U19. What was the date of this new agreement?
EHS PROBE: Month, Year

|__|__| |__|__|__|__|
MONTH YEAR

DON'T KNOW 9998
REFUSED 9999

U20. How was this agreement reached? Was it through ...
NEW

A formal court hearing, ... 1
A formal mediation, ... 2
Your lawyers meeting informally, or 3
He and you sitting down and talking? 4
OTHER 91
(SPECIFY) _____
DON'T KNOW 98
REFUSED 99

U21. Would you say the change in the legal or informal agreement has been positive, negative or made
NEW no difference?

POSITIVE 1
NEGATIVE 2
NO DIFFERENCE 3
DON'T KNOW 98
REFUSED 99

ASK U22 IF HAS LEGAL OR INFORMAL SUPPORT ARRANGEMENT (U15 = 1 OR 2). ELSE GO TO SECTION V.

U22. How much per month is he (now) supposed to pay for (CHILD)'s support?
EHS PROBE: Your best estimate will be fine.

$|__|, |__|__|__|.|__|__| PER MONTH

DON'T KNOW 98
REFUSED 99

U23. How much per month (now) do you usually get for (CHILD)'s support?
NEW PROBE: Your best estimate will be fine.

$|__|, |__|__|__|.|__|__| PER MONTH

DON'T KNOW 98
REFUSED 99

18-MONTH PARENT INSTRUMENT

SECTION V – WELFARE AND OTHER PUBLIC ASSISTANCE

Now I have a few questions about your family's income.

V1. USDA At any time since our last interview, that is since (TIME FRAME), have you (or anyone else in your household) received Food Stamps?

YES	1	(GO TO V2)
NO	2	(GO TO V3)
DON'T KNOW	98	(GO TO V3)
REFUSED	99	(GO TO V3)

V2. NEW For how many months since (TIME FRAME) did you (or anyone else in your household) receive Food Stamps?

|___|___|
NUMBER OF MONTHS

DON'T KNOW	98
REFUSED	99

V3. USDA At any time since our last interview, that is since (TIME FRAME), have you (or anyone else in your household) received TANF {state specific program} or welfare?

YES	1	(GO TO V4)
NO	2	(GO TO V5)
DON'T KNOW	98	(GO TO V5)
REFUSED	99	(GO TO V5)

V4. NEW For how many months since (TIME FRAME) did you (or anyone else in your household) receive TANF {state specific program}?

|___|___|
NUMBER OF MONTHS

DON'T KNOW	98
REFUSED	99

V5. USDA At any time since our last interview, that is since (TIME FRAME), have you (or anyone else in your household) received Medicaid benefits?

YES	1	(GO TO V6)
NO	2	(GO TO V7)
DON'T KNOW	98	(GO TO V7)
REFUSED	99	(GO TO V7)

V6. NEW For how many months since (TIME FRAME) did you (or anyone else in your household) receive Medicaid benefits?

|__|__|
NUMBER OF MONTHS

DON'T KNOW 98
REFUSED 99

V7. USDA In the last 30 days, did you use WIC vouchers to buy food for yourself? WIC is the Women, Infants, and Children nutrition program.

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

V8. USDA In the last 30 days, did you use WIC vouchers to buy formula or other food for (CHILD)?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

ASK V9 IF OTHER CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD.
ELSE, GO TO V10.

V9. USDA In the last 30 days, did you use WIC vouchers to buy food for any other child in your household?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

V10. FACES Since our last interview, which was (TIME FRAME), have you (or any member of your household) received any of the following other sources of household income or support?

		YES	NO	DON'T KNOW	REFUSED
a.	Unemployment Insurance,	1	2	98	99
b.	Child support,	1	2	98	99
c.	SSI or SSDI,	1	2	98	99
d.	Social Security Retirement or Survivor's benefits,	1	2	98	99
e.	Loan repayments – for example, from friends, relatives, and so forth,	1	2	98	99
f.	Payments for providing foster care,	1	2	98	99
g.	Energy assistance,	1	2	98	99
h.	Money given to the family, or	1	2	98	99
i.	Anything else?	1	2	98	99

SPECIFY _____

18-MONTH PARENT INSTRUMENT

SECTION W – HOUSEHOLD INCOME

W1. Including yourself, how many adults contribute to your household income?
FACES

|__|__|
NUMBER OF ADULTS

DON'T KNOW 98
REFUSED 99

W2. 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?
NHES

Was it . . .

$25,000 or less, or	1	(READ SET 1)
More than $25,000	2	(READ SET 2)
DON'T KNOW	98	(GO TO BOX BEFORE W5)
REFUSED	99	(GO TO BOX BEFORE W5)

W3. Was it . . .
NHES

[SET 1]
$5,000 or less, ... 1
$5,000 to $10,000, ... 2
$10,001 to $15,000, ... 3
$15,001 to $20,000, ... 4
$20,001 to $25,000, ... 5
DON'T KNOW 98
REFUSED 99

[SET 2]
$25,001 to $30,000, ... 6
$30,001 to $35,000, ... 7
$35,001 to $40,000, ... 8
$40,001 to $50,000, ... 9
$50,001 to $75,000, or 10
More than $75,000? 11
DON'T KNOW 98
REFUSED 99

ASK W4 IF
(NUMBER IN HH=2 AND W3 ≤3) OR
(NUMBER IN HH=3 AND W3 ≤3) OR
(NUMBER IN HH=4 AND W3 ≤4) OR
(NUMBER IN HH=5 AND W3 ≤4) OR
(NUMBER IN HH=6 AND W3 ≤5) OR
(NUMBER IN HH=7 AND W3 ≤5) OR
(NUMBER IN HH=8 AND W3 ≤6) OR
(NUMBER IN HH≥9 AND W3 ≤7).
ELSE, GO TO BOX BEFORE W5.

W4. What was your household income last year, to the nearest thousand?
NHES

$ |___|___|___|,|___|___|___|.
TOTAL INCOME

DON'T KNOW 98
REFUSED 99

INTERVIEWER: CODE W5 IF OBVIOUS. ELSE ASK RESPONDENT.

W5. In what type of housing do you now live? Is it...
NEW

A house, townhouse or condominium,.... 1
An apartment,..... 2
A mobile home or trailer,..... 3
A community shelter, ... 4
A hotel or motel room,..... 5
Are you homeless, or..... 6
Do you live in another type of housing?..... 91
SPECIFY_____
DON'T KNOW 98
REFUSED 99

W6. What is your current housing situation? Do you...

ECLS-K

Own your own house , townhouse, or condominium,	1	(GO TO BOX BEFORE W8)
Rent your house or apartment,	2	(GO TO W7)
Exchange services for housing,	3	(GO TO W7)
Not pay for housing,	4	(GO TO W7)
Live in temporary housing or a shelter, or	5	(GO TO W7)
Have another type of housing arrangement? (SPECIFY)	91	(GO TO W7)
DON'T KNOW	98	(GO TO W7)
REFUSED	99	(GO TO W7)

W7. Do you live in public housing or do you and your family receive a rent subsidy or pay a lower rent because the government pays part of the cost?

ECLS-K

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

IF W6 = 1 (OWNS HOME), ASK W8. ELSE, GO TO W9..

W8. Could you tell me what the present value of your (house) is – I mean about how much would it bring if you sold it today?

PSID

$|__|__|__|,|__|__|__| . |__|__|

TOTAL VALUE

DON'T KNOW	98
REFUSED	99

W9. Do you (or anyone in your household) own a car or truck?

PSID

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

W10. Do you (or anyone in your household) have any shares of stock in publicly held corporations, mutual funds, or investment trusts, including stocks in IRAs?

PSID

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

W11. PSID Do you (or anyone in your household) have any money in checking or savings accounts, money market funds, certificates of deposit, or government savings bonds, or Treasury bills, including IRAs?

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

18-MONTH PARENT INSTRUMENT

SECTION X – CLOSING STATEMENT AND TRACING INFORMATION

Thank you for your cooperation and for taking the time to participate in this important study. Just to make sure I can reach you for the next interview, which will take place around the time (CHILD) is 30 months old, I'd like to verify that the information you gave us last time is still correct. [DISPLAY TRACING INFORMATION.] Is this information still accurate?

IF TRACING INFORMATION IS CORRECT, GO TO CLOSE. ELSE, GO TO X1.

X1. ECLS-K Is there a second telephone number, such as a work number, a friend or relative's number, or a beeper or cell phone number where you can sometimes be reached?

YES	1	(GO TO X2)
NO	2	(GO TO X4)
DON'T KNOW	98	(GO TO X4)
REFUSED	99	(GO TO X4)

X2. ECLS-K What is that telephone number?

(|__|__|__|) |__|__|__| - |__|__|__|__| ext. _____

DON'T KNOW	98
REFUSED	99

X3. ECLS-K Where is that telephone located?

OFFICE/PLACE OF BUSINESS	1
RELATIVE (SPECIFY)_____	2
NEIGHBOR (SPECIFY)_____	3
FRIEND (SPECIFY)_____	4
PAGER/BEEPER NUMBER	5
CELL PHONE	6
OTHER (SPECIFY)_____	91
DON'T KNOW	98
REFUSED	99

X4. ECLS-K Is there a relative or friend, who does not live in this household, who will always know how to get in touch with the family?
IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

YES	1	(GO TO X5)
NO	2	(GO TO BOX BEFORE X8)
DON'T KNOW	98	(GO TO BOX BEFORE X8)
REFUSED	99	(GO TO BOX BEFORE X8)

X5. What is the name, address, and telephone number of that person?
ECLS-K PROBE: What is this person's relationship to you?

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (|__|__|__|) |__|__|__| - |__|__|__|__|
RELATIONSHIP: _____

X6. Aside from (PERSON IN X5), is there another relative or friend, who does not live in this
ECLS-K household, who will always know how to get in touch with the family?

IF NECESSARY, SAY: I will only contact this person if I cannot locate you for the next interview.

