

APPENDICES

- A.** Main Survey
- B.** Screener Survey
- C.** Validation Survey
- D.** Respondents' comments about the interview from Question 6 of the Validation Survey
- E.** Correlations Between Demographic Characteristics

APPENDIX A

2002 – PA PARENT SURVEY MAIN QUESTIONNAIRE

SECTION A - CHILD ROSTER

A1. Let's begin with a few questions about the children living in your home.
How many children currently live in this household who are seventeen years old or younger?

_____ NUMBER OF CHILDREN 17 OR YOUNGER IN HH

- 97 REFUSED
- 98 DON'T KNOW

A2. [IF ONLY ONE CHILD, SAY:]
Is that child five years old or younger and currently living in this household for at least three and a half days a week? [IF YES, ENTER '1'. OTHERWISE, ENTER '0']

[IF MORE THAN ONE CHILD, SAY:]
How many of those [NUMBER FROM A1] children are five years old or younger and currently living in this household for at least three and a half days a week?

[IF A1 IS DK OR REF, SAY:]
How many children are five years old or younger and currently live in this household for at least three and a half days a week?

- | | | |
|-------|---------------------------------------|-----------|
| _____ | NUMBER OF CHILDREN 5 OR YOUNGER IN HH | [BOX A2a] |
| 00 | NONE | [A2a] |
| 97 | REFUSED | [A2a] |
| 98 | DON'T KNOW | [A2a] |

A2a. We are only interviewing households with children age 5 and under. Thank you very much for your time. Goodbye.

[END - RESULT CODE WILL BE 84]

BOX A2a: ASK A3 THROUGH A6 FOR EACH CHILD COUNTED IN A2.
BEGIN WITH: I want to ask a couple of questions about (each/the) child who is under six years old.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
A3. Please give me the first name of the (youngest/next youngest) child.	_____	_____	_____	_____
A4. How old is [CHILD]?	MOS _____ YRS _____	MOS _____ YRS _____	MOS _____ YRS _____	MOS _____ YRS _____
A5. Is [CHILD] a boy or a girl?	1 BOY 5 GIRL	1 BOY 5 GIRL	1 BOY 5 GIRL	1 BOY 5 GIRL
A6. What is your relationship to [CHILD]? [SPECIFY IF OTHER.]	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____

	CHILD #5	CHILD #6	CHILD #7	CHILD #8
A3. Please give me the first name of the (youngest/next youngest) child.	_____	_____	_____	_____
A4. How old is [CHILD]?	MOS _____ YRS _____	MOS _____ YRS _____	MOS _____ YRS _____	MOS _____ YRS _____
A5. Is [CHILD] a boy or a girl?	1 BOY 5 GIRL	1 BOY 5 GIRL	1 BOY 5 GIRL	1 BOY 5 GIRL
A6. What is your relationship to [CHILD]? [SPECIFY IF OTHER.]	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____	1 MOTHER 2 FATHER 3 STEP-MOM 4 STEP-DAD 5 GRANDMA 6 GRANDPA 7 OTHER _____

**BOX A6: IF MORE THAN EIGHT CHILDREN IN A2, USE CONTINUATION SHEET A.
NOTE: CATI LIMIT IS 12 CHILDREN UNDER AGE 6.**

SECTION B - FOCAL CHILD

[THE COMPUTER RANDOMLY SELECTS ONE OF THE CHILDREN UNDER THE AGE OF 6 AS THE FOCAL CHILD.]

B1. [IF ONLY ONE CHILD AGE 5 OR YOUNGER, SAY:]
For most of the rest of the interview I will be asking about child care and education arrangements for [CHILD].

[IF MORE THAN ONE CHILD AGE 5 OR YOUNGER, SAY:]
The computer has randomly selected [NAME OF CHILD SELECTED AS FOCAL CHILD] to be the child that I will ask about regarding child care and education arrangements.

First, I want to ask just a few more questions about [CHILD]. What is [CHILD]'s date of birth?

_____ MONTH (1-12)	_____ DAY (1-31)	_____ YEAR (1997-2002)
97 REFUSED	97 REFUSED	9997 REFUSED
98 DON'T KNOW	98 DON'T KNOW	9998 DON'T KNOW

B1a. What race or ethnicity is [CHILD]?

- 1 AFRICAN-AMERICAN/BLACK
- 2 CAUCASIAN/WHITE
- 3 ASIAN/PACIFIC ISLANDER
- 4 AMERICAN INDIAN/ALASKAN INDIAN
- 5 BI-RACIAL/MULTI-RACIAL
- 6 LATINO/HISPANIC
- 7 OTHER
- 97 REFUSED
- 98 DON'T KNOW

B2. Does [CHILD] have any special physical or health problems, such as allergy, asthma, hearing or visual problems, or other kinds of health problems that might require special care or attention?

- 1 YES [B2a]
- 5 NO [B3]
- 7 REFUSED [B3]
- 8 DON'T KNOW [B3]

B2a. What special physical or health problems does [CHILD] have?
[CODE ALL THAT APPLY]

- 1 ALLERGY
 - 2 ASTHMA
 - 3 HEARING
 - 4 VISUAL
 - 5 PHYSICAL DISABILITY OR HANDICAP
 - 6 OTHER (SPECIFY) _____
-
- 97 REFUSED
 - 98 DON'T KNOW

B3. Does [CHILD] have any behavior problems that require special care or attention that is different than what a typical child that age requires?

- 1 YES [B3a]
- 5 NO [B4]
- 7 REFUSED [B4]
- 8 DON'T KNOW [B4]

B3a. What behavior problems does [CHILD] have?

[CODE ALL THAT APPLY]

- 1 DEVELOPMENTAL PROBLEMS SUCH AS LANGUAGE DELAY, LEARNING PROBLEMS, OR MENTAL RETARDATION
- 2 EXTERNALIZING PROBLEMS SUCH AS TEMPER TANTRUMS, ACTING OUT, HYPERACTIVITY, OR HARMING ANIMALS, OTHER CHILDREN, OR ADULTS
- 3 INTERNALIZING PROBLEMS SUCH AS SEVERE ANXIETIES OR FEARS, EXCESSIVELY SHY, OR HURTS SELF
- 4 OTHER (SPECIFY) _____
- 7 REFUSED
- 8 DON'T KNOW

B3b. Was there a medical diagnosis for [CHILD]'s behavior problem?

- 1 YES [B3c]
- 5 NO [B3f]
- 7 REFUSED [B3f]
- 8 DON'T KNOW [B3f]

B3c. What was the medical diagnosis?

- 97 REFUSED
- 98 DON'T KNOW

B3d. Have you been offered or have you received early intervention services from the county or the state?

- 1 YES [B3e]
- 5 NO [B3f]
- 7 REFUSED [B3f]
- 8 DON'T KNOW [B3f]

B3e. Does [CHILD] have an ISFP or an IEP?
 [IF NEEDED, SAY: An IFSP is an Individual Service Family Plan and an IEP is an Individual Education Program that targets learning or behavior problems.]

- 1 YES
- 5 NO
- 6 DON'T KNOW WHAT AN ISFP OR AN IEP IS
- 97 REFUSED
- 98 DON'T KNOW

B3f. Have you sought help for [CHILD]'s special needs or behavioral problems?

- 1 YES [B3g]
- 5 NO [B4]
- 7 REFUSED [B4]
- 8 DON'T KNOW [B4]

B3g. From whom did you seek help?
[CODE ALL THAT APPLY]

- 1 PHYSICIAN
- 2 PSYCHOLOGIST/PSYCHOTHERAPIST
- 3 NURSE/NURSE PRACTICIONER
- 4 COUNTY MENTAL HEALTH/MENTAL RETARDATION OFFICE
- 5 CLASSROOM TEACHER
- 6 SPECIAL ED TEACHER
- 7 FRIEND OR FAMILY MEMBER
- 8 RELIGIOUS COUNSELOR OR RELIGIOUS LEADER (PRIEST, RABBI, PASTOR)
- 9 OTHER
- 97 REFUSED
- 98 DON'T KNOW

B3h. Did you pay out of pocket for this service?

- | | | | | | | | | |
|---|------------|---|---|---|---|---|---|-------|
| 1 | YES | . | . | . | . | . | . | [B3i] |
| 5 | NO | . | . | . | . | . | . | [B3k] |
| 7 | REFUSED | . | . | . | . | . | . | [B3k] |
| 8 | DON'T KNOW | . | . | . | . | . | . | [B3k] |

B3i. Over the past 12 months, what would you estimate that you have paid out of pocket for this help?

- | | | | |
|-----------------------------|----------------|-------|------------|
| <u> </u> | | 99997 | REFUSED |
| COST FOR... | | 99998 | DON'T KNOW |
| 1 | ONE HOUR | | |
| 2 | ONE WEEK | | |
| 3 | ONE SESSION | | |
| 4 | 12 MONTH TOTAL | | |

BOX B3i:

CHECK B3i.

**IF THE CATEGORY IS 'ONE HOUR', 'ONE WEEK', OR 'ONE SESSION',
GO TO B3j.**

OTHERWISE, GO TO B3k.

