

**Indoor Safety and Health: Home Furnishings and Materials/Equipment**

17. ***1*** = all indoor equipment and materials are in good repairBno splinters, peeling paint, loose or rusty parts.
***2*** = some indoor equipment and materials are **not** in good repair.
***3*** = most indoor equipment and materials are **not** in good repair.

18. ***1*** = toy chest is safeBeither there is no lid or lid has safety hinges and air holes and is not heavy.
***2*** = DO NOT USE.
***3*** = toy chest is not safeBlid does not have safety hinges or air holes, or is heavy.

***4*** = no toy chest in setting.

19. ***1*** = indoor climbing structures that are higher than 36", including climbers, swings or slides, have cushioning material placed underneath them, i.e., structure is not sitting directly on wood, linoleum, cement floor.
***2*** = DO NOT USE.
***3*** = indoor climbing structures that are higher than 36" do **not** have cushioning material underneath them, i.e., structure is sitting directly on wood, linoleum, cement floor.

***4*** = no indoor climbing structures that are higher than 36".

20. ***1*** = there are no infant walkers in the setting.
***2*** = DO NOT USE.
***3*** = there are infant walkers in the setting, whether they are used during the observation period or not.

21. ***1*** = any fireplace, woodstove or space heater is safely screened **and** inaccessible to children. Both conditions must be true.
***2*** = DO NOT USE.
***3*** = a fireplace, woodstove or space heater is not safely screened or is accessible to children.

***4*** = no fireplace, woodstove or space heater in the setting.

22. ***1*** = any electric fan in an area accessible to children is mounted high or on wall or ceiling, or, if it can be reached by the children, is guarded so as to limit the size of the opening in the blade guard to less than 1/2 inch.
***2*** = DO NOT USE.
***3*** = any electric fan in an area accessible to children and that can be reached by children (i.e., is not mounted high or on wall or ceiling) is **not** guarded so as to limit the size of the opening in the blade guard to less than 1/2 inch.

***4*** = there are no electric fans in areas accessible to children.

23. ***1*** = portable, open-flame, or kerosene space heaters and gas stoves are **not** used for heating.
***2*** = DO NOT USE.
***3*** = portable, open-flame, or kerosene space heaters or a gas stove is used for heating.

24. ***1*** = any electrical outlet within reach of children five years or younger are covered with a choke-proof, child-resistant device if the outlet is not in use.
***2*** = DO NOT USE.
***3*** = One or more electrical outlets within reach of children five years or younger are **not** covered with a choke-proof, child-resistant device when the outlet is not in use.

***4*** = There are no children five years or younger in the setting.

25**.** ***1*** = No hot items are in reach of children five years or younger, including provider=s hot beverage. ***2 2*** = DO NOT USE.
***3*** = A hot item is within reach of a child five years or younger.

***4*** = There are no children five years or younger in the setting.

26. ***1*** = All windows above ground level in areas used by children five years or younger cannot be opened more than 6" or they have safety guards, or they are opened from the top.
***2*** = Some windows above ground level in areas used by children five years or younger can be opened more than 6" and do not have safety guards and they are not opened from the top.
***3*** = Most/all windows above ground level in areas used by children five years or younger can be opened more than 6" and do not have safety guards and they are not opened from the top.

***4*** = There are no children five years or younger in the setting OR all windows are closed and locked at time of observation.

27. ***1*** = There are no latex balloons within reach of children two years or younger.
***2*** = DO NOT USE.
***3*** = A latex balloon is within reach of a child two years or younger.

***4*** = There are no children two years or younger in the setting.

28. ***1*** = All small objects, toys and toy parts availabe to infants and toddlers meet the federal small parts standards (diameter must be greater than 1-1/4") or are kept out of reach of children two years and younger.
***2*** = DO NOT USE.
***3*** = Some small objects that are accessible to infants and toddlers do **not** meet the small parts standards.

***4*** = There are no children two years or younger in the setting.

**Indoor Safety and Health: Exits and Stairs**

29. ***1*** = Each floor used by children has at least two exits that lead to the ground level.
***2*** = DO NOT USE.
***3*** = One or more floors used by children has fewer than two exits that lead to the ground level.

30. ***1*** = All indoor stairs with more than 3 steps in areas used by children have safe railingsBrailing that are stable and sturdy and that are usable by the children, i.e., at a height that children can easily hold onto.
***2*** = Only some indoor stairs with more than 3 steps in areas used by children meet all safety guidelines (see list under A1").
***3*** = No indoor stairs with more than 3 steps in areas used by children meet all safety guidelines (see list under A1").

***4*** = There are no indoor stairs with more than 3 steps in areas used by children.

31. ***1*** = All indoor staircases are closed off at the top and bottom by secure and safe gates or barriers. Safe means gates/barriers have no V-shaped or diamond-shaped openings large

enough to entrap a child=s head.
***2*** = DO NOT USE.
***3*** = One or more indoor staircases are not closed off at the top and bottom by secure and safe gates or barriers.

***4*** = There are no indoor staircases or all children are older than two years of age.

32. ***1*** = Exits on each floor are usable by children, are clearly visible, and access is unobstructed. Exit are not blocked on either side of exit by furniture or other objects, rugs, etc.; where exits that are not immediately accessible from an open floor area, safe and continuous passageways, aisles or corridors shall be maintained leading to every exit. Also, no lock or fastening prevents escape from the interior of any building.
***2*** = DO NOT USE.
***3*** = One or more exists do not meet safety standards listed in A1".

33. ***1*** = Locks on bathroom or bedroom doors are not accessible to children or, if accessible, locks can be opened quickly from the outside.
***2*** = DO NOT USE.
***3*** = There are one or more locks on bathroom or bedroom doors that are accessible to children and cannot be opened quickly from the outside.

**Indoor Safety and Health: Pets**

34. ***1*** = Pets are in good health, even-tempered, and friendly, or they are kept in areas not accessible to children.
***2*** = DO NOT USE.
***3*** = One or more pets are in poor health, ill-tempered or unfriendly and they are accessible to children.

***4*** = There are no pets in the setting.

35. ***1*** = All pet litter boxes, pet food and dishes, and pet toys are out of reach of children three years or younger.
***2*** = DO NOT USE.
***3*** = Pet litter boxes, pet food and dishes, or pet toys are accessible to children three years or younger.

***4*** = There are no pets in the setting OR there are no children three years of age or younger.

**Daily Routines: Food Preparation/Snacks and Meals/Hand-washing/Toileting**

36. ***1*** = Food is stored, prepared, and served to children in a sanitary manner: Utensils/work surfaces are thorough cleaned after contact with raw eggs, fish, meat, poultry. Fruits/vegetables served raw are thoroughly washed. Hot foods are kept hot and cod foods are kept cold until being served.
***2*** = Some of the sanitary practices listed in A1" are **not** followed consistently.

***3*** = None of the sanitary practices listed in A1' are not followed consistently.

37. ***1*** = Meals and snacks are consistently nutritious. Non-nutritious snacks include candy, chips, soda, sweetened cereal.
***2*** = Meals and snacks are sometimes nutritious and sometimes not.
***3*** = Meals and snacks are rarely/never nutritious.

38. ***1*** = Meals and snacks are consistently sufficient in quantity. Children appear to have enough to eat and are allowed seconds if requested.
***2*** = Meals and snacks are sometimes not sufficient in quantity. Children appear to want more to eat and may not be given seconds if requested.
***3*** = Meals and snacks are rarely sufficient in quantity. Children do not appear to have enough to eat.

39. ***1*** = Stove and other cooking appliances are consistently used safely or are not used while children are present. Pots on stove have handles turned to the back. Knobs within reach of children are removed or covered, children are kept more than 3 feet away from cooking appliances when they are in use. Note: children may use cooking appliances with careful supervision.
***2*** = Stove and other cooking appliances are sometimes not used safely (see safety practices listed in A1".)
***3*** = Stove and other cooking appliances are not used safely (see safety practices listed in A1".)

40. ***1*** = Dishwashing is consistently sanitary. (Dishes, utensils, cooking/serving items and bottles are washed in a dishwasher; or washed in clean hot soapy water, rinsed in hot water, and air dried; or disposable dishes, cups, utensils are used.)
***2*** = Dishwashing sometimes does not follow sanitary practices (see sanitary practices listed in A1".)
***3*** = Dishwashing does not follow sanitary practices (see sanitary practices listed in A1".)

41. ***1*** = High chairs are safe: They have a wide base or are attached to the table or another stable chair and have a T-shaped restraint or harness that is fastened when children are in high chair.
.
***2*** = DO NOT USE.
***3*** = High chairs do not conform to all safety features listed in A1".

***4*** = There are no high chairs in the setting.

42. ***1*** = Children always sit down to eat meals, and children age 3 or younger sit down for snacks and do not walk around with bottles.
***2*** = Children only sometimes sit down to eat meals. Or, children 3 or younger do not always sit down for snacks and are allowed to walk around with bottles.
***3*** = Children rarely sit down to eat meals, and children age 3 or younger do not sit down for snacks and are allowed to walk around with bottles.

***43.*** ***1*** = The provider consistently helps children learn to feed themselves as they are ready or interested in doing so.

***2*** = The provider sometimes helps children learn to feed themselves as they are ready or interested in doing so.
***3*** = The provider does not help children learn to feed themselves as they are ready of interested in doing so.

***4*** = There are no children two years or younger in the setting or all children know how to feed themselves already.

44. ***1*** = Babies (8 months or younger) consistently are held during bottle feeding, and the provider pays responsive attention to the baby during the feeding (makes eye contact, talks to baby, responds to baby=s noises and cues).
***2*** = Babies (8 months or younger) sometimes are **not** held during bottle feeding, or the provider sometimes does not pay responsive attention to the baby during the feeding.
***3*** = Babies (8 months or younger) are rarely held during bottle feeding, or the provider rarely pays responsive attention to the baby during the feeding.

***4*** = There are no babies under 8 months or no babies who are bottle-fed.

45. ***1*** = The provider and assistant(s) consistently wash their hands before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty.
***2*** = The provider and assistant(s) sometimes do **not** wash their hands before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty.
***3*** = The provider and assistant(s) rarely wash their hands before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty.

46. ***1*** = The children consistently wash their hands before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty.
***2*** = The children sometimes do **not** wash their hands before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty.
***3*** = The children rarely wash their hands before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty.

47. ***1*** = If the provider or assistant has contact with blood, health precautions are consistently taken: disposable latex non-porous vinyl gloves are worn and contaminated articles are handled according to universal health precautions.
***2*** = If the provider or assistant has contact with blood, safety practices are sometimes taken (see list of safety practices under A1").
***3*** = If the provider or assistant has contact with blood, safety practices are rarely/not taken (see list of safety practices under A1").

***4*** = No provider or assistant has contact with blood.

48. ***1*** = Children=s hands are consistently washed with soap and running water and dried with paper towels or personal towels. Or, hand-cleaning gels or wipes are used if running water is not available.

***2*** = Children=s hands are only sometimes washed with soap and running water and dried with paper towels or personal towels. Or, hand-cleaning gels or wipes are sometimes used if running water is not available.
***3*** = Children=s hands are rarely/not washed with soap and running water and dried with paper towels or personal towels. Hand-cleaning gels or wipes are not used if running water is not available.

49. ***1*** = For any faucet where children wash their hands that children cannot reach without a step, a secure step or stool is located in front of the sink or children are held while they wash their hands.
***2*** = For any faucet where children wash their hands that children cannot reach without a step, there is no secure step or stool located in front of the sink or children are not consistently held while they wash their hands.
***3*** = For any faucet where children wash their hands that children cannot reach without a step, there is no secure step or stool located in front of the sink or children are not held while they wash their hands.

***4*** = All faucets where children wash their hands can be reached by children without a step.

50. ***1*** = The sink used for food preparation is not used for handwashing after diapering or toileting, or the sink is cleaned and disinfected after such use.
***2*** = The sink used for food preparation sometimes is also used for handwashing after diapering or toileting without having been cleaned and disinfected after such use.
***3*** = The sink used for food preparation is used for handwashing after diapering or toileting and the sink is not cleaned and disinfected after such use.

51. ***1*** = Diapering and toileting areas are separated from food areas.
***2*** = DO NOT USE.
***3*** = Diapering and toileting areas are **not** separated from food areas.

52. ***1*** = Diapering is done on the floor or the provider always keeps one hand on the child when on the changing table.
***2*** = DO NOT USE.
***3*** = The provider does not always keep one hand on the child when diapering the child on the changing table.

***4*** = There are no children in diapers in the setting.

53. ***1*** = Soiled diapers are kept out of reach of children three years or younger, or are kept in containers that are plastic-lined and covered.
***2*** = DO NOT USE.
***3*** = Soiled diapers are disposed of in reach of children three years or younger or are disposed of in containers that are not plastic-lined and covered.