YES	1	(GO TO X7)
NO	2	(GO TO BOX BEFORE X8)
DON'T KNOW	98	(GO TO BOX BEFORE X8)
REFUSED	99	(GO TO BOX BEFORE X8)

X7. What is the name, address, and telephone number of this person?
ECLS-K

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (|__|__|__|) |__|__|__| - |__|__|__|__|
RELATIONSHIP: _____

ASK X8 IF FATHER NOT IN HH. ELSE, GO TO X9.

X8. What is the name, address, and telephone number of (CHILD)'s (biological/adoptive)
ECLS-K (mother/father/mother or father)?

IF NECESSARY, SAY: I will only contact this person if I cannot locate you for the next interview.

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____
_____
CITY: _____ STATE: _____ ZIPCODE: _____
TELEPHONE: (|__|__|__|) |__|__|__| - |__|__|__|__|
RELATIONSHIP: _____

X9. ECLS-K Do (you/(CHILD)'s parents/(CHILD)'s (mother/father)) plan to move to a new home before the summer of 2002?

YES	1	(GO TO X10)
NO	2	(GO TO CLOSE)
DON'T KNOW	98	(GO TO CLOSE)
REFUSED	99	(GO TO CLOSE)

X10. ECLS-K What is the address and telephone number where (you/(CHILD)'s (mother/father)) plan to move?

ADDRESS: _____

_____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE: (|__|__|__|) |__|__|__| - |__|__|__|__|

X11. ECLS-K CODE IF OBVIOUS, OTHERWISE ASK: Are (you/(CHILD)'s (mother/father)) planning to move . . .

To a new state,	1
To a new city or town in the same state, or,	2
To a new home in the same city or town?	3
DON'T KNOW	98
REFUSED	99

CLOSE. Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study.

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Appendix G

Divider Title: _____

Appendix G

JUSTIFICATION FOR 18-MONTH CHILD CARE PROVIDER TELEPHONE INTERVIEW

There are many different methods of classifying child care, usually based on the provider's relation to the child. However, for the Early Childhood Longitudinal Study, Birth Cohort 2000 (ECLS-B), there are no clearly defined paths in the interview based on artificial classifications. The strategy is to collect all the relevant information, skipping any unnecessary or inapplicable questions, and then to categorize the type of care later in the analyses of the data. Applicability of questions will be determined by where the care occurs (in the child's home, another home, or a care center) and whether the provider is a relative of the child.

Section A—Introduction

Background from Parent Interview (A1-A7). These items list the relevant information collected in the 18-Month Parent Interview about the caregiving arrangements. The rest of the section (A8-A25) verifies the identity of the child's primary caregiver, the type of care provided, as well as the director of the center if the child is in center-based care.

Section B—Center Information

Type of Center and Sponsorship (B1-B4). The type and site of care are closely associated with other variables affecting quality, such as the availability of contact with peers, planned educational activities, and whether care takes place in a child-centered environment. Children cared for in their own homes generally have less contact with other children; also the setting tends to be oriented for adults. At the same time, home care usually has a lower adult-to-child ratio. Family-based day care may provide more opportunities for contact with other children but is usually not provided in a child-centered environment. Center-based care provides more opportunities for group activities, adult-child interaction and socialization; caregivers are also more likely to be trained, and the environment is more likely to be child-centered. These factors most often found in center-based care have been shown to affect children's scores in tests of social and cognitive competence (Clarke-Stewart, 1989; Harms, 1992; Kisker, Hofferth, Phillips, & Farquhar, 1991). In addition, Friedman & Armadeo (in press) have found that auspice of care

is important in determining quality of child care. Whether the child care is for profit, independent, religiously affiliated, etc., influences other measures of child care quality. Questions in Section B attempt to capture these variables that may influence quality of child care.

Accreditation and License (B5-B8). Howes, Smith, and Galinsky (1995) found that accreditation of the child care arrangement was associated with greater complexity of play behavior, higher adaptive language scores, security of attachment to caregiver, and fewer behavior problems. Phillips, Lande, and Goldberg (1990) found that state regulations for licensing provided minimum criteria for child care providers such as adult-to-child ratios that have been associated with quality of child care. Questions on accreditation and licensing are asked of the director for center-based programs.

Weekly Fee (B9). Hofferth and colleagues have found that , in the case of paid care, cost of care is closely associated with quality of care. In fact, it may be a stronger predictor of type of care selected by parents than other measures of quality such as adult-to-child ratio (Hofferth, 1991; Hofferth & Wissoker, 1992). In addition, center-based care generally costs more than family-base care and care by a relative, with higher cost center-based care being of higher quality than lower cost center-based care. The higher cost of center-based care to parents reduces the likelihood that families will choose center-based care. Therefore, the director is asked to provide the average fee for 18-month-olds who attend the center full-time. This data can then be compared to the parent's report of the amount paid in child care fees.

Section C—Staffing

Director and Staff Information (C1-C3). Group size and adult-to-child ratio are also important quality factors. A larger group size has been associated with caregivers who are less responsive, less socially stimulating, and more restrictive (Howes, 1983; NICHD, 1996; Stallings, 1980). Large group size is also negatively associated with social competence, verbal initiative, and cognitive test scores as children get older (Clarke-Stewart, 1989; Holloway & Reichart-Erikson, 1989; Ruopp, Travers, Glantz, & Coelen, 1979). However, some studies have found that the adult-to-child ratio was a more important predictor than group size in center-based care (Burchinal, Roberts, Nabors, & Bryant, 1996; Scarr, Eisenberg, & Deater-Deckard, 1994; Whitebook, Howes, & Phillips, 1989).

The positive impact of a low adult-to-child ratio has been well documented (Burchinal, Roberts, Nabors, & Bryant, 1996; Scarr, Eisenberg, & Deater-Deckard, 1994; Whitebook et al, 1989). In home-based care, large group size has more consistently been shown to have negative effects with caregivers being less sensitive, less responsive, and less likely to engage in interaction with children (Howes, 1983; Stallings, 1980). Several studies of outcomes for toddlers in center-based care have shown that lower adult-to-child ratios have a considerable positive impact (Allhusen, 1992; Ruopp et al., 1979; Whitebook et al., 1989). The NICHD Early Child Care Research Network data (1996) have shown that sensitivity of caregivers' responses for infant care are closely related to the adult-to-child ratio, with 1:1 ratio settings scoring considerably higher than others. This finding applies to both home and center-based settings. For these reasons, Section C asks the director of center-based programs about the size of their full- and part-time staff.

Turnover and Continuity of Care (C4-C6). The consistency of child care over time are crucial factors in the impact of child care on children. Stability of care over time has been associated with children's cognitive and socioemotional development (Hayes, Palmer, & Zaslow, 1990; Whitebook, et al., 1989; Zaslow, 1991). Children who experience a greater number of changes in child care arrangements have been shown to engage in less complex forms of play (Howes & Stewart 1987) and to have more problems in school as first graders (Howes 1988). The NICHD Early Child Care Research Network (1996) found that a high number of changes in child care providers had a negative effect on the security of attachment to the mother when combined with low scores for mothers on sensitivity in play. Questions about staff turnover and the center's policy on changing caregivers are asked in Section C to capture these important constructs.

Section D—Center Services

Health and Developmental Screenings (D1). Physical well-being is an important predictor of later child development outcomes; an infant's physical growth, cognitive, emotional, and social development can be in jeopardy without it. Poor health status at birth and in infancy exerts its effects in both direct and indirect pathways. The direct effect is through the physical consequences that may endure beyond the neonatal period (National Commission on Children, 1991). The indirect effect of compromised infant health status is through the social consequences that are secondary to the original physical problem (Alexander & Entwisle, 1988).

Few studies have found significant associations between the age at which infants achieve early developmental milestones and their later intellectual functioning in the middle range of variation in children's early development. However, extremely late or extremely early attainment of key milestones are associated with developmental abnormalities or intellectual giftedness. Moreover, the extent to which infants reach particular sensorimotor and cognitive milestones (e.g., sitting, crawling, walking) may be associated in part with the kinds of physical and verbal stimulation they have received from the environment, and may also subsequently affect the kinds of physical and social feedback that the child receives.

Clearly, children's health and development are important predictors of their later development. Early detection of potential health problems or developmental delays may allow treatment or intervention that will prevent further developmental interference. Therefore, items that ask whether child care providers coordinate screening for health problems and developmental milestones are included in Section D.

Meals and Snacks (D2-D3). Food and nutritional intake is also an important aspect of early child health. Inadequate nutrition among infants and young children is related to failure to thrive and may be associated with physical problems, deficits in intellectual and socioemotional development, and may have lasting effects on children's physical and mental health (Dwyer & Argent, 1990). Poor nutrition in the first months and years of life, when the brain is rapidly developing, may lead to intellectual impairment (Balazs, Jordan, Lewis, & Patel, 1986; Sewell, Price, & Karp, 1993). Infants and toddlers who are undernourished have also been found to have substantially reduced levels of visual and physical exploration of their environment, which is associated with early cognitive development (Barrett, Radke-Yarrow, & Klein, 1982; Cravioto & Arrieta, 1986). Items obtaining information about the meals and snacks prepared by child care providers have been contributed by the U.S. Department of Agriculture (USDA). They are included in Section D for center directors and Section M for Family Child Care providers.

Section E—Transition to Caregiver

The items in this section simply verify the identity of the child's primary caregiver and mark the transition from the director's interview to the primary caregiver's interview.

