

NHES:2001 SCREENER

(Final 5/2001)

S1. Hello, this is (INTERVIEWER) and I'm calling about a research study sponsored by the United States Department of Education. Are you a member of this household and at least 18 years old?

* YES 1 (GO TO S4)
NO 2 (GO TO S2)
PROBABLE BUSINESS..... 3 (GO TO S4)
GO TO RESULT GT

S2. May I please speak with a household member who is at least 18 years old?

* AVAILABLE 1 (GO TO S1)
NOT AVAILABLE 2 (GO TO RESULT,
CALLBACK APPT.)
THERE ARE NONE 3 (GO TO S3A)
GO TO RESULT GT

S3A. May I please speak with the male or female head of this household?

* PERSON ON PHONE 1 (GO TO S4)
OTHER PERSON, AVAILABLE 2 (GO TO S3B)
OTHER PERSON, NOT AVAILABLE 3 (GO TO RESULT,
CALLBACK APPT.)
GO TO RESULT GT

S3B. Hello, this is (INTERVIEWER) and I'm calling about a research study sponsored by the United States Department of Education. Are you a head of this household?

* YES 1 (GO TO S4)
NO 2 (GO TO S3A)
GO TO RESULT GT

S4. Is this phone number used for...

* Home use, 1 (CONTINUE)
Home and business use, or 2 (CONTINUE)
Business use only? 3 (GO TO THANK1)
GO TO RESULT GT

SCRN_15. The U.S. Department of Education is conducting a voluntary and confidential research study about the educational experiences of both children and adults. Are any of the people who normally live in your household age 15 or younger?

* YES 1
NO 2
GO TO RESULT GT

NOTE: Response categories shown in mixed upper and lower cases are read to the respondent by the interviewer. Those shown in uppercase are not read. Response categories in italics were added from "other, specify" responses.

Variables designated by /R appear on the restricted file only. Those designated by * do not appear on either the public or the restricted data files. They were used for administrative, verification, or coding purposes only.

If SCRN_15=1 (household has children) and household is designated for adult enumeration (HHADLT=1), go to S6 and enumerate all household members.

Else, if SCRN_15=1 (household has children) and household is not designated for adult enumeration (HHADLT= -1 or 2), go to S6 and enumerate household members age 15 or younger.

Else, if SCRN_15 NE 1 (household does not have children) and household is designated for adult enumeration (HHADLT=1 or 2), go to AINTRO.

Else, if SCRN_15 NE 1 (household does not have children) and household is not designated for adult enumeration (HHADLT= -1), go to S22.

S6. I have a few questions to see if someone in your household qualifies for the study. They take about 4 minutes. Please tell me only the first names and ages of all the (people/children age 15 or younger) who normally live in your household. Let's start with (you/the oldest child).

What is [(your/his or her) first name/the name of the next (person/child)]?	How old [are you/ is (he/she)]?	Is this (person/child) male or female?	SCREENER RESPONDENT
*	AGE1-AGE(n)*	SEX1-SEX(n)	*

S6VERF1. [VERIFY THE NUMBER OF PEOPLE LISTED ON THE MATRIX.] Have we missed anyone (age 15 or younger) who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

*

MATRIX CORRECT..... 1
 RETURN TO MATRIX 2
 GO TO RESULT GT

*If the age of any household member is missing, show probe to ask if person is age 16 or older.
 If person is age 16 or older, set flag AGE16=1.
 Else, if person is age 15 or younger, set AGE16=2.*

If AGE16 = 2, show probe to ask if person is age 2 or younger, 3- to 6-years-old, 7- to 11-years-old or 12 to 15 years old. Set flag AGE15=1, 2, 3 or 4, respectively, for ages 0-2, 3-6,7-11, or 12-15.

* The number of variables containing information on household members ranges from 1 to n and will be determined at the end of data collection by the largest household size.

Ask S7 for each person age 3–19 or (if AGE15=1,2, 3
or 4) or if AGE16=1.
If all children are younger than 3,
go to Child Sampling Point.

S7. [Are you/Is (CHILD)] attending (or enrolled in) (school/nursery school, kindergarten, or school)?

SENROL1-SENROL(n) YES 1
NO 2

If AGE=3 or 4, go to box after S8A.
If AGE=5–15, ask S8.
If age is missing and AGE15=1,2, 3, or 4
go to box after S8A.

S8. [READ FIRST TIME: Some parents decide to educate their children at home rather than send them to school.] Is (CHILD) being schooled at home?

SHOMSC1-SHOMSC(n) YES 1 (GO TO S8A)
NO 2 (GO TO BOX AFTER S8A)

S8A. So (he/she) is being schooled at home instead of at school for at least some classes or subjects?

* YES 1 (GO TO S8B)
NO 2 (AUTOCODE s8 = 2 AND GO TO BOX)

If S7=1 (child/person is enrolled in school), go to S9.
Else, go to first box after S10.

S8B. Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

SHOMEALL ALL AT HOME 1 (GO TO S10)
SOME AT SCHOOL & SOME AT HOME 2 (GO TO S8C)

S8C. How many hours each week does (CHILD) usually go to a school for instruction? Please do not include time spent in extracurricular activities.

SHOMSCHR HOURS (GO TO BOX)

If S8C >= 9 hours, then set HOMSCFLG = 1
(attends a school for at least 9 hours per week).
Else, HOMSCFLG= -1.
Then, go to S10.

S9. What grade or year of school [are you/is (CHILD)] attending?
 [PROBE FOR T OR P: Is that before or after kindergarten?]

SGRADE1- SGRADE(n)	NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	N	(GO TO 1 ST BOX AFTER S10)
	TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO 1 ST BOX AFTER S10)
	KINDERGARTEN.....	K	(GO TO 1 ST BOX AFTER S10)
	PREFIRST GRADE (AFTER K)	P	(GO TO 1 ST BOX AFTER S10)
	FIRST GRADE	1	(GO TO 1 ST BOX AFTER S10)
	SECOND GRADE	2	(GO TO 1 ST BOX AFTER S10)
	THIRD GRADE.....	3	(GO TO 1 ST BOX AFTER S10)
	FOURTH GRADE	4	(GO TO 1 ST BOX AFTER S10)
	FIFTH GRADE	5	(GO TO 1 ST BOX AFTER S10)
	SIXTH GRADE	6	(GO TO 1 ST BOX AFTER S10)
	SEVENTH GRADE	7	(GO TO 1 ST BOX AFTER S10)
	EIGHTH GRADE.....	8	(GO TO 1 ST BOX AFTER S10)
	NINTH GRADE/FRESHMAN IN HIGH SCHOOL.....	9	(GO TO 1 ST BOX AFTER S10)
	TENTH GRADE/SOPHOMORE IN HIGH SCHOOL.....	10	(GO TO 1 ST BOX AFTER S10)
	ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL.....	11	(GO TO 1 ST BOX AFTER S10)
TWELFTH GRADE/SENIOR IN HIGH SCHOOL.....	12	(GO TO 1 ST BOX AFTER S10)	
ABOVE TWELFTH GRADE	13	(GO TO 1 ST BOX AFTER S10)	
UNGRADED ELEMENTARY/SECONDARY	U	(GO TO S10)	
SPECIAL EDUCATION.....	S	(GO TO S10)	

[IF T: In this interview, we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

S10. (What grade would [you/(CHILD)] be in if (you/he/she) were attending a school with
 regular grades/What grade or year is (CHILD) attending?)
 [PROBE FOR T OR P: Is that before or after kindergarten?]

SGRDEQ1- SGRDEQ(n)	NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	N
	TRANSITIONAL KINDERGARTEN (BEFORE K)	T
	KINDERGARTEN.....	K
	PREFIRST GRADE (AFTER K)	P
	FIRST GRADE	1
	SECOND GRADE	2
	THIRD GRADE.....	3
	FOURTH GRADE	4
	FIFTH GRADE.....	5
	SIXTH GRADE	6
	SEVENTH GRADE	7
	EIGHTH GRADE.....	8
	NINTH GRADE/FRESHMAN IN HIGH SCHOOL.....	9
	TENTH GRADE/SOPHOMORE IN HIGH SCHOOL.....	10
	ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL.....	11
TWELFTH GRADE/SENIOR IN HIGH SCHOOL.....	12	
ABOVE TWELFTH GRADE	13	
UNGRADED/NO EQUIVALENT.....	U	

[IF T: In this interview, we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

After last child, go to next box.

Child Sampling Point:

All children age 7 and younger are eligible. Children age 8 and older who are enrolled in N,T,K,P, grades 1-8, ungraded elementary/secondary, special education, or home school are also eligible. Children age 9 and older who are not enrolled in N,T,K,P, grades 1-8, ungraded elementary/secondary, special education, or home school are ineligible.

Select child(ren) for ECPP and /or ASPA interviews.

*If any children are selected, ask S11 and S12 for each sampled child. If two children are sampled, for 2nd child, ask if the most knowledgeable parent for 1st child is also most knowledgeable for 2nd child.
(If yes, copy name, age, and sex of parent respondent to 2nd child interview.)*

If no children are selected, go to box before AINTRO.

S11. We would like to ask some questions about (CHILD)'s (care and) education. Who is the parent or guardian in this household who knows the most about (CHILD)'s (care and) education?

* What is (your/his/her) first name (and age)?

[IF CHILDREN ONLY HAVE BEEN ENUMERATED, RECORD FIRST NAME AND AGE AND VERIFY SEX OF PARENT INTERVIEW RESPONDENT.]

FIRST NAME _____ AGE _____ SEX _____ () [X IF SCRNM RESP]

[IF ALL HOUSEHOLD MEMBERS HAVE BEEN ENUMERATED, DISPLAY HOUSEHOLD MEMBERS AGE 12 AND OLDER. RECORD PERSON NUMBER OF RESPONDENT FOR PARENT INTERVIEW.]

PERSON NUMBER

S12. What is [your/(PERSON)'s] relationship to (CHILD)? [VERIFY IF KNOWN]

- RESRELN**
- MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) 1
 - FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
 - BROTHER, INCLUDING STEP, ADOPTED, AND FOSTER 3
 - SISTER, INCLUDING STEP, ADOPTED, AND FOSTER 4
 - GRANDMOTHER..... 5
 - GRANDFATHER..... 6
 - AUNT..... 7
 - UNCLE 8
 - COUSIN 9
 - OTHER RELATIVE..... 10
 - SPECIFY _____
 - NONRELATIVE 11
 - SPECIFY _____

After a respondent for each ECPP and/or ASPA interview is selected, go to next box

*If household is sampled for an AELL interview, go to AINTRO.
Else, if children are selected for an ECPP and/or ASPA interview only, go to HHSELECT screen to select interview.
Else, go to S22.*

AINTRO. We are also interested in learning about the educational activities of adults.

*If SCRN_15=1 (children age 15 and younger in household; all members have been enumerated), go to box before S17.
Else if SCRN_15=2, ask S13.*

S13. I have a few questions to see if someone in your household qualifies for the study. They take about 3 minutes. Please tell me only the first names and ages of all the people who normally live in your household. Let's start with you.

What is (your first name/the first name of the next person)?	How old [are you/is (he/she)]?	Is this adult male or female?	SCREENER RESPONDENT
*	AGE1-AGE (n)	SEX1-SEX(n)	*

Ask S14 for each person age 16-19 or if AGE16=1. If all persons in household are age 20 or older, go to S17.

S14. [Are you/Is (PERSON)] attending (or enrolled in) school?

SENROL 1-SENROL(n)

YES..... 1 (GO TO S15)
NO 2 (GO TO BOX AFTER S16)

S15. What grade or year of school [are you/is (PERSON)] attending?
 [PROBE FOR T OR P: Is that before or after kindergarten?]

SGRADE1- SGRADE(n)	NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	N	(GO TO BOX AFTER S16)
	TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO BOX AFTER S16)
	KINDERGARTEN.....	K	(GO TO BOX AFTER S16)
	PREFIRST GRADE (AFTER K)	P	(GO TO BOX AFTER S16)
SGRADE	FIRST GRADE	1	(GO TO BOX AFTER S16)
	SECOND GRADE	2	(GO TO BOX AFTER S16)
	THIRD GRADE.....	3	(GO TO BOX AFTER S16)
	FOURTH GRADE	4	(GO TO BOX AFTER S16)
	FIFTH GRADE	5	(GO TO BOX AFTER S16)
	SIXTH GRADE	6	(GO TO BOX AFTER S16)
	SEVENTH GRADE	7	(GO TO BOX AFTER S16)
	EIGHTH GRADE.....	8	(GO TO BOX AFTER S16)
	NINTH GRADE/FRESHMAN IN HIGH SCHOOL.....	9	(GO TO BOX AFTER S16)
	TENTH GRADE/SOPHOMORE IN HIGH SCHOOL.....	10	(GO TO BOX AFTER S16)
	ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL.....	11	(GO TO BOX AFTER S16)
	TWELFTH GRADE/SENIOR IN HIGH SCHOOL.....	12	(GO TO BOX AFTER S16)
	ABOVE TWELFTH GRADE	13	(GO TO BOX AFTER S16)
UNGRADED ELEMENTARY/SECONDARY	U	(GO TO S16)	
SPECIAL EDUCATION.....	S	(GO TO S16)	

[IF T: In this interview, we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

S16. What grade would (you/PERSON) be in if (you/he/she) were attending a school with regular grades?
 [PROBE FOR T OR P: Is that before or after kindergarten?]

SGRDEQ1- SGRDEQ(n)	NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	N
	TRANSITIONAL KINDERGARTEN (BEFORE K)	T
	KINDERGARTEN.....	K
	PREFIRST GRADE (AFTER K)	P
SGRADE	FIRST GRADE	1
	SECOND GRADE	2
	THIRD GRADE.....	3
	FOURTH GRADE	4
	FIFTH GRADE.....	5
	SIXTH GRADE	6
	SEVENTH GRADE	7
	EIGHTH GRADE.....	8
	NINTH GRADE/FRESHMAN IN HIGH SCHOOL.....	9
	TENTH GRADE/SOPHOMORE IN HIGH SCHOOL.....	10
	ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL.....	11
	TWELFTH GRADE/SENIOR IN HIGH SCHOOL.....	12
	ABOVE TWELFTH GRADE	13
UNGRADED/NO EQUIVALENT.....	U	

[IF T: In this interview, we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

If person is <16 years old or enrolled in grade 12 or below, ungraded elementary/secondary, or special education, he or she is ineligible for an AELL interview. If person age ≥ 16 or AGE16=1, is enrolled in school (SENROL=1) and grade is above 12th grade (SGRADE=13 or SGRADEQ=13), autocode S18=1 (participant) and go to next person. Ask S17 and S18 for each person age ≥ 16.