B3j. During the last 12 months, how many sessions has [CHILD] had?

- | | | |
|-----------------------------|----|------------|
| <u> </u> | 97 | REFUSED |
| NUMBER OF SESSIONS | 98 | DON'T KNOW |

B3k. Since you received this help, how much has [CHILD]'s behavior improved? Would you say:

- | | |
|---|---------------------|
| 1 | a lot, |
| 2 | somewhat, |
| 3 | not too much, or |
| 4 | not at all? |
| 5 | NEVER RECEIVED HELP |
| 7 | REFUSED |
| 8 | DON'T KNOW |

B4. What is your current marital status? Are you currently:

- | | | | | | |
|---|--------------------------------------------------------|---|---|---|-------------|
| 1 | Married and living with your spouse, | . | . | . | [SECTION C] |
| 2 | Separated, or married but not living with your spouse, | . | . | . | [B4a] |
| 3 | Divorced, | . | . | . | [B4a] |
| 4 | Widowed, or | . | . | . | [B4a] |
| 5 | Single, never married? | . | . | . | [B4a] |
| 7 | REFUSED | . | . | . | [B4a] |
| 8 | DON'T KNOW | . | . | . | [B4a] |

B4a. Are you currently living with a partner?

- | | | | |
|---|-----|---|------------|
| 1 | YES | 7 | REFUSED |
| 5 | NO | 8 | DON'T KNOW |

SECTION C - CHILD CARE ARRANGEMENTS

Some parents have their children taken care of by someone else when they are not with them. Some parents arrange for their children to get educational or learning opportunities. Some parents do both, and some parents do neither.

In this next set of questions I'm going to ask you about the different child care and learning arrangements that you use regularly for [CHILD] when you're not with (him/her).

- C1.** Some child care schedules are different during the summer than they are during the school year. Is your child care schedule for [CHILD] the same now as it was in April?

- | | | |
|---|----------------------------------|-----------|
| 1 | YES, SAME AS APRIL | [BOX C1a] |
| 5 | NO, CHANGED FROM APRIL | [C1a] |
| 7 | REFUSED | [BOX C1a] |
| 8 | DON'T KNOW | [BOX C1a] |

- C1a.** Why did [CHILD]'s child care schedule change? [DO NOT READ LIST]

- | | |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | SUMMER RELATED (PARENT'S SUMMER VACATION FROM WORK, ARRANGEMENT NOT AVAILABLE DURING SUMMER, THINGS HAVE CHANGED TO ACCOMMODATE OTHER CHILDREN WHO ARE NOT IN SCHOOL) |
| 5 | NON-SUMMER RELATED (CAREGIVER QUIT, CAREGIVER MOVED, FAMILY MOVED, COULDN'T AFFORD IT ANY MORE, ETC.) |
| 7 | REFUSED |
| 8 | DON'T KNOW |

BOX C1a:

IF C1 = 1, 7, OR 8, THEN SAY: Since your schedule hasn't changed, I'd like for you to think about the child care or educational arrangements that you used for [CHILD] this month.
Note: Survey questions will be in the present tense.

IF C1a = 1, THEN SAY: Since your schedule is different during the summer, I'd like for you to think back to April, and tell me about the child care or educational arrangements that you used for [CHILD] during the month of April. *Note: Survey questions will be in the past tense.*

OTHERWISE SAY: I'd like for you to think about the child care or educational arrangements that you used for [CHILD] this month.
Note: Survey questions will be in the present tense.

Now I'm going to ask you about the different child care and learning arrangements that you use regularly for [CHILD]. By regularly, I mean at least four hours a week for several weeks in a row.

CHILD CARE IN CHILD'S HOME

C2. Does someone come to your home on a regular basis to be with [CHILD] when you (or your spouse/partner) need child care? This could be either a relative or someone who is not related to you. Also include any live-in care you may regularly use (other than your spouse/partner) such as another one of your children or perhaps [CHILD]'s grandparent.

- 1 YES [C2a]
- 5 NO [C3]
- 7 REFUSED [C3]
- 8 DON'T KNOW [C3]

C2a. How many separate arrangements do you have where someone cares for [CHILD] on a regular basis in your home?

[IF NEEDED, SAY: For example, if Person A comes two days a week, and Person B comes three days a week, that would be 2 separate arrangements.]

- _____ 97 REFUSED
- 1-15 ARRANGEMENTS 98 DON'T KNOW

BOX C2a:

IF C2a = 1, GO DIRECTLY TO C2b1.

OTHERWISE SAY: I'd like to ask about each of these arrangements separately. Let's start with the person or persons who spend the (most/ next most) time caring for [CHILD] in your home.

C2b1. For this child care arrangement, how many people on a regular basis care for [CHILD] in your home?

- _____ 97 REFUSED
- NUMBER OF PEOPLE 98 DON'T KNOW

C2c1. [IF MORE THAN ONE PERSON IN C2b1, SAY: For the next question please just answer for the main caregiver.] Is this caregiver:

- 1 [CHILD]'s brother or sister,
- 2 another family member or relative,
- 3 an unrelated adult, or
- 4 someone under the age of 18 who is not a relative?
- 7 REFUSED
- 8 DON'T KNOW

C2d1. Is this caregiver:

- 1 younger than 12 years old,
- 2 12 to 15 years old,
- 3 16 to 17 years old, or
- 4 older than 17?
- 7 REFUSED
- 8 DON'T KNOW

C2e1. How often are you (or your spouse/partner) present when this person is caring for [CHILD] in your home? Would you say:

- 1 Almost all of the time,
- 2 some of the time, or
- 3 hardly ever?
- 7 REFUSED
- 8 DON'T KNOW

C2f1. For this child care arrangement, how many days a week does this person care for [CHILD]?

- | | | |
|----------------|----|------------|
| _____ | 97 | REFUSED |
| NUMBER OF DAYS | 98 | DON'T KNOW |

C2g1. And how many hours a day does this person usually take care of [CHILD]?

- | | | |
|-----------------|----|------------|
| _____ | 97 | REFUSED |
| NUMBER OF HOURS | 98 | DON'T KNOW |

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C2h1. That adds up to around [HOURS] total hours for a usual week. Does that sound:

- 1 about right,
- 2 too high, or
- 3 too low?
- 7 REFUSED
- 8 DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C2f1 AND C2g1.]

BOX C2h1:

**IF IN C2a THERE IS MORE THAN ONE IN-HOME ARRANGEMENT,
USE CONTINUATION SHEET C2 TO COLLECT THE INFORMATION
FOR THE OTHERS [CATI: MAX IS 6].**

CHILD CARE IN SOMEONE ELSE'S HOME

C3. Does [CHILD] go to someone else's home for at least four hours per week when you (or your spouse/partner) need child care?

- 1 YES [C3a]
- 5 NO [C4]
- 7 REFUSED [C4]
- 8 DON'T KNOW [C4]

C3a. How many separate arrangements do you have where [CHILD] goes to someone else's home on a regular basis for child care?

[IF NEEDED, SAY: For example, if [CHILD] goes to Person A's home two days a week, and to Person B's home three days a week, that would be 2 separate arrangements.]

- _____ 97 REFUSED
- 1-15 ARRANGEMENTS 98 DON'T KNOW

BOX C3a:

IF C3a = 1, GO DIRECTLY TO C3b1.

OTHERWISE FIRST SAY: I'd like to ask about each of these arrangements separately. Let's start with the person's home where [CHILD] spends the (most/next most) time for child care.

C3b1. Is this the home of a relative or a non-relative?

- 1 RELATIVE
- 5 NON-RELATIVE
- 7 REFUSED
- 8 DON'T KNOW

C3c1. Is the person who does the child care at least 18 years old or older?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

C3d1. How many days a week does [CHILD] spend in this child care arrangement?

_____	97	REFUSED
NUMBER OF DAYS	98	DON'T KNOW

C3e1. And how many hours a day does [CHILD] usually spend in this arrangement?

_____	97	REFUSED
NUMBER OF HOURS	98	DON'T KNOW

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C3f1. That adds up to around [HOURS] total hours for a usual week. Does that sound:

1	about right,
2	too high, or
3	too low?
7	REFUSED
8	DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C3d1 AND C3e1.]

BOX C3f1:

**IF IN C3a THERE IS MORE THAN ONE OTHER-HOME ARRANGEMENT,
USE CONTINUATION SHEET C3 TO COLLECT THE INFORMATION
FOR THE OTHERS [CATI: MAX IS 6].**

CHILD CARE IN A PROGRAM

C4. I am going to read to you a list of programs. When I am done reading the list, I will ask you whether [CHILD] attends any of these types of programs at least four hours per week.

A child care center, a nursery school or preschool, a Head Start program, an Early Head Start program, a pre-kindergarten program, **[ONLY READ IF CHILD IS AGE 4 OR 5: kindergarten]**, or some other type of program.

Does [CHILD] attend any of these types of programs on a regular basis?