Section F—Care of Focal Child

Time in Care (F1-F5). Over the past two decades, there has been considerable discussion about the consequences of child care on various child outcome measures (see, for example, Scarr & Eisenberg, 1996, for a review). Researchers have come to different conclusions about these consequences, and it appears that part of the explanation for these contradictory findings may be due to the amount of time that children spend in alternate caregiving arrangements as well as the number of different caregiving arrangements children have had. Belsky & Rovine (1988) and Clarke-Stewart (1989) found that infants who experienced routine nonmaternal care for 20 hours or more per week as infants were significantly more likely to be subsequently classified as insecurely attached. Brazelton (1985) and others (Sroufe, 1988) have argued that prolonged separations from an infant may affect the mother's ability to be responsive to the infant. On the other hand, Roggman, Langlois, Hubbs-Tait, and Rieser-Danner (1994) found no significant associations between amount of time in care and attachment classification. Furthermore, the recent NICHD Early Child Care Research Network (1996, 1997) found that infants' attachment to mothers is most strongly affected when the infants are at "dual risk," that is, receiving large amounts of alternate child care out of the home while at the same time experiencing less sensitive caregiving in the home. There was a gender difference found, however. Hours in care had opposite effects for boys and girls, other variables being controlled: Boys who spent more than 30 hours a week in care were more likely to be insecurely attached and girls who spent less than 10 hours a week in care were more likely to be insecure. In addition, in a subsequent study reported in 1997, the NICHD Early Child Care Research Network concluded that hours in care did not have a significant effect on the cognitive development of 2-year olds.

Section F obtains basic information about length and amount of care that the child care provider gives to the focal child, including how long the child has received care from the current child care provider, how much time the child spends in care each week and the number of adults who may be available to assist the child care provider. This latter information also relates back to the issue of the adult-to-child ratio, as discussed previously. The information obtained in this set of questions can also be used in conjunction with

information provided in the parent interview about the number of different child care arrangements the child has had. This will enable the derivation of an estimate of caregiving consistency, which has been found to have important implications for the development of young children. Children who experience a greater number of changes in child care arrangements have been shown to have negative outcomes on various measures, including play (Howes & Stewart, 1987), security of attachment (NICHD Early Child Care Research Network, 1996) and subsequent school problems in first grade (Howes, 1988).

Section G—Other Children in Care

Number and Age (G1-G3). The size of the group of children that child care providers care for at any one time has been found to be an important predictor of the quality of care, especially in center-based care. Several studies have shown that, not unexpectedly, caregivers for larger groups of young children are less responsive, less socially stimulating and more restrictive (Howes, 1983). In addition, large group size has been found to be associated with increased distress, apathy and potentially harmful behaviors in infants and also be negatively related to measures of social competence, cooperativeness and task involvement, verbal initiative and cognitive outcome measures in the preschool years and older (Clarke-Stewart, 1989; Holloway & Reichart-Erikson, 1989; Ruopp, Travers, Glantz & Coelen, 1979). In home-based care (what corresponds to "family day care" in ECLS-B), group size has been shown to be negatively associated with caregiver sensitivity, responsively, and frequency of child-caregiver interactions (Howes, 1983; Stallings, 1980). In addition, the NICHD Early Child Care Research Network reported (1996) that group size is important for positive outcomes in infant care in both home and center-based settings, although older children may benefit from larger group size than do infants.

Characteristics of Other Children in Care (G4-G10). It is also possible that the effects of group size may be exacerbated by the characteristics of the other children in care. For example, a relatively large number of younger children, a wide age range, or the presence of special needs children or non-English speaking children, may place additional demands on the caregiver's ability to provide adequate nurturant care. These competing demands may reduce the availability of care to any one child.

Section H—Child's Development

Receptive and Expressive Language (H1, H3). The transition from preverbal to verbal communication is a critical developmental milestone for children. At 18 months, the age at which children are typically making this transition, early communication is measured by the expressive language and language comprehension subscales of the Minnesota Child Development Inventory (MN-CDI; Ireton, 1992) and by four items from the "Actions and Gestures" subscale of the MacArthur Communication Development Inventory (M-CDI; Fenson, Dale, Reznick, Bates, Thal, and Pethick, 1994). Given the importance of the 18-month period as a time when the child is developing emergent language skills, we felt it was important to obtain this information from both the parent and the child care provider. In addition, the behavior of children at this age can be variable, changing with the situation or with the interaction partner. For these reasons, it is desirable to obtain information about children's early communication from multiple sources in order to obtain converging evidence for a more accurate description of children's abilities across situations.

The Minnesota Child Development Inventory (MN-CDI) was originally developed over 20 years ago (Ireton & Thwing, 1972, 1974) and was recently revised and renormed as the Child Development Inventory (Ireton, 1992). It was originally designed to provide a systematic way of obtaining in-depth information from parents about their children's development in order to screen children for developmental problems. The MN-CDI is designed for children from 15 months to 6 years of age and the infant version, the Minnesota Infant Development Inventory covers the birth to 21-month ages, with a number of items bridging the two versions. It should be emphasized that the MN-CDI measures the present development of young children based on the mother's report of what she has seen the child do. Although the inventory norms are based on maternal reports, another caregiver can complete the inventory if they have observed the child's behavior extensively. Furthermore, because the MN-CDI was designed to be administered by individuals who are not extensively trained in child development, it is feasible to expect that caregivers will be able to provide accurate estimates of children's abilities on these items.

Only two construct areas, expressive language and language comprehension, are included in the 18-month child care provider interview due to time constraints. These constructs and the items asked of the child care providers are the same as the items that are asked of the parent. (Please see the 18-month

parent interview for a discussion of the selection criteria for items and for an in-depth discussion of the psychometric properties of the instrument.)

Although it appears that the MN-CDI has not been used in any national studies of child development, it has been widely used for the past two decades as a screening tool in a variety of applied settings, such as preschool programs and pediatric clinics. The settings in which it has been used include the Colorado Spring Early Head Start Program where both the MN-CDI and its infant version are used to screen and to track children's development after admission into the program. Colorado Springs' Child Find, a collaborative effort of school districts, community agencies and parents, also uses the MN-CDI as a screening tool to identify children at risk for developmental problems or who have special needs. In Minnesota, the Washington County Early Intervention Network uses the MN-CDI to help determine whether children need additional assessments: If a child scores below 20 percent in more than two areas on the MN-CDI, an overall assessment is usually done. Several school districts also use this inventory to screen children with significant hearing loss, with communication problems and with autism for developmental delays and problems. In addition, it is also used widely in pediatric practices and clinics as a general indicator of developmental well-being, as well as to screen for developmental problems in medically fragile children, in low birth weight children and in children with serious medical problems, such as end-stage renal disease, lead toxicity and structural deformities. In addition, the inventory has been adapted for use in many different cultures, such as Armenia, Chile, Russia and China, which attests to its applicability across cultures. The settings in which the MN-CDI has been used closely parallel many of the characteristics of families and children who will be sampled in ECLS-B.

Use of Gestures (H2). In the 18-month parent interview, the "Early Words," "Words Children Use" and "Actions and Gestures" subscales are administered to the parent. It was felt that it would be overly burdensome to administer all three subscales to the child care provider. Therefore, four items from the "Actions and Gestures" subscale of the MacArthur Communication Development Inventory (MacArthur-CDI) were selected to be asked of the child's caregiver. These four items include reaches to give you a toy he/she is holding, puts finger in front of lips to mean 'hush,' blows kisses, and smacks lips "yum-yum" if something tastes good. It was believed that these particular items are appropriate for 18 month olds and they are behaviors that caregivers are likely not only to observe in the children they care for but also to be able to distinguish our target child's abilities from others in their care. In addition, this focus on toddler communication through actions and gestures provides an opportunity to

obtain appraisals of a range of early communicative and representational skills that are not dependent on verbal expression.

The MacArthur CDI has been used in the NICHD Early Child Care Study and in the Health Steps study. This research involved large populations with cross-sections of income groups, minorities, and SES groups. Positive results from these studies indicate that the MacArthur CDI will be appropriate for the ECLS-B population as well. Because the psychometric properties of the MacArthur-CDI are reported extensively in the 18-month parent interview justification, please refer to that report for this information.

Section I—Child Temperament

Temperament is generally defined as individual differences in a set of personality characteristics appearing early in life that have a probable constitutional biological basis. Individual differences in temperamental dimensions such as attention, activity level, sociability, and emotionality are conceptually associated with later child educational outcomes both directly and indirectly through the effect that these characteristics have on both adults and other children with whom the child interacts. In addition, temperament characteristics appear to be moderately enduring in early childhood. Longitudinal studies of temperament in infancy and early childhood have found moderate stability for some temperament dimensions across the infant-toddler period and early childhood (Broberg, Lamb & Hwang, 1990).

Temperament is generally regarded as an enduring characteristic and by the first year is having an influence on the child's emergent learning styles and is beginning to shape the child's interactions with others. Children who are highly active and seek novel stimuli tend to explore the environment more and show early signs of curiosity to learn about the environment. Children who are more inhibited or who are slow to warm up may not engage in high levels of curiosity and exploration but rather show a more incremental, careful approach to learning about the environment and may be somewhat slower to develop new skills. Although these more inhibited children learn the necessary skills for school readiness, they show a different method or style for learning that continues in later ages. They may initially react negatively to new stimuli and will display a slower, more determined or methodical approach. Further, these children may not rely so strongly on social or interpersonal cues in learning

because of their inherent shyness around others. These are among the more important reasons for including temperament in ECLS-B. Temperament emerges early in life and underlies some of the later differences in children's learning styles. Including these items in the child care provider interview will provide transition data points between the temperament assessment of infancy and any subsequent assessments of learning styles that may be included in later phases of the study. In addition, the child's temperament shapes, to varying degrees, the quality of care that the child receives. For example, the frustrations of caring for a difficult child may have a negative impact on the caregiver's ability to provide nurturant care.

The three items in the 18-month child care provider interview that measure temperament were taken from the National Longitudinal Study of Youth (NLSY) and the Canadian National Study of Children and Youth (NLSCY). (For an in-depth discussion of the psychometric properties and theory behind this instrument, please refer to the 9-Month Parent Interview Justification.) These three items are part of the negativity/difficulty construct which is the most predictive construct (I1-I3). These items include: (1) "How often do you have trouble soothing or calming child when he/she is crying or upset?" (2) "How much does child smile, laugh or make happy sounds?" and, (3) "For most caregivers, how difficult would [Child] be to take care of?" The first two items refer to specific behaviors in specific situations and the third is a global appraisal of how easy or difficult it is to care for the child. Child care providers will be able to provide accurate answers to these items because they do refer to specific behaviors in specific situations and because the easiness or difficultness of a child is very salient to a caregiver. Although the number of items is considerably reduced, it will still be possible to compare the children of ECLS-B with the U.S. NLSY and Canadian NLSCY samples on the difficultness construct.