S17. [Now I have a few questions about (you/you and the other person(s) in your household)].
[Do you/Does (ADULT)] have a high school diploma or its equivalent, such as a GED?

* YES 1
NO 2

S18. During the past 12 months, [did you/did (PERSON)] take classes, courses, programs, workshops, or training of any kind for any reason?

* YES 1
NO 2

After last adult, go to next box.

Adult Sampling Point:
Select adult for AELL interview. If an adult is selected, go to S19.

If no adult is selected, and no child was selected for an ECPP and/or ASPA interview, go to S22.

If no adult is selected and child(ren) were selected for an ECPP and/or ASPA interview, go to HHSELECT screen to select interview.

S19. Not counting the Reserves or National Guard, (are you/is PERSON) currently serving on active duty in the U.S. Armed Forces?

* YES 1 (INELIGIBLE. GO TO BOX AFTER S21)
NO 2 (GO TO BOX)

Ask S20 if sampled adult is not the Screener respondent and is age 16-25. Else, go to box after S21.

- S20. Is (PERSON) living at home, in student housing, or somewhere else?
- * AT HOME..... 1 (GO TO BOX AFTER S21)
- STUDENT HOUSING [This includes all housing owned, sponsored, or leased by the school such as a dormitory or fraternity or sorority house.]..... 2 (GO TO S21)
- OTHER PRIVATE HOME OR APARTMENT 3 (INELIGIBLE. GO TO BOX AFTER S21)
- INSTITUTION OR GROUP QUARTERS [THIS INCLUDES A JAIL OR DETENTION CENTER, MEDICAL FACILITY, REHABILITATION CENTER, MENTAL HEALTH FACILITY, MILITARY BARRACKS, OR GROUP FOSTER CARE.] 4 (INELIGIBLE. GO TO BOX AFTER S21)

S21. Would you please give me (his/her) last name and telephone number so that we can call (him/her) to do a brief interview about (his/her) educational activities?

* LAST NAME _____
PHONE _____

*If selected adult is ineligible,
and no child was selected for an ECPP and/or ASPA
interview,
go to S22.
Else, go to HHSELECT screen to select interview.*

S22. I have just a few more questions for statistical purposes. Do you...

HOWNHOM Own your home, 1
Rent your home, or..... 2
Have some other arrangement?..... 3

S23. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including cellular phones?

HOTHNUM YES..... 1 (GO TO S25)
NO..... 2 (GO TO S26)
NOT MY NUMBER 3 (GO TO S24)

S24. [INTERVIEWER: ASK FOR AND RECORD THE TELEPHONE NUMBER REACHED. RECORD REASON FOR REACHING DIFFERENT TELEPHONE NUMBER.]

* TELEPHONE NUMBER REACHED _____

AREA CODE CHANGE 1
OTHER NUMBER IN HOUSEHOLD 2
ORIGINAL NUMBER IS THAT OF ANOTHER HOUSEHOLD AND
NUMBER IS BEING FORWARDED TO THIS HOUSEHOLD 3
NEVER HEARD OF ORIGINAL NUMBER 4
OTHER [RECORD EXPLANATION IN COMMENTS]..... 5

If S24 = 3, go to THANK2. Else, for cases where S23 = 3 (not number dialed), ask S23 again with new number.

S25. How many of these additional telephone numbers are for home use, not including cellular phones?

HNUMUSE NUMBER (GO TO BOX)

If S25 > 0 (other telephone numbers for home use), go to S27. Else, go to S26.

S26. Besides this phone number, do you have any telephone numbers in your household that are used for computer or fax lines?

* YES 1 (GO TO S27)
NO 2 (GO TO THANK2)

S27. How many of these additional telephone numbers are used for computer or fax lines?

* NUMBER (GO TO S28)

S28. Some households have telephone numbers that are used both for talking and for computer or fax lines. (Is the number/Are any of the numbers) used for (a) computer or fax line(s) ever answered for talking?

* YES 1 (GO TO BOX)
NO 2 (GO TO THANK2)

If S27 = 1 (only 1 other telephone number for computer or fax), autocode S29 = 1, and go to THANK2. Else, ask S29.

S29. How many computer or fax telephone numbers are also answered for talking?

* NUMBER (GO TO THANK2)

THANK1. Thank you, but we are only interviewing in private residences.

THANK2. Those are all the questions I have about your household. Thank you for your time.

NHES:2001 EARLY CHILDHOOD PROGRAM PARTICIPATION INTERVIEW

(Final 5/2001)

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Early Childhood Program Participation Interview

(Final 5/2001)

INTRO. [IF R WAS NOT SCREENER R AND THIS IS THE FIRST OR ONLY INTERVIEW FOR R: Hello, this is (INTERVIEWER). I'm calling for the U.S. Department of Education. We are conducting a voluntary and confidential national study about the educational experiences of children.]

I'd like to talk with you now about (CHILD). The interview is estimated to take (20/15) minutes or less.

Demographic Characteristics

PA1. First, I'd like to confirm (CHILD)'s age. In what month and year was (he/she) born?

MONTH

YEAR

CDOBMM
CDOBY

- | | | | |
|---|----------|----|-----------|
| 1 | JANUARY | 7 | JULY |
| 2 | FEBRUARY | 8 | AUGUST |
| 3 | MARCH | 9 | SEPTEMBER |
| 4 | APRIL | 10 | OCTOBER |
| 5 | MAY | 11 | NOVEMBER |
| 6 | JUNE | 12 | DECEMBER |

*Calculate AGE2000 = child's age on December 31, 2000.
Calculate current age for display in PA2. If current age does not match screener age or birth month is current month, ask PA2. Else, go to box after PA2.*

PA2. That would mean that (CHILD) [is (AGE)/turns (AGE) this month]. Is that right?

- * YES 1 (GO TO BOX)
NO 2 (RETURN TO PA1)

If child was born after December 31, 2000 or AGE2000 > 15, go to CLOSE1. Else, go to PA3.

PA3. Is (CHILD)...
[IF R GIVES ETHNICITY (E.G., HISPANIC), PROBE FOR RACE.
IF NO RACE OR MORE THAN 1 RACE GIVEN, CODE 91.]

- CRACE**
- | | | |
|--|----|---------------|
| White, | 1 | (GO TO PA4) |
| Black, | 2 | (GO TO PA4) |
| American Indian or Alaskan Native, | 3 | (GO TO PA4) |
| Asian or Pacific Islander, or | 4 | (GO TO PA4) |
| Some other race? | 91 | (GO TO PA3OV) |

NOTE: Response categories shown in mixed upper and lower cases are read to the respondent by the interviewer. Those shown in uppercase are not read. Response categories in italics were added from "other, specify" responses.

Variables designated by /R appear on the restricted file only. Those designated by * do not appear on either the public or the restricted data files. They were used for administrative, verification, or coding purposes only.

PA3OV. [CODE RESPONSE IF PA3=91]

COTHRACE HISPANIC/LATINO/MEXICAN/SPANISH/ PUERTO RICAN 1 (AUTOCODE PA4=1 AND GO TO PA5)

MORE THAN ONE RACE/BIRACIAL/MULTIRACIAL 2 (GO TO PA4)

OTHER 91 (GO TO PA4)

COTHAOS/R SPECIFY _____

PA4. Is (he/she) of Hispanic origin?

CHISPAN YES 1

NO 2

PA5. Was (CHILD) born in...

CBORNUS One of the 50 states or the District of Columbia, 1 (GO TO BOX AFTER PA5OV)

One of the U.S. territories [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS], 2 (GO TO PA5OV)

CTERROS/R SPECIFY _____

Or some other country 3 (GO TO PA5OV)

CCONTOS/R SPECIFY _____

PA5OV. How old was (CHILD) when (he/she) first moved to the (United States/50 states or the District of Columbia)? [ROUND MONTHS OR FRACTIONS UP TO NEAREST YEAR.]

CMOVEAGE AGE

If AGE2000 >= 2, ask PA6. Else, go to box before PA7.

PA6. What language does (CHILD) speak most at home?

CSPEAK ENGLISH 1

SPANISH 2

ENGLISH AND SPANISH EQUALLY 3

ENGLISH AND ANOTHER LANGUAGE EQUALLY 4

CHILD DOESN'T SPEAK 5

ANOTHER LANGUAGE 91

CSPEAKOS/R SPECIFY _____

If this is interview for CHIL2, go to RELINTRO. Else, if this is interview for CHIL1, go to PA7.

PA7.

[SCREENER WAS COMPLETED ON (DATE)]

Now I'd like to ask about all the people who live in your household with (CHILD). First, I need to verify the names and ages of all the people (you told me about earlier/ who are already listed on my computer screen).

[What is (your first name/the first name of the next person?)]	[How old (are you/is (he/she)?)	[Is this person male or female?]	D TO DELETE
*	AGE1-AGE(n)¹	SEX1-SEX(n)	*

If adult in household was sampled for adult interview, go to PA7VER2. Else if no adult was sampled, go to PA7VER1.

PA7VER1.

[AFTER VERIFICATION COMPLETE]

Now, please tell me the first names and ages of all other people who normally live in your household.

PA7VER2.

[VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ON THE MATRIX.]

Have we missed anyone else who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

- * MATRIX CORRECT 1
- RETURN TO MATRIX..... 2
- GO TO RESULT..... 3

RELINTRO.

Now I'd like to ask how all the people in your household are related to (CHILD).

If the respondent is the child's mother/father, copy relationship from Screener into RELATION and ask PA9/PA10, then ask PA8 for every other household member. If respondent is not the child's mother/father, copy relationship from Screener into RELATION and ask PA8 for every other household member.

¹ The number of variables containing information on household members ranges from 1 to n and will be determined at the end of data collection by the largest household size.

PA8. [FOR EACH HOUSEHOLD MEMBER EXCEPT RESPONDENT:]
 How is (PERSON) related to (CHILD)?
 [VERIFY IF KNOWN.]

RELATN1- RELATN(n)	MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER).....	1	(GO TO PA9)
	FATHER (BIRTH/ADOPTIVE/STEP/FOSTER).....	2	(GO TO PA10)
	BROTHER INCLUDING STEP, ADOPTED, AND FOSTER	3	(GO TO BOX AFTER PA10)
	SISTER INCLUDING STEP, ADOPTED, AND FOSTER	4	(GO TO BOX AFTER PA10)
	GRANDMOTHER	5	(GO TO BOX AFTER PA10)
	GRANDFATHER	6	(GO TO BOX AFTER PA10)
	AUNT	7	(GO TO BOX AFTER PA10)
	UNCLE	8	(GO TO BOX AFTER PA10)
	COUSIN	9	(GO TO BOX AFTER PA10)
	OTHER RELATIVE	10	(GO TO BOX AFTER PA10)
RELTOS1/R- RELTOS(n)/R	SPECIFY _____		
	NONRELATIVE.....	11	(GO TO BOX AFTER PA10)
	SPECIFY _____		
	SAME SEX PARENT.....	12	(GO TO BOX AFTER PA10)
	SPECIFY _____		

PA9. [Are you/Is (PERSON)] (CHILD)'s...

MOMTYPE	Birth mother,	1
	Adoptive mother,	2
	Stepmother, or	3
	Foster mother?.....	4

PA10. [Are you/Is (PERSON)] (CHILD)'s...

DADTYPE	Birth father,	1
	Adoptive father,	2
	Stepfather, or	3
	Foster father?.....	4

Set HHMOM:
 1 = birth/adoptive mother in household. 2 = step or foster
 mother. 3 = no mom and no dad, female R.
 4 = else.
 Set HHDAD:
 1 = birth/adoptive father in household. 2 = step or foster
 father. 3 = no mom and no dad, male R. 4 = else.

Current School Status

If ECPP/ASPA Interview respondent was also the Screener respondent, copy responses to PB1 through PB7, and then go to box after PB7.

If AGE2000 >= 3, ask PB1. Else, go to box after PB7.

PB1. Now I'd like to talk with you about (CHILD)'s school experiences. Is (CHILD) attending (or enrolled in) (school/preschool, kindergarten, or school)?

ENROLL YES 1 (GO TO BOX)
 NO 2 (GO TO BOX)

If AGE2000 >= 5, ask PB2. Else, if AGE2000 = 3 or 4 and PB1 = 1 (enrolled), go to PB6. Else, if AGE2000 = 3 or 4 and PB1 = 2 (not enrolled) go to box after PB7.

PB2. Some parents decide to educate their children at home rather than send them to school. Is (CHILD) being schooled at home?

HOMESCHL YES 1 (GO TO PB3)
 NO 2 (GO TO 2ND BOX AFTER PB5)

PB3. So (CHILD) is being schooled at home instead of at school for at least some classes or subjects?

* YES 1 (GO TO PB4)
 NO 2 (AUTOCODE PB2= 2 AND GO TO 2ND BOX AFTER PB5)

PB4. Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

HOMEALL ALL AT HOME 1 (GO TO PB7)
 SOME AT SCHOOL & SOME AT HOME 2 (GO TO PB5)

PB5. How many hours each week does (CHILD) usually go to a school for instruction? Please do not include time spent in extracurricular activities.

HOMSCHR HOURS..... (GO TO 1ST BOX BELOW)

If PB5 >= 9 hours, then set HOMSCFLG = 1 (attends a school for at least 9 hours per week). Else, HOMSCFLG= -1. Then, go to PB7.