- | | | | | | | | | | |
|---|------------|---|---|---|---|---|---|---|-------|
| 1 | YES | . | . | . | . | . | . | . | [C4a] |
| 5 | NO | . | . | . | . | . | . | . | [C5] |
| 7 | REFUSED | . | . | . | . | . | . | . | [C5] |
| 8 | DON'T KNOW | . | . | . | . | . | . | . | [C5] |

C4a. Which of these programs does [CHILD] attend on a regular basis?

[CODE ALL THAT APPLY]

- 1 A CHILD CARE CENTER
- 2 A NURSERY SCHOOL OR PRESCHOOL
- 3 A HEAD START PROGRAM
- 4 AN EARLY HEAD START PROGRAM
- 5 A PRE-KINDERGARTEN PROGRAM
- 6 **[ONLY ALLOWED IF CHILD IS AGE 4 OR 5]** KINDERGARTEN
- 7 OTHER
- 97 REFUSED
- 98 DON'T KNOW

C4b. How many separate programs does [CHILD] attend on a regular basis?

[IF NEEDED, SAY: For example, if [CHILD] attended 2 different nursery schools each week, that would be 2 separate programs.]

- | | | |
|-------------------|----|------------|
| _____ | 97 | REFUSED |
| 1-15 ARRANGEMENTS | 98 | DON'T KNOW |

BOX C4b:

IF C4b = 1, GO DIRECTLY TO C4c1.

OTHERWISE SAY: I'd like to ask about each of these programs separately. Let's start with the program where [CHILD] spends the (most/ next most) time.

C4c1. How many days a week does [CHILD] spend in [PROGRAM]?

_____	97	REFUSED
NUMBER OF DAYS	98	DON'T KNOW

C4d1. And how many hours a day does [CHILD] usually spend in [PROGRAM]?

_____	97	REFUSED
NUMBER OF HOURS	98	DON'T KNOW

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS PROGRAM. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C4e1. That adds up to around [HOURS] total hours for a usual week. Does that sound:

1	about right,
2	too high, or
3	too low?
7	REFUSED
8	DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C4c1 AND C4d1.]

BOX C4e1:

**IF IN C4b THERE IS MORE THAN ONE PROGRAM,
USE CONTINUATION SHEET C4 TO COLLECT THE INFORMATION
FOR THE OTHERS [CATI: MAX IS 6].**

CHILD CARE PROVIDER FOR OTHER CHILDREN IN CHILD'S HOME

C5. Are you (or your spouse/partner) a child care provider for other children in your home at least four hours per week while you are also taking care of [CHILD]?

- 1 YES [C5a]
- 5 NO [BOX C5c]
- 7 REFUSED [BOX C5c]
- 8 DON'T KNOW [BOX C5c]

C5a. How many days a week is [CHILD] usually cared for by you (or your spouse/partner) when you are also providing care for other children in your home?

- _____ 97 REFUSED
- NUMBER OF DAYS 98 DON'T KNOW

C5b. And how many hours a day is [CHILD] cared for while you are also providing care for other children in your home?

- _____ 97 REFUSED
- NUMBER OF HOURS 98 DON'T KNOW

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C5c. That adds up to around [HOURS] total hours for a usual week. Does that sound:

- 1 about right,
- 2 too high, or
- 3 too low?
- 7 REFUSED
- 8 DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C5a AND C5b.]

BOX C5c:

CHECK QUESTIONS C2, C3, C4, AND C5.

IF ANY OF THOSE QUESTIONS = 1, GO TO BOX C10.

OTHERWISE, GO TO C6.

C6. Is there another type of arrangement for child care or education that you use for [CHILD] at least four hours a week on a regular basis that I have not mentioned?

- | | | | | | | | | | |
|---|------------|---|---|---|---|---|---|---|-------|
| 1 | YES | . | . | . | . | . | . | . | [C9] |
| 5 | NO | . | . | . | . | . | . | . | [C6a] |
| 7 | REFUSED | . | . | . | . | . | . | . | [C6a] |
| 8 | DON'T KNOW | . | . | . | . | . | . | . | [C6a] |

C6a. Tell me why you do not use any type of child care or educational program on a regular basis for [CHILD].

**[CONTINUE PROBING UNTIL THERE ARE NO MORE REASONS.
CODE ALL THAT APPLY]**

- | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | NOT NEEDED
YOU OR SPOUSE/PARTNER IS ALWAYS WITH CHILD |
| 2 | NOT WANTED
R THINKS CHILD CARE IS DANGEROUS
R THINKS CHILD CARE IS UNHEALTHY/SPREADS ILLNESS
R WANTS TO BE HOME WITH CHILD
R THINKS ONLY FAMILY MEMBERS SHOULD CARE FOR CHILD
CHILD IS TOO YOUNG TO BE CARED FOR BY OTHERS |
| 3 | CAN'T AFFORD
CAN'T AFFORD ANYTHING
CAN'T AFFORD A GOOD PROGRAM/ARRANGEMENT |
| 4 | CHILD NOT APPROPRIATE FOR CHILD CARE
CHILD IS AN INFANT
CHILD HAS SPECIAL NEEDS |
| 5 | DO USE CARE, BUT NOT 4 HOURS PER WEEK OR NOT REGULARLY |
| 6 | OTHER |
| 7 | NO REASON |
| 97 | REFUSED |
| 98 | DON'T KNOW |

C7. I understand that you are not currently using any type of child care or educational program (regularly) for [CHILD]. Has [CHILD] ever been in a child care or educational arrangement for at least four hours a week for three weeks in a row?

- 1 YES [C7a]
- 5 NO [C8]
- 7 REFUSED [C8]
- 8 DON'T KNOW [C8]

C7a. Think about the most recent arrangement you used for [CHILD]. What kind of arrangement was that?

[IF MORE THAN ONE ARRANGEMENT ENDED AT THE SAME TIME, ASK FOR THE ONE THAT [CHILD] WAS IN THE LONGEST.]

- 1 CAREGIVER CAME TO CHILD'S HOME
 - 2 CHILD WENT TO CAREGIVER'S HOME
 - 3 IN CENTER OR PROGRAM WITH 7 TO 12 CHILDREN
 - 4 IN CENTER WITH 13 OR MORE CHILDREN
 - 5 IN KINDERGARTEN
 - 6 WITH R IN OWN HOME ALONG WITH OTHER CHILDREN
 - 7 SOMETHING ELSE (SPECIFY)
-
- 97 REFUSED
 - 98 DON'T KNOW

C7b. How many days a week was [CHILD] usually in that arrangement?

- _____ 97 REFUSED
- NUMBER OF DAYS 98 DON'T KNOW

C7c. And how many hours a day was [CHILD] usually in that arrangement?

- _____ 97 REFUSED
- NUMBER OF HOURS 98 DON'T KNOW

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C7d. That adds up to around [HOURS] total hours for a usual week. Does that sound:

- 1 about right,
- 2 too high, or
- 3 too low?
- 7 REFUSED
- 8 DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C7b AND C7c.]

C7e. How long was [CHILD] in that arrangement?

- | | | |
|-----------|---|------------|
| _____ | 1 | DAYS |
| NUMBER OF | 2 | WEEKS |
| | 3 | MONTHS |
| | 4 | YEARS |
| 97 | | REFUSED |
| 98 | | DON'T KNOW |

C7f. How old was [CHILD] when that arrangement ended?

- | | | |
|--------|---|------------|
| _____ | 1 | DAYS |
| AGE IN | 2 | WEEKS |
| | 3 | MONTHS |
| | 4 | YEARS |
| 97 | | REFUSED |
| 98 | | DON'T KNOW |

C7g. Why did you stop using this arrangement for [CHILD]?

**[CONTINUE PROBING UNTIL THERE ARE NO MORE REASONS.
CODE ALL THAT APPLY]**

- 1 CHANGE IN PARENT SCHEDULE
PARENT'S WORK OR SCHOOL SCHEDULE CHANGED
- 2 CHANGE IN HOUSING
LOST HOUSING
FAMILY MOVED
- 3 COST/PAYMENT
TOO EXPENSIVE
LOST SUBSIDY/BENEFIT
- 4 DISSATISFIED WITH ARRANGEMENT
BAD PROGRAM / TEACHER
UNSAFE
INCIDENT OCCURRED
INCONVENIENT HOURS/LOCATION
- 5 PROBLEM WITH PROVIDER
PROGRAM / PROVIDER TERMINATED
- 6 CHILD SPECIFIC PROBLEM
- 7 OTHER
- 97 REFUSED
- 98 DON'T KNOW

BOX C7g: ALL GO TO BOX C10.

C8. Are you planning to begin using any type of child care or educational program (again) for [CHILD] at any time before (he/she) turns six years old?

- 1 YES [C8a]
- 2 HAVEN'T DECIDED YET [C8a]
- 5 NO [BOX C10]
- 7 REFUSED [BOX C10]
- 8 DON'T KNOW [BOX C10]

C8a. What kind of arrangement do you think that will be?

[IF MORE THAN ONE ARRANGEMENT AT THE SAME TIME, ASK FOR THE ONE THAT [CHILD] WILL BE IN THE LONGEST.]