Section J—Caregiver-Child Relationship

The child-caregiver relationship is a critical aspect of child care quality. Researchers have found that children are more likely to develop social and cognitive skills when their caregivers are stimulating, educational, and respectful (Carew, 1980; Clarke-Stewart, 1984, 1987; Clarke-Stewart & Gruber, 1984; Golden et al., 1978; McCartney, 1984; Phillips, Scarr, & McCartney, 1987). Clarke-Stewart (1992) reported that in a study undertaken in Chicago, children did best when their caregivers were responsive, positive, accepting, informative and engaged in such activities as reading to the children. There is also evidence to suggest that a secure attachment to an alternative caregiver may compensate for

an anxious attachment to the mother (Howes, Rodning, Galluzzo, & Myers, 1988). Researchers investigating infant attachment to alternative caregivers on an Israeli kibbutz found that infants' quality of attachment to alternative caregivers affected later development more strongly than did attachment to the mother (Oppenheim, Sagi, & Lamb, 1988). Because research suggests the quality of the child-caregiver relationship is an important predictor of children's outcomes, it is important to include a measure of the quality of the child-caregiver relationship.

Closeness and Conflict (J1). To measure the quality of the child-caregiver relationship, six items were selected from the 15-item Short Form of the Student-Teacher Relationship Scale (STRS; Pianta, 1996). The full STRS consists of 28 items that comprise three subscales, closeness, conflict and dependency.

The STRS has its conceptual roots in attachment theory and research. For example, child attachment to caregivers has been found to be associated with peer relations, problem solving, and school adjustment (Bus & van Ijzendoorn, 1988; Greenberg & Speitz, 1988; Sroufe, 1989). Bus & van Ijzendoorn (1988) found associations between children's emerging literacy skills, mother-child interaction, and security of attachment in children from 18 to 66 months. Securely attached children attended to their mothers, required less disciplinary intervention, received more instruction from their mothers, did more spontaneous reading, and performed better on emergent literacy measures than did insecurely attached children. Sroufe (1983) similarly found that insecurely attached preschoolers were more likely to be rejected by peers and by adults and had difficulty learning. This body of research on parent-child relationships provides a compelling argument for the influence of adult-child relationships on child adjustment and provides a methodological framework for research. Pianta further suggests that research on parent-child relationships and child competence provide the conceptual and methodological background for studying teacher-child relationships and, by extension, caregiver-child relationships.

Three items were selected from the "closeness" subscale and three items from the "conflict" subscale. Coefficient alphas were .92 for the conflict subscale and .86 for the closeness scale. The three closeness items that were selected include "If upset, this child will seek comfort from me," "This child is uncomfortable with physical affection or touch from me," and, "It is easy to be in tune with what this child is feeling." The three conflict items include "This child and I always seem to be struggling with each other," "This child remains angry or is resistant after being disciplined," and "When this child wakes

up in a bad mood, I know we're in for a long and difficult day." The respondent uses a 5-point Likert scale to indicate the applicability of the item (from definitely does not apply to definitely applies, with neutral being the midpoint) to the respondents relationship with the child. Items from the dependency subscale were not included in the 18-month caregiver interview because at this age dependency is developmentally appropriate. In addition, only those items were used from the closeness and conflict subscales that are developmentally appropriate for 18-month olds (that is, they measure behaviors that a typical 18-month old would exhibit) and that do not rely heavily on verbal skills.

The STRS has been used as a measure of student-teacher relationship in several large-scale national studies, including the NICHD Study of Early Child Care, and the Cost, Quality, and outcomes in Child Care Study, and in many smaller-scale studies. Although this instrument is typically used with older children, the items selected in ECLS-B have an "ageless" quality that makes them applicable to the toddlers in ECLS-B. In addition, research using this instrument with younger children is currently being done in a study that links the STRS with approaches to assessment and intervention in child-teacher relationships in the preschool age-range (Pianta, in preparation).

Item J2 consists of a subset of items from the Child-Caregiver Relationship Inventory (CCRI). These items were selected to measure the caregiver's general perception of the quality of the child rearing relationship between the caregiver and the child (van Ijzendorn, 1998).

Section K—Parental Involvement

Question **K1-K4** are a brief set of four questions that obtain information about parents' involvement in the child's alternate care. Two questions ask about the frequency and direction of communications about the child's well being while under the child care provider's care and one question obtains information about the caregivers' attitudes toward spontaneous visits from parents. Caregiver receptiveness toward parental involvement and open communication between parents and caregiver about the child's well being are an additional aspect of quality care. In addition, these items indicate the levels of mutual supportiveness of the caregiving roles that each have. A supportive social network can mitigate the stresses of parenting and caregiving. Generally, the more social support the child's caregivers have, the better the outcomes for the child (e.g., the more supportive the social network of the primary caregiver, the more likely the child is to form secure attachments) (Crockenberg, 1981).

A subset of questions from van Ijzendoorn's (van Ijzendoorn, et al., 1998) Parent-Caregiver Relationship Inventory (PCRI; **K5**) is used to measure the quality of the relationship between the parent and the caregiver. The PCRI has been used in a survey of a national Dutch sample (N=568 children). The seven items selected are used to assess the provider's impression of the relationship with the parent. The respondent indicates agreement or disagreement with certain caregiver provider characteristics. To the extent feasible, the same subset of items is used in the Parent Interview to obtain the parent's impression of the relationship, although the inapplicability of some items will force the choice of alternative items.

In a study of attunement (defined as the degree to which parents and child care providers share similar beliefs about the quality of the child-caregiver relationship and the parent-caregiver relationship) between parents and child care providers, van Ijzendoorn (van Ijzendoorn, et al., 1998) found that within families both parents tended to be similar to each other in their child-rearing beliefs and attitudes. There were some discontinuities between parental and child care provider attitudes. In particular, lack of attunement about authoritarian caregiving was associated with decreased child well-being. Similarly, improved communication between parents and child care providers was associated with increased attunement and improved child well-being.

Section L—Caregiver Beliefs and Attitudes

Expectations for Child Development (L1-L2). The extent to which caregivers are aware of the general process of child development may be related to the development of children in their care. Parental knowledge of developmental milestones has been associated with positive parenting practices and child outcomes, especially among families at risk (e.g., Field, Widmayer, Greenberg, & Stoller, 1982; Greenberg & Crnic, 1988; Stern, 1990). Items asking about expectations for child development have been proposed for the caregiver interview. Eighteen months is an appropriate age for asking these questions because of rapid developmental changes made by children of this age (e.g., walking and language development). At 18-months, caregivers are asked questions about when s/he expects babies (in general) become able to do certain things, of which "know right from wrong," "be ready for toilet training," or "understand what 'no' means," are a few examples. These same questions are asked of the child's mother

during the 18-month interview, so comparisons can be made to determine similarities and differences in the expectations of mothers and caregivers.

Another important aspect of caregiving styles is the extent to which caregivers value obedience to authority and try to control the behavior of children in their care. Research suggests that high levels of control or authoritarian beliefs are negatively associated with school-related abilities in childhood (Hess & McDevitt, 1984) and adolescence (Connell & Wellborn, 1991; Dornbusch, et al., 1987). Harter (1978) found that parents who respond positively to their young children's attempts to independently master their environments, including exploration and attempts to master challenging tasks, facilitate the development of high levels of perceived competence and mastery motivation. In contrast, parents who discourage or punish independent behavior may lead their children to perceive themselves to be incompetent and unwilling to take on and master new challenges.

There may also be cultural differences in caregiving styles and the value placed on controlling behavior, and its effect on children. For instance, in a study of American-born and immigrant parents (Okagaki & Sternberg, 1993), immigrant parents rated conformity over autonomy as an important value in child rearing. In contrast, American-born parents favored autonomy over conformity. In another study, Baumrind (1972) found that authoritarian parenting styles were more common among middle-class African American families than middle-class white families, and that, unlike in the white families, authoritarian parenting in African American families was associated with independence and assertiveness in young daughters.

In consideration of the above discussion, a set of questions is included in Item **L3** that assesses authoritarian caregiving attitudes. The respondent indicates agreement with one of two opposing attitudes or beliefs, such as "Once you've made rules for children, you should never go back on them," versus "It is often best not to be too strict about rules." These same questions are asked of the child's mother during the 18-month interview, so comparisons can be made to determine similarities and differences in the expectations of mothers and caregivers. van Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling (1998) have found that lack of agreement between parents and caregivers on authoritarian control was associated with reduced child well-being.

A subset of the Child Rearing Practices Report (CRPR) has been modified to measure caregiver practices (**L4**). The original CRPR is a 91-item, self-report Q-sort instrument developed by Block (1965) to evaluate attitudes and practices of parents towards child rearing. In the CRPR, parents are asked to indicate whether and to what extent they agree or disagree with each CRPR item. The CRPR covers four general domains: (1) how positive and negative emotions are expressed, handled, and regulated; (2) how parental authority is conveyed, and the specific forms of discipline that are used; (3) the parent's ideals and goals with respect to the child's accomplishments and aspirations; and (4) the parent's values concerning the child's development of autonomy, independence, and self-identity. The revised, shorter form is designed to assess child-rearing patterns. The questionnaire consists of 29 six-point Likert scale type questions (1 = "not at all descriptive of me"; 6 = "highly descriptive of me") and is divided into two subscales: (i) Authoritarian Pattern assesses frequent use of physical punishment, verbal reprimands, prohibitions, discouragement of child's emotional expression, emphasis on fear of external consequences of transgression, and strict supervision of the child; and (ii) Authoritative Pattern which assesses emphasis on inductive methods, reasoning with the child, appreciation of the child's accomplishments, fostering the child's individuality, and encouraging open communication between parents and the child. Measures of internal consistency for the subscales are reported as .65 and .71 respectively.