***4*** = There are no children in diapers in the setting.

54. ***1*** = The provider checks each child=s diapers at least once every 1.5 hours and changes it if wet or soiled, except during naps.
***2*** = The provider sometimes fails to check a child=s diapers at least once every 1.5 hours and doesn=t always change it if wet or soiled, except during naps.

***3*** = The provider rarely checks a child=s diapers at least once every 1.5 hours or doesn=t change it if even if wet or soiled, except during naps.

***4*** = There are no children in diapers in the setting.

**Daily Routines: Rest Time/Napping**

55. ***1*** = Children do not have bottles of milk or juice while lying down or sleeping.
***2*** = DO NOT USE.
***3*** = Children sometimes have bottles of milk or juice while lying down or sleeping.

56. ***1*** = Sleeping arrangements for babies are safe. Babies are placed on their backs for sleeping, babies= sleeping spaces do not have soft objects in them (pillow, soft mattress, stuffed toy).
***2*** = Babies are sometimes placed on their stomachs for sleeping, or babies= sleeping spaces have soft objects in them.
***3*** = Babies are rarely/not placed on their backs for sleeping, and sleeping spaces have soft objects in them.

***4*** = There are no children two years or younger in the setting.

57. ***1*** = All cribs and portacribs meet current safety standards. Cribs have secure latching devices. Slats are spaced less than or equal to 2-3/8" apart. Mattress is fitted so that no more than 2 fingers can fit between the mattress and the crib side. The minimum height from the top of the mattress to the top of the crib rail should be 36". Drop-side latches shall securely hold sides in the raised position and shall not be reachable by the child in the crib. Cribs are not used with the drop-side down.
***2*** = Some cribs or portacribs do not meet current safety standards (see list under A1").
***3*** = Cribs and portacribs do not meet current safety standards (see list udner A1").

***4*** = There are no cribs or portacribs in the setting.

**Outdoor Safety and Health: Materials/Equipment**

58. ***1*** = All outdoor stairs with more than 3 steps in areas used by children are safe--have stable and sturdy railings that are usable by the children, i.e., at a height that children can easily hold onto.
***2*** = Only some outdoor stairs with more than 3 steps in areas used by children have railings that meet all safety guidelines (see list in A1").
***3*** = No outdoor stairs with more than 3 steps in areas used by children have railings that meet all safety guidelines (see list under A1").

***4*** = There are no outdoor stairs with more than 3 steps in areas used by children. [If the children use a public playground, then apply these standards to the equipment on the playground.]

59. ***1*** = All outdoor equipment and materials are sturdy and in good repair (no splinters, peeling

paint, protruding nails or bolts, loose or rusty parts) and are safe for the ability and levels of the children who use them (climbing structures are not too high; wheel toys are appropriate).
***2*** = Some outdoor equipment and materials are **not** sturdy or in good repair, or are not safe for the children using them.
***3*** = Most indoor equipment and materials are **not** sturdy or in good repair, or are not safe for the children using them.

***4*** = There is no outdoor play space used by children in the setting. [If the children use a public playground, then apply these standards to the equipment on the playground.]

60. ***1*** = All outdoor play equipment is safe: spaced to avoid safety hazards for active children, surrounded by a resilient materials (mats, wood chips, raked soft sand) are installed underneath climbers, swings, slides, and the fall zones around them.
***2*** = Some outdoor play equipment is not safe (see list under A1").
***3*** = Most indoor play equipment is not safe (see list under A1").

***4*** = There is no outdoor play space used by children in the setting. [If the children use a public playground, then apply these standards to the equipment on the playground.]

61. ***1*** = All swings are safe: clearance area and fall zone extend at least 6 feet beyond stationary swing; swing hang at least 30" away from support poles; swing seats do not have pinch points or AS@ hooks; hooks at the top of swing ropes/chains are closed.
***2*** = Some swings do not meet all safety standards (see list under A1@).
***3*** = Most swings do not meet all safety standards (see list under A1").

***4*** = There are no swings used by children in the setting. [If the children use a public playground, then apply these standards to the equipment on the playground.]

62. ***1*** = Sand box is consistently covered when not in use.
***2*** = DO NOT USE.
***3*** = Sand box is sometimes **not** covered when not in use.

***4*** = There is no sand box used by children in the setting. [If the children use a public playground, then apply these standards to the equipment on the playground.]

63. ***1*** = A fence or natural barrier encloses the play space, or traffic is not a hazard.
***2*** = DO NOT USE.
***3*** = Play space is not enclosed by a fence or natural barrier and traffic is a possible hazard.

***4*** = There is no outdoor play space used by children in the setting. [If the children use a public playground, then apply these standards to the playground.]

64. ***1*** = Play space, including neighborhood playground if used, is free of animal feces, broken glass, trash, building supplies, poisonous or toxic plants, or other potentially injurious material.
***2*** = Play space is not completely free of the hazards listed under A1").
***3*** = Play space has multiple of the hazards listed under A1").

***4*** = There is no outdoor play space used by children in the setting. [If the children use a

public playground, then apply these standards to the playground.]

65. ***1*** = Any swimming pools in play spaces used by the children are not accessible except when children are carefully supervised. Any pool that is not being carefully supervised must be enclosed by a fence at least 5' high that comes within 3-1/2" of the ground. Exit and entrance points shall have self-closing, positive latching gates with locking devices a minimum of 55" from the ground.
Any above-ground pools shall have nonclimbable sidewalls at least 4' high or shall be enclosed with an approved fence. When not in use, the steps to the pool should be removed or otherwise protected to ensure they cannot be accessed.
***2*** = DO NOT USE.
***3*** = Swimming pools in play spaces used by children are accessible even when there is not careful supervision.

***4*** = There are no swimming pools in outdoor play space used by children in the setting. [If the children use a public playground, then apply these standards to the playground.]

66. ***1*** = Children are not allowed to play in areas where t here is any body of water, including simming pools, built-in wading pools, tubs, pails, sinks, inflatable wading pools without constant supervision.
***2*** = DO NOT USE.
***3*** = Children are allowed to play in areas where t here is any body of water, including simming pools, built-in wading pools, tubs, pails, sinks, inflatable wading pools without constant supervision.

***4*** = There are no wading pools or water play. [If the children use a public playground, then apply these standards to the playground.]

67. ***1*** = Any hot tub or spa is inaccessible to children and is not used by children, regardless of level of supervision.
***2*** = DO NOT USE.
***3*** = A hot tub or spa is accessible and/or used by children.

***4*** = There is no hot tub/spa in areas used by children in the setting.

**Dangerous Situations**

68. ***1*** = Any firearms, pellet or BB guns, darts, or cap pistols on the premises are stored unloaded, in a locked place inaccessible to the children.
***2*** = DO NOT USE.
***3*** = Firearms, pellet or BB guns, darts, or cap pistols on the premises are not locked up, are locked up loaded, or are accessible to the children.

***4*** = There are no firearms, pellet or BB guns, darts, or cap pistols on the premises. [Provider may have to be asked.]

69. ***1*** = If children three or younger are allowed in the kitchen, all lower kitchen cupboards are

free of dangerous items (cleaners, sharp edges, breakable containers) OR have childproof latches.
***2*** = If children three or younger are allowed in the kitchen, some lower kitchen cupboards are **not** free of dangerous items (cleaners, sharp edges, breakable containers) OR some cupboards do not have childproof latches.
***3*** = If children three or younger are allowed in the kitchen, most lower kitchen cupboards are **not** free of dangerous items (cleaners, sharp edges, breakable containers) OR do not have childproof latches.

***4*** = There are no children three years or younger in the setting or they are never allowed in the kitchen.

70. ***1*** = Working smoke detectors are installed one on each floor and there are working smoke detectors near cooking areas and children=s sleeping areas.
***2*** = Only some floors have at least one working smoke detector, and/or there are not working smoke detectors near cooking areas and children=s sleeping areas.
***3*** = There are no working smoke detectors.

71. ***1*** = An approved fire extinguisher is located near the stove and on each floor used by children.
***2*** = There is an approved fire extinguisher on only some floors, or there is no fire extinguisher near the stove.
***3*** = There is no fire extinguisher in the setting.

72. ***1*** = Fire evacuation procedures are clearly posted.
***2*** = DO NOT USE.
***3*** = Fire evacuation procedures are not clearly posted.

73. ***1*** = A first-aid kit is readily accessible but out of reach of children, and kit is adequately stocked
(disposable nonporous gloves, sealed packages of alcohol wipes or antiseptic, scissors, tweezers, thermometer, bandages, gauze, syrup of ipecac, cold pack, telephone number of poison control center). [May have to ask provider to look inside first-aid kit.]
***2*** = There is a first-aid kit but it is either accessible to children or not adequately-stocked.
***3*** = There is no first-aid kit readily accessible.

74. ***1*** = No prescription or nonprescription drugs can be reached by children.
***2*** = DO NOT USE.
***3*** = Prescription or nonprescription drugs can be reached by children.

75. ***1*** = No one smokes in the presence of children.
***2*** = DO NOT USE.
***3*** = Children are exposed to tobacco smoke.

76. ***1*** = No matches or lighters are accessible to the children.
***2*** = DO NOT USE.
***3*** = Children have access to matches or lighters.

77. ***1*** = All poisons, liquor, tobacco, pesticides, cosmetics, cleaning supplies are locked up or are not accessible to children.

***2*** = DO NOT USE.
***3*** = Children have access to poisons or liquor or tobacco or pesticides or cosmetic or cleaning supplies.

**Other Environmental Conditions of Note**

Describe any other conditions that might be of concernBunsafe or unhealthy practices or equipment, for example.

**Adaptations for Children with Physical Disabilities**

Describe whether there have been sufficient adaptations to accommodate handicapped child(ren), including ramps on all exits and steps necessary for evacuation, furniture adapted so children can sit at tables.

| Examples of Age Appropriate Play Materials(Storebought or Homemade) for Different Ages<br>[excerpted from *Which Toy for Which Child*[b]] | | | |
|---|---|---|---|
| **Infants** | **Toddlers** | **Preschoolers** | **School-Agers** |
| balls | balls | balls | balls |
| mobiles, visual displays | | blocks | |
| crib mirrors | riding toys | riding toys | other sports equipment |
| toys to look at, feel, chew--rattles, teethers | climbing equipment (at home or nearby) | climbing equipment (at home or nearby) | climbing equipment (at home or nearby) |
| grasping toys, including soft/rag dolls or soft toys | puzzles (lt 10 pieces) | puzzles (up to 50 pieces) | puzzles |
| stacking/nesting toys | large interlocking blocks | peg boards | |
| short story books | variety of story books about pretend and real situations | variety of story books about pretend and real situations | books at a variety of reading levels and topics |
| some books of durable materials | construction materials such as plastic bricks, large plastic nuts& bolts | information books | information books |
| simple pictures of people, animals | puppets | puppets | magazines |
| simple transportation toys | board games--simple lotto games, giant dominoes | computer games | computer games |
| simple floating objects for bath, water play | 3-5 piece puzzles | board games/card games | board games/card games |
| simple 2-3 piece puzzles, fit-together objects | big crayons or markers | big crayons or markers | tools for drawing and painting |
| pop-up boxes, activity boxes/cubes | paint brushes | paint brushes | scissors |
| books--cloth, plastic, small cardboard picture books | large pieces of paper | large pieces of paper | papers of various sizes and colors |
| push toys | non-toxic paint | non-toxic paint | glue and paste |
| balls-clutch and texture balls, action balls | play dough | play dough or clay | play dough and/or clay |
| infant swings | small, lightweight blocks; simple press-together bricks | dressing, lacking and stringing materials | miscellaneous materials such as scraps of construction paper, fabric, yarn, wood |
| low soft or padded climbing platforms | simple dolls; can have simple garments and caretaking accessories | dolls | dolls |
| | stuffed animals | stuffed animals | animal and human figures |
| | small, sturdy people and animal figures | cars/trucks/trains | dress-up clothing |
| | simple sand and water play materials | animal and human figures | props for particular themes |
| | simple musical instruments | dress-up clothing | real tools |
| | stable ride-on toys with four wheels and no steering mechanism | props for particular themes | complex pattern-making materials |

| Examples of Age Appropriate Play Materials(Storebought or Homemade) for Different Ages<br>[excerpted from *Which Toy for Which Child*[b]] | | | |
|---|---|---|---|
| **Infants** | **Toddlers** | **Preschoolers** | **School-Agers** |
| | or pedals | | |
| | simple dress-ups | specific skill-development materials with activities related to matching, sorting, ordering, by color, shape, letter number | |
| | doll bed and carriage | miniature versions of real tools: cleaning tools, kitchen tools | |
| | shape-sorters, stacking and nesting materials, pop-up and activity boxes | | |

b Goodson, B.D., & Bronson, M.B. (1986). *Which toy for which child. A consumer=s guide for selecting suitable toys*. Washington, DC: U.S. Consumer Product Safety Commission.