- 1 CAREGIVER WILL COME TO CHILD'S HOME
 - 2 CHILD WILL GO TO CAREGIVER'S HOME
 - 3 IN CENTER OR PROGRAM WITH 7 TO 12 CHILDREN
 - 4 IN CENTER WITH 13 OR MORE CHILDREN
 - 5 IN KINDERGARTEN
 - 6 WITH R IN OWN HOME ALONG WITH OTHER CHILDREN
 - 7 SOMETHING ELSE (SPECIFY)
-
- 97 REFUSED
 - 98 DON'T KNOW

C8b. How many days a week will [CHILD] usually be in that arrangement?

- _____ 97 REFUSED
- NUMBER OF DAYS 98 DON'T KNOW

C8c. And how many hours a day will [CHILD] usually be in that arrangement?

- _____ 97 REFUSED
- NUMBER OF HOURS 98 DON'T KNOW

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C8d. That adds up to around [HOURS] total hours for a usual week. Does that sound:

- 1 about right,
- 2 too high, or
- 3 too low?
- 7 REFUSED
- 8 DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C8b AND C8c.]

BOX C8d: ALL GO TO BOX C10.

C9. How would you describe the child care arrangement or educational program that you use for [CHILD]?

[IF MORE THAN ONE ARRANGEMENT AT THE SAME TIME, ASK FOR THE ONE THAT [CHILD] IS IN THE MOST HOURS PER WEEK.]

- 97 REFUSED
- 98 DON'T KNOW

C9a. How many days a week is [CHILD] usually in that arrangement?

- | | | | |
|----------------|--|----|------------|
| _____ | | 97 | REFUSED |
| NUMBER OF DAYS | | 98 | DON'T KNOW |

C9b. And how many hours a day is [CHILD] usually in that arrangement?

- | | | | |
|-----------------|--|----|------------|
| _____ | | 97 | REFUSED |
| NUMBER OF HOURS | | 98 | DON'T KNOW |

[THE COMPUTER CALCULATES THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT. THAT NUMBER IS THEN DISPLAYED IN THE NEXT QUESTION.]

C9c. That adds up to around [HOURS] total hours for a usual week. Does that sound:

- 1 about right,
- 2 too high, or
- 3 too low?
- 7 REFUSED
- 8 DON'T KNOW

[IF THE ANSWER IS TOO HIGH OR TOO LOW, GO BACK AND RE-ASK C9a AND C9b.]

BOX C10:

CHECK QUESTIONS C2, C3, C4, C5, AND C6 (C9).

IF ANY OF THOSE QUESTIONS = 1, THE COMPUTER WILL COMPARE ALL LENGTHS FOR THOSE ARRANGEMENTS AND DETERMINE THE ONE ARRANGEMENT IN WHICH [CHILD] SPENDS THE MOST TIME.

**IF THE LONGEST ARRANGEMENT IS 'IN HOME' (C2), GO TO C10.
IF THE LONGEST ARRANGEMENT IS 'OTHER HOME' (C3), GO TO C11.
IF THE LONGEST ARRANGEMENT IS 'PROGRAM' (C4 OR C6), GO TO C12.
IF THE LONGEST ARRANGEMENT IS 'R IS PROVIDER' (C5), GO TO C13.**

IF NONE OF THOSE QUESTIONS = 1, THEN CHECK C7.

**IF C7 = 1 AND CARE IS 'IN HOME' (C7a=1), GO TO C10.
IF C7 = 1 AND CARE IS 'OTHER HOME' (C7a=2), GO TO C11.
IF C7 = 1 AND CARE IS 'PROGRAM' (C7a=3,4,5, OR 7), GO TO C12.
IF C7 = 1 AND CARE IS 'R IS PROVIDER' (C7A=6), GO TO C13.**

IF C7 DOES NOT = 1, THEN GO TO SECTION E.

PROGRAMMER DISPLAY NOTE FOR '[PROVIDER]':

IF LONGEST ARRANGEMENT IS 'IN HOME', THEN [PROVIDER] = 'caregiver'.
IF LONGEST ARRANGEMENT IS 'OTHER HOME', THEN [PROVIDER] = 'caregiver'.
IF LONGEST ARRANGEMENT IS 'PROGRAM' AND PROGRAM IS NOT SCHOOL
(C4a=1,2, OR 7 / C6=1 / C7a=3,4, OR 7 / C8a=3,4,OR 7),
THEN [PROVIDER] = 'provider'.
IF LONGEST ARRANGEMENT IS 'PROGRAM' AND PROGRAM IS SCHOOL
(C4a=3,4,5, OR 6 / C7a=5 / C8a=5), THEN [PROVIDER] = 'teacher'.
IF LONGEST ARRANGEMENT IS 'R IS PROVIDER', THEN [PROVIDER] = 'you'.

CHILD CARE IN CHILD'S HOME (CONTINUATION)

C10. Now that I have asked about all of the types of arrangements that you use for [CHILD], I would like to ask a few more questions about the arrangement that you have mentioned where [CHILD] spends the most time. That would be [DESCRIPTION OF ARRANGEMENT].

Just thinking of that arrangement, how many other non-related children are usually in your home when the person is there to take care of [CHILD]?

_____	97	REFUSED
NUMBER OF NON-RELATED CHILDREN	98	DON'T KNOW

C10a. How old was [CHILD] when you started using this specific arrangement with this caregiver?

_____	1	DAYS
AGE IN	2	WEEKS
	3	MONTHS
	4	YEARS
97	REFUSED	
98	DON'T KNOW	

C10b. What times of day is [CHILD] usually in this arrangement? **[CODE ALL THAT APPLY]**

1	MORNINGS		
2	AFTERNOONS		
3	EVENINGS (7PM TO 11PM)	7	REFUSED
4	NIGHTS (AFTER 11PM)	8	DON'T KNOW

BOX C10b:

CHECK AGE OF [CHILD].

IF CHILD IS LESS THAN 1 YEAR OLD, GO TO SECTION D.

OTHERWISE, GO TO C10c.

C10c. How good is [CHILD]'s caregiver at helping children get along together, share toys and use words to express their feelings? Would you say:

- | | | | |
|---|-------------------|---|------------|
| 1 | excellent, | | |
| 2 | reasonably good, | | |
| 3 | not very good, or | 7 | REFUSED |
| 4 | very bad? | 8 | DON'T KNOW |

C10d. How good is [CHILD]'s caregiver at helping children begin to learn to recognize shapes and colors and letters? Would you say:

- | | | | |
|---|-------------------|---|------------|
| 1 | excellent, | | |
| 2 | reasonably good, | | |
| 3 | not very good, or | 7 | REFUSED |
| 4 | very bad? | 8 | DON'T KNOW |

BOX C10b: ALL GO TO SECTION D.

CHILD CARE IN SOMEONE ELSE'S HOME (CONTINUATION)

C11. Now that I have asked about all of the types of arrangements that you use for [CHILD], I would like to ask a few more questions about the longest arrangement that you have mentioned. That would be [DESCRIPTION OF ARRANGEMENT].

Just thinking of that arrangement, how many adults are usually there while [CHILD] is being cared for?

_____	97	REFUSED
NUMBER OF ADULTS	98	DON'T KNOW

C11a. Including [CHILD], how many children are usually present when [CHILD] is there?

_____	97	REFUSED
NUMBER OF CHILDREN	98	DON'T KNOW

C11b. How old was [CHILD] when you started using this specific arrangement with this caregiver?

_____	1	DAYS
AGE IN	2	WEEKS
	3	MONTHS
	4	YEARS
	97	REFUSED
	98	DON'T KNOW

C11c. What times of day is [CHILD] usually in this arrangement?

[CODE ALL THAT APPLY]

1	MORNINGS
2	AFTERNOONS
3	EVENINGS (7PM TO 11PM)
4	NIGHTS (AFTER 11PM)
7	REFUSED
8	DON'T KNOW

C11d. In the last few months, not counting any that you may have given (him/her), has [CHILD] been given any prescription medication while (he/she) was in this arrangement?

1	YES	.	.	.	.	.	.	[C11e]
5	NO	.	.	.	.	.	.	[C11f]
7	REFUSED	.	.	.	.	.	.	[C11f]
8	DON'T KNOW	.	.	.	.	.	.	[C11f]

C11e. Was that prescription medication given by someone who had been trained to give medications?

1	YES	7	REFUSED
5	NO	8	DON'T KNOW

C11f. Has this caregiver given you information about where you can get health care for [CHILD]?

1	YES	7	REFUSED
5	NO	8	DON'T KNOW

C11g. Has this caregiver ever given you information about how to get health insurance for CHILD?

1	YES	7	REFUSED
5	NO	8	DON'T KNOW

BOX C11g:

CHECK AGE OF [CHILD].

IF CHILD IS LESS THAN 1 YEAR OLD, GO TO SECTION D.

OTHERWISE, GO TO C11h.

C11h. How good is [CHILD]'s caregiver at helping children get along together, share toys and use words to express their feelings? Would you say:

1	excellent,		
2	reasonably good,		
3	not very good, or	7	REFUSED
4	very bad?	8	DON'T KNOW

C11i. How good is [CHILD]'s caregiver at helping children learn to recognize shapes and colors and letters? Would you say:

1	excellent,		
2	reasonably good,		
3	not very good, or	7	REFUSED
4	very bad?	8	DON'T KNOW

BOX C11i: ALL GO TO SECTION D.