Attitude Toward Quality of Care (L5). Another important dimension of caregiving is the amount of warmth, physical affection, and emotional supportiveness provided by the caregiver. A robust finding in child development research is that warmth exhibited in the first few years of life is one of the strongest predictors of positive developmental outcomes. Furthermore, supportive caregiving is associated with positive outcomes for children, even in the presence of extreme socioeconomic disadvantage (Marsiglio, 1995; Sampson & Laub, 1994).

Studies of prosocial development have indicated that children are more likely to try to imitate the behavior of a model who has exhibited warm, nurturing behavior than models showing more matter-of-fact behavior (Eisenberg & Mussen, 1989; Radke-Yarrow, Zahn-Waxler, & Chapman, 1983). Negative parenting practices are associated with poor outcomes for children in both the cognitive and social domains. Such negative practices include harsh discipline, high levels of control, ridicule, teasing, and extreme nonresponsiveness. These findings may also apply to caregivers who often spend as much time with a child as his/her parents. Therefore, we ask caregivers how important they feel showing warmth

toward children, providing individual attention to children, and disciplining children are in taking care of children.

Finally, the extent to which the individual perceives child care to be stressful may have a negative impact on the quality of care the caregiver is able to provide. To obtain information about caregiver perceptions of the stressfulness of events that typically occur in the child care setting, Item **L6** asks how often such events occur and how stressful they are.

Section M—Learning Environment

Learning Materials and Activities (M1-M9). Measurement of activities that stimulate development is considered critical. Numerous studies have indicated that high levels of positive, age-appropriate cognitive stimulation for infants is related to better social and mental development in children (Bakeman & Brown, 1980), including measures of cognitive development and IQ in preschool and later (Bradley & Caldwell, 1976a, 1976b, 1980, 1984; Bradley, Caldwell, & Elardo, 1979; Bradley et al., 1989; Lozoff, Park, Radan, & Wolf, 1995), and school achievement (van Doorminick, Caldwell, Wright, & Frankenberg, 1981). Research has also suggested that cognitive stimulation in very early life may have implications for brain development and cognitive potential (National Commission on Children, 1991). For these reasons, items on the physical environment about the type of visual stimuli and toys for the child are included in Section M.

Health and Safety Provision (M10). In order to allow the child to explore the environment safely, it is necessary to "child-proof" the caregiving environment as much as possible. Child-proofing includes covering electrical outlets, putting cleaning products and other chemicals in child-proof cabinets, and using gates to restrict access to stairs. Caregivers need to practice other general safety measures such as having working smoke detectors and using a car seat for the infant when traveling by car. Questions on the safety practices are included in the caregiver interview. The items are particularly relevant for 18-month-olds because it is at this time that the toddler is gaining increased mobility and exploring their environment. Additionally, these questions on health and safety are asked during the parent interview enabling comparisons across caregiving settings.

Section N—Caregiver Background

Sociodemographic Information **(N1-N11)**. Several background variables are important to include in the caregiver interview in order to describe the basic resources and risks caregivers have that may be related to the development of children in their care. First, general demographic information such as gender, age, race/ethnic background, marital status, and whether they have children are obtained in Section N. Caregivers are then asked about their neighborhood as a place to provide care to children. The neighborhood is of particular importance for informal care providers who often care for children in their homes. The neighborhood can be a source of social support (Bryant, 1985), or it can be an additional source of stress for the individuals in residence. Of most immediate import for child outcomes is the quality of housing: substandard and public housing are predictors of infant death (Coulton & Pandey, 1992). The presence of lead paint, which is associated with a negative and enduring impact on learning ability, is more common in substandard housing. As infants grow, they and their caregivers are more likely to venture out into the neighborhood. Neighborhoods differ greatly in the degree of safety for young children. The increased mobility and social awareness of the 18-month-old toddler makes excursions through the neighborhood more easily realized. The neighborhood where the child is cared for is an environment that may impact development.

Experience, Training, and Education (N12-N28). Qualifications of caregivers has been found to be a key indicator of quality of child care. Provider education has been associated with children's cognitive and socioemotional development (Burchinal et al., 1996; Clarke-Stewart, 1989; Hayes et al., 1990; Ruopp et al., 1979; Whitebook, et al., 1989; Zaslow, 1991). The education level of caregiving staff was predictive of teacher sensitivity, which is also related to child outcome. Higher quality care has been found to be predictive of better academic success and fewer behavior problems in elementary school (Howes, 1988). Other provider training has been associated with the child's task persistence and cognitive development, and the teacher's promotion of academic skills and interaction with children (Clarke-Stewart, 1989; Ruopp et al., 1979; Stallings, 1980).

Training specific to the care of young children may also predict child outcome. In the National Child Care Staffing Study (NCCSS) formal education was the strongest predictor of appropriate teacher behavior, with training specific to infant care emerging as an additional predictor of infant outcome (Whitebook et al., 1989). The National Child Care Study (NCCS) found specialized child-

related training to be best predictive of staff behavior (Ruopp et al., 1979). For these reasons, items about general and specific education and training are included.

Reasons for Providing Child Care (N29). The reasons a caregiver has for providing child care may predict the quality of child care they provide. Quality of child care in turn impacts child outcome. Caregivers who provide care "to use their experience and/or education in child development" may provide higher quality care because caregiver education and experience has been associated with quality of care (Burchinal et al., 1996; Clarke-Stewart, 1989; Hayes et al., 1990; Ruopp et al., 1979; Whitebook, et al., 1989; Zaslow, 1991). There has been recent interest in studying why people provide child care in other studies of child care providers (e.g., the NICHD Early Child Care Research Network). Asking questions about motivation for providing child care will allow further investigation of how this topic is associated with child care quality and child outcome.

Section O—Caregiver Health

The first two questions (**O1-O2**) ask the care provider to rate her current health status (as excellent, good, etc.) and whether a health problem limits her ability to work. The presence of activity-limiting health problems would have a negative impact on the caregiver's ability to provide consistent nurturant care for the child(ren). The next three questions (**O3-O5**) ask about the caregiver's current smoking habits and whether anyone else smokes around the child while the child is in care.

Section P—Income

The NCCSS found that teachers' wages were the most important predictor for the quality of the child care environment defined as an appropriate developmental environment and low student-teacher ratios (Whitebook et al., 1989). Higher teacher salaries were associated with higher quality child care environments. Therefore, caregivers are asked about the amount of income they earn for providing child care in Section P.

In addition to salary earned for providing child care, household income is obtained from caregivers. Factors such as parental income and education level have been found to affect the health,

development, and behavior of their children (Children's Defense Fund, 1994; Duncan & Brooks-Gunn, 1997; Hill & Sandfort, 1995; Huston, 1991; Korbin, 1992). Depending on the location of care provision, the caregiver's income may have more or less of an effect on child's care. Care provided in the caregiver's home for example will be influenced by the household income in terms of the resources such as books, toys, and musical instruments that stimulate cognitive development.

Caregivers themselves may be influenced by low income. Lower income has been associated with lifestyles that are more stressful, conflictual, and unpredictable (Conger & Elder, 1994; McLoyd, 1990). Emotional health may be compromised, resulting in more depressive, irritable, or volatile moods. Stressful lives and less positive emotional health may themselves influence the day-to-day interactions between caregivers and children. For example, caregivers from low-income households may exhibit more inconsistent or harsh behavior with their children, or they may be less emotionally available for their children.

18-month Child Care Provider Instrument

CHILD CARE PROVIDER TELEPHONE INTERVIEW
TABLE OF CONTENTS

Sources for Items in the Child Care Provider Interview

CES – Caregiver Events Scale (Susan Kontos)

CCRI – Child-Caregiver Relationship Inventory

CCS – Child Care Survey (Bruce Fuller)

CPS – Current Population Survey

CRPR – Child Rearing Practices Report

ECERS – Early Childhood Environment Rating Scale

ECLS-K – Early Childhood Longitudinal Study-Kindergarten Cohort

EHS – Early Head Start Study

FACES – Family and Child Experiences Study (Head Start study)

HOME – Home Observation Measurement for the Environment

ITERS – Infant/Toddler Environment Rating Scale

JOBS – JOBS Study (Job Opportunity & Basic Skills training program)

JORDAN – Authoritarian Family Ideology

KIDI – Knowledge of Infant Development Inventory

M-CDI (MacArthur-CDI) – MacArthur Communicative Development Inventories

MN-CDI – Minnesota Child Development Inventories

MTF – Monitoring the Future

NAEYC-CA – NAEYC Accreditation in California Study

NAEYC-FL – NAEYC Accreditation in Florida Study

NCCS-CR – National Child Care Study (Center-Based Care Instrument)

NCCS-FH – National Child Care Study (Family Day Care Instrument)

NCCSS-CD – National Child Care Staffing Study (Center Director Interview)

NCCSS-ST – National Child Care Staffing Study (Staff Interview)

NEW – Newly developed question

NEW HOPE – New Hope Project (Milwaukee)

NHES – National Household Education Survey

NICHD-7E – NICHD Early Child Care Study – Child Caregiver Interview Center Version Short Form

NICHD-7F – NICHD Early Child Care Study – Child Caregiver Interview Center Version Long Form

NICHD-7J – NICHD Early Child Care Study – Child Caregiver Interview Home Version Long Form

NLSCY – Canadian National Longitudinal Study of Children and Youth

NLSY – National Longitudinal Survey of Youth

NMIHS – National Maternal and Infant Health Survey

PCRI – Parent-Caregiver Relationship Inventory

PDI – Parenting Dimensions Inventory

SNOW – Catherine Snow

SPPA – Survey of Public Participation in the Arts

STRS – Student-Teacher Relationship Scale

USDA – US Department of Agriculture, Food & Consumer Service

CHILD CARE PROVIDER TELEPHONE INTERVIEW

Section A - Introduction

Background from Parent Interview (Information in A1–A8 will be preloaded.)