If PB1 = 1 (enrolled) and (PB2 NE 1 or PB3 NE 1 (not in home school)), ask PB6. Else, if AGE2000 = 5 or 6 and PB1 = 2 (not enrolled) and (PB2 NE 1 or PB3 NE 1 (not in home school)), go to box after PB7. Else, if AGE2000 > 7 and PB1 = 2 (not enrolled) and (PB2 NE 1 or PB3 NE 1 (not in home school)), go to CLOSE1.

PB6. What grade or year is (CHILD) attending?
 [PROBE FOR T OR P: Is that before or after kindergarten?]

GRADE	NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	N	(GO TO FIRST BOX AFTER PB7)
	TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO FIRST BOX AFTER PB7)
	KINDERGARTEN	K	(GO TO FIRST BOX AFTER PB7)
	PREFIRST GRADE (AFTER K)	P	(GO TO FIRST BOX AFTER PB7)
	FIRST GRADE	1	(GO TO FIRST BOX AFTER PB7)
	SECOND GRADE	2	(GO TO FIRST BOX AFTER PB7)
	THIRD GRADE	3	(GO TO FIRST BOX AFTER PB7)
	FOURTH GRADE	4	(GO TO FIRST BOX AFTER PB7)
	FIFTH GRADE	5	(GO TO FIRST BOX AFTER PB7)
	SIXTH GRADE	6	(GO TO FIRST BOX AFTER PB7)
	SEVENTH GRADE	7	(GO TO FIRST BOX AFTER PB7)
	EIGHTH GRADE	8	(GO TO FIRST BOX AFTER PB7)
	ABOVE EIGHTH GRADE	9	(GO TO CLOSE1)
	UNGRADED	U	(GO TO PB7)
	SPECIAL EDUCATION	S	(GO TO PB7)

[IF T: In this interview we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

PB7. (What grade would (CHILD) be in if (he/she) were attending (school/a school with regular grades)/
 What grade or year is (CHILD) attending?) [PROBE FOR T OR P: Is that before or after kindergarten?]

GRADEEQ	NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START	N	(GO TO BOX)
	TRANSITIONAL KINDERGARTEN (BEFORE K)	T	(GO TO BOX)
	KINDERGARTEN	K	(GO TO BOX)
	PREFIRST GRADE (AFTER K)	P	(GO TO BOX)
	FIRST GRADE	1	(GO TO BOX)
	SECOND GRADE	2	(GO TO BOX)
	THIRD GRADE	3	(GO TO BOX)
	FOURTH GRADE	4	(GO TO BOX)
	FIFTH GRADE	5	(GO TO BOX)
	SIXTH GRADE	6	(GO TO BOX)
	SEVENTH GRADE	7	(GO TO BOX)
	EIGHTH GRADE	8	(GO TO BOX)
	ABOVE EIGHTH GRADE	9	(GO TO CLOSE1)
	UNGRADED, NO EQUIVALENT	U	(GO TO BOX)

[IF T: In this interview we will be referring to that as "kindergarten."
 IF P: In this interview, we will be referring to that as "prefirst grade."]

Set PATH:

I = AGE2000 = 0, 1, 2 (**Infants/Toddlers**)

N = [(AGE2000 >= 3 and AGE2000 <= 6) and PB1 = 2 (not enrolled) and (PB2 NE 1 (not in home school) or PB3 NE 1)] or [PB6/PB7 (grade/equivalent) = N] or [PB7 (grade equivalent) = U, and AGE2000 = 3 or 4] (**Preschoolers**)

S = [PB6/PB7 (grade/equivalent) = T, K, P (kindergarten) or 1, 2, 3, 4, 5, 6, 7, or 8 and (PB2 NE 1 or PB3 NE 1 (not in home school))] or [PB7 (grade equivalent) = U and AGE2000 >= 5 and <= 15 and (PB2 NE 1 or PB3 NE 1 (not in home school))] (**School-age**)

H = AGE2000 >= 5 and (PB2 = 1 and PB3 = 1 (home school)) and PB7 (grade equivalent) NE N (**Home schoolers**)

If PATH = I or N, go to ECPP interview EDINTRO. If PATH = S, go to ASPA interview, SD1. If PATH = H, go to ASPA interview, SC1.

Early Childhood Care and Programs

EDINTRO.

[FIRST PRESCHOOL INTERVIEW OR CALLBACK.]

[I'd like to talk with you about different types of child care (CHILD) may now receive on a regular basis from someone other than (you or) (his/her) parents (or guardians). This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional babysitting.]

[SECOND PRESCHOOL INTERVIEW]

[Now let's talk about any care (CHILD) receives from relatives.]

Relative Care

ED1. Is (CHILD) now receiving care from a relative other than a parent on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?

RCNOW YES..... 1 (GO TO ED3)
NO 2 (GO TO ED2)

ED2. Has (CHILD) ever received care from a relative on a regular basis?

RCEVER YES..... 1 (GO TO ED3)
NO 2 (GO TO EEINTRO)

ED3. How old was (CHILD) in years and months when (he/she) first received care from any relative on a regular basis?

RCAGEYR YEARS () MONTHS ()
RCAGEMO

If ED1 = 2 (no relative care), go to EEINTRO. Else, go to ED4.

ED4. Do you currently have more than one regular care arrangement with relatives for (CHILD)?

* YES..... 1 (GO TO ED4OV)
NO 2 (GO TO BOX AFTER ED4OV)

ED4OV. How many different regular care arrangements do you have with relatives?

[CODE 1 NOT USED.]
* TWO..... 2
THREE..... 3
FOUR OR MORE..... 4

<p>Ask ED5 through ED270V for each relative who provides care for child.</p>
--

ED5. [Let's start with the relative who provides the most care./Now let's talk about the next relative who cares for (CHILD).]
 [Is the relative who cares for (CHILD) (his/her).../Is that (CHILD)'s....]

- | | | | |
|-----------------------------|--|---|---------------|
| RCTYPE1-² | Grandmother | 1 | (GO TO ED5OV) |
| RCTYPE4 | Grandfather | 2 | (GO TO ED5OV) |
| | Aunt, | 3 | (GO TO ED5OV) |
| | Uncle, | 4 | (GO TO ED5OV) |
| | Brother, | 5 | (GO TO ED5OV) |
| | Sister, or | 6 | (GO TO ED5OV) |
| | Another relative? | 7 | (GO TO ED5OV) |
| | NOW SAYS NO OTHER RELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] | 9 | (GO TO EE1) |

ED5OV. How old is (he/she/that person)?

RCAGE1 - YEARS.....
RCAGE4

ED6. Is that care provided in your home or another home?

- | | | | |
|------------------|------------------|---|-------------|
| RCPLACE1- | OWN HOME | 1 | (GO TO ED7) |
| RCPLACE4 | OTHER HOME | 2 | (GO TO ED8) |
| | BOTH/VARIES..... | 3 | (GO TO ED8) |

ED7. Does (CHILD)'s (RELATIVE) who provides this care live in your household?

- | | | | |
|-----------------|----------|---|-------------|
| RCINHH1- | YES..... | 1 | (GO TO ED9) |
| RCINHH4 | NO | 2 | (GO TO ED9) |

ED8. How long does it usually take to go from your home to (his/her) (RELATIVE)'s home?

RCHOMM1- MINUTES
RCHOMM4

ED9. Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

- | | | | |
|-----------------|----------|---|--------------|
| RCWEEK1- | YES..... | 1 | (GO TO ED11) |
| RCWEEK4 | NO | 2 | (GO TO ED10) |

ED10. Does (CHILD)'s (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

- | | | | |
|------------------|----------|---|-------------------------|
| RCMONTH1- | YES..... | 1 | (GO TO ED13) |
| RCMONTH4 | NO | 2 | (GO TO BOX BEFORE ED28) |

² Variable names ending 1 through 4 have been reserved for characteristics of care arrangements, assuming a maximum of four arrangements of a given type. The actual number will be determined at the end of data collection by the number of arrangements of a given type reported across all respondents.

ED11. How many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYS1- DAYS.....□
RCDAYS4

ED12. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRS1- HOURS □□
RCHRS4

*If ED11 = 1 (relative care one day per week), go to ED17.
Else, ask ED16.*

ED13. For how many weeks each month does (CHILD) receive care from (his/her) (RELATIVE)?

RCWKMO1- WEEKS□
RCWKMO4

ED14. During (that week/those weeks) for how many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYWK1- DAYS.....□
RCDAYWK4

ED15. And during (that week/those weeks), how many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRWK1- HOURS □□ (GO TO ED17)
RCHRWK4

ED16. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

* YES..... 1 (GO TO ED17)
NO 2 (CORRECTION SCREEN)

ED17. How many children are usually cared for together, in the same group at the same time, by (CHILD)'s (RELATIVE), counting (CHILD)? [PROBE: IF R ANSWERS "IT VARIES", ASK ABOUT THE MAJORITY OF TIME THE CHILD IS IN CARE.]

RCKIDS1- NUMBER OF CHILDREN □□
RCKIDS4

ED18. Counting (CHILD)'s (RELATIVE), how many adults usually care for (him/her) at the same time during that care arrangement? [PROBE: IF R ANSWERS "IT VARIES", ASK ABOUT THE MAJORITY OF TIME CHILD IS IN CARE.]

RCADLTS1- NUMBER□
RCADLTS4

ED19. How old was (CHILD) in years and months when this particular regular care arrangement with (his/her) (RELATIVE) began?

RCSTRM1-RCSTRM4 [(CHILD) WAS ___ YEARS AND ___ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY RELATIVE.]
RCSTRY1-RCSTRY4 YEARS () MONTHS ()

ED20. What language does (CHILD)'s (RELATIVE) speak most when caring for (him/her)?

RCSPEAK1-RCSPKOS1/R- ENGLISH..... 1
RCSPKOS4/R SPANISH..... 2
ANOTHER LANGUAGE 91
SPECIFY _____

ED21. How similar are (CHILD)'s (RELATIVE)'s beliefs about how to raise children to your own? Would you say...

RCBELIE1-RCBELIE4 Very similar,..... 1
Mostly similar,..... 2
Somewhat similar, or..... 3
Not too similar? 4

ED22. Some care providers have rules about when they will care for a sick child, or whether they will take a sick child at all. Does (CHILD)'s (RELATIVE) have rules about caring for (CHILD) when (he/she) is sick?

RCSICK1-RCSPKOS1/R- YES..... 1
RCSICK4/R NO 2

ED23. In an average month, how many days would you say that (CHILD)'s (RELATIVE) cancels this care arrangement because (CHILD)'s (RELATIVE) is sick, has an appointment, or for another similar reason?

RCCANCE1-RCSPKOS1/R- DAYS..... □□
RCCANCE4/R

CATI to calculate number of days per month. Number given in ED23 must be less than number of days per month in care.

ED24. Is there any charge or fee for the care (CHILD) receives from (his/her) (RELATIVE), paid either by you or some other person or agency?

RCFEE1-RCSPKOS1/R- YES..... 1 (GO TO ED25)
RCFEE4/R NO 2 (GO TO BOX AFTER ED27OV)

ED25. Do any of the following people or organizations help to pay for (CHILD)'s (RELATIVE) to care for (him/her)? How about ...

		YES	NO
RCREL1- RCREL4	a. A relative of (CHILD)'s outside your household who provides money <u>specifically</u> for that care, not including general child support?	1	2
RCWELF 1- RCWELF4	b. A social service, welfare, or child care agency?	1	2
RCEMPL1- RCEMPL4	c. An employer, not including a tax-free spending account for child care?	1	2
RCOTHER1- RCOTHER4	d. Someone else?	1	2
RCOTHEO1/R- RCOTHEO4/R	Who is that? _____		

ED26. How much does your household pay for (CHILD'S) (RELATIVE) to care for (him/her)? [IF NOTHING, ENTER ZERO.]

RCCOST 1- RCCOST4	AMOUNT \$□□□□.□□
RCUNIT1- RCUNIT4	UNIT:
	PER HOUR 1
	PER DAY 2
	PER WEEK 3
	PER MONTH 4
	PER YEAR 5
	<i>BIWEEKLY</i> ³ 6
	OTHER 91
RCCSTOS1/R- RCCSTOS4/R	SPECIFY _____

If ED26 = zero or NUMKID15 (number of children in the household age 15 or younger) = 1, go to box after ED27OV. Else, ask ED27.

ED27. Is this amount for (CHILD) only or does it include other children in your household?

RCCSTHH1- RCCSTHH4	CHILD ONLY 1	(GO TO BOX AFTER ED27OV)
	CHILD AND OTHER(S)..... 2	(GO TO ED27OV)

ED27OV. How many children is this amount for, including (CHILD)?

RCCSTHN1- RCCSTHN4	NUMBER OF CHILDREN □
-------------------------------	----------------------------

If ED4 = 2 (one relative arrangement), ask ED28. Else, if ED4OV => 2 (more than one relative arrangement), return to ED5 until the number of arrangements in ED4OV are completed, then ask ED28.

ED28. Does (CHILD) have another care arrangement with a relative on a regular basis?

*	YES..... 1	(GO TO ED5)
	NO 2	(GO TO EEINTRO)

³ Response categories in italics were added from "other, specify" responses.

Nonrelative Care

EEINTRO.

[FIRST PRESCHOOL INTERVIEW OR CALLBACK.]

[Now let's talk about any care (CHILD) receives from someone not related to (him/her), either in your home or someone else's. This includes home child care providers or neighbors, but not day care centers or preschools.]

[SECOND PRESCHOOL INTERVIEW.]

[Now let's talk about any care (CHILD) receives from people who are not related to (him/her), not including daycare centers or preschools.]

EE1. Is (CHILD) now receiving care in your home or another home on a regular basis from someone who is not related to (him/her)?

NCNOW YES.....1 (GO TO EE3)
NO.....2 (GO TO EE2)

EE2. Has (CHILD) ever received care in a private home from a nonrelative on a regular basis?

NCEVER YES.....1 (GO TO EE3)
NO.....2 (GO TO EGINTRO)

EE3. How old was (CHILD) in years and months when (he/she) first received regular care in a private home from any nonrelative?

NCAGEYR YEARS () MONTHS ()
NCAGEMO

*If EE1 = 2 (no relative care), go to EGINTRO.
Else, go to EE4.*

EE4. Do you currently have more than one regular care arrangement with a nonrelative for (CHILD)?