# Environment Checklist[a]

| | | Usually True Consistent Evidence | Partially/ Sometimes True Some Evidence | Not True Little/No Evidence | Not Applicable No Children of Relevant Age |
|---|---|---|---|---|---|
| **Space** | | | | | |
| 1. | Children can **use what they can reach**. | 1 | 2 | 3 | |
| 2. | There is **enough space** for children to carry out activities without being cramped. | 1 | 2 | 3 | |
| 3. | There is a **comfortable and cozy** place (e.g., corner with pillow, cozy furniture). | 1 Cozy space in setting | | 3 No cozy space | |
| 4. | Children have a place to **use materials without interference** from other children. If there are school-agers, there is a quiet place to do homework. | 1 | 2 | 3 | |
| 5. | There is an **area for active play**, with open space for movement. | 1 | 2 | 3 | |
| 6. | For children learning to walk, there is **appropriate space to practice walkingB**to crawl, stand up, or walk holding onto sturdy, low furniture as needed. | 1 | 2 | 3 | 4 **No children learning to walk** |
| **Environmental Comfort** | | | | | |
| 7. | **Lighting** is bright where children use books, art materials, manipulatives. | 1 | 2 | 3 | |
| 8. | The setting does **not smell:** including urine, feces, garbage, pets, tobacco smoke, air deodorizers, mildew, other fumes [Not cooking]. | 1 No bad odors | | 3 Some bad odor(s) | |
| 9. | The ***level*** of **background noise** in the setting is comfortable (not uncomfortably loud). | 1 | 2 | 3 | |
| 10. | **Television** (inc. videos, movies) is off, or there is no television in the setting. | 1 Usually off, or no TV | 2 Sometimes on | 3 Usually on | |
| **Equipment and Materials** | | | | | |
| 11a. | For children ***one year or under***, there are enough **toys and materials** to engage children in developmentally appropriate ways. | 1 | 2 | 3 | 4 **No children 1 yr or younger** |
| 11b. | For children ***one+ to three years of age***, there are enough **toys and materials** to engage children in developmentally appropriate ways. | 1 | 2 | 3 | 4 **No children 1 to 3 yrs** |
| 11c. | For children ***three+ to five years of age***, there are enough **toys and materials** to engage children in developmentally appropriate ways. | 1 | 2 | 3 | 4 **No children 3 to 5 yrs** |
| 11d. | For children ***older than five years***, there are enough **toys and materials** to engage children in developmentally appropriate ways. | 1 | 2 | 3 | 4 **No children older than 5 yrs** |
| 12. | **Household items** are used by children in learning/play activities. | 1 Househld items used | | 3 No household items used | |
| 13. | There are at least **10 books** appropriate in level for each age of child enrolled. | 1 | 2 | 3 | |
| 14. | Some **books are accessible** to children. | 1 | 2 | 3 | |
| 15. | Besides books, there are some materials to promote **language and dramatic play** [e.g., telephones, puppets, interactive games, audio materials, dolls, blocks, human/animal figures, props, costumes] | 1 | 2 | 3 | |
| 16. | There are basic **art materials** [e.g., crayons, markers, pencils, paper, play-dough, clay] that children have access to on their own. | 1 | 2 | 3 | |

# Environment Checklist[a]

| | | Usually True Consistent Evidence | Partially/ Sometimes True Some Evidence | Not True Little/No Evidence | Not Applicable No Children of Relevant Age |
|---|---|---|---|---|---|
| **Indoor Safety and Health: Home Furnishings and Materials/Equipment** | | | | | |
| 17. | Indoor equipment and materials are in **good repair**--no splinters, loose or rusty parts, chipping or peeling paint. | 1 All in good repair | 2 Some in poor repair | 3 Most in poor repair | |
| 18. | Any **toy chest** is safe [safety hinges and air holes; lid is light or there is no lid]. | 1 Toy chest is safe | | 3 Unsafe toy chest | 4 **No toy chest** |
| 19. | Any indoor climbing structure, swing or slide that is higher than 36", has soft cushioning materials placed underneath | 1 Cushioning under any high climber | | 3 No cushioning | 4 **No high climbing structure in setting** |
| 20. | There are no **infant walkers**. | 1 No walker | | 3 Walker | |
| 21. | Any **fireplace, woodstove, or space heater** in the setting that is used is safely screened and inaccessible to children | 1 All fireplaces, stoves safely screened | | 3 Fireplace(s) or stove(s) unscreened or in reach | 4 **No fireplace, woodstove, space heater used in setting** |
| 22. | Any **electric fan** that can be reached by children is mounted high on the wall or ceiling or is guarded to limit the size of the opening in the blade guard to less than 1/2 inch. | 1 Fans out of reach or guarded | | 3 Fan(s) in reach and not guarded | 4 **No fans within reach of children** |
| 23. | Portable, open-flame, and kerosene **space heaters** and gas stoves are **not** used for heating, or there are none in the setting. | 1 Not used for heating | | 3 Used for heating | |
| 24. | Any **electrical outlet** that can be reached by children is covered with a choke-proof, child-resistant device, or is in use. | 1 All outlets covered | | 3 Some outlet(s) not covered | |
| 25. | All **hot items** including adults= beverages are kept out of children=s reach. | 1 All hot items out-of-reach | | 3 Some hot item(s) in reach | |
| 26. | All **windows** above ground level in areas used by children are guarded against child fallsBeither the window can=t be opened more than 6", or has safety guards, or are opened from the top; or all windows are shut and locked. | 1 | 2 | 3 | 4 **No windows above ground level** |
| 27. | All **latex balloons** are kept out of reach of children under 3 years. | 1 Latex balloons out of reach | | 3 Latex balloon(s) in reach | 4 **No children under 3 yrs** |
| 28. | **Small objects** (less than 1-1/4 inches in diameter or more than 1/4 inch in diameter) are kept out of reach of children under 3 years. | 1 All small objects out of reach | | 3 Small object(s) in reach | 4 **No children under 3 yrs** |
| **Indoor Safety and Health: Exits and Stairs** | | | | | |
| 29. | Each floor used by children has at least **two exits** that lead to the ground level. | 1 2 exits on each floor | | 3 Floor(s) with 1 exit | |
| 30. | Indoor stairs with more than 3 steps have **railings** safe and usable by the children. | 1 | 2 | 3 | 4 **No stairs with more than 3 steps** |
| 31. | All indoor stairs are closed off at top and bottom with **secure and safe gates or barriers**. [Gates must have **no** V-shaped/diamond-shaped openings large enough to entrap a child=s head.] | 1 | | 3 | 4 **No indoor stairs, no children under 3 yrs** |

# Environment Checklist[a]

| | | Usually True Consistent Evidence | Partially/ Sometimes True Some Evidence | Not True Little/No Evidence | Not Applicable No Children of Relevant Age |
|---|---|---|---|---|---|
| 32. | Exits are usable by children and **access is unobstructed**. | 1<br>All exits usable and unobstructed | | 3<br>Some exit(s) not usable or obstructed | |
| 33. | Bathroom and bedroom doors **cannot be locked** by children (no locks, or locks can=t be reached, or locks can be opened quickly from outside. | 1<br>Doors can=t be locked | | 3<br>Door(s) can be locked | |
| **Indoor Safety and Health: Pets** | | | | | |
| 34. | **Pets are in good health**, even-tempered, and friendly, or they are kept in areas not accessible to children. | 1<br>Pets ok/ not accessible | | 3<br>Pets not ok & in reach | 4<br>**No pets** |
| 35. | **Litter boxes, pet food and dishes, and pet toys** are kept out of reach of children. | 1<br>Out of reach | | 3<br>In reach | 4<br>**No pets** |
| **Daily Routines: Food Preparation/Snacks and Meals/Hand-washing/Toileting** | | | | | |
| 36. | **Food** is stored, prepared, and served to children in a **sanitary manner**. | 1 | 2 | 3 | 4<br>**No food preparation, serving observed** |
| 37. | Meals and snacks are **nutritious**. (Meet guidelines provided in instructions.) | 1 | 2 | 3 | 4<br>**No meal, snack observed** |
| 38. | Meals and snacks are **sufficient in quantity**. | 1 | 2 | 3 | 4<br>**No meal, snack observed** |
| 39. | Stove and other **cooking appliances** are used safely or are not used while children are present. [Pot handles turned to back, knobs /within reach are removed or covered, children > 3 ft from cooking appliances in use. Children may use appliances with supervision.] | 1 | 2 | 3 | |
| 40. | **Dishwashing** is sanitary. [Dishes, utensils, cooking/serving items and bottles are washed in a dishwasher; or washed in clean hot soapy water, rinsed in hot water, and air dried; or disposable dishes, cups, utensils are used.] | 1 | 2 | 3 | 4<br>**No dishwashing observed** |
| 41. | **High chairs** have a wide base or are attached to the table or another stable chair. High chairs have a T-shaped restraint or harness that is fastened. | 1<br>High chairs are safe | | 3<br>High chair(s) unsafe | 4<br>**No high chairs** |
| 42. | Children **sit down to eat** meals. Children age 3 or under sit down for snacks and do not walk around with bottles. | 1 | 2 | 3 | 4<br>**No meal, snack observed** |
| 43. | The provider **helps children learn to feed** themselves when they are ready or interested, or all children can feed themselves. | 1 | 2 | 3 | 4<br>**No meal, snack observed** |
| 44. | The provider **holds children during bottle feeding** and pays responsive attention. | 1 | 2 | 3 | 4<br>**No bottle-feeding observed** |
| 45. | The **provider and assistant(s) wash their hands** before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty. | 1 | 2 | 3 | |
| 46. | **Children wash their hands** before preparing food, before eating, after toileting/diapering/contact with bodily fluids, or when hands are dirty. | 1 | 2 | 3 | |
| 47. | If the provider or assistant(s) has **contact with blood**, disposable latex non-porous vinyl gloves are worn and contaminated articles are handled according to universal health precautions. | 1 | 2 | 3 | 4<br>**No contact with blood** |

# Environment Checklist[a]

| | | Usually True Consistent Evidence | Partially/ Sometimes True Some Evidence | Not True Little/No Evidence | Not Applicable No Children of Relevant Age |
|---|---|---|---|---|---|
| 48. | **Children's hands are washed** with soap and running water and dried with paper towels or personal towels. Or, hand-cleaning gels or wipes may be used. | 1 | 2 | 3 | |
| 49. | Children are safe and secure when washing their hands at the sink: a secure step or stool is located in front of sink, or children can reach faucets without a step, or children are held at the sink. | 1 | 2 | 3 | |
| 50. | The **sink is used for food preparation only,** or it the sink is also used for hand washing after diapering or toileting, it is cleaned and disinfected after each toileting use. | 1 | 2 | 3 | |
| 51. | **Diapering and toileting** areas are separated from food areas. | 1 Diapering and food areas separate | | 3 Diapering and food areas not separate | |
| 52. | The provider keeps one hand on the child when on the **changing table**, or diapering area is on the floor. | 1 Diapering on floor or child is restrained | | 3 Unsafe diapering practices | 4 **No diapering observed** |
| 53. | **Containers for soiled diapers** are plastic-lined and covered, or located out of reach of children. | 1 Diaper containers not in reach or lined, covered | | 3 Diaper container in reach, not covered, lined | 4 **No children in diapers** |
| 54. | The **provider checks diaper** at least once every 1.5 hours and changes it if wet or soiled, except during naps. | 1 | 2 | 3 | 4 **No children in diapers** |
| **Daily Routines: Rest Time/Napping** | | | | | |
| 55. | Children **do not have bottles** of milk or juice while lying down or sleeping. | 1 No bottles when children lying down | | 3 Bottles given | |
| 56. | **Sleeping arrangements** for babies are safe. [Babies are placed on their backs for sleeping, babies= sleeping spaces do not have soft objects (pillow, mattress, comforter, stuffed toy).] | 1 | 2 | 3 | 4 **No children under 3 yrs** |
| 57. | All cribs, portacribs meet current **safety standards**. [Slats spaced # 2-3/8 inches apart; mattress fitted so no more than 2 fingers can fit between mattress and crib side.] | 1 | 2 | 3 | 4 **No cribs, portacribs** |
| **Outdoor Safety and Health: Materials/Equipment** | | | | | |
| 58. | **Outdoor stairs** with more than 3 steps have railings usable by the children and are safe. | 1 | 2 | 3 | 4 **No outdoor stairs with more than 3 steps** |
| 59. | There are enough **outdoor toys and materials** to engage children in developmentally appropriate ways. | 1 | 2 | 3 | 4 **No outdoor play observed** |
| 60. | Outdoor equipment and materials are in **good repair and safe** for the ability and levels of the children who use them. [Sturdy furniture, toys, or play equipment with no sharp corners or rough edges.] | 1 | 2 | 3 | 4 **No outdoor play observed** |
| 61. | Outdoor play equipment is **spaced to avoid safety hazards** for active children. Cushioning materials [mats, wood chips, raked soft sand] are installed under climbers, swings, slides, and the fall zones around them. | 1 | 2 | 3 | 4 **No outdoor play observed** |