A1. NEW — The parent's name is: _____

A2. NEW — The child's name is: _____

A3. NEW — The child's gender is: _____

A4. NEW — The child's date of birth is: _____

A5. NEW — The child's parent indicated that they had the following type of child care.

Center Based Care	1
Family Child Care	2
In-Home Care	3
Relative Care	4

IF A5 =1 (CENTER-BASED CARE), SHOULD HAVE INFORMATION FOR A6. ELSE, A6 SHOULD BE BLANK.

A6. NEW — The child's parent indicated that the child attended a child care center.

a. The name, address, and telephone number of the day care center are

Center's Name _____

Address _____

Phone _____

b. The director's name is

Director's Name _____

c. Center caregiver name is

_____

A7. The child's parent indicated that the child's caregiver's name, address, and telephone number are
NEW

Caregiver's Name _____

Address _____

Phone _____

IF A5 = 1 (CENTER-BASED CARE), GO TO A8. ELSE, GO TO A11.

Verify Caregiving Arrangement

A8. (Hello, my name is (INTERVIEWER), and I am calling from Westat.) May I please speak to
NEW (DIRECTOR NAME)?

AVAILABLE/SPEAKING	1	(GO TO INTRO)
NOT AVAILABLE	2	(GO TO A10)
NO LONGER THERE	3	(GO TO A9)
DON'T KNOW	98	(GO TO A10)
REFUSED	99	(GO TO BOX A-5)

A9. Who is the center director now?
NEW

Director's Name _____ (GO TO A10)

DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

A10. When would be a good time to call back so that I can speak to (DIRECTOR NAME)?
NEW

Day and time to call back _____ (GO TO END CALL 2)

A11. Hello, my name is (INTERVIEWER), and I am calling from Westat. May I please speak to
NEW (CAREGIVER NAME)?

AVAILABLE/SPEAKING	1	(GO TO INTRO)
NOT AVAILABLE	2	(GO TO A12)
DON'T KNOW	98	(GO TO A12)
REFUSED	99	(GO TO END CALL 1)

A12. When would be a good time to call back so that I can speak to (CAREGIVER NAME)?
NEW

Day and time to call back _____		(GO TO END CALL 2)
DON'T KNOW	98	(GO TO END CALL 2)
REFUSED	99	(GO TO END CALL 1)

INTRO

(CHILD) is participating in the Early Childhood Longitudinal Study, which is sponsored by the National Center for Education Statistics and other U.S. government agencies. Westat, the company I work for, is conducting the study. (PARENT NAME), (CHILD)'s (parent/guardian), has given us written permission to talk to you. The goal of this study is to understand how children learn and develop. You can help by giving us your views about (CHILD)'s care and growth. Your opinions will help children's education in the future. Your participation is voluntary and you will be paid for your time.

All information that you give us will be kept completely confidential. No information about an individual child or caregiver will be reported in any way. No names will be released.

BOX A-1
IF A5 = 1 (CENTER-BASED CARE) AND SPEAKING TO CENTER DIRECTOR, READ INT-A. IF A5 = 1 (CENTER-BASED CARE) AND SPEAKING TO PRIMARY CAREGIVER, READ INT-B. ELSE READ INT-C.

INT-A. This interview has two parts. During the first half we will be speaking with you, the Director (or a designated assistant), about the structure, staffing, and other characteristics of your center. Your part of the interview should take about 5 minutes. The information that you provide will not be shared with (CHILD)'s primary caregiver or with (CHILD)'s (parents/guardians). During the second part of this interview, which will take 30 minutes, we would like to speak with (CHILD)'s primary caregiver to ask about (CHILD)'s development and growth and about caregiver beliefs and knowledge about caregiving issues. The information that is provided to us by (CHILD)'s primary caregiver will not be shared with you or with (CHILD)'s (parents/guardians). (GO TO BOX A-2)

INT-B. The Director of your child care center and (CHILD)'s (parents/guardians) have given permission for you to speak to us about (CHILD). The information that you provide will not be shared with either (CHILD)'s (parents/guardians) or your center director. The interview will take approximately 30 minutes. (GO TO A14)

INT-C. The interview will take approximately 30 minutes. (GO TO A14)

BOX A-2
IF SPEAKING WITH DIRECTOR AND HE/SHE DOESN'T HAVE TIME NOW TO DO INTERVIEW, ASK A13. ELSE, GO TO A14.

A13. Since you don't have time now, may I schedule another time to call you?
NEW

YES	1	(SCHEDULE THEN GO TO E1)
NO	2	(GO TO E1)
DON'T KNOW	98	(GO TO E1)
REFUSED	99	(GO TO END CALL 1)

Day and time to call back _____

Verify care of focal child

A14. Before we begin, let me verify the following: Do you currently provide care for (CHILD)?
NEW PROBE: Does (CHILD) receive care there?

YES	1	(GO TO A17)
NO	2	(GO TO A15)
DON'T KNOW	98	(GO TO A15)
REFUSED	99	(GO TO A15)

A15. Have you ever provided care for (CHILD)?
NEW

YES	1	(GO TO A16)
NO	2	(GO TO END CALL 1)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

A16. Did you provide care for (CHILD) at any time within the past month?
NEW

YES	1	(GO TO A17)
NO	2	(GO TO END CALL 1)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

Verify type of child care provider

A17. (Do/Did) you provide care for (CHILD) at...
NEW (IF CHILD AND CAREGIVER LIVE IN THE SAME HOME, CODE AS 1)

(CHILD)'s home,	1	(GO TO A19)
Your home,	2	(GO TO A19)
Another private home,	3	(GO TO A19)
An independent facility such as a day care center, community center, etc., or	4	(GO TO BOX A-3)
At some other place? (SPECIFY) _____	91	(GO TO A18)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

A18. Which would be the closest to how you would describe the place where you provide care?
NEW

A child care center or	1	(GO TO BOX A-3)
A private home?	2	(GO TO A19)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

A19. Are you related to (CHILD)?
NEW PROBE: By related we mean a grandparent, sister/brother, aunt/uncle, cousin or any relative other than (CHILD)'s parent or guardian.

YES	1	(GO TO A20)
NO	2	(GO TO A21)
DON'T KNOW	98	(GO TO A21)
REFUSED	99	(GO TO A21)

A20. How are you related?
ECLS-K

MOTHER/FEMALE GUARDIAN	1
FATHER/MALE GUARDIAN	2
SISTER	3
BROTHER	4
GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN	5
BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN	6
GRANDMOTHER	7
GRANDFATHER	8
AUNT	9
UNCLE	10
COUSIN	11
OTHER RELATIVE	12
(SPECIFY) _____	
OTHER NONRELATIVE	13
DON'T KNOW	98
REFUSED	99

Set Path

BOX A-3

IF A17 = 1, THEN PATH = I.
IF A17 = 2 OR 3 OR A18 = 2, THEN PATH = F.
IF A17 = 4 OR A18 = 1, THEN PATH = C.
GO TO BOX A-4.

BOX A-4

IF PATH = C AND A5 = 1 (PARENT HAD INDICATED CENTER-BASED CARE), THEN GO TO SECTION B – CENTER INFORMATION.
ELSE, IF PATH = C, GO TO A24.
ELSE ALL OTHER PATHS, GO TO A21.

Verify primary caregiver

A21. Except for (CHILD)'s parents, are you (his/her) primary caregiver?
NEW PROBE: By primary caregiver we mean the individual who spends the most time with (CHILD).

YES	1	(GO TO SECTION F)
NO	2	(GO TO A22)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

A22. Who is (CHILD)'s primary caregiver?
NEW

SPECIFY: _____	91	(GO TO A23)
DON'T KNOW	98	(GO TO END CALL 2)
REFUSED	99	(GO TO END CALL 1)

A23. May I speak to (PERSON SPECIFIED IN A26)?
NEW

YES	1	(GO TO INTRO)
NO	2	(GO TO A12)
DON'T KNOW	98	(GO TO A12)
REFUSED	99	(GO TO END CALL 1)

Verify center information (if not preloaded)

A24. What is the name of the day child center where you care for (CHILD)?
NEW

Center's Name _____	
DON'T KNOW	98
REFUSED	99

A25. Who is the director of the child care center?

NEW

Director's Name _____		(GO TO A8)
DON'T KNOW	98	(GO TO END CALL 2)
REFUSED	99	(GO TO END CALL 1)

End Call 1: I'm sorry to have bothered you. Thank you for your time.

End Call 2: Thank you for your time. I'll try to call again later.

CHILD CARE PROVIDER TELEPHONE INTERVIEW
DIRECTOR QUESTIONNAIRE

Section B - Center Information

Let's start by talking about the structure and organization of the center.

B1. Is your center nonprofit or for-profit?
NCCS-CR

NON-PROFIT	1
FOR PROFIT	2
DON'T KNOW	98
REFUSED	99

B2. In what type of place is your program located?
NCCS-CR PROBE: Is it located in a religious building, school, work place, or in its own building?

YOUR HOME	1
ANOTHER HOME	2
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP	3
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	4
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL	5
A COLLEGE OR UNIVERSITY	6
A COMMUNITY CENTER	7
A PUBLIC LIBRARY	8
ITS OWN BUILDING	9
MORE THAN ONE PLACE	10
OFFICE BUILDING	11
SOME OTHER PLACE (SPECIFY)	91
DON'T KNOW	98
REFUSED	99

B3. Is your program independent or is it sponsored by another organization, such as a church or
NCCS-CR community agency?

		HELP AVAILABLE
INDEPENDENT	1	(GO TO B5)
SPONSORED	2	(GO TO B4)
DON'T KNOW	98	(GO TO B5)
REFUSED	99	(GO TO B5)

B4. What type of organization sponsors your center? (CODE ALL THAT APPLY)

NCCS-CR

PROBE: Is your program sponsored by any other organizations?