* YES.....1 (GO TO EE4OV)
NO.....2 (GO TO BOX AFTER EE4OV)

EE4OV. How many different regular care arrangements do you have with nonrelatives?

[CODE 1 NOT USED]

* TWO.....2
THREE.....3
FOUR OR MORE.....4

Ask EE5 through EE31OV for each nonrelative who cares for child.

EE5. [Let's start with the nonrelative who provides the most care./Now let's talk about the next care provider.] Is that care provided in your own home or in another home?

- NCPLACE1- OWN HOME 1 (GO TO EE6)
- NCPLACE4 OTHER HOME 2 (GO TO EE7)
- BOTH/VARIES 3 (GO TO EE7)
- NOW SAYS NO OTHER NONRELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] 9 (GO TO EGINTRO)

EE6. Does this person who cares for (CHILD) live in your household?

- NCINHH1- YES 1 (GO TO EE8)
- NCINHH4 NO 2 (GO TO EE8)

EE7. How long does it usually take to go from your home to that person's home?

- NCHOMM1- MINUTES
- NCHOMM4

EE8. Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

- NCWEEK1- YES 1 (GO TO EE10)
- NCWEEK4 NO 2 (GO TO EE9)

EE9. Does that person care for (CHILD) on some other regularly scheduled basis, at least once each month?

- NCMONTH1- YES 1 (GO TO EE12)
- NCMONTH4 NO 2 (GO TO BOX BEFORE EE32)

EE10. How many days each week does (CHILD) receive care from that person?

- NCDAYS 1- DAYS
- NCDAYS 4

EE11. How many hours each week does (CHILD) receive care from that person?

- NCHRS1- HOURS
- NCHRS4

*If EE10 = 1 (nonrelative care only 1 day per week)
ask EE16. Else, go to EE15.*

EE12. For how many weeks each month does (CHILD) receive care from that person?

- NCWKMO1- WEEKS
- NCWKMO4

EE13. During (that week/those weeks) for how many days each week does (CHILD) receive care from that person?

NCDAYWK1- DAYS.....
NCDAYWK4

EE14. And during (that week/those weeks), how many hours each week does (CHILD) receive care from that person?

NCHRWK1- HOURS (GO TO EE16)
NCHRWK4

EE15. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

* YES.....1 (GO TO EE16)
NO2 (CORRECTION SCREEN)

EE16. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)? [PROBE: IF R ANSWERS "IT VARIES", ASK FOR THE MAJORITY OF TIME THE CHILD IS IN CARE.]

NCKIDS1- NUMBER OF CHILDREN
NCKIDS4

EE17. Counting that person, how many adults usually care for (CHILD) at the same time during that care arrangement? [PROBE: IF R ANSWERS "IT VARIES", ASK FOR THE MAJORITY OF TIME THE CHILD IS IN CARE.]

NCADLTS1- NUMBER
NCADLTS4

EE18. How old was (CHILD) in years and months when this particular regular care arrangement with that person began?

NCSTRTY1- [(CHILD) WAS ___ YEARS AND ___ MONTHS OLD WHEN FIRST RECEIVED CARE FROM ANY NONRELATIVE.]
NCSTRTY4
NCSTRTM1- YEARS () MONTHS ()
NCSTRTM4

EE19. Was this care provider someone you already knew?

NCALKNE1- YES.....1
NCALKNE4 NO2

EE20. How did you learn about this person as a care provider for (CHILD)?
 [CODE ALL THAT APPLY.]

- NCFRIEN1-** FRIENDS/NEIGHBORS/RELATIVES/COWORKERS 1
- NCFRIEN4**
- NCPLEMP1-** PLACE OF EMPLOYMENT 2
- NCPLEMP4**
- NCSCHOO1-** PUBLIC OR PRIVATE SCHOOL..... 3
- NCSCHOO4**
- NCCHURC1-** CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP 4
- NCCHURC4**
- NCSOCWK1-** WELFARE OR SOCIAL SERVICE CASEWORKERS..... 5
- NCSOCWK4**
- NCADS1-** NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES..... 6
- NCADS4**
- NCAGENCY1-** RESOURCE AND REFERRAL (R&R) AGENCY 7
- NCAGENCY4**
- NCCARE 1-** CHILD CARE PROVIDER OR AGENCY 8
- NCCARE4**
- NCKNEW1-** R ALREADY KNEW PROVIDER..... 9
- NCKNEW4**
- NCCHILD1-** PROVIDER CARED FOR ANOTHER CHILD OF R'S 10
- NCCHILD4**
- NCREFER1-** REFERENCE MATERIALS 11
- NCREFER4**
- NCBULLE1-** PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY..... 12
- NCBULLE4**
- NCINTR1-** INTERNET 13
- NCINTR4**
- NCSOURC1-** OTHER 91
- NCSOURC4** SPECIFY _____
- NCSOURO1/R-**
- NCSOURO4/R**

EE21. Is (CHILD)'s care provider of the same or a different race or ethnic background as (CHILD)?

- NCRACE1-** SAME 1
- NCRACE4** DIFFERENT 2

EE22. Is (CHILD)'s care provider age 18 or older?

- NCAGE1-** YES..... 1 (GO TO EE24)
- NCAGE4** NO 2 (GO TO EE23)

EE23. About how old is that person?

- NCAGEYY1-** YEARS..... □□□
- NCAGEYY4**

EE24. What language does (CHILD)'s care provider speak most when caring for (CHILD)?

NCSPEAK1- ENGLISH..... 1
NCSPEAK4 SPANISH..... 2
 ANOTHER LANGUAGE 91
NCSPKOS1/R- SPECIFY _____
NCSPKOS4/R

EE25. How similar are that person's beliefs about raising children to your own? Would you say...

NCBELIE1- Very similar,..... 1
NCBELIE4 Mostly similar,..... 2
 Somewhat similar, or..... 3
 Not too similar? 4

EE26. Some care providers have rules about when they will care for a sick child, or whether they will take a sick child at all. Does (CHILD)'s care provider have rules about caring for (CHILD) when (he/she) is sick?

NCSICK1- YES..... 1
NCSICK4 NO 2

EE27. In an average month, how many days would you say that person cancels this care arrangement because that person is sick, has an appointment, or for another similar reason?

NCCANCE1- DAYS..... □□
NCCANCE4

CATI to calculate number of days per month. Number given in EE27 must be less than number of days per month in care.

EE28. Is there any charge or fee for the care (CHILD) receives from that person, paid either by you or another person or agency?

NCFEE1- YES..... 1 (GO TO EE29)
NCFEE4 NO 2 (GO TO BOX AFTER EE31OV)

EE29. Do any of the following people or organizations help to pay for this care provider to care for (CHILD)? How about...

		YES	NO
NCREL1-	a. A relative of (CHILD) outside your household who		
NCREL4	provides money <u>specifically</u> for that care, not		
	including general child support?.....	1	2
NCWELF1-	b. A social service, welfare, or child care agency?	1	2
NCWELF4			
NCEMPL1-	c. An employer, not including a tax-free spending		
NCEMPL4	account for child care?	1	2
NCOTHER1-	d. Someone else?	1	2
NCOTHER4			
NCOTHEO1/R-	Who is that? _____		
NCOTHEO4/R			

EE30. How much does your household pay this person to care for (CHILD)?
 [IF NOTHING, ENTER ZERO.]

NCCOST1- AMOUNT \$□□□□.□□
NCCOST4

UNIT:
NCUNIT1- PER HOUR 1
NCUNIT4 PER DAY 2
 PER WEEK 3
 PER MONTH 4
 PER YEAR 5
 BIWEEKLY 6
 OTHER 91
 SPECIFY _____

NCCSTOS1/R-
NCCSTOS4/R

If EE30 = zero or NUMKID15 (number of children in the household age 15 or younger) = 1, go to box after EE31OV. Else, ask EE31.

EE31. Is this amount for (CHILD) only or does it include other children in your household?

NCCSTHH1- CHILD ONLY 1 (GO TO BOX AFTER EE31OV)
NCCSTHH4 CHILD AND OTHER(S)..... 2 (GO TO EE31OV)

EE31OV. How many children is this amount for, including (CHILD)?

NCCSTHN1- NUMBER □
NCCSTHN4

If EE4 = 2 (one nonrelative arrangement), ask EE32. Else, if EE4OV => 2 (more than one nonrelative arrangement), return to EE5 until the number of arrangements in EE4OV are completed, then ask EE32.

EE32. Does (CHILD) have another care arrangement in a private home with a nonrelative on a regular basis?

* YES 1 (GO TO EE5)
 NO 2 (GO TO EGINTRO)

Center-based Programs

EGINTRO.

Now let's talk about any day care centers and early childhood programs (CHILD) attends.

EG1. Is (CHILD) now attending a day care center, preschool, prekindergarten, or (Early) Head Start program?

CPNNOW YES.....1 (GO TO EG3)
NO.....2 (GO TO EG2)

EG2. Has (CHILD) ever gone to a day care center, preschool, prekindergarten or (Early) Head Start program?

CPNEVER YES.....1 (GO TO EG3)
NO.....2 (GO TO BOX AFTER EG32)

EG3. How old was (CHILD) in years and months when (he/she) first went to any day care center, preschool, prekindergarten, or (Early) Head Start program?

CPNAGEYR YEARS () MONTHS ()
CPNAGEMO

If EG1 = 2 (no center-based care), go to box after EG32. Else, ask EG4.

EG4. How many different day care centers, preschools, prekindergartens, or (Early) Head Start programs does (CHILD) currently go to?

* NUMBER..... (GO TO BOX)

Ask EG5 through EG31OV for each program.

EG5. (Let's start with the program where (CHILD) spends the most time./Let's talk about the next program). Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

- CPPLACE1-CPPLACE4**
- OWN HOME 1 (GO TO EG9)
 - ANOTHER HOME 2 (GO TO EG8)
 - A CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP..... 3 (GO TO EG6)
 - A PUBLIC PRESCHOOL OR SCHOOL (K-12)..... 4 (GO TO EG7)
 - A PRIVATE PRESCHOOL OR SCHOOL (K-12)..... 5 (GO TO EG6)
 - A COLLEGE OR UNIVERSITY..... 6 (GO TO EG6)
 - A COMMUNITY CENTER 7 (GO TO EG6)
 - A PUBLIC LIBRARY 8 (GO TO EG7)
 - ITS OWN BUILDING..... 9 (GO TO EG6)
 - A PLACE OF EMPLOYMENT OR BUSINESS..... 10 (GO TO EG6)
 - MORE THAN ONE PLACE..... 11 (GO TO EG5OV)
 - SOME OTHER PLACE..... 91 (GO TO EG5OV)
 - NOW SAYS NO OTHER CENTER-BASED ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]..... 13 (GO TO BOX BEFORE EH1)

EG5OV. (Where is that?/What are those places?)
CPPLCOS1/R-CPPLCOS4/R [LIST ALL PLACES.] _____

EG6. Is the program affiliated with your family's religion?

- CPRELG1-CPRELG4**
- YES..... 1
 - NO 2

EG7. (Is that/Are any of those places) also the location of your job [or (his/her) (OTHER PARENT)'s job]?

- CPWORK1-CPWORK4**
- YES..... 1
 - NO 2

EG8. How long does it usually take to go from your home to that program?

- CPHOMM1-CPHOMM4**
- MINUTES

EG9. Does (CHILD) go to that program on a regularly scheduled basis at least once each week?

- CPWEEK1-CPWEEK4**
- YES..... 1 (GO TO EG11)
 - NO 2 (GO TO EG10)

EG10. Does (CHILD) go to that program on some other regularly scheduled basis at least once each month?

- CPMONTH1-CPMONTH4**
- YES..... 1 (GO TO EG13)
 - NO 2 (GO TO BOX BEFORE EG32)

EG11. How many days each week does (CHILD) go to that program?

- CPDAYS1-CPDAYS4**
- DAYS.....

EG12. How many hours each week does (CHILD) go to that program?

- CPHRS1-CPHRS4**
- HOURS

If EG11 = 1 (center-based care 1 day per week), go to EG17.
Else, ask EG16.

EG13. For how many weeks each month does (CHILD) go that that program?

CPWKMO1- WEEKS
CPWKMO4

EG14. During (that week/those weeks), for how many days each week does (CHILD) go to that program?

CPDAYWK1- DAYS.....
CPDAYWK4

EG15. And during (that week/those weeks), for how many hours each week does (CHILD) go to that program?

CPHRWK1- HOURS (GO TO EG17)
CPHRWK4

EG16. On the days that (CHILD) goes to the program, that would be about (HOURS) per day, on average. Is that right?

* YES..... 1 (GO TO EG17)
NO 2 (CORRECTION SCREEN)

EG17. How many children are usually in (CHILD)'s room or group, at the same time, at that program, counting (CHILD)? [PROBE: IF R ANSWERS "IT VARIES", ASK ABOUT THE MAJORITY OF TIME CHILD IS IN CARE.]

CPKIDS1- NUMBER
CPKIDS4

EG18. How many adults are usually in (CHILD)'s room or group, at the same time, at that program? [PROBE: IF R ANSWERS "IT VARIES", ASK ABOUT THE MAJORITY OF TIME CHILD IS IN CARE.]

CPADLTS1- NUMBER
CPADLTS4

EG19. How old was (CHILD) in years and months when (he/she) started going to this particular program?