CHILD CARE IN A PROGRAM (CONTINUATION)

C12. Now that I have asked about all of the types of arrangements that you use for [CHILD], I would like to ask a few more questions about the longest arrangement that you have mentioned. That would be [DESCRIPTION OF ARRANGEMENT].

Just thinking of that arrangement, what times of day is [CHILD] usually in this classroom or group?

[CODE ALL THAT APPLY]

- 1 MORNINGS
- 2 AFTERNOONS
- 3 EVENINGS (7PM TO 11PM)
- 4 NIGHTS (AFTER 11PM)
- 7 REFUSED
- 8 DON'T KNOW

C12a. How many children including [CHILD] are usually in the classroom or group?

- _____ NUMBER OF CHILDREN
- 97 REFUSED
- 98 DON'T KNOW

C12b. How many teachers or adults are usually in the classroom or group when [CHILD] is there?

- _____ NUMBER OF ADULTS
- 97 REFUSED
- 98 DON'T KNOW

C12c. Is there one person at this particular arrangement that knows [CHILD] well?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

C12d. How old was [CHILD] when (he/she) started attending this specific arrangement?

- _____ AGE IN
- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 4 YEARS
- 97 REFUSED
- 98 DON'T KNOW

C12e. How good is [CHILD]'s [PROVIDER] at helping children get along together, share toys and use words to express their feelings? Would you say:

- | | | | |
|---|-------------------|---|------------|
| 1 | excellent, | | |
| 2 | reasonably good, | | |
| 3 | not very good, or | 7 | REFUSED |
| 4 | very bad? | 8 | DON'T KNOW |

C12f. How good is [CHILD]'s [PROVIDER] at helping children learn to recognize shapes and colors and letters? Would you say:

- | | | | |
|---|-------------------|---|------------|
| 1 | excellent, | | |
| 2 | reasonably good, | | |
| 3 | not very good, or | 7 | REFUSED |
| 4 | very bad? | 8 | DON'T KNOW |

C12g. In the last few months, has [CHILD] been given any prescription medication while (he/she) was in this arrangement?

- | | | | | | | | | |
|---|------------|---|---|---|---|---|---|--------|
| 1 | YES | . | . | . | . | . | . | [C12h] |
| 5 | NO | . | . | . | . | . | . | [C12i] |
| 7 | REFUSED | . | . | . | . | . | . | [C12i] |
| 8 | DON'T KNOW | . | . | . | . | . | . | [C12i] |

C12h. Was that prescription medication given by someone who had been trained to give medications?

- | | | | |
|---|-----|---|------------|
| 1 | YES | | |
| 5 | NO | 7 | REFUSED |
| | | 8 | DON'T KNOW |

C12i. Has this [PROVIDER] given you information about where you can get health care for [CHILD]?

- | | | | |
|---|-----|---|------------|
| 1 | YES | | |
| 5 | NO | 7 | REFUSED |
| | | 8 | DON'T KNOW |

C12j. Has this [PROVIDER] ever given you information about how to get health insurance for [CHILD]?

- | | | | |
|---|-----|---|------------|
| 1 | YES | | |
| 5 | NO | 7 | REFUSED |
| | | 8 | DON'T KNOW |

BOX C12j:
CHECK WHAT TYPE OF PROGRAM THIS ARRANGEMENT IS.
IF 'HEAD START', GO TO SECTION D.
OTHERWISE, GO TO C12k.

C12k. I'm going to read you a list of options for who might operate this (program/school). Is it operated by:

[CODE ALL THAT APPLY]

- 1 a private individual or group,
- 2 a public school,
- 3 a religious institution, or
- 4 something other than these?
- 7 REFUSED
- 8 DON'T KNOW

C12l. Is this (program/school) registered, licensed, or accredited?

[CODE ALL THAT APPLY]

- 1 REGISTERED
- 2 LICENSED
- 3 ACCREDITED
- 4 NONE OF THESE
- 7 REFUSED
- 8 DON'T KNOW

BOX C12i: ALL GO TO SECTION D.

CHILD CARE PROVIDER FOR OTHER CHILDREN IN CHILD'S HOME (CONTINUATION)

C13. Now that I have asked about all of the types of arrangements that you use for [CHILD], I would like to ask a few more questions about the longest arrangement that you have mentioned. That would be [DESCRIPTION OF ARRANGEMENT].

Just thinking of that arrangement, how many children do you usually care for that are not your own children?

_____	97	REFUSED
NUMBER OF OTHER CHILDREN	98	DON'T KNOW

C13a. How old was [CHILD] when you started caring for (him/her) together with other children in your home?

_____	1	DAYS
AGE IN	2	WEEKS
	3	MONTHS
	4	YEARS
97		REFUSED
98		DON'T KNOW

C13b. What times of day is [CHILD] usually in this arrangement?

[CODE ALL THAT APPLY]

1	MORNINGS
2	AFTERNOONS
3	EVENINGS (7PM TO 11PM)
4	NIGHTS (AFTER 11PM)
7	REFUSED
8	DON'T KNOW

SECTION D - CHILD CARE ARRANGEMENT DETAILS

COST

D1. Now I have some more questions about the (longest) arrangement that you have mentioned. As a reminder, that would be [DESCRIPTION OF ARRANGEMENT].

Let's start with some questions about the cost of that arrangement for [CHILD]. How much have you (or your spouse/partner) paid for your most recent month for that care?

[THIS DOES NOT INCLUDE TRANSPORTATION COSTS OR SUBSIDIES.]

_____	OR	<u>00000</u>
COST FOR...		NOTHING PAID
1	ONE HOUR	
2	ONE DAY	
3	ONE WEEK	
4	ONE MONTH	
5	ONE YEAR	
99997	REFUSED	
99998	DON'T KNOW	

BOX D1:

CHECK WHAT TYPE OF PROGRAM THIS ARRANGEMENT IS.

IF 'IN HOME' OR 'OTHER HOME', GO TO D1a.

OTHERWISE, GO TO BOX D1a.

D1a. Do you provide any additional services for this care arrangement such as room and board, or being a care provider yourself for that person's children?

1	YES
5	NO
7	REFUSED
8	DON'T KNOW

BOX D1a:

IF D1 = 00000, GO TO D1d.

OTHERWISE, GO TO D1b.

D1b. Was this amount for [CHILD] only or did it also cover other children in your household?

1	[CHILD] ONLY	[D1d]
2	ALSO OTHER CHILDREN	[D1c]
7	REFUSED	[D1d]
8	DON'T KNOW	[D1d]

D1c. How many other children did this cost cover?

<u> </u>	97	REFUSED
NUMBER OF CHILDREN	98	DON'T KNOW

D1d. What would your estimated transportation costs just for this particular arrangement be?

<u> </u>	OR	<u>00000</u>
COST FOR...		NOTHING PAID
1	ONE DAY	
2	ONE WEEK	
3	ONE MONTH	
4	ONE YEAR	
99997	REFUSED	
99998	DON'T KNOW	

BOX D1d:

CHECK WHAT TYPE OF PROGRAM THIS ARRANGEMENT IS.

**IF 'KINDERGARTEN', 'PRE-KINDERGARTEN', OR 'HEAD START',
GO TO BOX D1f.**

OTHERWISE, GO TO D1e.

D1e. Did anyone help you pay for [IF D1 = 00000, SAY 'all or'] part of the costs of this arrangement for [CHILD]? By anyone I mean a state or government agency, an employer, a relative or friend (other than your spouse/partner).

1	YES	[D1f]
5	NO	[BOX D1f]
7	REFUSED	[BOX D1f]
8	DON'T KNOW	[BOX D1f]

D1f. Who or what agency helped pay for your arrangement?

[CODE ALL THAT APPLY]

- 1 GOVERNMENT - CAO
- 2 GOVERNMENT – CCIS
- 3 GOVERNMENT – DPW OR NONSPECIFIC
- 4 EX-SPOUSE/CHILD’S OTHER PARENT
- 5 EMPLOYER
- 6 RELATIVE OR FRIEND
- 7 OTHER
- 97 REFUSED
- 98 DON’T KNOW

BOX D1f:

CHECK QUESTIONS C2, C3, C4, C5, C6, and C7.

IF THERE WAS MORE THAN ONE ARRANGEMENT, GO TO D1g.

IF THERE WAS ONLY ONE ARRANGEMENT, GO TO BOX D1g.

D1g. Thinking about the total costs that you pay for [CHILD]’s early education and care, what is the total monthly cost for all arrangements that you have for [CHILD]?

- | | | |
|-------------------|-----------|--------------|
| <u> </u> | OR | <u>00000</u> |
| COST FOR... | | NOTHING PAID |
| 1 | | ONE HOUR |
| 2 | | ONE DAY |
| 3 | | ONE WEEK |
| 4 | | ONE MONTH |
| 5 | | ONE YEAR |
| 99997 | | REFUSED |
| 99998 | | DON’T KNOW |

BOX D1g:

CHECK WHAT TYPE OF PROGRAM THIS ARRANGEMENT IS.