# Environment Checklist[a]

| | | Usually True Consistent Evidence | Partially/ Sometimes True Some Evidence | Not True Little/No Evidence | Not Applicable No Children of Relevant Age |
|---|---|---|---|---|---|
| 62. | **Swings** are safe. [Clearance area and fall zone extend at least 6 ft beyond stationary swing; swing hangs at least 30" away from support poles; swing seats do not have pinch points or AS@ hooks; hooks at the top of swing ropes/chains are closed.] | 1 | 2 | 3 | 4 **No swings observed** |
| 63. | The **sand box** is covered when not in use. | 1 Sand box covered | | 3 Not covered | 4 **No sand box observed** |
| 64. | A **fence or natural barrier** encloses the play space, or traffic is not a hazard. | 1 Play space enclosed or no traffic | | 3 Space not enclosed & traffic hazard | 4 **No outdoor play space observed** |
| 65. | Play space, including neighborhood playground if used, is **free of dangerous materials**: animal feces, broken glass, trash, building supplies, poisonous or toxic plants, or other injurious material. | 1 | 2 | 3 | 4 **No outdoor play space observed** |
| 66. | Any **swimming pool** is inaccessible to children except when carefully supervised. | 1 Pool inaccessible | | 3 Accessible pool | 4 **No swimming pool.** |
| 67. | Children in **wading pools and water play** are constantly and carefully supervised. | 1 Constant supervision | | 3 Lack of supervision | 4 or no water play |
| 68. | Children do not have access to and do not use a **hot tub or spa,** or there are no hot tubs or spas. | 1 No child use or access, or no hot tubs, spas | | 3 Children can get to, use hot tub/spa | |
| **Dangerous Situations in Setting** | | | | | |
| 69. | All **guns** in the house are stored in a locked place inaccessible to the children, or there are no guns in the setting. | 1 Guns out of reach or no guns | | 3 Guns in reach of children | 4 **Not known** |
| 70. | **Lower kitchen cupboards** are free of dangerous items or cupboards have a child-proof latch. | 1 | 2 | 3 | 4 **Not known** |
| 71. | **Smoke detectors** are installed on each floor where children are cared for and near cooking and children=s sleeping areas. | 1 | 2 | 3 | |
| 72. | An approved **fire extinguisher** is located near the stove and on each floor used by children. | 1 | 2 | 3 | |
| 73. | **Fire evacuation** procedures are posted. | 1 Posted | | 3 Not posted | |
| 74. | There is a **first-aid kit** readily accessible and well-stocked but out of reach of children. | 1 | 2 | 3 | 4 **Not known** |
| 75. | All **drugs**, prescription or nonprescription, are out of reach of children, or there are no drugs in the setting. | 1 Out of reach, or no drugs | | 3 Drug(s) in reach | |
| 76. | **No one smokes** when children are present. | 1 No smoking | | 3 Smoking in setting | |
| 77. | All **matches and lighters** are out of reach of children, or there are no matches or lighters in the setting. | 1 Matches/ lighters out of reach | | 3 Matches or lighter in reach | |
| 78. | All **poisons**, liquor, tobacco, pesticides, cosmetics, cleaning supplies are locked up or out of reach of children. | 1 Dangerous substances locked up, out of reach | | 3 Dangerous substance within sight or reach | |

## Environment Checklist[a]

| | Usually True Consistent Evidence | Partially/ Sometimes True Some Evidence | Not True Little/No Evidence | Not Applicable No Children of Relevant Age |
|---|---|---|---|---|

**Other Environmental Conditions of Note** (Describe any other conditions that might be of concernBunsafe or unhealthy practices or equipment, for example).

**Adaptations for Children with Physical Disabilities** (Describe whether there have been sufficient adaptations to accommodate handicapped child(ren), including ramps on all exits and steps necessary for evacuation, furniture adapted so children can sit at tables.)

**a** Items are taken from the *National Association for Family Child Care Accreditation* system (Modigliani & Bromer, 1998) and from *Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs--Protecting Children from Harm* (National Research Center for Health and Safety in Child Care, University of Colorado, Denver, CO., 1997).

## ENVIRONMENT SNAPSHOT

### NUMBER OF CHILDREN AND ADULTS PRESENT IN THE SETTING

Mark the total number of children present for each age category. The total number should match the number of children in the activity list on the next page.

Mark the total number of adult present in each category. The total number **must** match the number of adults in the activity list on the next page.

### SUMMARY RATING OF ENVIRONMENT

In the left-hand columns, rate the children on whether they were crying, listless, fighting, teasing, or interacting with peers--base this on the behavior of all children who are awake. Rate whether there is any adult conflict.

In the right-had columns, code whether the focus child is crying, listless, fighting, teasing, interacting with peers, or sleeping.

### Activity Codes

**2. Meal/Snack**: for actual eating. Cooking activities that children are participating in go under 15: Real-life Chores. If the provider is preparing meals on her own (without children), code under 21: Administrative/Non-child.
**3. Sleeping/Resting:** Use only if children are actually resting or sleeping on beds, cots, rugs on floor.
**4. Physical Care**: Includes toileting, diapering, washing hands, wiping noises, routine medical care, getting the child a drink.
**6. Fine Motor Play:** All activities involving manipulating small objects--puzzles, beads. Put play with small cars here *only* if there is no evidence of pretend play like car noises. If fine motor play is involved in other activities such as pretend play, music, art, number & letter activities, science, enter them under these other categories.
**7. Gross Motor Play**: large muscle play, indoor or out. Dancing and movement activities (such as ring around the rosy) go under 9: Music/Dance.
**9. Music/Dance:** formal and informal singing, singing games. For songs used routinely during clean-up or other transitions, code under 19: Transition.
**13. Numeracy/Literacy/Homework**: any activities involving learning about numbers, letters, including any worksheets and/or homework. Include ABCs song here rather than under 9: Music/Dance.
**14. Group/Circle Time:** 2 or more children, with an adult, have a formal shared discussion, about plan for day, upcoming special activities, day of week, etc. Do not use this code if children are simply sitting in a circle but participating in some other activity.
**15. Real-life Chores:** code when children are involved in household chores, such as laundry, cleaning, etc. If adult is involved in these activities without children, use 21: Administrative/Non-child.
**17. On Walk/Field Trip:** use this when the children leave the setting and travel around the neighborhood/ community.
**18. Socialize Outside of Activity**: use when only socializing is going on. If children are socializing in the context of another activity such as art, fine motor play, etc, do not code here. Instead put them in that other activity.
**20. Non-constructive Behavior:** Child not involved in or watching any activity. May be passive (sucking thumb, staring off into space) or active(throwing things, running around wildly, having tantrum). A child in time-out should be listed here.
**21. Administrative/Non-child:** use for any activities in which the caregiver is involved without children--talking on phone, doing administrative work, preparing materials, doing chores. If 2 adults are socializing without children, use this code.

### ADULT CODES

**Cg:** adult with primary caretaking responsibility.
**Asst:** assistant to the caregiver
**OthAd**: parent of child, visitor, other adult not related to cg
**CgFam**: members of caregiver's family who are 16 or older.

### RULES

Numbers of children and adults present (on 1st page) **must be the same** as the total number of children and adults shown in the activity list on the 2nd page.

Put involved children and adults in the 2nd column. Place children adults in the Watching column only when they are watching another person do that particular activity. If nobody is involved in a particular activity, do code any children or adults as watching that activity.

Observers are not counted in number of adults present.

Roster of adults and children present must be completely filled in every Snapshot.

All children in the care setting must be included on the Snapshot, even if they are in different rooms (and not in the room you are in).

Caregiver who is not involved with children is always put under 21: Administrative/Non-child, regardless of what she is doing.

Enter numbers of children under the activity list, not tally marks.

If other children not in care (such as neighborhood children) are present during the Snapshot, include them in the count and the activity list even though they are not on the initial roster.

# Environment Snapshot

**Time: __ ___:___ ___ am/pm** **Snapshot # 0 1**

| Location of All Children and Adults | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Activity** | | **Watching Others** | | | | **Involved** | | | | **Focus Child** | **Monitored/ Supervised** | |
| **1.** | **Arriving/ Departing** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **2.** | **Meal/ Snack** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **3.** | **Sleeping/ Resting** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **4.** | **Physical Care** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **5.** | **Awake in Crib/Swing** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **6.** | **Fine Motor Play** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **7.** | **Gross Motor Play** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **8.** | **Pretend/ Dram. Play** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **9.** | **Music/ Dance** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **10.** | **Arts/ Crafts** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **11.** | **Reading** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **12.** | **Watch TV/ Movies/ Comp Games** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **13.** | **Numeracy /Literacy/ Homework** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **14.** | **Group/ Circle Time** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **15.** | **Real-life Chores/ Activities** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **16.** | **Science/ Nature** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **17.** | **On Walk/ Field Trip** | | | | | # kids: | | | | | Y | N |
| | | | | | | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **18.** | **Socialize <u>Outside</u> of Activity** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **19.** | **Transition/ Clean-up** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **20.** | **Non-Constructive Behavior** | # kids: | | | | # kids: | | | | | Y | N |
| | | Cg: | Asst: | Oth.Ad: | CGFam: | Cg: | Asst: | Oth.Ad: | CGFam: | | | |
| **21.** | **Adminst/ Non-child** | | | | | Cg: | Asst: | Oth.Ad: | CGFam: | | | |

# Environment Snapshot

**Snapshot # 0 1**

| Number of Children Present in Setting | | |
|---|---|---|
| **< 6 months** | | |
| **6.0 - 11.99 months** | | |
| **1-yr-olds (12 - 23 months)** | | |
| **2-yr-olds (24 - 35 months)** | | |
| **3-yr-olds (36 - 47 months)** | | |
| **4-yr-olds (48 - 59 months)** | | |
| **5-yr-olds** | | |
| **6-yr-olds** | | |
| **7 & 8 yr-olds** | | |
| **9 - 12 years** | | |
| **13 - 15 years** | | |
| **TOTAL** | | |

| Number of Adults Present in Setting | | |
|---|---|---|
| **CAREGIVERS/ HELPERS** | | |
| **PARENTS** | | |
| **VISITORS** | | |
| **CAREGIVER FAMILY MEMBERS (16+ )** | | |
| **TOTAL ADULTS** | | |

## Summary Rating of Environment

| | ALL AWAKE CHILDREN | | | FOCUS CHILD | | |
|---|---|---|---|---|---|---|
| Children crying or in distress | **1** None | **2** One | **3** More than one | **1** No | **2** Yes | Focus child crying or in distress |
| Children listless, detached, withdrawn | **1** None | **2** One | **3** More than one | **1** No | **2** Yes | Focus child listless, detached, withdrawn |
| Children fighting, arguing, disagreeing | **1** None | **2** One pair | **3** More than one pair | **1** No | **2** Yes | Focus child fighting, arguing, disagreeing |
| Children teasing or bullying other children | **1** None | **2** One | **3** More than one | **1** No | **2** Yes | Focus child teasing or bullying other children |
| Children interacting with peers | **1** None | **2** One | **3** More than one | **1** No | **2** Yes | Focus child interacting with peers |
| Adults in conflict | **1** No | **2** Yes | | **1** No | **2** Yes | Focus child asleep |

**CHILD OBSERVATION**

**ACTIVITY WITH OBJECTS**
Code the activity in which the focus child is engaged, whether or not the FC is acutally touching an object during the 5 seconds you observe.

Do NOT count as objects: food, pets, TV, pacifiers, bottles. DO count as objects things in nature: leaves, rocks, etc.

**2. *Carry/mouth***--passively holding or sucking on an object; transporting an object from place to place (includes putting toys away).
***3. Manipulate***--active manipulation of object, in nonspecific ways. Banging objects together, banging object with hand, spinning wheels of truck, fingering, pulling, kicking over blocks.
***4. Functional***--manipulating object with actions specific to particular characteristics of the object. Using object exactly the way intended, without experimentation. Crayons to color, insert plastic shapes into shape box, stacks blocks in bins, games with rules. Include reading here. **5.*Creative***--goal-directed problem solving or systematic experimentation with object. Ex: building a castle with blocks, balancing a block on a tower. **6.*Dramatic*--**substitution of an imaginary situation for an object to satisfy his/her personal needs and wishes, incl. make-believe or pretend play. Ex: talk to mommy on pretend phone, cook in toy kitchen, use costumes to be superheros.