CPSTRTY1- [(CHILD) WAS ___ YEARS AND ___ MONTHS OLD WHEN FIRST ATTENDED ANY CENTER OR PROGRAM.]
CPSTRTY4
CPSTRTM1- YEARS () MONTHS ()
CPSTRTM4

EG20.	How did you learn about that program for (CHILD)? [CODE ALL THAT APPLY.]	
CPFRIEN1- CPFRIEN4	FRIENDS/NEIGHBORS/RELATIVES/COWORKERS	1
CPPLEMP1- CPPLEMP4	PLACE OF EMPLOYMENT	2
CPSCHOO1- CPSCHOO4	PUBLIC OR PRIVATE SCHOOL.....	3
CPCHURC1- CPCHURC4	CHURCH SYNAGOGUE, OR OTHER PLACE OF WORSHIP	4
CPSOCWK1- CPSOCWK4	WELFARE OR SOCIAL SERVICE CASEWORKERS.....	5
CPADS1- CPADS4	NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES.....	6
CPAGENCY1- CPAGENCY4	RESOURCE AND REFERRAL (R&R) AGENCY	7
CPCARE1- CPCARE4	CHILD CARE AGENCY	8
CPKNEW1- CPKNEW4	R ALREADY KNEW PROVIDER.....	9
CPCHILD1- CPCHILD4	ATTENDED BY ANOTHER CHILD OF R'S.....	10
CPREFER1- CPREFER4	REFERENCE MATERIALS	11
CPBULLE1- CPBULLE4	PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY.....	12
CPINTER1- CPINTER4	INTERNET	13
CPSOURC1- CPSOURC4	OTHER	91
CPSOURO1/R- CPSOURO4/R	SPECIFY _____	

EG21.	Is (CHILD)'s main care provider or teacher at that program of the same or a different race or ethnic background as (CHILD)?	
CPRACE1- CPRACE4	SAME	1
	DIFFERENT	2

EG22.	What language does (CHILD)'s main care provider or teacher at that program speak most with (him/her)?	
CPSPEAK1- CPSPEAK4	ENGLISH.....	1
	SPANISH.....	2
	ANOTHER LANGUAGE	91
CPSPKOS1/R CPSPKOS4/R	SPECIFY _____	

EG23.	How similar are (CHILD)'s main care provider or teacher's beliefs about raising children to your own? Would you say...	
CPBELIE1- CPBELIE4	Very similar,.....	1
	Mostly similar,.....	2
	Somewhat similar, or.....	3
	Not too similar?	4

EG24. Does that program encourage parents to volunteer a certain number of hours each week or month?

CPPARHR1- YES..... 1
CPPARHR4 NO 2

EG25. Have you (or another adult in your household) volunteered at (CHILD)'s program in the last month, that is, since (MONTH) (DAY)?

CPPARWR1- YES..... 1
CPPARWR4 NO 2

EG26. Does that program provide any of the following services to (CHILD) or your family?

	YES	NO
CPTTEST1- CPTTEST4 a. Hearing, speech, or vision testing?	1	2
CPPHYSE1- CPPHYSE4 b. Physical examinations?	1	2
CPDENTA1- CPDENTA4 c. Dental examinations?	1	2
CPDISAB1- CPDISAB4 d. Formal testing for developmental or learning problems?	1	2
CPSICK1- CPSICK4 e. Sick child care?	1	2

EG27. Since September, how many times has (CHILD)'s main care provider or teacher at that program changed?

CPTEACH1- NO CHANGE 1
CPTEACH4 1-2 TIMES 2

EG28. Is there any charge or fee for this program, paid either by you or some other person or agency?

CPFEE1- YES..... 1 (GO TO EG29)
CPFEE4 NO 2 (GO TO BOX AFTER EG31OV)

EG29. Do any of the following people or organizations help to pay for (CHILD) to go to that program? How about...

	YES	NO
CPREL1- CPREL4 a. A relative of (CHILD) outside your household who provides money <u>specifically</u> for that program, not including general child support?	1	2
CPWELF1- CPWELF4 b. A social service, welfare, or child care agency?	1	2
CPEMPL1- CPEMPL4 c. An employer, not including a tax-free spending account for child care?	1	2
CPOTHER1- CPOTHER4 d. Someone else?	1	2
CPOTHEO1/R- CPOTHEO4/R Who is that? _____		

EG30. How much does your household pay for (CHILD) to go to that program?
 [IF NOTHING, ENTER ZERO.]

CPCOST1- AMOUNT \$
CPCOST4

UNIT:
CPUNIT1- PER HOUR 1
CPUNIT4 PER DAY 2
 PER WEEK 3
 PER MONTH 4
 PER YEAR 5
 BIWEEKLY 6
 OTHER 91
 SPECIFY _____

CPCSTOS1/R-
CPCSTOS4/R

If EG30 = zero or NUMKID15 (number of children in household age 15 or younger) = 1, go to box after EG31OV. Else, ask EG31.

EG31. Is this amount for (CHILD) only or does it include other children in your household?

CPCSTHH1- CHILD ONLY 1 (GO TO BOX AFTER EG31OV)
CPCSTHH4 CHILD AND OTHER(S)..... 2 (GO TO EG31OV)

EG31OV. How many children is this amount for, including (CHILD)?

CPCSTHN1- NUMBER
CPCSTHN4

*If EG4 = 1 (one center-based arrangement), ask EG32.
 Else, if EG4 >= 2 (two or more center-based arrangements),
 return to EG5 until the number of arrangements in EG4 are
 completed, then ask EG32.*

EG32. Does (CHILD) go to another day care center, preschool, prekindergarten, or (Early) Head Start program?

* YES 1 (GO TO EG5)
 NO 2 (GO TO BOX BEFORE EH1)

Program Confirmation/Continuity and (Early) Head Start

If ED1, EE1, and EG1 all = 2 (child has no current care arrangements), or arrangements do not occur at least once each week (ED9, EE8, EG9 = 2), go to EH4. Else, ask EH1 for all arrangements which occur at least once each week.

EH1. Now I'd like to confirm the child care [or early childhood program] arrangement(s) that (CHILD) has at least once each week.

I've recorded the following arrangement(s).

- (ARRANGEMENT 1).....(LOCATION; DAYS & HOURS/WEEK)
- (ARRANGEMENT 2).....(LOCATION; DAYS & HOURS/WEEK)
- (ARRANGEMENT 3).....(LOCATION; DAYS & HOURS/WEEK)
- (ARRANGEMENT 4).....(LOCATION; DAYS & HOURS/WEEK)
- (ARRANGEMENT 5).....(LOCATION; DAYS & HOURS/WEEK)

[That's a total of (HOURS) hours each week. Is that right?]

- * YES, CORRECT 1 (GO TO EH2)
- NO, ADD ARRANGEMENT..... 2 (CORRECTION SCREENS)⁴
- NO, DELETE ARRANGEMENT 3 (CORRECTION SCREENS)
- NO, CHANGE INFORMATION..... 4 (CORRECTION SCREENS)

EH2. (Early) Head Start is a federally sponsored preschool program primarily for children from low-income families. (Is this/Are any of these) care arrangement(s) (Early) Head Start?

- PCANYHD** YES..... 1 (GO TO EH3)
- NO 2 (GO TO EH4)

EH3. [Which arrangement(s) (is/are) (Early) Head Start?]

- PCHD1- PCHD5** (ARRANGEMENT 1).....(LOCATION; DAYS & HOURS/WEEK; COST)
- (ARRANGEMENT 2).....(LOCATION; DAYS & HOURS/WEEK; COST)
- (ARRANGEMENT 3).....(LOCATION; DAYS & HOURS/WEEK; COST)
- (ARRANGEMENT 4).....(LOCATION; DAYS & HOURS/WEEK; COST)
- (ARRANGEMENT 5).....(LOCATION; DAYS & HOURS/WEEK; COST)

ARRANGEMENT NUMBERS..... (GO TO BOX)

If cost for arrangement identified at EH3 NE -1, ask EH5. Else, go to EH6.

EH4. Just to check, has (CHILD) ever attended (Early) Head Start?

- PCEVRHD** YES..... 1 (GO TO EH6)
- NO 2 (GO TO EH6)

⁴ The correction screens permit the interviewer to: 1) correct the location and the number of days and hours for all arrangements, as well as correct the type of relative caregiver; 2) identify any duplicate arrangements so that one can be deleted; and 3) add an arrangement that was omitted. If another arrangement is added, the CATI system will cycle through the appropriate set of questions (i.e., relative, nonrelative, center) to collect relevant items.

EH5. (Early) Head Start is a federally funded program that usually has no cost for eligible participants. However, you mentioned that your household pays (COST/UNIT) for (ARRANGEMENT) What is this fee for?

- PCHDCOST1-
PCHDCOST5**
- CHILD IS NOT HEAD START ELIGIBLE BUT IS ENROLLED
 - IN A HEAD START PROGRAM..... 1
 - FEE IS FOR DAYCARE BEFORE OR AFTER HEAD START 2
 - NOW SAYS IT IS NOT A HEAD START PROGRAM 3
 - NOW SAYS THERE IS NO FEE 4
 - OTHER 91
 - SPECIFY _____

**PCHOS1/R-
PCHOS5/R**

Ask EH5 for every Head Start Program for which there is a cost. Else, go to EH6.

EH6. (Other than the programs and care arrangements (he/she) has now,) since this past September, have you used any (other) child care arrangements or early childhood programs for (CHILD) on a regular basis?

- *
- YES..... 1 (GO TO EH7)
 - NO 2 (GO TO FIRST BOX BEFORE E1)

EH7. How many child care arrangements or programs have you used for (CHILD) on a regular basis since this past September [, not counting the ones (he/she) has now]?

PCNUM NUMBER □□

EH8. (We will be talking about the 2 most recent of those arrangements or programs.) [Let's start with the most recent of those other arrangements or programs./Let's talk about the second most recent arrangement.] Who provided that care or program? Was it ...

- PCWHO1-
PCWHO2**
- A relative such as a grandparent or a brother or sister; 1 (GO TO EH9)
 - A nonrelative such as a home child care provider or neighbor; 2 (GO TO EH9)
 - A day care center, nursery school, preschool, or prekindergarten program; 3 (GO TO EH10)
 - [NOT PATH I] A community recreation program, pool, or supervised playground; 4 (GO TO EH10)
 - Or did you have some other arrangement? 91 (GO TO EH10)
 - SPECIFY _____

**PCWHOOS1/R-
PCWHOOS2/R**

EH9. Did that (relative/nonrelative) care for (CHILD) in your own home or in another home?

- PCPLACE1- OWN HOME 1
- PCPLACE2 OTHER HOME 2
- BOTH/VARIES 3

EH10. When did that arrangement start and end? That is, in what month and year?
[MUST HAVE ENDED SINCE THIS PAST SEPTEMBER.]

PCSTRM1- START MONTH |_|_| START YEAR |_|_|_|_|
 PCSTRM2
 PCSTRTY1-
 PCSTRTY2

PCENDMM1- END MONTH |_|_| END YEAR |_|_|_|_|
 PCENDMM2
 PCENDYY1-
 PCENDYY2

EH11. What is the main reason that arrangement ended?
[PROBE: IF MORE THAN ONE REASON: Which would you say was the main reason?]

- PCREASO1- PROVIDER CLOSED/STOPPED PROVIDING CARE 1
 - PCREASO2 CHILD EXCEEDED AGE OF OLD ARRANGEMENT 2
 - CHILD REACHED AGE FOR NEW ARRANGEMENT 3
 - PARENT UNHAPPY WITH ARRANGEMENT 4
 - CHILD UNHAPPY WITH ARRANGEMENT 5
 - CAREPROVIDER WAS UNABLE TO CARE FOR CHILD'S
SPECIAL NEEDS 6
 - WANTED EDUCATIONAL ARRANGEMENT 7
 - PREFERRED ARRANGEMENT BECAME AVAILABLE 8
 - COULD NO LONGER AFFORD CARE/ARRANGEMENT 9
 - PARENT CHANGED JOB OR SCHEDULE 10
 - RESPONDENT/CHILD MOVED 11
 - PARENT STOPPED WORKING/FINISHED SCHOOL 12
 - ARRANGEMENT WAS TEMPORARY/SEASONAL 13
 - TRANSPORTATION DIFFICULTIES 14
 - OTHER 91
- PCREASO1/R- SPECIFY _____
 PCREASO2/R

If EH7 = 1 (one other arrangement since September), go to box before E11. Else, if EH7 > = 2 (two or more arrangements since September), return to EH8 until the two most recent arrangements have been completed, then go to first box before E11.

Perceptions of Quality/Factors in Parental Choice

If ED1, EE1, or EG1 = 1 (child currently participates in at least one arrangement), ask E11. Else, go to E13.

Primary child care arrangement = arrangement with greatest number of hours per week.

E11. Now I'm going to read a list of characteristics of care arrangements and early childhood programs. Thinking about the quality of (CHILD)'s care [by (his/her)/or] (PRIMARY CHILD CARE ARRANGEMENT), please tell me how you would rate the following characteristics using the scale perfect, excellent, good, fair, or poor.

[RANDOM START FOR RESPONSE CATEGORIES]

		Perfect	Ex- cellent	Good	Fair	Poor
PPSECUR	a. (CHILD) feels safe and secure in care.	1	2	3	4	5
PPWARM	b. The caregiver is warm and affectionate toward (him/her).	1	2	3	4	5
PPHEALTH	c. It's a healthy place for (him/her)	1	2	3	4	5
PPRESPCT	d. (CHILD) is treated with respect	1	2	3	4	5
PPSAFE	e. (He/She) is safe with this caregiver.....	1	2	3	4	5
PPATIENT	f. (He/She) gets a lot of individual attention	1	2	3	4	5
PPSHARE	g. My caregiver and I share information.....	1	2	3	4	5
PPNEW	h. My caregiver is open to new information and learning.....	1	2	3	4	5
PPKNOW	i. My caregiver shows she or he knows a lot about children and their needs.....	1	2	3	4	5
PPDISCIP	j. My caregiver handles discipline matters without being harsh.....	1	2	3	4	5
PPLIKE	k. (CHILD) likes the caregiver	1	2	3	4	5
PPSUPP	l. My caregiver is supportive of me as a parent	1	2	3	4	5
PPCREAT	m. There are a lot of creative activities going on	1	2	3	4	5
PPINTRST	n. It is an interesting place for (CHILD)	1	2	3	4	5
PPHAPSEE	o. My caregiver is happy to see (CHILD)	1	2	3	4	5

E12. How much difficulty did you have finding the type of child care or early childhood program you wanted for (CHILD)? Would you say....