HEAD START	1	
SOCIAL SERVICE ORGANIZATION OR AGENCY	2	
CHURCH OR RELIGIOUS GROUP	3	
PUBLIC SCHOOL/BOARD OF EDUCATION	4	
PRIVATE SCHOOL, RELIGIOUS	5	
PRIVATE SCHOOL, NONRELIGIOUS	6	
COLLEGE OR UNIVERSITY	7	
PRIVATE COMPANY OR INDIVIDUAL	8	
NON-GOVERNMENT COMMUNITY ORGANIZATION	9	
STATE OR LOCAL GOVERNMENT	10	
SOME OTHER TYPE OF SPONSORING AGENCY SPECIFY)_____	91	
NONE	00	
DON'T KNOW	98	
REFUSED	99	

B5. Is your center accredited by any national, state, or local organization?

NEW

YES	1	(GO TO B6)
NO	2	(GO TO B7)
DON'T KNOW	98	(GO TO B7)
REFUSED	99	(GO TO B7)

B6. What is the organization? (CODE ALL THAT APPLY)

NAEYC-CA PROBE: Is that a national, state, or local organization?

NAEYC	1
ZERO TO 3	2
OTHER NATIONAL	3
(SPECIFY) _____	
STATE	4
LOCAL	5
OTHER (SPECIFY) _____	91
DON'T KNOW	98
REFUSED	99

B7. Are you currently pursuing (any other) accreditation with any early childhood organization?

NEW

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

B8. How many children are you licensed to care for?

NCCS-CR PROBE: How many children of any age are permitted to be at the center at one time?

|__|__|__|
NUMBER OF CHILDREN

NOT LICENSED 00
DON'T KNOW 98
REFUSED 99

B9. What is the average fee for children 18 months old who attend the center full-time and whose parents pay the full cost of care?

Adapted from NAEYC-CA PROBE: By full-time, we mean approximately 35 hours per week.

$|__|__|__|__|.|__|__| |__|__|
AMOUNT UNIT

HOUR 1
DAY 2
WEEK 3
MONTH 4
YEAR 5
OTHER (SPECIFY)_____ 91
DON'T KNOW 98
REFUSED 99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
DIRECTOR QUESTIONNAIRE

Section C - Staffing

Now, I have some questions about you and your staff.

C1. How long have you been the director at this center?
NEW

|__|__| YEARS |__|__| MONTHS

DON'T KNOW 98
REFUSED 99

BOX C-1
IF C1 = LESS THAN 2 YEARS, ASK C2. ELSE, GO TO C3.

C2. How long was the prior director at this center?
NEW

|__|__| YEARS |__|__| MONTHS

DON'T KNOW 98
REFUSED 99

C3. How many of the caregivers on your payroll are full-time and how many are part-time? By caregiver, we mean staff, including yourself, who work directly with the children at least part-time.
NAEYC-CA PROBE: Also include assistant caregivers and aides, caregiver-directors, and administrative directors and other staff who work directly with children.

|__|__| FULL TIME (35 hours or more/week)
NUMBER

|__|__| PART TIME
NUMBER

DON'T KNOW 98
REFUSED 99

C4. How many of the center's permanent staff members who work directly with children have you hired in the last 12 months, since {MONTH YEAR}?
NCCSS-CD PROBE: Please include only caregivers, assistant caregivers and aides, caregiver-directors, and administrative directors and other staff who work directly with children.
PROMPT: What is your best guess?

|__|__| # OF STAFF WHO HAVE BEEN HIRED IN THE LAST 12 MONTHS

DON'T KNOW 98
REFUSED 99

C5. NCCSS-CD

How many of the center's permanent staff who work directly with children have left the program in the last 12 months, since {MONTH YEAR}?
PROBE: Please include only caregivers, assistant caregivers and aides, caregiver-directors, and administrative directors and any other staff who work directly with children.
PROMPT: What is your best guess?

|___|___| # OF STAFF WHO HAVE LEFT IN THE LAST 12 MONTHS

DON'T KNOW 98
REFUSED 99

C6. NEW

As children grow older, is it the center's policy for them to ...

Routinely change caregivers, ... 1
Remain with the same caregivers, or 2
Is there some other arrangement? 91
(SPECIFY) _____
DON'T KNOW 98
REFUSED 99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
DIRECTOR QUESTIONNAIRE

Section D - Center Services

Next, I would like to ask you about some of the services your center provides.

Health and Developmental Screenings

D1. Adapted from NCCS-CR/ NHES — Does your center provide any of the following services to children or their families?

	YES	NO	DON'T KNOW	REFUSED
a. Physical examinations	1	2	98	99
b. Dental examinations	1	2	98	99
c. Hearing, speech, or vision examinations	1	2	98	99
d. Psychological assessments	1	2	98	99
e. Assessments of learning abilities or problems	1	2	98	99
f. Assessments of social skills or behavior problems	1	2	98	99
g. Sick child care	1	2	98	99

Meals and Snacks

D2. USDA — Do you serve meals or snacks to children in your care?

YES ..... 1 (GO TO D3)
NO ..... 2 (GO TO D4)
DON'T KNOW ..... 98 (GO TO D4)
REFUSED ..... 99 (GO TO D4)

D3. USDA — Do you currently receive reimbursement from the United States Department of Agriculture (USDA) for meals or snacks served to children in your care?

HELP AVAILABLE

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

Center Address

D4. NEW — I'd like to verify the center's address so I know where to send you your check. [DISPLAY ADDRESS. CORRECT ANY WRONG INFORMATION.]

CHILD CARE PROVIDER TELEPHONE INTERVIEW
DIRECTOR QUESTIONNAIRE

Section E - Transition to Caregiver

This concludes the questions we have for you about your center. Thank you for taking the time to answer these questions.

BOX E-1
IF A13 = 1 (INTERVIEW CAREGIVER FIRST), THEN END INTERVIEW HERE. ELSE SAY: NOW, I HAVE A FEW QUESTIONS ABOUT (CHILD)'s PRIMARY CAREGIVER.

Transitional Statements

E1. NEW (CHILD)'s parents have indicated that (CAREGIVER NAME from A7) is (CHILD)'s primary caregiver. Is that correct?
PROBE: By primary caregiver, we mean the individual who spends the most time with (CHILD).

YES	1	(GO TO E3)
NO	2	(GO TO E2)
DON'T KNOW	98	(GO TO E2)
REFUSED	99	(GO TO E2)

E2. NEW Who is (CHILD)'s primary caregiver?

_____ (GO TO E3)

DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

E3. NEW If this is a good time, may I speak to (CAREGIVER NAME) now?

YES	1	(GO TO INTRO 2)
NO	2	(GO TO E4)
DON'T KNOW	98	(GO TO E4)
REFUSED	99	(GO TO END CALL 1)

E4. NEW When would be a good time to call back so that I can speak to (CAREGIVER NAME)?

Day and time to call back _____ (GO TO END CALL 2)

DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

INTRO 2

Hello, my name is (INTERVIEWER), and I am calling from Westat. (CHILD) is participating in the Early Childhood Longitudinal Study, which is sponsored by the National Center for Education Statistics and other U.S. government agencies. Westat, the company I work for, is conducting the study. (PARENT NAME), (CHILD)'s (parent/guardian), has given us written permission to talk to you. The goal of this study is to understand how children learn and develop. You can help by giving us your views about (CHILD)'s care and growth. Your opinions will help children's education in the future. Your participation is voluntary and you will be paid for your time.

All information that you give us will be kept completely confidential. No information about an individual child or caregiver will be reported in any way. No names will be released. The interview will take about 30 minutes.

Before we begin, let me verify the following:

E5. NEW Except for (CHILD)'s parents, are you (his/her) primary caregiver at the center?
PROBE: By primary caregiver we mean the individual who spends the most time with (CHILD).

YES	1	(GO TO SECTION F)
NO	2	(GO TO E6)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

E6. NEW Who is (CHILD)'s primary caregiver at the center?

SPECIFY: _____	91	(GO TO E7)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

E7. NEW May I speak to (PERSON SPECIFIED IN E6)?

YES	1	(GO TO INTRO2)
NO	2	(GO TO E8)
DON'T KNOW	98	(GO TO E8)
REFUSED	99	(GO TO END CALL 1)

E8. NEW When would be a good time to call back so that I can speak to (CAREGIVER NAME)?

Day and time to call back _____		(GO TO END CALL 2)
DON'T KNOW	98	(GO TO END CALL 1)
REFUSED	99	(GO TO END CALL 1)

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section F – Care of Focal Child

I'd like to start our discussion with some questions about (CHILD).

F1. How long have you been caring for (CHILD)?
NICHD-7F PROMPT: How many years and months is that?

|___|___| |___|___|
YEARS MONTHS

LESS THAN ONE MONTH 00
DON'T KNOW 98
REFUSED 99

F2. If you had to guess, how much longer do you expect to be caring for (CHILD)? Would you say ...
NEW

Less than 3 months, ... 1
3 to 6 months, ... 2
7 to 12 months, or 3
More than 12 months? 4
DON'T KNOW 98
REFUSED 99

F3. How many <u>days</u> each week do you care for (CHILD)?
ECLS-K

|___|
NUMBER OF DAYS

DON'T KNOW 98
REFUSED 99

F4. How many <u>hours</u> each <u>week</u> do you provide care to (CHILD)?
ECLS-K PROMPT: How many hours would that be?

|___|___|
NUMBER OF HOURS

DON'T KNOW 98
REFUSED 99

F5. Do you (or your center) currently provide care during nontraditional hours, such as during the
CCS evening, overnight, or on weekends?

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

BOX F-1

IF PATH = C, ASK F6. ELSE, GO TO F8.

F6. How many other paid caregiving staff also provide direct care to (CHILD) on a typical day?
Adapted from NICHD-7F PROBE: On an average day.

|___|___|
NUMBER OF ADULTS

NONE 00
DON'T KNOW 98
REFUSED 99

F7. How many adult volunteers also provide direct care to (CHILD) on a typical day?
Adapted from FACES PROBE: On an average day.

|___|___|
NUMBER OF ADULTS

NONE 00
DON'T KNOW 98
REFUSED 99

BOX F-2

IF PATH = C, GO TO F10. ELSE, ASK F8.