**FC ACTIVITY WITH PEERS**
***2.Parallel***--FC and peer are playing with the same type of objects and are within 3 feet of each other but have no mutual awareness. Ex: 2 children both playing blocks in same area but not paying attention to each other. Usually observed only in very young children (i.e., under 2 years).
***3.Parallel Aware--***parallel play accompanied by a social interest as demonstrated by eye gaze and mutual awareness. ***4.Simple Social***--FC and peer in social interaction. This is lowest code for interaction with peers. Asking to join a game is simple social interaction.
***5.Complementary-Reciprocal***--FC and at least one peer engage in social play with a turn-taking structure and/or role reversal. Each child takes a turn at each role, such as when children are working together on a task. Ex: taking turns pointing to pictures in book, taking turns pouring sand into bucket, hide and seek, throw and catch, tickling each other.
***6.Social Pretend***--FC and peer enact complementary roles within social pretend play, taking on fantasy roles, pretending to someone or something else. Roles do not have to be explicitly named but must be clear from the actions of the children. May include naming roles, assigning roles.
***7.Games with Rules--***games that follow a set of structured commonly-understood rules, card games, active games . Do not include dramatic role play (which goes under Social Pretend).

If the child is talking to himself, including singing or making noises, code this as 1: none.

**FOCUS CHILD OR PEER PROSOCIAL/AGGRESSIVE**
Prosocial behavior includes sharing, taking turns, comforting or helping another person, expressing empathy. May be verbal or nonverbal. Does **not** include behavior that is only warm and positive. Does include behavior that reflects the child's understanding the needs, role of another person. Asking to join or showing a peer something is **not** prosocial. Aggressive behavior includes threatening behavior, fighting, hitting, calling names. May be verbal or nonverbal. Does not include statements/behavior that is assertive but not aggressive or threatening. Must be aggressive not just non-social.

**ADULT CONTACT WITH FOCUS CHILD**
Include only physical/visual contact here, language is coded in the next category.
**1. *No contact, adult out of room***. Out of room, no visual or physical contact with FC.
**2. *Visual contact, adult out of room***. Out of room, visual contact only, no physical.
**3*. No contact, adult in same room***. In room, no physical or visual contact.
**4*. Visual contact, adult in same room***. In room, visual contact only, no physical.
**5. *Low level physical contact***. Adult touches child only for necessary discipline, redirection, physical care.
**6. *Moderate level physical contact.*** Adult has warm or helpful physical contact with FC.
**7. *High level physical contact***. Adult hugs or holds, kisses FC, or plays interactively. Any interactive play is coded here.

**ADULT LANGUAGE WITH FOCUS CHILD**
***2. Socializes***: includes social niceties, responding yes/no.
***3.Teaches: reasons ,explains, labels*** --adult transmits information to teach--labels objects, explains how to do something, states rules for a game. Includes reading. Does not include behavior management.
***4.Neutral management, directs, suggests***--adult directs or manages FC's behavior in a neutral way. Gives child reasons for doing or not doing something. Includes direct commands, gently phrased suggestions, rhetorical questions.
***5.Questions for elab.responses***--adult asks questions of FC that call for a thoughtful or original response from the child rather than a simple yes or no. These must be true questions, rather than rhetorical questions or commands disguised as questions.
***6.Positive management, praises, encourages***--adult directs or manages FC's behavior in a positive way, praises child for approved behavior or accomplishment, encourages child's activity, or expresses liking for or pleasure in the child. Includes soothing.
***7.Negative management, punish, threaten***--adult handles the FC's problem or misbehavior in a harsh or negative way. Includes negative remarks about the child's activity. Ex: yell, criticize, reprimand, threaten, sarcasm, scold.

**Focus Child Use of Language**

## Child-Focused Observation

**Observation 01** **Time:** __ __: __ __ am/pm **Location:** Inside/Outside/Field Trip _____

| A. FC Activity With Objects | | B. FC Activity with Peers | | C. FC Use of Language | | D. FC Prosocial/ Antisocial | | E. Peer Prosocial/Anti to FC | | F. Adult Contact with FC | | G. Adult Language w/ FC | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | None | 1 | None; solitary | 1 | None | 1 | No prosocial or Antisocial | 1 | No prosocial or Antisocial | 1 | Out of room, no contact | 1 | None |
| 2 | Carry/mouth | 2 | Parallel | 2 | Pos/Neutral talk to peer(s) | 2 | Prosocial to peer(s) | 2 | Prosocial to FC | 2 | Out of room, visual contact | 2 | Socialize/converse/ sing |
| 3 | Manipulate | 3 | Parallel aware | 3 | Pos/Neutral talk to adult | 3 | Prosocial to adult | 3 | Antisocial to FC | 3 | In room, no physical or visual contact | 3 | Teaches: reasons, explains, labels |
| 4 | Functional | 4 | Simple social | 4 | Pos/Neutral talk to peer(s) & adult | 4 | Prosocial to peer(s) & adult | | | 4 | In room, visual contact, no physical | 4 | Neutral mgmt: directs, suggests |
| 5 | Creative | 5 | Complementary/ reciprocal | 5 | Neg talk to peer(s) | 5 | Antisocial to peer(s) | | | 5 | In room, low physical | 5 | Questions for elab. responses |
| 6 | Dramatic | 6 | Social pretend | 6 | Neg talk to adult | 6 | Antisocial to adult | | | 6 | In room, moderate physical (N=neg) | 6 | Positive mgmt: praise, reward |
| | | 7 | Games with rules | 7 | Neg talk to peer(s) & adult | 7 | Antisocial to peer(s) & adult | | | 7 | In room, high physical | 7 | Neg mgmt: punish, threaten |
| **Observation Intervals** | | | | | | | | | | | | | |
| 1 | | 1 | | 1 | | 1 | | 1 | | 1 | | 1 | |
| 2 | | 2 | | 2 | | 2 | | 2 | | 2 | | 2 | |
| 3 | | 3 | | 3 | | 3 | | 3 | | 3 | | 3 | |
| 4 | | 4 | | 4 | | 4 | | 4 | | 4 | | 4 | |
| 5 | | 5 | | 5 | | 5 | | 5 | | 5 | | 5 | |
| 6 | | 6 | | 6 | | 6 | | 6 | | 6 | | 6 | |
| 7 | | 7 | | 7 | | 7 | | 7 | | 7 | | 7 | |
| 8 | | 8 | | 8 | | 8 | | 8 | | 8 | | 8 | |
| 9 | | 9 | | 9 | | 9 | | 9 | | 9 | | 9 | |
| 10 | | 10 | | 10 | | 10 | | 10 | | 10 | | 10 | |
| 11 | | 11 | | 11 | | 11 | | 11 | | 11 | | 11 | |
| 12 | | 12 | | 12 | | 12 | | 12 | | 12 | | 12 | |
| 13 | | 13 | | 13 | | 13 | | 13 | | 13 | | 13 | |
| 14 | | 14 | | 14 | | 14 | | 14 | | 14 | | 14 | |
| 15 | | 15 | | 15 | | 15 | | 15 | | 15 | | 15 | |

National Study of Low-Income Child Care

# Provider Rating System

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## Primary Provider Rating Instructions–page 1

| | | |
|---|---|---|
| **Which Caregiver is Most Involved with the Children.** Circle which adult was most involved with the children over the course of the observation period or mark "equal" if both the main caregiver and the assistant were equally involved with the children. | | |
| **1** | 1– | The provider rarely pays attention to children or shows noticeable lack of interest in the children. |
| | | Provider sometimes pays attention to, shows some interest in children, but sometimes shows signs of inattention or lack of interest. |
| | 2–<br>3- | Provider usually/consistently pays attention to and shows interest in children, through verbal responses, facial expressions, gestures, physical contact. Few signs of inattention or lack of interest. |
| **2** | 1– | The provider is rarely responsive to children's language/vocalizations. |
| | 2– | The provider sometimes responds; there are more than a few instances of not responding. |
| | 3- | The provider usually/consistently responds verbally or non-verbally to children's language/vocalizations. |
| **3** | 1– | The provider does not talk to most children individually. |
| | 2– | The provider has only one conversation with each child or has multiple conversations with some children and none with others. |
| | 3- | The provider has multiple conversations with each child. |
| **4** | 1– | The provider rarely shows affection to any child. |
| | 2– | The provider shows affection to some children but not to others. |
| | 3- | The provider shows affection to each child at least once. |
| **5** | 1– | Provider rarely notices or offers help, or help is usually interfering rather than helpful. |
| | 2– | Provider sometimes notices and offers help. Some opportunities are missed and/or some offers are interfering rather than helpful. |
| | 3- | Provider usually/consistently notices when children need help and offers help when needed, but does not interfere or force help. |
| **6** | 1– | Provider rarely acknowledges children's efforts OR acknowledges efforts of only a few children. |
| | 2– | Provider sometimes acknowledges children's efforts but misses some opportunities OR provider only acknowledges efforts of some. |
| | 3- | Provider usually/consistently acknowledges each child's efforts either by praise or by talking about what a child has done. |
| **7** | 1– | Provider rarely accepts children's feelings OR accepts feelings of only a few children. |
| | 2– | Provider sometimes accepts children's feelings, but at other times appears unaccepting OR provider accepts feelings of only some of the children. |
| | 3- | Provider usually/consistently accepts children's feelings, not discounting or ignoring how the child feels or says he/she feels. |
| **8** | 1– | Provider usually does not recognize signs of distress OR does not respond to them appropriately. |
| | 2– | Provider sometimes recognizes, responds to signs of distress OR provider recognizes, responds to distress only in some children. |
| | 3– | Provider usually/consistently recognizes and responds appropriately to distress for all children (comforts them with stress-reducing activities, helps children find quiet activities if overstimulated, responds to baby's crying promptly and effectively). |
| | ***4-*** | ***Children do not show signs of distress during observation.*** |
| **9** | 1– | No interactive games between provider and children. |
| | 2– | Provider plays one or two interactive games. |
| | 3– | Provider takes advantage of multiple opportunities to play interactive games--games involving reciprocal interaction between provider and child with each person responding to the actions of the other (i.e., peek-a-boo). |
| **10** | 1– | Provider rarely holds babies. |
| | 2– | Provider holds babies only some of the time OR provider holds some babies frequently, others rarely. |
| | 3– | Provider holds babies much of the time and all babies are held at some point. |
| | ***4-*** | ***No children one year of age or younger present in setting during observation.*** |
| **11** | 1– | Provider rarely states limits and consequences OR rarely states them clearly and calmly. |
| | 2– | Provider sometimes states limits clearly and calmly. Sometimes may neglect to state them or may not state them clearly and calmly. |
| | 3– | Provider usually/consistently states needed limits and usually/consistently states them clearly and calmly. |
| **12** | 1– | Provider rarely helps children understand and express feelings. |
| | 2– | Provider sometimes helps children understand and express feelings etc, but misses some opportunities OR provider only helps some children. |
| | 3– | Provider usually/consistently helps children understand, express feelings and control impulses, by helping children talk through how they are feeling, giving them alternative strategies for expressing feelings or gaining control, etc. |
| **13** | 1– | Provider rarely helps children notice others' needs and feelings. |
| | 2– | Provider sometimes helps children notice others' needs and feelings OR provider only helps some children. |
| | 3– | Provider usually/consistently helps children notice others' needs and feelings, including pointing out how another child is feeling. |
| **14** | 1– | Provider rarely helps children experience natural consequences but instead imposes arbitrary limits. |
| | 2– | Provider sometimes helps children experience natural consequences, but sometimes or for some children sets arbitrary limits. |
| | 3– | Provider usually/consistently helps children experience the natural consequences of their own misbehavior when it is safe to do so. |
| | ***4-*** | ***No child misbehavior observed.*** |
| **15** | 1– | Provider usually forces children into activities, rarely letting them make choices about their activities. |
| | 2– | Sometimes the provider forces children into activities rather than letting them decide (do not include transitions). |
| | 3– | The provider usually/consistently does not force children into activities, but lets the children decide their own activities. |