PPDIFCLT	A lot,	1	(GO TO E15)
	Some,	2	(GO TO E15)
	A little,	3	(GO TO E15)
	No difficulty, or.....	4	(GO TO E15)
	Have you not found the child care or program you wanted?	5	(GO TO E15)

EI3. Some parents prefer to stay home to care for their children. Others choose to have care arrangements with someone other than a parent. If you could find high-quality, affordable child care by a relative, nonrelative, or in a daycare or preschool program, would you choose to place (CHILD) in one of these kinds of arrangements?

PACHOOSE YES..... 1 (GO TO EI5)
 NO..... 2 (GO TO EI4)

EI4. What were your main reasons for choosing to have a parent care for (CHILD)?
 [CODE ALL THAT APPLY.]

PPNOWORK PARENT DOES NOT WORK/*FLEXIBLE SCHEDULE*/
 NO NEED FOR CARE 1
PPDAYCAR PARENT IS DAY CARE PROVIDER IN THE HOME 2
PPWORKHO PARENT WORKS OR STUDIES AT HOME 3
PPSPECL CHILD HAS SPECIAL NEEDS 4
PPDEPEND PARENTS NEED TO CARE FOR OTHER
 DEPENDENTS AS WELL 5
PPBARR COST/AVAILABILITY/TRANSPORTATION..... 6
PPHMWRK TO HELP WITH CHILD'S EDUCATION/HOMEWORK 7
PPCAREER PARENT PREFERS TO STAY AT HOME 8
PPBEST PARENTAL CARE IS BEST FOR CHILD/DEVELOPMENT 9
PPRESPON PARENTS ARE RESPONSIBLE FOR CARE 10
PPRELIG RELIGIOUS REASONS..... 11
PPSAFETY CHILD'S SAFETY/SECURITY/PARENT DOESN'T
 TRUST OTHERS 12
PPWANT PARENT WANTS TO BE WITH CHILD 13
PPOTHER OTHER 91
PPOTHEOS/R SPECIFY _____

*If only EI4-6=1 (cost/avail/trans)
 go to EI5. Else, go to EJINTRO.*

EI5. I'm going to read some things that people look for in selecting child care arrangements or early childhood programs for their children. For each one, please tell me if you think it is very important, somewhat important, or not too important in selecting a care arrangement for (CHILD). How about...
 [PROBE: Is that very important, somewhat important, or not too important?]

[RANDOM START FOR RESPONSE CATEGORIES]

		VI	SI	NI
PPSICK	a. A place where children will be cared for when they are sick.	1	2	3
PPCONV	b. A place close to your home.....	1	2	3
PPCOST	c. A reasonable cost.	1	2	3
PPKIDS	d. A small number of children in the same class or group.....	1	2	3
PPENGL	e. A caregiver or teacher who speaks English with your child..	1	2	3
PPFLEX	f. A caregiver who provides flexible hours to fit your schedule	1	2	3
PPBELIEF	g. A caregiver who shares your beliefs about raising children .	1	2	3
PPRACE	h. A caregiver of the same racial or ethnic background as (CHILD)	1	2	3

*If PA6 =2 or 91 (does not speak English mostly or equally
 with another language at home), ask EI5j.
 Else go to box after EI5j.*

PPLANG j. A caregiver who speaks (CHILD)'s native language 1 2 3

If EE1 = 1 (has nonrelative care arrangement), ask EI5k. Else go to box after EI5k.

PPKNEW k. A caregiver you already knew? 1 2 3

If EG1 = 1 (has center-based care arrangement), ask EI5l. Else, go to box before EI6.

PPRELG l. An arrangement that is affiliated with your family's religion?. 1 2 3

Ask EI6 once per household.

EI6. Do you feel there are good choices for child care where you live?

PPCHOIC YES..... 1
NO 2

Training and Support for Families of Preschoolers

Ask EJ1 only once for each household.

EJINTRO. Now I'd like to talk with you about classes and support services for parents.

EJ1. Since last September, have you (or (CHILD)'s (mother/stepmother/foster mother/father/stepfather/foster father/grandmother/grandfather/aunt/uncle/cousin) (or (the) other adult(s) in your household)) gone to...

		YES	NO
SFATTGRP	a. Any support groups to help with parenting?.....	1	2
SFATTCLS	b. A parenting class?.....	1	2

Home Activities

EKINTRO. Now I'd like to talk with you about (CHILD)'s activities with family members in the past week.

EK1. How many times have you or someone in your family read to (CHILD) in the past week? Would you say...

- FOREADTO** Not at all, 1 (GO TO BOX AFTER EK2)
 Once or twice, 2 (GO TO EK2)
 3 or more times, or 3 (GO TO EK2)
 Every day? 4 (GO TO EK2)

EK2. About how many minutes (on each of those days/each day) do you or someone in your family read to (him/her)?
 [IF TIME PER DAY VARIES, ASK FOR AVERAGE TIME PER DAY.]

FORDDAY MINUTES

If PATH = I, and AGE2000 = 2, go to ELINTRO. Else, if PATH = N, ask EK 3. Else, go to PTINTRO

EK3. In the past week, has anyone in your family done the following things with (CHILD)?
 [IF YES: Would you say one or two times, or three or more?]

		YES	NO	1-2 TIMES	3+ TIMES	
FOSTORY	a. Told (him/her) a story?	1	2	1	2	FOSTORYN
FOWORDS	b. Taught (him/her) letters, words, or numbers?	1	2	1	2	FOWORDSN
FOMUSIC	c. Taught (CHILD) songs or music?	1	2	1	2	FOMUSICN
FOCRAFTS	d. Worked on arts and crafts with (him/her)?	1	2	1	2	FOCRAFTN

EK4. In the past month, have you or someone in your family visited a library with (CHILD)?

- FOLIBRAY** YES..... 1
 NO 2

Emerging Literacy and Numeracy

ELINTRO. These next questions are about things that different children do at different ages. These things may or may not be true for (CHILD).

EL1. Can (CHILD) identify the colors red, yellow, blue, and green by name? Would you say...

DPCOLOR All of them, 1
 Some of them, or 2
 None of them? 3

EL2. Can (he/she) recognize...

DPLETTER All of the letters of the alphabet, 1
 Most of them, 2
 Some of them, or 3
 None of them? 4

EL3. How high can (CHILD) count? Would you say...

DPCOUNT Not at all, 1
 Up to five, 2
 Up to ten, 3
 Up to twenty, 4
 Up to fifty, or 5
 Up to 100 or more? 6

EL4. Can (CHILD) write (his/her) first name, even if some of the letters are backwards?

DPNAME YES 1
 NO 2

EL5. Is (CHILD) able to read story books on (his/her) own now?

HASTORY YES 1 (GO TO EL6)
 NO 2 (GO TO EL7)

EL6. Does (CHILD) actually read the words written in the book, or does (he/she) look at the book and pretend to read?

HAWORDS READS THE WRITTEN WORDS 1 (GO TO PTINTRO)
 PRETENDS TO READ 2 (GO TO EL8)
 DOES BOTH 3 (GO TO PTINTRO)

EL7. Although (CHILD) doesn't yet read story books on (his/her) own, does (he/she) ever look at a book with pictures and pretend to read?

HAPRETND YES 1 (GO TO EL8)
 NO 2 (GO TO PTINTRO)

EL8. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

HACONECT SOUNDS LIKE CONNECTED STORY 1
 TELLS WHAT'S IN EACH PICTURE 2
 DOES BOTH 3

Health and Disability

PTINTRO. Now I have a few questions about (CHILD)'s health.

If PATH = I, N ask PT1. Else, go to box after PT2.

PT1. Has a doctor or other health professional ever told you that (CHILD) was developmentally delayed?

HDDELAY YES..... 1
NO 2

PT2. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a checkup, shots, or other routine care? Would you say...

HNDOCWHN Less than 1 year..... 1
1 year, but less than 2 years, or..... 2
2 years or more? 3
CHILD HAS NEVER BEEN SEEN BY A MEDICAL DOCTOR 4

If PATH = N ask PT3. Else, go to box after PT4.

PT3. Has (CHILD) ever been to a dentist or dental hygienist for dental care?

HNDNTIST YES..... 1 (GO TO PT4)
NO 2 (GO TO BOX AFTER PT4)

PT4. About how long has it been since (CHILD) last saw a dentist or dental hygienist for dental care? [PROBE USING CATEGORIES.]

HNDNTWHN LESS THAN 1 YEAR,..... 1
1 YEAR, BUT LESS THAN 2 YEARS 2
2 YEARS OR MORE 3

If PATH = I, go to PT7. Else, ask PT5.

PT5. Does (CHILD) have any of the following disabilities?
[RANDOM START; KEEP h LAST.]

		YES	NO
HDLEARN	a. A specific learning disability?	1	2
HDRETARD	b. Mental retardation?.....	1	2
HDSPEECH	c. A speech impairment?.....	1	2
HDDISTRB	d. A serious emotional disturbance?	1	2
HDDEAFIM	e. Deafness or another hearing impairment?.....	1	2
HDBLNDIM	f. Blindness or another visual impairment?	1	2
HDORTHO	g. An orthopedic impairment?	1	2
HDOTHER	h. Another health impairment lasting 6 months or more?	1	2

PT6. Does (child) have...

- HDAUTISM** a. Autism?..... 1 2
- HDADD** b. Attention deficit disorder, ADD, or ADHD?..... 1 2

If any PT5a-h = 1, or PT6, a or b = 1, go to PT8. Else, go to box before PUINTRO.

PT7. Does (CHILD) have any of the following disabilities?
[RANDOM START; KEEP e LAST.]

- | | | | YES | NO |
|-----------------|----|--|-----|----|
| HDDEAFIM | a. | Deafness or another hearing impairment?..... | 1 | 2 |
| HDBLNDIM | b. | Blindness or another visual impairment? | 1 | 2 |
| HDORTHO | c. | An orthopedic impairment? | 1 | 2 |
| HDDEVEL | d. | Severe developmental delay? | 1 | 2 |
| HDOTHER | e. | Another health impairment lasting 6
months or more? | 1 | 2 |

If any PT7a-e=1, go to PT8. Else, go to box before PUINTRO.

PT8. Is (CHILD) receiving services for (his/her) (disability/disabilities) ...

- | | | | YES | NO |
|-------------------|----|--|-----|----|
| HDSCHL | a. | From your local school district?..... | 1 | 2 |
| HDGOVT | b. | From a state or local health or social
service agency?..... | 1 | 2 |
| HDDOCTOR | c. | From a doctor or clinic? [INCLUDES OTHER HEALTH CARE
PROVIDERS IF VOLUNTEERED]..... | 1 | 2 |
| HDSOURCE | d. | From some other source? | 1 | 2 |
| HDSOUROS/R | | What is that? _____ | | |

If any PT8a, b, c, or d = 1, ask PT9. Else, go to box before PT10.

PT9. Are any of these services provided through an Individualized (Family Service Plan, or IFSP/ Educational Program, or IEP)?

- HNIFSP** YES..... 1
- NO 2

If path = N, S, or H, ask PT10. Else, if path = I, go to box before PUINTRO.

PT10. (Does/Do) (CHILD)'s (disability/disabilities) affect (his/her) ability to learn?

- HDAFFECT** YES..... 1
- NO 2

Parent/Guardian Characteristics

Mother Items

Ask questions PU18, PU22, PU23, PU26-PU38, and PV17, PV21, PV22, PV25 and PV26 for each sampled child. But, ask all other parent/guardian characteristics (PUINTRO through PV24) only once per mother/father in the household.

If HHMOM = 1, 2, or 3 (mother or female guardian), go to PUINTRO Else, if HHMOM = 4 (no mother/female guardian), go to box before PVINTRO.

PUINTRO. These next questions are about (you/(and) (CHILD)'s (mother/stepmother/foster mother) (father/stepfather/foster father)). (Let's start with (you/(CHILD)'s mother)).

PU1. [Are you/Is (CHILD'S) (mother/stepmother/foster mother)] currently...

- MOMSTAT**
- Married, 1 (GO TO PU3)
 - Separated, 3 (GO TO BOX)
 - Divorced, 4 (GO TO BOX)
 - Widowed, or 5 (GO TO BOX)
 - Never married? 6 (GO TO BOX)

If any HH member other than mother is age 16 or older ask PU10V. Else go to PU3.

PU10V. (Are you/Is she) currently living with a partner?

- MOMLIVW**
- YES 1 (GO TO BOX)
 - NO 2 (GO TO PU3)

If HHMOM = 1 or 2 and HHDAD = 1 or 2 (child's mother and father live in the household), autocode PU2 =1, and go to PU3. Else ask PU2.

PU2. Is (your/(CHILD)'s (mother's/stepmother's/foster mother's) partner's relationship to (CHILD) like that of a parent?

- MOMPART**
- YES 1
 - NO 2

PU3. How old (were you/was (CHILD)'s (mother/stepmother/foster mother) when (you/she) first became a mother, stepmother, or guardian to any child?

MOMNEW YEARS OF AGE

PU4. What was the first language (you/(CHILD)'s (mother/stepmother/foster mother)) learned to speak?

MOMLANG	ENGLISH.....	1	(AUTOCODE PU5=1 AND GO TO PU6)
	SPANISH.....	2	(GO TO PU5)
	ENGLISH AND SPANISH EQUALLY	3	(GO TO PU5)
	ENGLISH AND ANOTHER LANGUAGE EQUALLY	4	(GO TO PU5)
	SPECIFY _____		
MOMLANOS/R	ANOTHER LANGUAGE	91	(GO TO PU5)
	SPECIFY _____		

PU5. What language (do you/does (CHILD)'s (mother/stepmother/foster mother)) speak most at home now?

MOMSPEAK	ENGLISH.....	1	
	SPANISH.....	2	
	ENGLISH AND SPANISH EQUALLY	3	
	ENGLISH AND ANOTHER LANGUAGE EQUALLY	4	
	SPECIFY _____		
	((ENGLISH AND) OTHER LANGUAGE SPECIFIED IN PU2 (EQUALLY)).....	5	
MOMSPEOS/R	ANOTHER LANGUAGE	91	
	SPECIFY _____		

PU6. [Were you/Was (CHILD)'s mother] born in...