IF ‘HOME CARE’ OR ‘R IS PROVIDER’, GO TO D3.

OTHERWISE, GO TO D2.

TRANSPORTATION

D2. How long does it take you to travel from home to the place of [CHILD]'s care arrangement?

- | | | |
|--------------|------------|------------------|
| _____ | OR | 000 |
| NUMBER OF... | | NO TRAVEL NEEDED |
| 1 | MINUTES | |
| 2 | HOURS | |
| 997 | REFUSED | |
| 998 | DON'T KNOW | |

BOX D2:
IF D2 = 000, GO TO D3.
OTHERWISE, GO TO D2a.

D2a. What kind of transportation do you usually use?

- 1 YOUR OWN CAR OR MOTOR VEHICLE
- 2 CAR POOL/ SHARED RIDE
- 3 BUS
- 4 TRAIN/SUBWAY/ELEVATED RAIL
- 5 WALK
- 6 OTHER
- 7 REFUSED
- 8 DON'T KNOW

D2b. How much of a problem is transportation to this care arrangement? Would you say:

- 1 a very big problem, [D2c]
- 2 somewhat of a problem, [D2c]
- 3 not much of a problem, or [D2c]
- 4 not a problem at all? [D3]
- 7 REFUSED [D3]
- 8 DON'T KNOW [D3]

D2c. What sort of problems do you have with transportation?

[CODE ALL THAT APPLY]

- 1 COSTS TOO MUCH
- 2 TIME OR DISTANCE IS TOO GREAT
- 3 HASSLE, DIFFICULT TO ARRANGE, NOT DEPENDABLE
- 4 DOES NOT ACCOMMODATE CHILD'S SPECIAL NEEDS
- 5 OTHER
- 7 REFUSED
- 8 DON'T KNOW

SATISFACTION WITH CARE PROVIDER

D3. How did you find out about this arrangement for [CHILD]? Was it from:

- 1 someone you know, such as a friend, neighbor, or family member,
- 2 an advertisement, such as a flyer, on a billboard, or on the radio,
- 3 driving by it or otherwise actually seeing the place itself,
- 4 the Phone Book,
- 5 a child care referral service, or
- 6 from something other than these?
- 96 NONE OF THESE
- 97 REFUSED
- 98 DON'T KNOW

D3a. If there was one thing that you could change about your [PROVIDER], what would that be?

- 1 COST [D3b]
- 2 HOURS AND VACATION POLICY [D3b]
- 3 SICK CHILD/SICK PROVIDER POLICY [D3b]
- 4 LOCATION OR TRANSPORTATION NEEDS [D3b]
- 5 QUALITY OF CAREGIVER [D3b]
- 6 QUALITY OF PROGRAM OR CURRICULM [D3b]
- 7 QUALITY OF SPACE, BUILDING, YARD [D3b]
- 8 SAFETY OR CLEANLINESS [D3b]
- 9 SOMETHING ELSE [D3b]
- 10 WOULD NOT CHANGE ANYTHING [D3c]
- 97 REFUSED [D3c]
- 98 DON'T KNOW [D3c]

D3b. And what might be a second thing that you would want to change about your [PROVIDER]?

- 1 COST
- 2 HOURS AND VACATION POLICY
- 3 SICK CHILD/SICK PROVIDER POLICY
- 4 LOCATION OR TRANSPORTATION NEEDS
- 5 QUALITY OF CAREGIVER
- 6 QUALITY OF PROGRAM OR CURRICULM
- 7 QUALITY OF SPACE, BUILDING, YARD
- 8 SAFETY OR CLEANLINESS
- 9 SOMETHING ELSE
- 10 WOULD NOT CHANGE ANYTHING ELSE
- 97 REFUSED
- 98 DON'T KNOW

D3c. If a friend of yours with a child similar to [CHILD] was thinking about using the same provider or center for his or her child, what would you say? Would you:

- 1 strongly recommend it,
- 2 recommend it,
- 3 have some doubts about recommending it, or
- 4 advise your friend to look for a different one?
- 7 REFUSED
- 8 DON'T KNOW

CHANGES IN CARE

D4. From last September to the end of this past April, have you changed from a different provider to the one we have just been talking about, or have you been using this provider for [CHILD] for that entire period?

- 1 CHANGED PROVIDERS [D4a]
- 5 NO CHANGE IN PROVIDERS [BOX D4b]
- 7 REFUSED [BOX D4b]
- 8 DON'T KNOW [BOX D4b]

D4a. How many times did you change providers for [CHILD] since last September?

- _____ 97 REFUSED
- NUMBER OF TIMES 98 DON'T KNOW

D4b. What were the reasons for making the change(s)?

[CODE ALL THAT APPLY]

- 1 CHANGE IN PARENT'S SCHEDULE
- 2 CHANGE IN HOUSING LOCATION
- 3 COST, NOT ABLE TO PAY
- 4 DISSATISFACTION WITH PROVIDER OR CARE
- 5 PROVIDER, PROGRAM, CENTER TERMINATED
- 6 PROBLEM WITH CHILD
- 7 OTHER
- 97 REFUSED
- 98 DON'T KNOW

SPECIAL NEEDS

BOX D4b:

CHECK QUESTIONS B2 and B3.

IF EITHER QUESTION IS CODED '1', GO TO D5.

OTHERWISE, GO TO D6.

D5. Earlier I recorded that {CHILD} has special health or behavior problems of some kind. How well does this care arrangement provide for these needs? Would you say:

- 1 not very well,
- 2 somewhat adequately,
- 3 adequately, or
- 4 very well?
- 7 REFUSED
- 8 DON'T KNOW

D5a. Who provides for [CHILD]'s special needs in this care arrangement? For example, are those needs taken care of by the care providers themselves, by someone who is brought in for that purpose, or is [CHILD] taken to a different location?

- 1 CARE PROVIDERS THEMSELVES . . . [D5b]
- 2 SOMEONE BROUGHT IN . . . [D5b]
- 3 CHILD TAKEN ELSEWHERE . . . [D5b]
- 4 NOTHING IS PROVIDED . . . [D6]
- 7 REFUSED . . . [D6]
- 8 DON'T KNOW . . . [D6]

D5b. Is there any extra cost for these services?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

OPINIONS REGARDING CHILD CARE

- D6.** Researchers are looking at what happens in different kinds of child care arrangements and nursery schools. In this next set of questions, we want to know what you would like to see happening with your child and other children your child's age. I will ask you about some activities and you can tell me if you would like to see more time and effort spent on these activities, you think the time and effort currently spent is about right, or you would like to see less time and effort spent on them.

How often do you think care providers with [CHILD'S AGE]-year-old children should look at picture books or read with them? Would you say:

- 1 more often than is happening now,
- 2 about the same amount of time, or
- 3 less often than is happening now?
- 7 REFUSED
- 8 DON'T KNOW

- D6a.** How often do you think providers with children who are [CHILD]'s age should sing songs or play games that prepare children for learning?

- 1 MORE OFTEN THAN IS HAPPENING NOW
- 2 ABOUT THE SAME AMOUNT OF TIME
- 3 LESS OFTEN THAN IS HAPPENING NOW
- 7 REFUSED
- 8 DON'T KNOW

BOX D6a:

CHECK AGE OF [CHILD].

IF CHILD IS LESS THAN 1 YEAR OLD, GO TO SECTION E.

OTHERWISE, GO TO D6b.

- D6b.** How often do you think providers with children this age should have story-time, reading books aloud to them in a group?

- 1 MORE OFTEN THAN IS HAPPENING NOW
- 2 ABOUT THE SAME AMOUNT OF TIME
- 3 LESS OFTEN THAN IS HAPPENING NOW
- 7 REFUSED
- 8 DON'T KNOW

D6c. How often do you think providers with children this age should talk with them or play games with them about letters of the alphabet?

- 1 MORE OFTEN THAN IS HAPPENING NOW
- 2 ABOUT THE SAME AMOUNT OF TIME
- 3 LESS OFTEN THAN IS HAPPENING NOW
- 7 REFUSED
- 8 DON'T KNOW

D6d. How often do you think providers with children who are this age should help them share toys or learn to get along with other children?

- 1 MORE OFTEN THAN IS HAPPENING NOW
- 2 ABOUT THE SAME AMOUNT OF TIME
- 3 LESS OFTEN THAN IS HAPPENING NOW
- 7 REFUSED
- 8 DON'T KNOW

SECTION E - EMPLOYMENT

WAGES

E1. Now I have some questions about your income and your employment. Are you currently working for pay?

- | | | | | | | |
|---|-----------------------------|---|---|---|---|-----------|
| 1 | YES [NOT SELF EMPLOYED] | . | . | . | . | [E1a] |
| 2 | YES [SELF EMPLOYED] | . | . | . | . | [E1a] |
| 3 | YES [EMPLOYED BUT ON LEAVE] | . | . | . | . | [E1a] |
| 4 | NO | . | . | . | . | [BOX E1g] |
| 7 | REFUSED | . | . | . | . | [BOX E1g] |
| 8 | DON'T KNOW | . | . | . | . | [BOX E1g] |

E1a. Do you currently have one job for pay, or do you have more than one job for pay?