# Primary Provider Rating System

**Which caregiver was most involved with the children?**

Main caregiver Assistant #1 Main & Assistant Equally Other adult

| | ***National Family Child Care Accreditation*** **Relationships and Learning Activities** | **Usually True** ---------- **Consistent Evidence** | **Partially/ Sometimes True** ---------- **Some Evidence** | **Not True** ---------- **Little/No Evidence** | **Not Applicable** |
|---|---|---|---|---|---|
| **The Provider With Children--Caring and Responding** | | | | | |
| 1. | The provider **shows interest** in what children say and do, and listens attentively to them. | 1 | 2 | 3 | |
| 2. | The provider **responds to children=s language** and babies= vocalizations. | 1 | 2 | 3 | |
| 3. | The provider **has conversations** with each child. | 1 | 2 | 3 | |
| 4. | The provider **shows affection** to each child in some way, including gentle touch, kind words, special looks. | 1 | 2 | 3 | |
| 5. | The provider **offers children help** when needed. | 1 | 2 | 3 | |
| 6. | The provider **acknowledges specific aspects** of each child=s efforts and accomplishments. | 1 | 2 | 3 | |
| 7. | The provider **accepts children=s feelings**. | 1 | 2 | 3 | |
| 8. | The provider **recognizes signs of distress** in children and responds and comforts them with stress-reducing activities. | 1 | 2 | 3 | 4 **No distress** |
| 9. | The provider **plays interactive games** with the children. | 1 | 2 | 3 | |
| 10. | The provider **holds babies**. | 1 | 2 | 3 | 4 **No children less than 1 yr** |
| **The Provider with Children--Using Positive Guidance and Discipline** | | | | | |
| 11. | The provider **states needed limits** and consequences clearly and calmly. | 1 | 2 | 3 | |
| 12. | The provider **helps children learn to understand and express their feelings** and gain control over their impulses. | 1 | 2 | 3 | |
| 13. | The provider **helps children to notice each other=s needs** and feelings. | 1 | 2 | 3 | |
| 14. | The provider **helps children experience the consequences** of their own misbehavior when this is safe. | 1 | 2 | 3 | 4 **No misbehavior** |
| 15. | The provider **does not force children into activities** except during transitions. | 1 | 2 | 3 | |

## Primary Provider Rating Instructions–page 2

| | | |
|---|---|---|
| **16** | 1- | When provider gives instructions, she usually/consistently emphasizes what children should do. |
| | 2- | Provider's instructions are a mixture of what children should do and what they should not do. |
| | 3- | Provider instructions focus on what the children should not do. |
| **17** | 1- | Provider usually/consistently helps children resolve conflicts by talking through feelings and solutions rather than resolving conflicts on her own without input from children. |
| | 2- | Sometimes, provider helps children resolve conflicts by talking through feelings and solutions but at other times misses opportunities. |
| | 3- | Provider rarely helps children resolve conflicts by talking through feelings and solutions, usually resolving conflicts on her own. |
| | ***4-*** | ***Only babies in care OR no conflict observed.*** |
| **18** | 1- | When necessary, provider usually/consistently redirects children to minimize their frustration, introduces a new activity or helps with current activity. |
| | 2- | Provider sometimes redirects children, but also misses some opportunities. |
| | 3- | Provider rarely redirects children, letting them become frustrated. |
| | ***4-*** | ***No frustrations***. |
| **19** | 1- | When time out is used, it is usually/ consistently used in a positive manner and not for longer than appropriate. |
| | 2- | Time out sometimes used in positive manner and for an appropriate length of time, but sometimes used as punishment or is too long. |
| | 3- | Time out is rarely used in a positive manner, rather it is a punishment OR time outs are usually longer than is appropriate. |
| | ***4-*** | ***Time out/time away not used.*** |
| **20** | 1- | Provider can see or hear children at all times etc; no time when provider is out of the children's range both visually and auditorily. |
| | 2- | Provider sometimes has children in her sight or hearing but there are times when this is not the case. |
| | 3- | There are significant periods of time when the children are out of range of the caregiver both visually and auditorily. |
| **21** | 1- | Provider's supervision is usually/consistently appropriate for each child's activities and abilities. |
| | 2- | Provider's supervision is sometimes sufficient, but at times is less than is appropriate for typical activities. |
| | 3- | Provider's supervision is rarely sufficient. |
| **22** | 1- | During potentially hazardous activities, the provider usually/consistently uses appropriate supervision, more than the supervision for typical activities. |
| | 2- | During potentially hazardous activities, the provider sometimes uses the appropriate special supervision, but at other times, the supervision is less than appropriate. |
| | 3- | During potentially hazardous activities, the provider rarely uses appropriate special supervision. |
| | ***4-*** | ***There are no potentially hazardous activities observed.*** |
| **23** | 1- | Children are not left in restraining equipment for more than 20 minutes in any 2-hour period unless they are sleeping. |
| | 2- | DO NOT USE. |
| | 3- | A non-sleeping child was left in restraining equipment for more than 20 minutes in any 2-hour period. |
| **24** | 1- | Provider does not use physical punishment (hitting, slapping, smacking, spanking, pinching) or humiliation (criticize, speak degradingly or sarcastically). |
| | 2- | Provider uses physical punishment or humiliation one or two times. |
| | 3- | Provider uses physical punishment or humiliation more than two times. |
| **25** | 1- | Provider does not handle children roughly (yanking, pulling, etc). |
| | 2- | Provider handles children roughly one or two times. |
| | 3- | Provider handles children roughly more than two times. |
| **26** | 1- | Provider does not criticize, shame, tease, threaten, or yell at children. |
| | 2- | Provider criticizes etc one or two times. |
| | 3- | Provider criticizes etc more than two times. |
| **27** | 1- | Provider does not dominate or exert unnecessary control over the children. |
| | 2- | Provider dominates or exerts unnecessary control one or two times. |
| | 3- | Provider dominates or exerts unnecessary control more than two times. |
| **28** | | Power struggle=ongoing competition for power where each person tries to control/subdue the other. |
| | 1- | Provider usually/consistently avoids power struggles with children in which she fights children for control. |
| | 2- | Provider gets into one or two small struggles. |
| | 3- | Provider gets into more than two small power struggles or seems to have an ongoing struggle with at least one child. |

# Primary Provider Rating System

| ***National Family Child Care Accreditation*** **Relationships and Learning Activities** | | **Usually True** ---------- **Consistent Evidence** | **Partially/ Sometimes True** ---------- **Some Evidence** | **Not True** ---------- **Little/No Evidence** | **Not Applicable** |
|---|---|---|---|---|---|
| 16. | Provider **emphasizes what children should do** rather than what they should not do. | 1 | 2 | 3 | |
| 17. | The provider **encourages and helps children resolve conflicts** by talking through feelings and solutions. | 1 | 2 | 3 | 4 **Only babies** |
| 18. | The provider **redirects children** to minimize their frustrations. | 1 | 2 | 3 | 4 **No frustrations** |
| 19. | If children are asked to take **time out** or time way from the group, this time is used to help the child gain self-control, rather than as a punishment. | 1 | 2 | 3 | 4 **Time out/time away not used** |
| **The Provider with Children--Supervision** | | | | | |
| 20. | The provider **can see or hear children** at all times or makes sure another adult is monitoring children. Children age 2 or under must be in line of sight when outside. Other arrangements may be made for children age 6 or over. | 1 | 2 | 3 | |
| 21. | The provider **supervises every child as appropriate** for their activities and abilities. | 1 | 2 | 3 | |
| 22. | Special supervision is given during **potentially hazardous activities**, including swimming, water play, woodworking, cooking, field trips. | 1 | 2 | 3 | 4 **No potentially hazardous activities** |
| 23. | Children are not left in **equipment that restrains** their movement for more than 20 minutes in any 2-hour period. | 1 | | 3 | |
| **The Provider with Children--The Provider Does No Harm** | | | | | |
| 24. | The provider **does not use physical punishment** or humiliation. | 1 | 2 | 3 | |
| 25. | The provider **does not handle children roughly**. | 1 | 2 | 3 | |
| 26. | The provider **does not criticize**, shame, tease, threaten, or yell at children. | 1 | 2 | 3 | |
| 27. | The provider **does not take over or dominate** play or exert unnecessary control. | 1 | 2 | 3 | |
| 28. | The provider **avoids power struggles** with children. | 1 | 2 | 3 | |

# Primary Provider Rating Instructions–page 3

| | | |
|---|---|---|
| **29** | 1- | The provider provides many opportunities (other than meal times) for children to do things together. Not necessarily structured group activities, just the provider taking advantage of times children may work/play together. |
| | 2- | The provider provides some opportunities and sometimes encourages children to work/play together, but also misses opportunities. |
| | 3- | The provider rarely provides opportunities or encourages children to work/play together. |
| | ***4-*** | ***Only 1 child in care.*** |
| **30** | 1- | Provider takes advantage of many opportunities to teach children about sharing, taking turns, and cooperating, not necessarily through structured lessons, but rather by taking advantage of everyday situations. |
| | 2- | Provider takes some opportunities to teach children about sharing, taking turns, and cooperating, but misses some opportunities. |
| | 3- | Provider rarely teaches children about sharing, taking turns, and cooperating. |
| **31** | 1- | Provider takes many opportunities to teach and encourage older/more competent children to take care of others. |
| | 2- | Provider sometimes teaches and encourages older/more competent children to take care of others but also misses some opportunities. |
| | 3- | Provider rarely teaches and encourages older/more competent children to take care of others. |
| | ***4-*** | ***Only 1 child OR all children are same age or competence level.*** |
| **32** | 1- | Provider takes many opportunities to teach social rules or limits to children, not necessarily in structured learning activities but perhaps in the context of everyday activities. |
| | 2- | Provider takes some opportunities to teach social rules or limits but also misses some opportunities. |
| | 3- | Provider rarely teaches social rules or limits to children. |
| **33** | 1- | Provider usually/consistently helps children notice teasing etc and stand up for each other. |
| | 2- | Sometimes the provider helps children notice teasing etc and to stand up for each other, but at other times ignores such behavior. |
| | 3- | Provider typically ignores teasing etc and rarely helps children notice it and stand up for each other. |
| | ***4-*** | ***No teasing, bullying, or hurt-ful behavior observed.*** |
| **34** | 1- | Provider takes many opportunities to teach children about community members and their roles. |
| | 2- | Provider takes some opportunities to teach children about community members etc but also misses some opportunities. |
| | 3- | Provider rarely teaches children about community members etc. |
| **35** | 1- | Provider usually/consistently responds factually and respectfully to children's curiosity about people's similarities and differences. |
| | 2- | Sometimes the provider responds factually etc but at other times either ignores children's curiosity or responds inappropriately. |
| | 3- | Provider rarely responds factually etc, instead ignoring children's curiosity or responding inappropriately. |
| | ***4-*** | ***No child curiosity observed.*** |
| **36** | 1- | During each half-day period, the provider gives children at least 60 minutes of free-time that is not predetermined and structured. |
| | 2- | DO NOT USE. |
| | 3- | The children are given less than 60 minutes of free-time during a half-day period. |
| **37** | 1- | Provider usually/consistently supports children's play by observing etc. |
| | 2- | Sometimes the provider supports children's play but at other times either ignores what children are doing or tries to control children's play by strongly offering unneeded suggestions, changing direction, etc. |
| | 3- | Provider rarely supports children's play, but instead either ignores what children are doing or tries to exert control over their play. |
| **38** | 1- | Children have many opportunities for active physical play--either indoors or outdoors. |
| | 2- | There are 1 or 2 opportunities for active physical play. |
| | 3- | There are no opportunities for active physical play. |
| **39** | 1- | Provider usually/consistently takes advantage of and builds upon natural learning experiences and "teachable moments". |
| | 2- | Sometimes the provider takes advantage of and builds on natural learning experiences, but also misses some opportunities. |
| | 3- | Provider rarely takes advantage of and builds on natural learning experiences, missing many opportunities. |
| **40** | 1- | Children usually/consistently have an activity in which to engage. Opportunities can differ by age if the provider makes sure that everyone has something to do. |
| | 2- | There are some activities for all children, but there are a few instances when at least one child has nothing to do. |
| | 3- | There are many instances of children not having an activity in which to engage. |

# Primary Provider Rating System

| | ***National Family Child Care Accreditation*** **Relationships and Learning Activities** | **Usually True** ---------- **Consistent Evidence** | **Partially/ Sometimes True** ---------- **Some Evidence** | **Not True** ---------- **Little/No Evidence** | **Not Applicable** |
|---|---|---|---|---|---|
| **The Provider with Children--Fostering Social Skills and Understanding** | | | | | |
| 29. | The provider provides **opportunities for and encourages children to work together** on projects and play together at some time, in addition to meal times. | 1 | 2 | 3 | 4 **Only 1 child** |
| 30. | The provider **teaches children about sharing**, taking turns, and cooperating with each other. | 1 | 2 | 3 | |
| 31. | The provider teaches and **encourages older and more competent children to help and take care of others**. | 1 | 2 | 3 | 4 **Only 1 child** |
| *32. | The provider **teaches social rules** or limits to the children. | 1 | 2 | 3 | |
| 33. | If there is any **teasing, bullying, or hurtful behavior**, the provider helps children notice it and stand up for each other and themselves, and assures that the outcome is fair and considerate of all. | 1 | 2 | 3 | 4 **No teasing, bullying, hurt-ful behavior** |
| *34. | The provider **teaches children about community members** and their roles, and helps children get to know people in the community. | 1 | 2 | 3 | |
| 35. | If children are **curious about people=s similarities and differences**, the provider responds factually and respectfully. | 1 | 2 | 3 | 4 **No curiosity observed** |
| **Play Time** | | | | | |
| 36. | The provider gives children **opportunities to make choices** and explore their interests in a variety of activities, for at least 60 minutes during each half-day period. | 1 | | 3 | |
| 37. | The provider actively **supports children=s play** by simply observing, offering materials, joining in, or making gentle suggestions as needed. | 1 | 2 | 3 | |
| 38. | There is time for active physical play, either indoors or outdoors. | 1 | 2 | 3 | |
| **Supporting Learning** | | | | | |
| 39. | The provider takes advantage of and builds upon the many natural learning experiences and **Ateachable moments@** as they arise. | 1 | 2 | 3 | |
| 40. | All children have activities in which they can engage at all times. If children are discouraged from participating in one activity (due to age or safety reasons), the provider engages them in something else. | 1 | 2 | 3 | |