MOMBORN	One of the 50 states or the District of Columbia,	1	(GO TO PU7)
	One of the U.S. territories, [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS].....	2	(GO TO PU6OV)
MOMTEROS/R	SPECIFY _____		
MOMCONOS/R	Or some other country?	3	(GO TO PU6OV)
	SPECIFY _____		

PU6OV. How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

MOMUSAGE	AGE	<input type="text"/> <input type="text"/>
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PU7. What is the highest grade or year of school that (you/(CHILD)'s (mother/stepmother/foster mother)) completed?

MOMGRADE	UP TO 8TH GRADE	1	(ENTER GRADE, GO TO PU8)
	9TH TO 11TH GRADE	2	(ENTER GRADE, GO TO PU8)
MOMGRAD1	12TH GRADE BUT NO DIPLOMA	3	(GO TO PU8)
MOMGRAD2	HIGH SCHOOL DIPLOMA/EQUIVALENT	4	(GO TO PU9)
	VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	5	(GO TO PU8)
	VOC/TECH DIPLOMA AFTER HIGH SCHOOL	6	(GO TO PU8)
	SOME COLLEGE BUT NO DEGREE.....	7	(GO TO PU7OV)
	ASSOCIATE'S DEGREE (AA, AS)	8	(GO TO PU8)
	BACHELOR'S DEGREE (BA, BS).....	9	(GO TO PU9)
	GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10	(GO TO PU9)
	MASTER'S DEGREE (MA, MS).....	11	(GO TO PU9)
	DOCTORATE DEGREE (PHD, EDD).....	12	(GO TO PU9)
	PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13	(GO TO PU9)

PU7OV. Did (you/she) earn a vocational or technical diploma after leaving high school?

MOMVOTEC YES..... 1
NO 2

PU8. (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

MOMDIPL YES..... 1
NO 2

PU9. During the past week, did (you/(CHILD)'s (mother/stepmother/foster mother)) work at a job for pay or income?

MOMWORK YES..... 1 (GO TO PU11)
NO 2 (GO TO PU10)
RETIRED..... 3 (GO TO PU12)
DISABLED/UNABLE TO WORK..... 4 (GO TO PU12)

PU10. (Were you/Was she) on leave or vacation from a job during the past week?

MOMLEAVE YES..... 1 (GO TO PU11)
NO 2 (GO TO PU12)

PU11. About how many total hours per week (do you/does she) usually work for pay or income, counting all jobs?
[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

MOMHOURS WEEKLY HOURS

PU12. In the past 12 months, how many months (,if any,) (have you/has she) worked for pay or income?

MOMMTHS MONTHS

If PU9 or PU10 = 1 (working or on leave/vacation), go to PU16. If PU9 =3, then autocode PU15 = 3, and go to PU16. If PU9 = 4, then autocode PU15 = 4, and go to PU16. Else, ask PU13.

PU13. (Have you/Has she) been actively looking for work in the past 4 weeks?

MOMLOOK YES..... 1 (GO TO PU14)
NO 2 (GO TO PU15)

PU14. What (have you/has she) been doing in the past 4 weeks to find work?
 [CODE ALL THAT APPLY.]

- MOMPUBL** CHECKED WITH PUBLIC EMPLOYMENT AGENCY..... 1
- MOMPRIV** CHECKED WITH PRIVATE EMPLOYMENT AGENCY..... 2
- MOMEMPL** CHECKED WITH EMPLOYER DIRECTLY/
 SENT RESUME/*FILLED OUT APPLICATIONS*..... 3
- MOMREL** CHECKED WITH FRIENDS OR RELATIVES..... 4
- MOMANSAD** PLACED OR ANSWERED ADS/SENT RESUME 5
- MOMREAD** READ WANT ADS 6
- MOMOTHER** SOMETHING ELSE..... 91
- MOMOTHOS/R** SPECIFY _____

*If PU14 = 1 through 5 (looking for work), go to PU16.
 Else, ask PU15.*

PU15. What (were you/was she) doing most of last week? Would you say...

- MOMACTY** Keeping house or caring for children or
 other dependents, 1
- Going to school, 2
- Retired, 3
- Unable to work, or 4
- Something else?..... 91
- MOMACTOS/R** What was that? _____

*If PU15 = 2, autocode PU16 = 1 and go to PU17. Else,
 ask PU16.*

PU16. (Are you/is (CHILD)'s mother) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than at (your/her) regular job]?

- MOMENROL** YES..... 1 (GO TO PU17)
- NO 2 (GO TO BOX BEFORE PU18)

PU17. How many hours each week (do you/does she) attend school or training? [REFERS TO ACTUAL TIME, NOT CREDIT HOURS.]

MOMENHRS WEEKLY HOURS

*If PU9 = 1 or PU10 = 1 (working or on leave/vacation), ask
 PU18.
 Else, go to box before PU22.*

PU18. Have (CHILD)'s (child/before- and after-school) care needs influenced [your/(his/her) mother's/stepmother's/foster mother's] choice of a job or work schedule in any way?

- MOMCHOIC** YES..... 1
- NO 2

Ask PU19, PU20, and PU21 only once per mother per household.

PU19. How easy is it for (you/(CHILD)'s mother/stepmother/foster mother) to leave work if (CHILD/one of your children/one of her children) gets sick or needs (you/her) unexpectedly? Would you say...

MOMLVEAS [VERY] Easy,..... 1
 Somewhat easy,..... 2
 Not very easy, or 3
 Difficult?..... 4

PU20. Does (your/(CHILD)'s mother's/stepmother's/foster mother's) employer have a program that allows employees to put part of their pay -- before taxes -- into an account that can be used to pay for child care costs?

MOMACCT YES..... 1 (GO TO PU21)
 NO 2 (GO TO BOX BEFORE PU24)
 SELF-EMPLOYED 3 (GO TO BOX BEFORE PU24)

PU21. (Do you/Does she) participate in this program to cover any child care costs?

MOMACUSE YES..... 1 (GO TO BOX BEFORE PU24)
 NO 2 (GO TO BOX BEFORE PU24)

If ED1, EE1, EG1, SF1, SG1, SH1, or SI9 = 1 (participation in nonparental care/programs), go to box before PU24. Else, ask PU22.

PU22. Would (you/(CHILD)'s mother/stepmother/foster mother) be working outside of the home if (you/she) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

MOMWLDWK YES..... 1
 NO 2

If PU16 NE 1, ask PU23. Else, go to box before PU24.

PU23. Would (you/(CHILD)'s mother/stepmother/foster mother) enter job training or school if (you/she) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

MOMWLDSC YES..... 1
 NO 2

Ask PU24 and PU25 only once per household.

PU24. There is a federal income tax credit specifically for child care expenses called the Child and Dependent Care Tax Credit. Have you ever heard of it?

MOMTCRED YES..... 1 (GO TO PU25)
 NO 2 (GO TO BOX BEFORE PU26)

PU25. Did or will anyone in your household claim this credit for child care costs on your tax return for 2000?

MOMTCUSE YES..... 1
 NO 2

If PU9 = 1 or PU10 = 1 or PU16 = 1 (mother/female guardian is employed for pay or attending school or training), ask PU26 for each sampled child. Else, go to box before PVINTRO.

PU26. [DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]
 When mothers are at work or school, children may be in school, in a care arrangement, with their other parent, or somewhere else. What is (CHILD) usually doing or how is (he/she) usually cared for during most of the hours when [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

MOMCARE ARRANGEMENT NUMBER..... (GO TO PU32)
 IN SCHOOL [S PATH ONLY]..... 21 (GO TO PU32)
 MOTHER WORKS OR STUDIES AT HOME/CARES FOR CHILD
 AT WORK OR SCHOOL..... 22 (GO TO PU32)
 CARED FOR BY CHILD'S OTHER PARENT/
 STEPPARENT/FOSTER PARENT (EXCEPT SAME SEX) 23 (GO TO PU27)
 MATERNITY LEAVE..... 24 (GO TO PU32)
 OTHER RELATIVE ARRANGEMENT NOT PREVIOUSLY
 MENTIONED 25 (GO TO PU28)
 OTHER NONRELATIVE ARRANGEMENT NOT PREVIOUSLY
 MENTIONED 26 (GO TO PU29)
 OTHER CENTER-BASED OR SCHOOL-BASED ARRANGEMENT
 NOT PREVIOUSLY MENTIONED..... 27 (GO TO PU29)
 SELF-CARE ARRANGEMENT NOT PREVIOUSLY
 MENTIONED 28 (GO TO PU29)
 SAME-SEX PARENT CARES FOR CHILD 29 (GO TO PU32)
 SOMETHING ELSE..... 91 (GO TO PU32)
MOMCAROS/R SPECIFY _____

PU27. Does that parent live in (CHILD)'s household?

MOMAHOUS YES..... 1 (GO TO BOX BEFORE PU28)
 NO 2 (GO TO PU32)

If PU27 = 1 and HHDAD not = 1 or 2 (no father enumerated but father is said to live in HH), code interview a problem. Else, go to PU32.

PU28. Is that relative (CHILD)'s...

MOMARELA Grandmother, 1
 Grandfather, 2
 Aunt, 3
 Uncle, 4
 Brother, 5
 Sister, or 6
 Another relative? 7

PU29. Is that arrangement regularly scheduled at least once each week (before or after school)?

MOMAWEEK YES..... 1 (GO TO PU30)
NO 2 (GO TO PU32)

PU30. How many days each week does (CHILD) participate in that arrangement (before or after school)?

MOMADAYS DAYS.....

PU31. How many hours each week does (CHILD) participate in that arrangement (before or after school)?

MOMAHRS HOURS

PU32. Does (that arrangement/the time (CHILD) is in school) cover all of the hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

MOMCAROT YES..... 1 (GO TO BOX BEFORE PVINTRO)
NO 2 (GO TO PU33)

PU33. [DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]
What is (CHILD) usually doing or how is (he/she) usually cared for during most of the other hours that [you/(CHILD)'s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

MOMCARWH ARRANGEMENT NUMBER..... (GO TO BOX BEFORE PVINTRO)
IN SCHOOL [PATH = S ONLY] 21 (GO TO BOX BEFORE PVINTRO)
MOTHER WORKS OR STUDIES AT HOME/CARES FOR CHILD
AT WORK OR SCHOOL..... 22 (GO TO BOX BEFORE PVINTRO)
CARED FOR BY CHILD'S OTHER PARENT/
STEPPARENT/FOSTER PARENT (EXCEPT SAME SEX) 23 (GO TO PU34)
MATERNITY LEAVE..... 24 (GO TO BOX BEFORE PVINTRO)
OTHER RELATIVE ARRANGEMENT NOT PREVIOUSLY
MENTIONED 25 (GO TO PU35)
OTHER NONRELATIVE ARRANGEMENT NOT PREVIOUSLY
MENTIONED 26 (GO TO PU36)
OTHER CENTER-BASED OR SCHOOL-BASED ARRANGEMENT
NOT PREVIOUSLY MENTIONED..... 27 (GO TO PU36)
SELF-CARE ARRANGEMENT NOT PREVIOUSLY
MENTIONED 28 (GO TO PU36)
SAME-SEX PARENT CARES FOR CHILD 29 (GO TO BOX BEFORE PVINTRO)
SOMETHING ELSE..... 91 (GO TO BOX BEFORE PVINTRO)
MOMCWHOS/R SPECIFY _____

PU34. Does that parent live in (CHILD)'s household?

MOMBHOUS YES..... 1 (GO TO BOX BEFORE PU35)
NO 2 (GO TO BOX BEFORE PVINTRO)

If PU34 = 1 and HHDAD not = 1 or 2 (no father enumerated but father is said to live in HH), code interview a problem. Else, go to PVINTRO.

PU35. Is that relative (CHILD)'s...

- MOMBRELA** Grandmother, 1
- Grandfather, 2
- Aunt, 3
- Uncle, 4
- Brother, 5
- Sister, or 6
- Another relative? 7

PU36. Is that arrangement regularly scheduled at least once each week (before or after school)?

- MOMBWEEK** YES..... 1 (GO TO PU37)
- NO 2 (GO TO BOX BEFORE PVINTRO)

PU37. How many days each week does (CHILD) participate in that arrangement (before or after school)?

MOMBDAYS DAYS.....

PU38. How many hours each week does (CHILD) participate in that arrangement (before or after school)?

MOMBHRS HOURS

Father Items

*If HHDAD = 1, 2, or 3 (father or male guardian), go to PVINTRO.
Else, if HHDAD = 4 (no father or male guardian), go to box before PV25.*

PVINTRO. Now I have some questions about (you/(CHILD)'s (father/stepfather/foster father)).

PV1. [Are you/Is (CHILD'S) (father/stepfather/foster father)] currently...

- DADSTAT** Married, 1 (GO TO PV3)
- Separated, 2 (GO TO BOX)
- Divorced, 3 (GO TO BOX)
- Widowed, or 4 (GO TO BOX)
- Never married? 5 (GO TO BOX)

*If any HH member other than father is age 16 or older ask PV10V.
Else go to PV3.*

PV1OV. (Are you/Is he) currently living with a partner?

DADLIVW YES..... 1 (GO TO BOX)
 NO 2 (GO TO PV3)

*If HHMOM = 1 or 2 and HHDAD = 1 or 2 (child's mother and father live in the household), autocode PV2 = 1, and go to PV3.
 Else ask PV2.*

PV2. Is (that/(CHILD)'s (father's/stepfather's/foster father's) partner's relationship to (CHILD) like that of a parent?

DADPART YES..... 1
 NO 2

PV3. What was the first language (you/(CHILD)'s (father/stepfather/foster father)) learned to speak?

DADLANG ENGLISH..... 1 (AUTOCODE PV4=1 AND GO TO PV5)
 SPANISH..... 2 (GO TO PV4)
 ENGLISH AND SPANISH EQUALLY 3 (GO TO PV4)
 ENGLISH AND ANOTHER LANGUAGE EQUALLY 4 (GO TO PV4)
 SPECIFY _____
DADLANOS/R ANOTHER LANGUAGE 91 (GO TO PV4)
 SPECIFY _____

PV4. What language (do you/does (CHILD)'s (father/stepfather/foster father)) speak most at home now?