- | | |
|---|-------------------|
| 1 | ONE JOB |
| 5 | MORE THAN ONE JOB |
| 7 | REFUSED |
| 8 | DON'T KNOW |

E1b. How many total hours per week do you usually work for pay?

- | | | | |
|---|--------------|-------|------------|
| | _____ | 99997 | REFUSED |
| | HOURS PER... | 99998 | DON'T KNOW |
| 1 | DAY | | |
| 2 | WEEK | | |
| 3 | MONTH | | |
| 4 | YEAR | | |

E1c. (At the job where you work the most hours) What is your current hourly salary?

- | | | | |
|---|---------------|-------|------------|
| | _____ | 99997 | REFUSED |
| | SALARY PER... | 99998 | DON'T KNOW |
| 1 | HOUR | | |
| 2 | DAY | | |
| 3 | WEEK | | |
| 4 | MONTH | | |
| 5 | YEAR | | |

E1d. Is that before or after taxes are taken out?

- | | |
|---|------------|
| 1 | BEFORE |
| 5 | AFTER |
| 7 | REFUSED |
| 8 | DON'T KNOW |

E1e. (Across all jobs) Do you usually work the same days from week to week?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

E1f. (Across all jobs) Do you usually work the same times of day from week to week?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

E1g. (Does your job / Do any of your jobs) regularly require you to work weekends, nights or evenings after 6 pm, or early morning hours before 6 am?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

BOX E1g:

CHECK QUESTIONS B4 AND B4a.

IF R IS MARRIED OR LIVING WITH A PARTNER, GO TO E1h.

OTHERWISE, GO TO BOX E1o.

E1h. Is your (spouse / partner) currently working for pay?

- 1 YES [NOT SELF EMPLOYED] [E1i]
- 2 YES [SELF EMPLOYED] [E1i]
- 3 YES [EMPLOYED BUT ON LEAVE] [E1i]
- 4 NO [BOX E1o]
- 7 REFUSED [BOX E1o]
- 8 DON'T KNOW [BOX E1o]

E1i. Does your (spouse / partner) currently have one job for pay, or is there more than one job for pay?

- 1 ONE JOB
- 5 MORE THAN ONE JOB
- 7 REFUSED
- 8 DON'T KNOW

E1j. How many total hours per week does your (spouse / partner) usually work for pay?

<u> </u>		99997	REFUSED
HOURS PER...		99998	DON'T KNOW
1	DAY		
2	WEEK		
3	MONTH		
4	YEAR		

E1k. At the job where your (spouse / partner) works the most hours, what is the current salary?

<u> </u>		99997	REFUSED
SALARY PER...		99998	DON'T KNOW
1	HOUR		
2	DAY		
3	WEEK		
4	MONTH		
5	YEAR		

E1l. Is that before or after taxes are taken out?

1	BEFORE
5	AFTER
7	REFUSED
8	DON'T KNOW

E1m. (Across all jobs) Does your (spouse / partner) usually work the same days from week to week?

1	YES
5	NO
7	REFUSED
8	DON'T KNOW

E1n. (Across all jobs) Does your (spouse / partner) usually work the same times of day from week to week?

1	YES
5	NO
7	REFUSED
8	DON'T KNOW

E1o. (Does the job / Do any of the jobs) regularly require your (spouse / partner) to work weekends, nights or evenings after 6 pm, or early morning hours before 6 am?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

EMPLOYER BENEFITS

BOX E1o:

CHECK QUESTIONS E1 AND E1h.

IF R OR SPOUSE/PARTNER IS WORKING, GO TO E1p.

OTHERWISE, GO TO E2.

E1p. I'm going to read a list of some of the ways employers can help their employees with their child care needs. Please tell me which, if any, (your / your spouse's/partner's / your or your spouse's/partner's) employer(s) offer(s).

Does the employer provide a referral service that would locate names of child care services for their employees?

- 1 YES [E1q]
- 5 NO [E1r]
- 7 REFUSED [E1r]
- 8 DON'T KNOW [E1r]

E1q. (Have you / Has your spouse/partner / Have you or your spouse/partner) ever used this service?

- 1 YES
- 5 NO
- 7 REFUSED
- 8 DON'T KNOW

E1r. Does the employer or supervisor allow flexible work hours to accommodate family and child schedules?

- 1 YES [E1s]
- 5 NO [E1t]
- 7 REFUSED [E1t]
- 8 DON'T KNOW [E1t]

E1s. How often do you (or your spouse/partner) use this benefit? Would you say:

- 1 a lot,
- 2 sometimes,
- 3 rarely, or
- 4 never?
- 7 REFUSED
- 8 DON'T KNOW

E1t. (Have you / Has your spouse/partner / Have you or your spouse/partner) taken [CHILD] to work in the last 30 days?

- 1 YES [E1u]
- 5 NO [E2]
- 7 REFUSED [E2]
- 8 DON'T KNOW [E2]

E1u. How many times was [CHILD] taken to work in the last 30 days?

- _____ 97 REFUSED
- NUMBER OF TIMES 98 DON'T KNOW

INCOME

In studies like this, the analysts often group households according to income. Therefore, I'd like to ask you some general questions about your financial resources.

Do you (or your spouse / partner) have any income from the following sources?

		YES	NO	REF	DK
E2a	TANF or Welfare?	1	5	7	8
E2b	Food stamps	1	5	7	8
E2c	Social security	1	5	7	8
E2d	Unemployment compensation?	1	5	7	8
E2e	Workers compensation?	1	5	7	8
E2f	Veteran's administration?	1	5	7	8
E2g	Supplemental security income?	1	5	7	8
E2h	Alimony or Child support?	1	5	7	8
E2i	Dividends, interest, trust funds or royalties?	1	5	7	8
E2j	Help from relatives or friends?	1	5	7	8
E2k	Rental properties?	1	5	7	8
E2l	Overtime wages?	1	5	7	8
E2m	Anything else?	1	5	7	8

E2n. Including all of the sources I have just read, plus wages, plus any other source you (or your spouse / partner) may have, what is your total yearly income before taxes?

_____ YEARLY INCOME

99997 REFUSED
99998 DON'T KNOW

**THE COMPUTER WILL COMPUTE ELIGIBILITY FOR CHILD CARE SUBSIDIES.
IF ELIGIBLE, QUESTIONS E2o THROUGH E2r WILL BE ASKED**

[FOR SUBSIDY ELIGIBILITY, USE THE FOLLOWING FORMULA:

ELIGIBLE FOR CHILD CARE SUBSIDIES IF:

- FAMILY SIZE OF 2, AND TOTAL YEARLY INCOME IS LESS THAN \$22,500**
- FAMILY SIZE OF 3, AND TOTAL YEARLY INCOME IS LESS THAN \$28,300**
- FAMILY SIZE OF 4, AND TOTAL YEARLY INCOME IS LESS THAN \$34,000**
- FAMILY SIZE OF 5, AND TOTAL YEARLY INCOME IS LESS THAN \$40,000**
- FAMILY SIZE OF 6, AND TOTAL YEARLY INCOME IS LESS THAN \$45,700**

E2o. Do you think you are currently eligible to receive a subsidy to help pay for [CHILD]'s child care expenses?

- 1 YES [E2p]
- 5 NO [E2q]
- 7 REFUSED [E2q]
- 8 DON'T KNOW [E2q]

E2p. Are you currently receiving a subsidy to help pay for [CHILD]'s child care expenses?

- 1 YES [E3]
- 5 NO [E2q]
- 7 REFUSED [E2q]
- 8 DON'T KNOW [E2q]

E2q. Would you take advantage of a child care subsidy if you were eligible for one?

- 1 YES [E3]
- 5 NO [E2r]
- 7 REFUSED [E2r]
- 8 DON'T KNOW [E2r]

E2r. Why wouldn't you take advantage of a subsidy now?

[CODE ALL THAT APPLY]

- 1 NOT ELIGIBLE FOR SUBSIDY
- 2 HASSLE ASSOCIATED WITH APPLYING OR BAD EXPERIENCE WITH ASSISTANCE PROGRAMS.
- 3 COULD NOT USE CURRENT PROVIDER
- 4 SOCIAL REASONS IF SUBSIDIZED CARE USED
 - CHILD MAY BE TREATED DIFFERENTLY
 - CHILD WOULD HAVE TO BE WITH OTHER RACIAL OR ETHNIC GROUPS
 - WOULDN'T FEEL GOOD ABOUT SELF IF TOOK PUBLIC ASSISTANCE
 - MAY BE TREATED DIFFERENTLY BY FAMILY, FRIENDS, NEIGHBORS
- 5 HEARD THERE ARE LONG WAITING LISTS TO RECEIVE A SUBSIDY
- 6 OTHER
- 7 REFUSED
- 8 DON'T KNOW

PARENT ACTIVITIES

E3. Are you currently going to school or attending any job training classes?