## [Primary Provider Rating–page 4

| | | |
|---|---|---|
| **41** | 1- | Provider usually/consistently helps children talk about what they are doing and thinking by asking open-ended questions (ex: who, what, where, why, when) rather than questions that only invite single word responses (ex: do you like the blocks, do you want more). |
| | 2- | Provider sometimes asks open-ended questions but also misses opportunities by asking short-response questions. |
| | 3- | Provider rarely asks open-ended questions, instead asking short-response questions. |
| **42** | 1- | Provider usually/consistently helps children learn specific skills and concepts. |
| | 2- | Provider sometimes helps children learn specific skills and concepts, but also misses opportunities to teach children. |
| | 3- | Provider rarely helps children learn specific skills and concepts. |
| **43** | 1- | Provider usually/consistently teaches children to take care of the equipment etc; takes advantage of opportunities during activities. |
| | 2- | Provider sometimes teaches children to take care of the equipment etc but also misses some opportunities. |
| | 3- | Provider rarely teaches children to take care of the equipment etc. |
| **44** | 1- | When new activities arise, the provider usually/consistently introduces them and orients children to what is involved. |
| | 2- | When new activities arise, the provider sometimes introduces them and orients children but at other times neglects to do so, leaving children to figure out what to do on their own. |
| | 3- | When new activities arise, the provider rarely introduces them or orients children; leaves them to figure out what to do on their own. |
| **45** | 1- | Provider reads at least one book to children (or all children are able to read). |
| | 2- | DO NOT USE. |
| | 3- | Provider does not read at least one book to children. |
| **46** | 1- | Provider usually/consistently encourages children to look at or read books on their own. Books are available to children a large portion of the time; reading on own is often suggested. |
| | 2- | Provider sometimes encourages children to look at or read books on their own. Books are only available some of the time. |
| | 3- | Provider rarely encourages children to look at or read books on their own. Books are often not available; reading is rarely suggested. |
| **47** | 1- | Provider usually/consistently gives children opportunities to learn about shapes/sounds of letters/words in their environment, helping them write in the context of ongoing activities. May or may not be structured opportunities, can be during ongoing activities. |
| | 2- | Provider gives children some opportunities to learn about letters, but they are not consistent. Opportunities may only occur during a few structured activities or only inconsistently in the context of ongoing activities. |
| | 3- | Provider gives children no opportunity to learn about letters, either through structured activities or during ongoing activities. |
| **48** | 1- | Provider often encourages children to use math in everyday contexts including during the above activities when counting, numbers and other math-related concepts are present. |
| | 2- | Provider sometimes encourages children to use math in everyday contexts, but also misses some opportunities. |
| | 3- | Provider rarely encourages children to use math in everyday contexts. |
| **49** | 1- | Provider gives children 3 or more opportunities to explore the natural and physical environment. |
| | 2- | Provider gives children 1 or 2 opportunities to explore the natural and physical environment. |
| | 3- | Provider gives children no opportunity to explore the natural and physical environment. |
| **50** | 1- | Art activities are usually/consistently open-ended and self-directed. If there was only 1 art activity and it was open-ended, code a 1. |
| | 2- | Some art activities are open-ended, but some are structured. |
| | 3- | Art activities are not open-ended. |
| | ***4-*** | ***No art activities observed.*** |
| **51** | 1- | There are multiple examples of children's art visible or available, not showing preference for pretty or realistic work. |
| | 2- | There is some children's art visible but not much or there is some tendency to prefer pretty or realistic work. |
| | 3- | There are no examples of children's art visible or available or there is a strong preference for pretty or realistic work. |
| **52** | 1- | Provider gives children multiple opportunities to make music, chants, using voices or instruments (purchased or home-made). |
| | 2- | Provider gives children a single opportunity to make their own music etc. |
| | 3- | There are no opportunities for children to make their own music etc. |
| **53** | 1- | Provider gives children multiple opportunities to dance or move creatively |
| | 2- | Provider gives children a single opportunity to dance etc. |
| | 3- | Provider gives children no opportunities to dance etc. |
| **54** | 1- | TV or video watching or computer use is limited to 1 hour or 1 full length movie during the observation. Alternate activities are available for non-watchers OR no watching of movies or TV or computer use observed. |
| | 2- | DO NOT USE. |
| | 3- | TV or video watching or computer use is longer than 1 hour or 1 full-length movie OR alternate activities are not available. |
| | 4- | No watching of movies or TV was observed. |
| **55** | 1- | TV programs, movies, computer/video games, and music are not violent, stereotyped, sexually explicit, or inappropriate for children. |
| | 2- | There are 1 or 2 examples of slightly inappropriate material for children. |
| | 3- | There are many examples of slightly inappropriate material or at least one example of definitely inappropriate material for children. |
| | 4- | No TV, videos, computer, video games, or music observed. |

# Primary Provider Rating System

| *National Family Child Care Accreditation* **Relationships and Learning Activities** | | Usually True ---------- Consistent Evidence | Partially/ Sometimes True ---------- Some Evidence | Not True ---------- Little/No Evidence | Not Applicable |
|---|---|---|---|---|---|
| 41. | The provider helps children talk about what they are doing and thinking by asking **open-ended questions**, i.e., questions that encourage a thoughtful response rather than a brief answer. | 1 | 2 | 3 | |
| 42. | The provider helps children learn **specific skills and concepts**, including self-help skills, especially when they are interested or having trouble. | 1 | 2 | 3 | |
| 43. | The provider teaches children to **take care of the equipment**, materials, and the environment. | 1 | 2 | 3 | |
| *44. | The provider **introduces** and/or orients children to what is involved in **new activities**. | 1 | 2 | 3 | |
| **Supporting Learning-- Activities** | | | | | |
| 45. | The provider **reads at least one book** to children, or all of the children are able to read. | 1 | | 3 | |
| 46. | The provider **encourages children to look at or read** books on their own. | 1 | 2 | 3 | |
| 47. | The provider gives children **opportunities to learn about shapes and sounds** of letters and words in their environment. | 1 | 2 | 3 | |
| 48. | The provider encourages children **to use math** in everyday contexts. | 1 | 2 | 3 | |
| 49. | The provider gives children **opportunities to explore the natural and physical environment**. | 1 | 2 | 3 | |
| 50. | **Creative activities are open-ended** and child-directed. | 1 | 2 | 3 | |
| 51. | **Evidence of children=s art** and other work products is visible or readily available and does not show preference for work that looks realistic or pretty. | 1 | 2 | 3 | |
| 52. | The provider gives children opportunities to **make their own music**, chants, or fingerplays with their voices or instruments (purchased or home-made). | 1 | 2 | 3 | |
| 53. | The provider gives children opportunities to **dance or move creatively.** | 1 | 2 | 3 | |
| 54. | If children **watch television or videos** or use a computer, the time is limited to no more than 1 hour or one full-length movie during observation. Alternate activities are available for children. | 1 | | 3 | 4 **No watching of movies or TV** |
| 55. | Any **television program**, video, computer program, video game, or music used with children is **not inappropriate** (violent, stereotyped, sexually explicit, or otherwise inappropriate). | 1 | 2 | 3 | 4 **No TV, videos, computer, or video games** |

## Summary Rating of Provider

| | | |
|---|---|---|
| **1** | 1- | Provider is consistently relaxed and comfortable, no evidence of tension, at ease with the children, with the activities, and in talking with the observer (an initial period of slight tension is acceptable if it dissipates shortly after the observation begins). |
| | 2- | Provider is mostly relaxed but does exhibit some tension. |
| | 3- | Provider has almost equal periods of tension and relaxation. |
| | 4- | Provider is more tense than relaxed, but does show some signs of relaxation. |
| | 5- | Provider is consistently tense, no evidence of relaxation or comfort. |
| **2** | 1- | Provider is very often harsh or threatening to the children, showing few signs of gentleness. May be verbal or nonverbal |
| | 2- | Provider is often brusque or abrupt with children, and may display some harsh or threatening behavior. |
| | 3- | Provider displays equal parts brusque or gruff as well as gentle behavior with children. |
| | 4- | Provider is gentle with the children but not overly so, displaying some brusque or gruff behavior. |
| | 5- | Provider is very gentle with children throughout the observation, not displaying any harsh or threatening behavior. |
| **3** | 1- | Provider is in control throughout the observation, never appearing out of control (yelling excessively, unnecessary physical force). |
| | 2- | Provider is mostly in control, but has 1 or 2 minor incidents of a lack of control. |
| | 3- | Provider has 3 or more minor incidents of a lack of control or 1 more serious incidence. |
| | 4- | Provider has more than 1 serious incidence of lack of control, but lack of control is not consistent. |
| | 5- | Provider appears to be out of control many times over the course of the observation |
| **4** | 1- | Provider seems tired or weak throughout the observation, showing a lack of energy or ability to physically interact with the children. |
| | 2- | Provider seems somewhat tired or weak but has a few spurts of energy. |
| | 3- | Provider seems physically able to care for the children but doesn't attempt to join them in their physical play. |
| | 4- | Provider seems physically able to care for the children but only interacts with them physically once or twice. |
| | 5- | Provider seems physically able to care for the children and interact with them physically, often joining in their physical play. |
| **5** | 1- | Provider obviously enjoys all the children, verbally (complimenting children, telling them she enjoys them, smiling, etc) and nonverbally (hugs, kisses, caresses, etc). |
| | 2- | Provider seems to enjoy the children, but is not effusive with praise or delight. May be inconsistent in her enjoyment (more effusive with some children than with others), but does not show obvious signs of <u>not</u> enjoying any child (disgust, unkind words, boredom). |
| | 3- | Provider sometimes is indifferent to the children, neither enjoying or not enjoying them. She may show a few minor signs of enjoyment or lack of enjoyment to a few children. |
| | 4- | Provider shows signs of <u>not</u> enjoying the children either through boredom or negative affect. She may enjoy one or two children but for most she shows some signs of a lack of enjoyment. |
| | 5- | Provider consistently shows a lack of enjoyment for the children, appearing bored or negative most of the time. |
| **6** | 1- | Provider is inattentive to what the children are doing most of the time, only tuning in for a crisis. She may be otherwise engaged (TV, book) or just "spacing out". |
| | 2- | Provider displays more than 1 major instance of inattentiveness, but this is not typical/consistent. |
| | 3- | Provider is sometimes alert and paying attention but there are more than 2 instances of minor inattentiveness or 1 major instance. |
| | 4- | Provider is usually alert and paying attention to the children but has 1 or 2 minor instances where she is not paying attention. |
| | 5- | Provider is consistently alert and paying attention to the activities in which the children are engaged. No signs of inattentiveness. If the caregiver has to give part of her attention to another activity (a phone call), she is still alert and aware of the children. |
| **7** | 1- | Provider is usually/consistently patient with the children, never hurrying unnecessarily from one activity to another. She lets children do tasks at their own pace. She may prod children if they get off-task, but this is not done in an impatient manner. |
| | 2- | Provider is often patient with the children but there are 1 or 2 times where she is slightly hurried (do not count instances if it is done for the children's safety, i.e., hurrying them across the street). |
| | 3- | There are more than 2 times when the provider is slightly hurried or 1 time when she loses her patience and becomes very hurried. |
| | 4- | There are 2 or more times when the provider is more than slightly impatient, but there are still some instances of patience. |
| | 5- | The provider often is hurried and impatient, as if children are moving too slowly for her or not doing what she wants fast enough. |
| **8** | 1- | Provider is usually/consistently rigid and unyielding; her schedule and rules are inflexible. There is no evidence of flexibility in her words or actions. Do not count instances where the provider is trying to carry out <u>necessary</u> schedule changes, but include instances when children's needs and wants are ignored to stick to some pre-planned arbitrary schedule. |
| | 2- | Provider is mostly rigid but at times displays some flexibility. |
| | 3- | Provider displays almost equal parts flexibility and rigidity. |
| | 4- | Provider is mostly flexible but a few times displays minor rigidity. |
| | 5- | Provider is consistently flexible; there is either no schedule or no concern with following it if the children would rather do something else. There are few rules except those which protect the safety of the children. This does not mean that the children always get their way, but that the provider does not impose unnecessary time limits or restraints and will attend to the children's needs and wants. |
| **9** | 1- | Provider is usually/consistently involved with the children, rarely leaving them to attend to other needs. She does not necessarily have to be constantly interacting with the children but may just be watching with interest and ready to interact when appropriate. |
| | 2- | Provider is usually involved with the children, but there are 1 or 2 short times when she is not involved. |
| | 3- | There are 3 or more short times or 1 extended period when the provider is not involved with the children. |
| | 4- | Provider is pretty uninvolved with the children, but occasionally becomes involved at times other than to solve problems. |
| | 5- | Provider is consistently uninvolved with the children, only becoming involved to solve major problems or crises. |