DADSPEAK ENGLISH..... 1
 SPANISH..... 2
 ENGLISH AND SPANISH EQUALLY 3
 ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
 SPECIFY _____
 ((ENGLISH AND) OTHER LANGUAGE SPECIFIED IN PV1 (EQUALLY))..... 5
DADSPEOS/R ANOTHER LANGUAGE 91
 SPECIFY _____

PV5. (Were you/Was (CHILD)'s father) born in...

DADBORN One of the 50 states or the District of Columbia, 1 (GO TO PV6)
 One of the U.S. territories, [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS] 2 (GO TO PV5OV)
DADTEROS/R SPECIFY _____
 Or some other country? 3 (GO TO PV5OV)
DADCONOS/R SPECIFY _____

PV5OV. How old (were you/was he) when (you/he) first moved to the (United States/50 states or the District of Columbia)?

DADUSAGE AGE

PV6. What is the highest grade or year of school that (you/(CHILD)'s (father/stepfather/foster father)) completed?

DADGRADE UP TO 8TH GRADE 1 (ENTER GRADE, GO TO PV7)
9TH TO 11TH GRADE 2 (ENTER GRADE, GO TO PV7)
DADGRAD1 12TH GRADE BUT NO DIPLOMA 3 (GO TO PV7)
DADGRAD2 HIGH SCHOOL DIPLOMA/EQUIVALENT 4 (GO TO PV8)
VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA 5 (GO TO PV7)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 6 (GO TO PV7)
SOME COLLEGE BUT NO DEGREE 7 (GO TO PV6OV)
ASSOCIATE'S DEGREE (AA, AS) 8 (GO TO PV7)
BACHELOR'S DEGREE (BA, BS) 9 (GO TO PV8)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE 10 (GO TO PV8)
MASTER'S DEGREE (MA, MS) 11 (GO TO PV8)
DOCTORATE DEGREE (PHD, EDD) 12 (GO TO PV8)
PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 13 (GO TO PV8)

PV6OV. Did (you/he) earn a vocational or technical diploma after leaving high school?

DADVOTEC YES 1
NO 2

PV7. (Do you/Does he) have a high school diploma or its equivalent, such as a GED?

DADDIPL YES 1
NO 2

PV8. During the past week, did (you/(CHILD)'s (father/stepfather/foster father)) work at a job for pay or income?

DADWORK YES 1 (GO TO PV10)
NO 2 (GO TO PV9)
RETIRED 3 (GO TO PV11)
DISABLED/UNABLE TO WORK 4 (GO TO PV11)

PV9. (Were you/Was he) on leave or vacation from a job during the past week?

DADLEAVE YES 1 (GO TO PV10)
NO 2 (GO TO PV11)

PV10. About how many total hours per week (do you/does he) usually work for pay or income, counting all jobs?
[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

DADHOURS WEEKLY HOURS

PV11. In the past 12 months, how many months (,if any,) (have you/has he) worked for pay or income?

DADMTHS MONTHS□□

If PV8 or PV9 = 1 (working or on leave/vacation), go to PV15. If PV8 = 3, then autocode PV14 = 3, and go to PV15. If PV8 = 4, then autocode PV14 =4, and go to PV15. Else, ask PV12.

PV12. (Have you/Has he) been actively looking for work in the past 4 weeks?

DADLOOK YES..... 1 (GO TO PV13)
NO2 (GO TO PV14)

PV13. What (have you/has he) been doing in the past 4 weeks to find work?
[CODE ALL THAT APPLY.]

DADPUBL CHECKED WITH PUBLIC EMPLOYMENT AGENCY..... 1
DADPRIV CHECKED WITH PRIVATE EMPLOYMENT AGENCY..... 2
DADEMP CHECKED WITH EMPLOYER DIRECTLY/
SENT RESUME/FILLED OUT APPLICATIONS..... 3
DADREL CHECKED WITH FRIENDS OR RELATIVES..... 4
DADANSAD PLACED OR ANSWERED ADS/SENT RESUME 5
DADREAD READ WANT ADS 6
DADOTHER SOMETHING ELSE..... 91
DADOTHOS/R SPECIFY _____

If PV13 = 1 through 5 (looking for work), go to box before PV15. Else, ask PV14.

PV14. What (were you/was he) doing most of last week? Would you say...

DADACTY Keeping house or caring for children or other dependents,..... 1
Going to school, 2
Retired, 3
Unable to work, or 4
Something else?..... 91
DADACTOS/R What was that? _____

If PV14 = 2, then autocode PV15 = 1, and go to PV16. Else, ask PV15.

PV15. (Are you/is (CHILD)'s father) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than at (your/his) regular job]?

DADENROL YES..... 1 (GO TO PV16)
NO2 (GO TO BOX BEFORE PV17)

PV16. How many hours each week (do you/does he) attend school or training? [REFERS TO ACTUAL TIME, NOT CREDIT HOURS]

DADENHRS WEEKLY HOURS

*If PV8 = 1 or PV9 = 1 (working or on leave/vacation), ask PV17.
Else, go to box before PV21.*

PV17. Have (CHILD)'s (child/before- and after-school) care needs influenced [your/(his/her) father's/stepfather's/foster father's] choice of a job or work schedule in any way?

DADCHOIC YES..... 1
NO 2

Ask PV18, PV19, and PV20 once per father per household.

PV18. How easy is it for (you/(CHILD)'s father/stepfather/foster father) to leave work if (CHILD/one of your children/one of his children) gets sick or needs (you/him) unexpectedly? Would you say...

DADLVEAS [VERY] Easy,..... 1
Somewhat easy,..... 2
Not very easy, or 3
Difficult?..... 4

PV19. Does (your/(CHILD)'s father's/stepfather's/foster father's) employer have a program that allows employees to put part of their pay -- before taxes -- into an account that can be used to pay for child care costs?

DADACCT YES..... 1 (GO TO PV20)
NO 2 (GO TO BOX BEFORE PV23)
SELF-EMPLOYED 3 (GO TO BOX BEFORE PV23)

PV20. (Do you/Does he) participate in this program to cover any child care costs?

DADACUSE YES..... 1 (GO TO BOX BEFORE PV23)
NO 2 (GO TO BOX BEFORE PV23)

If ED1, EE1, EG1, SF1, SG1, SH1, or SI9 = 1 (participation in nonparental care/programs), go to box before PV23. Else, ask PV21.

PV21. Would (you/(CHILD)'s father/stepfather/foster father) be working outside of the home if (you/he) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

DADWLDWK YES..... 1
NO 2

If PV15 NE 1, ask PV22. Else, go to box before PV23.

PV22. Would (you/(CHILD)'s father/stepfather/foster father) enter job training or school if (you/he) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

DADWLDSC YES..... 1
NO 2

Ask PV23 and PV24 only once per household.

PV23. There is a federal income tax credit specifically for child care expenses called the Child and Dependent Care Tax Credit. Have you ever heard of it?

DADTCRED YES..... 1 (GO TO PV24)
NO 2 (GO TO BOX BEFORE PV25)

PV24. Did or will anyone in your household claim this credit for child care costs on your tax return for 2000?

DADTCUSE YES..... 1
NO 2

If HHMOM = 2, 3, or 4, ask PV25. Else, go to box before PV26.

PV25. Does (CHILD)'s biological mother sometimes provide care for (him/her)?

DADBIMOM YES..... 1
NO 2

If HHDAD = 2, 3, or 4, ask PV26. Else, go to 1st box before PV27.

PV26. Does (CHILD)'s biological father sometimes provide care for (him/her)?

DADBIDAD YES..... 1
NO 2

Ask PV27 once per household.

If (PU9 or PU10 = 1) (mother worked or was on vacation last week) and/or if (PV8 or PV9 = 1) (father worked or was on vacation last week), then ask PV27. Else go to PWINTRO.

PV27. Some parents work because they have to for financial reasons, some work because it's interesting and rewarding for them, and some work for both these reasons. Would (you/one parent/(CHILD)'s mother/(CHILD)'s father) stop working or work fewer hours to stay home with ((CHILD)/the children) if your family could afford it?

PWRKHOME YES..... 1
NO 2

Household Characteristics

The following questions are asked only once per household.

PWINTRO. Now, a few questions about your household.

PW1. Do you...

HOWNHOME Own your home, 1
 Rent your home, or 2
 Have some other arrangement? 3

PW2. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including cellular phones?

HOTHNUM YES..... 1 (GO TO PW4)
 NO 2 (GO TO PW5)
 NOT MY NUMBER..... 3 (GO TO PW3)

PW3. [INTERVIEWER: ASK FOR AND RECORD THE TELEPHONE NUMBER REACHED. RECORD REASON FOR REACHING DIFFERENT TELEPHONE NUMBER.]

* TELEPHONE NUMBER REACHED _____
 AREA CODE CHANGE 1
 OTHER NUMBER IN HOUSEHOLD 2
 ORIGINAL NUMBER IS THAT OF ANOTHER HOUSEHOLD AND
 NUMBER IS BEING FORWARDED TO THIS HOUSEHOLD 3
 NEVER HEARD OF ORIGINAL NUMBER..... 4
 OTHER [RECORD EXPLANATION IN COMMENTS] 5

If PW3 = 3, go to Close2. Else, for cases where PW2 = 3 (not number dialed), ask PW2 again with new number.

PW4. How many of these additional telephone numbers are for home use, not including cellular phones?

HNUMUSE NUMBER (GO TO BOX)

If PW4 > 0 (other telephone numbers for home use), go to PW6. Else, go to PW5.

PW5. Besides this phone number, do you have any telephone numbers in your household that are used for computer or fax lines?

* YES..... 1 (GO TO PW6)
NO 2 (GO TO PW9)

PW6. How many of these additional telephone numbers are used for computer or fax lines?

* NUMBER (GO TO PW7)

PW7. Some households have telephone numbers that are used both for talking and for computer or fax lines. (Is the number/Are any of the numbers) used for (a) computer or fax line(s) ever answered for talking?

* YES..... 1 (GO TO BOX)
NO 2 (GO TO PW9)

*If PW6 = 1 (only 1 other telephone number for computer or fax),
autocode PW8= 1, and go to PW9. Else, ask PW8*

PW8. How many computer or fax telephone numbers are also answered for talking?

* NUMBER

PW9. So that we can group households geographically, may I have your ZIP code?

HZIPCODE/R ZIP CODE

PW10. In the past 3 years, that is, since (DATE), has your family received benefits from Temporary Assistance to Needy Families or TANF, AFDC, or your state welfare program?

HAFDC3YR YES..... 1 (GO TO PW11)
NO 2 (GO TO BOX BEFORE PW15)

PW11. Are you currently receiving benefits from TANF, AFDC, or your state welfare program?

HAFDCCUR YES..... 1 (GO TO BOX BEFORE PW15)
NO 2 (GO TO PW12)

PW12. What month and year did you stop receiving benefits from your state welfare program or Temporary Assistance to Needy Families (TANF)?

HSTOPMM | | MONTH
HSTOPYY | | | | YEAR

PW13. While you were receiving welfare benefits, did you receive money from the state government or welfare agency to help you pay for (child/before- or after-school) care costs (for any child)?

HGOVEVR YES..... 1
NO 2

PW14. At any time since (MONTH, YEAR) have you received funds from the state government or welfare agency to help you pay for (child/before- or after-school) care costs (for any child)?

HGOVSINC YES..... 1 (GO TO BOX BEFORE PW15)
 NO 2 (GO TO PW16)

If NUMKID15 = 1, and if all of SF25, SG25, SH33, ED24, EE28, and EG28 are not = 1, then skip PW15 and go to PW16. Else, ask PW15.

PW15. Is a state government or welfare agency currently helping you pay for any (child/before- or after-school) care costs (for any child)?

HGOVCUR YES..... 1
 NO 2

PW16. In the past 12 months, has your family received benefits from any of the following programs? How about...

		YES	NO
HWIC	a. Women, Infants, and Children, or WIC?	1	2
HFOODST	b. Food Stamps?	1	2
HMEDIC	c. Medicaid?	1	2
HCHIP	d. Child Health Insurance Program or CHIP?	1	2

PW17. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it...
HINCMRNG \$25,000 or less, or..... 1 (READ SET 1)
 More than \$25,000? 2 (GO TO PW18)

PW18. Was it...
HINCM50K \$50,000 or less, or..... 1 (READ SET 2)
 More than \$50,000? 2 (READ SET 3)

Was it...
HINCOME [SET 1]
 \$5,000 or less..... 1
 \$5,001 to \$10,000 2
 \$10,001 to \$15,000 3
 \$15,001 to \$20,000, or 4
 \$20,001 to \$25,000? 5

[SET 2]
 \$25,001 to \$30,000 6
 \$30,001 to \$35,000 7
 \$35,001 to \$40,000 8
 \$40,001 to \$45,000, or 9
 \$45,001 to \$50,000 10

[SET 3]
 \$50,001 to \$60,000, 11
 \$60,001 to \$75,000, 12
 \$75,001 to \$100,000, or 13
 Over \$100,000? 14

Ask PW18OV if
 (Number in HH = 2 and HINCOME <= 3) or
 (Number in HH = 3 and HINCOME <= 3) or
 (Number in HH = 4 and HINCOME <= 4) or
 (Number in HH = 5 and HINCOME <= 5) or
 (Number in HH = 6 and HINCOME <= 5) or
 (Number in HH = 7 and HINCOME <= 6) or
 (Number in HH = 8 and HINCOME <= 7) or
 (Number in HH >= 9 and HINCOME <= 8).
 Else, go to CLOSE2.

PW18OV. What was your total household income last year, to the nearest thousand?

HINCMEXT AMOUNT \$,

CLOSE1. Thank you, but we are only asking about children in a specific age or grade range. Please hold on for a moment while I check to see if there is anyone else I need to ask you about or anyone else I need to speak with.

CLOSE2. Those are all the questions I have about (CHILD). Please hold on for a moment while I check to see if there is anyone else I need to ask about. [THANK RESPONDENT]