- | | | | | | | | | | |
|---|------------|---|---|---|---|---|---|---|-------|
| 1 | YES | . | . | . | . | . | . | . | [E3a] |
| 5 | NO | . | . | . | . | . | . | . | [E3b] |
| 7 | REFUSED | . | . | . | . | . | . | . | [E3b] |
| 8 | DON'T KNOW | . | . | . | . | . | . | . | [E3b] |

E3a. How many hours per week do you usually spend in class and studying?

- | | | | |
|---|-----------------------------|-------|------------|
| | <u> </u> | 99997 | REFUSED |
| | HOURS PER... | 99998 | DON'T KNOW |
| 1 | DAY | | |
| 2 | WEEK | | |
| 3 | MONTH | | |
| 4 | YEAR | | |

E3b. Do you currently do any volunteer work on a regular basis?

- | | | | | | | | | |
|---|------------|---|---|---|---|---|---|-----------|
| 1 | YES | . | . | . | . | . | . | [E3c] |
| 5 | NO | . | . | . | . | . | . | [BOX E3c] |
| 7 | REFUSED | . | . | . | . | . | . | [BOX E3c] |
| 8 | DON'T KNOW | . | . | . | . | . | . | [BOX E3c] |

E3c. How many total hours per week do you usually do volunteer work?

- | | | | |
|---|-----------------------------|-------|------------|
| | <u> </u> | 99997 | REFUSED |
| | HOURS PER... | 99998 | DON'T KNOW |
| 1 | DAY | | |
| 2 | WEEK | | |
| 3 | MONTH | | |
| 4 | YEAR | | |

LOST WORK HOURS**BOX E3c:****CHECK QUESTIONS E1 AND E1i.****IF R OR SPOUSE/PARTNER IS WORKING, GO TO E4.****OTHERWISE, GO TO SECTION F.**

- E4.** Please estimate how many days between last September and this April (you / your spouse/partner / you or your spouse/partner) have missed work (or school) because of a problem with your child care arrangement? This should include times when (you / your spouse/partner / you or your spouse/partner) missed just part of the day too.
- From last September to the end of this past April, how many days do you think that would be?

<u> </u>	OR	<u>000</u>
NUMBER OF...		NO DAYS MISSED
1 DAYS		
2 WEEKS		
997 REFUSED		
998 DON'T KNOW		

BOX E4:**IF E4 = 000, GO TO SECTION F.****OTHERWISE, GO TO E4a.**

- E4a.** What was the problem the most recent time this happened?

1	PROVIDER PROBLEM (ILL, UNAVAILABLE, NO SHOW)
2	CENTER PROBLEM (SCHEDULED CLOSING, UNSCHEDULED CLOSING)
3	PARENT/FAMILY PROBLEM (CHILD ILL, COULDN'T PAY, ETC)
4	OTHER
7	REFUSED
8	DON'T KNOW

SECTION F - PARENTING NEEDS AND HOME ACTIVITIES

PARENTING

The next set of questions is about parenting. We'd like to know about some of the areas in which parents need help. For each of the items I mention, please tell me whether you need help all of the time, often, once in a while, or not at all.

		ALL OF THE TIME	OFTEN	ONCE IN A WHILE	NOT AT ALL
F1a	How often do you want to know what [CHILD] should be saying or doing at (his/her) age?	1	2	3	4
F1b	How often do you want to know how to set limits or discipline [CHILD]?	1	2	3	4
F1c	How often have you been concerned about [CHILD]'s health care?	1	2	3	4
F1d	How often do you want more information about how to help [CHILD] ready to learn to read when (he/she) gets to first grade?	1	2	3	4
F1e	How often have you been concerned about [CHILD] not learning enough in child care?	1	2	3	4

Have you used any of the following sources of parent support in the last year? This would include things like obtaining helpful information from them or just getting a 'listening ear.' Did you get support from:

		YES	NO	REF	DK
F2a	other family members or friends (including a play group)?	1	5	7	8
F2b	a Church, synagogue, or other place of worship?	1	5	7	8
F2c	a Doctor, nurse, or other health provider?	1	5	7	8
F2d	your child care provider?	1	5	7	8
F2e	parenting support groups or classes?	1	5	7	8
F2f	books or magazines?	1	5	7	8
F2g	the Internet?	1	5	7	8
F2h	any other source?	1	5	7	8

If it were available in your neighborhood at a minimal cost, would you use either of the following sources of support in the coming year?

		YES	NO	REF	DK
F3a	A home visit from someone trained to talk about how to help you with parenting and how to understand your child's development better?	1	5	7	8
F3b	A place where parents can go to meet with other parents, and can find training, resources, or services?	1	5	7	8

HOME ACTIVITIES

F4. Now I'd like to ask you some questions about [CHILD]'s activities in your home. About how many children's books do you have in your home?

- 1 NONE
- 2 1 TO 2 BOOKS
- 3 3 TO 9 BOOKS
- 4 10 TO 25 BOOKS
- 5 26 TO 50 BOOKS
- 6 MORE THAN 50 BOOKS
- 7 REFUSED
- 8 DON'T KNOW

In the last seven days, how often did you or someone in your family do any of the following things with [CHILD]? Tell me if each activity occurred once last week, 2 to 6 times last week, once a day, more than once a day, or not at all in the last seven days.

		ONCE	2-6 TIMES	ONCE A DAY	MORE OFTEN	NOT AT ALL
F5a	Read a book to [CHILD]?	1	2	3	4	5
F5b	Tell [CHILD] a story?	1	2	3	4	5
F5c	Sing songs or play music with [CHILD]?	1	2	3	4	5

In the past 30 days, have you or anyone in your family done the following things with [CHILD]? Please do not include a school or center field trip for these categories. Only include 'family' trips. Let's start with:

		YES	NO	REF	DK
F6a	Visited a library?	1	5	7	8
F6b	Gone to a play, concert, or other live show?	1	5	7	8
F6c	Visited a zoo, aquarium, or children's museum?	1	5	7	8
F6d	Talked with [CHILD] about (his/her) family history or ethnic heritage?	1	5	7	8

SECTION G - GOVERNMENT SUPPORT

G1. Now I'm going to ask you a few questions about the role of state government in early childhood learning in Pennsylvania.

Should state government have a role in getting children reading-ready before they start school?

- | | | | | | | | | |
|---|------------|---|---|---|---|---|---|-------|
| 1 | YES | . | . | . | . | . | . | [G1a] |
| 5 | NO | . | . | . | . | . | . | [G1b] |
| 7 | REFUSED | . | . | . | . | . | . | [G1b] |
| 8 | DON'T KNOW | . | . | . | . | . | . | [G1b] |

G1a. How much responsibility should state government have in getting children reading-ready before they start school? Should state government have:

- | | |
|---|--------------------------|
| 1 | a lot of responsibility, |
| 2 | some responsibility, or |
| 3 | no responsibility? |
| 7 | REFUSED |
| 8 | DON'T KNOW |

G1ba. Many states spend state tax dollars to provide preschool education for young children so children will be ready to learn to read when they start school.

Do you support Pennsylvania investing tax dollars for preschool education?

- | | |
|---|------------|
| 1 | YES |
| 5 | NO |
| 7 | REFUSED |
| 8 | DON'T KNOW |

SECTION H - DEMOGRAPHICS

H1. I'd like to finish up by asking you a couple of general background questions about you and your family. What is the highest level of formal education that you have completed?

- | | |
|----|----------------------------------------------------------------------------|
| 1 | SOME HIGH SCHOOL |
| 2 | HIGH SCHOOL GRADUATE (OR GED) |
| 3 | SOME COLLEGE, COMMUNITY COLLEGE, VOCATIONAL/TECHNICAL,
OR 2 YEAR DEGREE |
| 4 | COLLEGE GRADUATE (4 YEARS) |
| 5 | POST GRADUATE (MASTERS, 2 YR. DEGREE) |
| 6 | POST GRADUATE (DOCTORAL/PROFESSIONAL) |
| 7 | OTHER |
| 97 | REFUSED |
| 98 | DON'T KNOW |

H1a. What is the primary language spoken in your home?

- 1 ENGLISH
- 2 SPANISH
- 3 ASIAN LANGUAGE
- 4 OTHER
- 7 REFUSED
- 8 DON'T KNOW

H1b. What is your Zip Code?

- 7 REFUSED
- 8 DON'T KNOW

Thank you. This concludes our survey. We appreciate your participation in this important study, and would like to reimburse you for talking with me today. In order to do that I need to ask for your mailing address.

Who should the \$20 money order be made out to?

NAME: _____

And where would you like that money order sent?

STREET ADDRESS: _____

2ND STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

Before I go, I have some telephone numbers that may be helpful to you. One is for the Governor's 'Community Partnership For Safe Children' office where you could talk to someone about this survey specifically, or about your experiences with preschool or child care. The other telephone number is a number where you could report any child care abuse problems. Would you like to have either of these telephone numbers?

[IF YES:] Mr. Clay Yeager is the State Project Director, and he can tell you more about this survey. You can contact Mr. Yeager at 717 705-0904 ext. 4105.

[IF YES:] The telephone number where you could report any child care abuse problems is for the Department of Human Services. That number is 215-683-6100, or you can call the State Hotline at 800-932-0313.

Thank you again for your time. We appreciate your help on this important study. Goodbye.