# Primary Provider Rating System

## Summary Rating of Caregiver

**For each set of characteristics, circle one number which best represents your overall impression of the caregiver.**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Relaxed and comfortable | | | | Tense |
| | 1 | 2 | 3 | 4 | 5 |
| 2. | Harsh or threatening | | | | Gentle |
| | 1 | 2 | 3 | 4 | 5 |
| 3. | In control | | | | Out of control |
| | 1 | 2 | 3 | 4 | 5 |
| 4. | Tired or weak | | | | Physically competent |
| | 1 | 2 | 3 | 4 | 5 |
| 5. | Enjoys children | | | | Does not enjoy children |
| | 1 | 2 | 3 | 4 | 5 |
| 6. | Inattentive | | | | Alert |
| | 1 | 2 | 3 | 4 | 5 |
| 7. | Patient | | | | Hurried |
| | 1 | 2 | 3 | 4 | 5 |
| 8. | Rigid | | | | Flexible |
| | 1 | 2 | 3 | 4 | 5 |
| 9. | Involved | | | | Uninvolved |
| | 1 | 2 | 3 | 4 | 5 |

# Arnett Global Caregiver Rating

| | | |
|---|---|---|
| **1** | 1- | Does not speak warmly to the children. |
| | 2- | Speaks warmly to the children a few times. |
| | 3- | Speaks warmly most of the time, but there are a few times when she does not. |
| | 4- | Consistently speaks warmly to the children. |
| **2** | 1- | Never seems critical of the children, either in the way she speaks to them or in her non-verbal gestures and expressions. |
| | 2- | Is usually not critical of the children, but there are a few instances when her verbal or non-verbal actions are critical. |
| | 3- | Is often critical of the children, but there are times when she is not critical. |
| | 4- | Is critical of the children most of the time. |
| **3** | 1- | Does not listen attentively when children speak to him/her. She either totally ignores what they say or she gives very cursory answers. |
| | 2- | Often does not listen attentively, but there are some moments when she does listen. |
| | 3- | Usually listens attentively but there are some moments when she appears not to. |
| | 4- | Consistently listens attentively. |
| **4** | 1- | Does not appear to place a high value on obedience. She doesn't appear to care about rules or social conventions or whether children follow them. |
| | 2- | Places some value on obedience, expecting children to follow a few rules or conventions. |
| | 3- | Places a lot of value on obedience, usually expecting children to follow rules or conventions. There are a few times, though, where seems willing to let the rules slide. |
| | 4- | Places a high value on obedience, consistently expecting that children will follow her rules or social conventions. |
| **5** | 1- | Does not seem at all distant or detached from the children. She is consistently involved or watching the children with interest; the involvement may be positive or negative. |
| | 2- | Is usually not distant or detached, but there a few instances when she seems less than involved. |
| | 3- | Is usually distant or detached, but there are some instances when she is involved. |
| | 4- | Is consistently distant or detached. |
| **6** | 1- | Consistently does not seem to enjoy the children. She may be either harsh or show a lack of affect. |
| | 2- | Usually does not seem to enjoy the children, but there are a few instances of enjoyment. |
| | 3- | Usually seems to enjoy the children, but there are some instances when she does not show enjoyment (may be either harsh or detached). |
| | 4- | Consistently seems to enjoy the children. |
| **7** | 1- | Does not explain reasons for rules to children when they misbehave. She may either ignore misbehavior or punish children without explanation. |
| | 2- | Does not usually explain reasons, but there are a few instances when she does give explanations. |
| | 3- | Usually explains the reasons for the rules, but there are a few instances when she does not. |
| | 4- | Consistently explains the reasons for the rules. |
| **8** | 1- | Does not encourage children to try new experiences. She may either actively dissuade them from trying new experiences or simply neglect to encourage them. |
| | 2- | Usually does not encourage children to try new experiences, but there are a few instances when she does give encouragement. |
| | 3- | Often encourages children to try new experiences, but there are a few times when this encouragement is lacking. |
| | 4- | Consistently encourages children to try new experiences, providing them with opportunities and helping them explore. |
| **10** | 1- | Does not speak with irritation or hostility to the children. |
| | 2- | Usually does not speak with irritation etc, but there are a few instances of irritation as evidenced by her words and/or tone of voice. |
| | 3- | Often speaks with irritation etc, but there are some instances when she does not speak irritably. |
| | 4- | Consistently speaks with irritation etc. |
| **11** | 1- | Does not seem at all enthusiastic about children's activities and efforts. She may be either harsh or detached. |
| | 2- | Does not usually seem enthusiastic but there are a few instances of enthusiasm. |
| | 3- | Usually seems enthusiastic about the children's activities and efforts, but there are a few instances of a lack of enthusiasm. This lack of enthusiasm may be evidenced either through harshness or detachment, not paying attention. |
| | 4- | Consistently seems enthusiastic about the children's activities and efforts. |
| **12** | 1- | Does not threaten children in trying to control them. She may still try to control the children, she just uses means other than threats. |
| | 2- | Does not usually use threats when trying to control children, but there are a few instances when threats are used. |
| | 3- | Usually uses threats when trying to control children, but there are some instances when she tries to control children in other ways. |
| | 4- | Consistently uses threats to try to control children. |
| **13** | 1- | Does not spend much time at all engaged in activities that do not involve the children. She is consistently involved with the children. |
| | 2- | Usually involved with the children, although there are a few instances when she is involved in other activities and is not really communicating with the children. |
| | 3- | For much of the time the provider is not involved in activities with the children, but there are some instances of involvement. |
| | 4- | Consistently spends time in activities that do not involve interaction with the children. |

## Arnett Global Caregiver Rating

| To what extent are each of the following statements characteristic of this caregiver? For each item, circle one number. | | Not at all | Somewhat | Quite a bit | Very much | Not enough information to evaluate |
|---|---|---|---|---|---|---|
| 1. | Speaks warmly to the children. | 1 | 2 | 3 | 4 | x |
| 2. | Seems critical of the children. | 1 | 2 | 3 | 4 | x |
| 3. | Listens attentively when children speak to her/him. | 1 | 2 | 3 | 4 | x |
| 4. | Places high value on obedience. | 1 | 2 | 3 | 4 | x |
| 5. | Seems distant or detached from the children. | 1 | 2 | 3 | 4 | x |
| 6. | Seems to enjoy the children. | 1 | 2 | 3 | 4 | x |
| 7. | When children misbehave, explains the reason for the rule they are breaking. | 1 | 2 | 3 | 4 | x |
| 8. | Encourages the children to try new experiences. | 1 | 2 | 3 | 4 | x |
| 9. | Blank. | | | | | |
| 10. | Speaks with irritation or hostility to the children. | 1 | 2 | 3 | 4 | x |
| 11. | Seems enthusiastic about the children=s activities and efforts. | 1 | 2 | 3 | 4 | x |
| 12. | Threatens children in trying to control them. | 1 | 2 | 3 | 4 | x |
| 13. | Spends considerable time in activity not involving interaction with the children. | 1 | 2 | 3 | 4 | x |

| | | |
|---|---|---|
| **14** | 1- | Does not pay positive attention to the children as individuals. She does not talk to children individually or pick any child out of the group. If she does pay particular attention to one child, it is negative attention rather than positive. |
| | 2- | Does not usually pay positive attention to children as individuals but there are a few instances when she singles children out in a positive manner or interacts with a child individually. |
| | 3- | Usually pays positive attention to children as individuals but there are times when she misses opportunities or some children to whom she has not paid individual attention. |
| | 4- | Consistently pays positive attention to all children over the course of the observation. |
| **16** | 1- | Does not talk to children on a level appropriate for their developmental level, and does not alter her language to adjust to children's level of understanding. |
| | 2- | Usually does not talk to children on a level appropriate for their developmental level, but in a few instances does talk at a level children understand. |
| | 3- | Usually talks on a level children can understand, altering her behavior for children of different developmental levels, but there are some instances where her level of speech is inappropriate. |
| | 4- | Consistently talks on a level children can understand. |
| **17** | 1- | Does not punish children without explanation. |
| | 2- | Usually explains the reasons for being punished, but a few times neglects to do so. |
| | 3- | Usually does not explain the reasons for punishment, but does explain a few times. |
| | 4- | Does not explain why to children when she punishes them. |
| **19** | 1- | Does not encourage prosocial behavior. |
| | 2- | Usually does not take advantage of situations to encourage prosocial behavior, but there are a few times when she does encourage such behavior. |
| | 3- | Usually takes advantage of opportunities to encourage prosocial behavior, but also misses a few opportunities. |
| | 4- | Consistently takes advantage of opportunities to encourage prosocial behavior. |
| **20** | 1- | Does not find fault easily with children. Does not blame them needlessly or extensively. |
| | 2- | Usually does not find fault easily, but there are a few times when she is quick to blame a child or tell them they are wrong. |
| | 3- | Often finds fault easily with children, but this behavior is not consistent. |
| | 4- | Consistently finds fault easily with children, being quick to lay blame. |
| **21** | 1- | Does not seem at all interested in children's activities. Ignores them or is consistently involved in other activities. |
| | 2- | Usually does not seem interested in children's activities, but a few times shows some interest in their activities. |
| | 3- | Usually seems interested in children's activities, but there are a few instances when she seems more interested in something else. |
| | 4- | Consistently seems interested in children's activities. |
| **22** | 1- | Does not prohibit most things the children want to do but usually lets the children do what they want. Do not include prohibited activities that are dangerous or potentially dangerous. |
| | 2- | Does not prohibit most non-dangerous activities, but in some instances prohibits activities unnecessarily. |
| | 3- | Prohibits many of the activities the children want to do, but not all. |
| | 4- | Prohibits most of the activities that children want to do. |
| **23** | 1- | Does not supervise the children very closely, often leaving the children alone, out of her sight and/or hearing. |
| | 2- | Usually does not supervise the children very closely, but there are times when she seems to make an effort to keep them in her sight or hearing. |
| | 3- | Usually supervises the children appropriately, but there are a few times where they are not supervised carefully. |
| | 4- | Consistently supervises children closely, rarely letting them out of her sight or hearing and then only for very short amounts of time. |
| **25** | 1- | Does not kneel, bend etc when talking to children but talks to them from her level. |
| | 2- | Usually does not kneel etc when talking, but there are a few instances where she does. |
| | 3- | Usually kneels etc when talking, but also misses some opportunities. |
| | 4- | Consistently moves to children's height when talking to them. |
| **26** | 1- | Does not seem <u>unnecessarily</u> harsh when scolding children. |
| | 2- | Usually does not seem unnecessarily harsh, but there are a few situations of unnecessary harshness. |
| | 3- | Often seems unnecessarily harsh, but there are some situations where she is not unnecessarily harsh. |
| | 4- | Consistently unnecessarily harsh when scolding or prohibiting. |

# Primary Provider Rating System

| To what extent are each of the following statements characteristic of this caregiver? For each item, circle one number. | | Not at all | Somewhat | Quite a bit | Very much | Not enough information to evaluate |
|---|---|---|---|---|---|---|
| 14. | Pays positive attention to the children as individuals. | 1 | 2 | 3 | 4 | x |
| 15. | Blank | | | | | |
| 16. | Talks to the children on a level they can understand. | 1 | 2 | 3 | 4 | x |
| 17. | Punishes the children without explanation. | 1 | 2 | 3 | 4 | x |
| 18. | Blank | | | | | |
| 19. | Encourages children to exhibit prosocial behavior, e.g. sharing, cooperating. | 1 | 2 | 3 | 4 | x |
| 20. | Finds fault easily with the children. | 1 | 2 | 3 | 4 | x |
| 21. | Seems interested in the children=s activities. | 1 | 2 | 3 | 4 | x |
| 22. | Seems to prohibit many of the things the children want to do. | 1 | 2 | 3 | 4 | x |
| 23. | Supervises the children very closely. | 1 | 2 | 3 | 4 | x |
| 24. | Blank | | | | | |
| 25. | When talking to children, kneels, bends or sits at their level to establish better eye contact. | 1 | 2 | 3 | 4 | x |
| 26. | Seems unnecessarily harsh when scolding or prohibiting children. | 1 | 2 | 3 | 4 | x |