F8. Does anyone over age 18 help you with (CHILD) when you are providing care?
NICHD-7J PROBE: Including nontraditional hours.

YES 1
NO ..... 2 (GO TO F10)
DON'T KNOW ..... 98 (GO TO F10)
REFUSED ..... 99 (GO TO F10)

F9. Who helps you? Would that be ...
NICHD-7J (FOR EACH YES, ASK: How many hours each week does (he/she) help you?)

	YES	NO	NUMBER OF HOURS	DON'T KNOW	REFUSED
a. (CHILD)'s parents?	1	2	_____	98	99
b. An unrelated paid child care provider?	1	2	_____	98	99
c. An unrelated volunteer?	1	2	_____	98	99
d. Your spouse or partner?	1	2	_____	98	99
e. Your older children (18 or older)?	1	2	_____	98	99
f. Another relative of yours?	1	2	_____	98	99
g. Another relative of (CHILD)'s	1	2	_____	98	99
h. Someone else? (SPECIFY) _____	1	2	_____	98	99

F10. What is your primary language?
NHES PROBE: What language do you speak the most?

ENGLISH	1	KOREAN	10
ARABIC	2	POLISH	11
CHINESE	3	PORTUGUESE	12
FILIPINO LANGUAGE	4	SPANISH	13
FRENCH	5	VIETNAMESE	14
GERMAN	6	SOME OTHER LANGUAGE	
GREEK	7	(SPECIFY) _____	91
ITALIAN	8	DON'T KNOW	98
JAPANESE	9	REFUSED	99

F11. What language(s) do you speak most when caring for (CHILD)? (CODE ALL THAT APPLY)
NHES

ENGLISH	1	KOREAN	10
ARABIC	2	POLISH	11
CHINESE	3	PORTUGUESE	12
FILIPINO LANGUAGE	4	SPANISH	13
FRENCH	5	VIETNAMESE	14
GERMAN	6	SOME OTHER LANGUAGE	
GREEK	7	(SPECIFY) _____	91
ITALIAN	8	DON'T KNOW	98
JAPANESE	9	REFUSED	99

BOX F-3

IF PARENT'S PRIMARY LANGUAGE DOES NOT MATCH CAREGIVER PRIMARY LANGUAGE IN F11, ASK F12.
ELSE, GO TO BOX G-1.

F12. NAEYC-CA Do you ever have difficulty communicating with (CHILD)'s parents because of the language they speak?

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section G – Other Children in Care

G1. Do you care for other children at the same time you are caring for (CHILD)?
NEW

YES	1	(GO TO G2)
NO	2	(GO TO SECTION H)
DON'T KNOW	98	(GO TO SECTION H)
REFUSED	99	(GO TO SECTION H)

G2. How many children do you typically care for at the same time as (CHILD)?
Adapted from NCCS-CR PROBE: Include your own children and children you care for before and after school.

|__|__|
NUMBER OF CHILDREN

DON'T KNOW	98
REFUSED	99

G3. We'd like to know about the other children you care for while caring for (CHILD). Are they...
NEW (CODE ALL THAT APPLY)

(CHILD)'s sibling(s),	1
(CHILD)'s other relatives (e.g., cousins),	2
Your own child(ren), or	3
Other child(ren)?	4
DON'T KNOW	98
REFUSED	99

G4. What is the age of the oldest child you care for (in years and months)?
Adapted from NCCS-CR (WRITE 00 IF EITHER MONTHS OR YEARS ARE NOT SPECIFIED BY CAREGIVER)
PROBE: Children you care for at the same time as (CHILD).

|__|__| |__|__|
YEARS MONTHS

DON'T KNOW	98
REFUSED	99

G5. What is the age of the youngest child you care for (in years and months)?
Adapted from NCCS-CR (WRITE 00 IF EITHER MONTHS OR YEARS ARE NOT SPECIFIED BY CAREGIVER)
PROBE: Children you care for at the same time as (CHILD).

|__|__| YEARS |__|__| MONTHS

DON'T KNOW 98
REFUSED 99

G6. How many of the other children that you care for are ...
ECLS-K (WRITE NUMBER ON LINE)
PROBE: Don't include (CHILD), include only children in care with (CHILD).
CAPI INSTRUCTION: G4 TOTAL = G1.

	NUMBER	DON'T KNOW	REFUSED
a. Asian or Pacific Islander?	_____	98	99
b. Hispanic, regardless of race?	_____	98	99
c. Black, not of Hispanic origin?	_____	98	99
d. White, not of Hispanic origin?	_____	98	99
e. American Indian or Native Alaskan?	_____	98	99
f. Other (SPECIFY) _____	_____	98	99

G7. Do any of the other children you care for speak a language other than English?
ECLS-K

YES 1
NO ..... 2 (GO TO G10)
DON'T KNOW ..... 98 (GO TO G10)
REFUSED ..... 99 (GO TO G10)

G8. How many of the other children you care for speak a language other than English?
NEW

|__|__| NUMBER OF CHILDREN

NONE ..... 0 (GO TO G10)
DON'T KNOW ..... 98 (GO TO G10)
REFUSED ..... 99 (GO TO G10)

G9. ECLS-K Which languages other than English are spoken by the other children you care for? (CODE ALL THAT APPLY)

ENGLISH	1	KOREAN	10
ARABIC	2	POLISH	11
CHINESE	3	PORTUGUESE	12
FILIPINO LANGUAGE	4	SPANISH	13
FRENCH	5	VIETNAMESE	14
GERMAN	6	SOME OTHER LANGUAGE	
GREEK	7	(SPECIFY) _____	91
ITALIAN	8	DON'T KNOW	98
JAPANESE	9	REFUSED	99

G10. Adapted from NICHD-7F How many of the other children you currently care for have special needs? This includes those children with a handicap, with a chronic illness or medical problem, or with emotional problems.

HELP AVAILABLE

|___|___|
NUMBER OF CHILDREN WITH SPECIAL NEEDS

DON'T KNOW 98
REFUSED 99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section H - Child's Development

Now I have some questions about (CHILD).

H1. NEW Does (CHILD) use two or more words together to express (his/her) thoughts?

YES	1	(GO TO H3)
NO	2	(GO TO H2)
DON'T KNOW	98	(GO TO H2)
REFUSED	99	(GO TO H2)

H2. M-CDI Sometimes toddlers use actions or movements that let you know what they want. I'll say a list of actions and you tell me if (CHILD) does not yet do it, sometimes does it, or often does it. PROBE: Sometimes or often. (IF RESPONDENT ANSWERS "YES")

Does (CHILD) ...	NOT YET	SOME-TIMES	OFTEN	DON'T KNOW	REFUSED
a. Smack (his/her) lips "yum yum" if something tasted good?	1	2	3	98	99
b. Blow kisses?	1	2	3	98	99
c. Put (his/her) finger in front of (his/her) lips to mean "hush"?	1	2	3	98	99
d. Shrug "all gone" or "I don't know"?	1	2	3	98	99

H3. Adapted from MN-CDI Toddlers can do many things at different ages and we would like to find out what (CHILD) can do. I am going to read you some statements and I'd like you to tell me if (CHILD) can do these things or cannot do them. **HELP AVAILABLE**

Does (CHILD) ...	YES	NO	DON'T KNOW	REFUSED
a. Imitate sounds that you make?	1	2	98	99
b. Understand phrases such as "No No" or "All gone"?	1	2	98	99
c. Shake (his/her) head to express "No"?	1	2	98	99
d. Hand something to you when (he/she) is asked?	1	2	98	99
e. Ask for food or drink with sounds or words?	1	2	98	99
f. Say two words besides "Mama" and "Dada"?	1	2	98	99
g. Make sounds in sequence that sound like sentences?	1	2	98	99
h. Use 5 or more words as names of things?	1	2	98	99
i. Follow a few simple instructions?	1	2	98	99
j. Name a few familiar things in picture books?	1	2	98	99
k. Refer to (his/her) things as "my" or "mine"?	1	2	98	99
l. Understand what "off" and "on" mean and follow directions using these words?	1	2	98	99
m. Understand the meaning of at least three words for locations of things, such as "in," "on," "under," "beside"?	1	2	98	99
n. Follow two-part instructions, for example, "Go to your room and bring me..."?	1	2	98	99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section I - Temperament

I1. NLSCY How often do you have trouble soothing or calming (CHILD) when (he/she) is crying or upset? Would you say ...

Almost never,	1
Less than half the time,	2
Half the time,	3
More than half the time, or	4
Almost always?	5
DON'T KNOW	98
REFUSED	99

I2. NLSCY How much does (CHILD) smile, laugh, or make happy sounds? Would you say ...

Almost never,	1
Less than half the time,	2
Half the time,	3
More than half the time, or	4
Almost always?	5
DON'T KNOW	98
REFUSED	99

I3. NLSCY For most caregivers, how difficult would (CHILD) be to take care of? Would you say ...
PROBE: Compared to all the other children you've cared for.

Very difficult,	1
Somewhat difficult,	2
About average,	3
Not very difficult, or	4
Not at all difficult?	5
DON'T KNOW	98
REFUSED	99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section J – Caregiver-Child Relationship

J1. Adapted from STRS

For each statement I read, tell me how much it applies to your relationship with (CHILD). Would you say the statement (READ OPTIONS)...
PROBE: Applies means how true is it, how much it is like (CHILD).

	NEVER APPLIES	SOMETIMES APPLIES	ALWAYS APPLIES	DON'T KNOW	REFUSED
a. If upset, (CHILD) will seek comfort from me	1	2	3	98	99
b. (CHILD) and I always seem to be struggling with each other	1	2	3	98	99
c. (CHILD) is uncomfortable with physical affection or touch from me	1	2	3	98	99
d. (CHILD) remains angry or is resistant after being disciplined	1	2	3	98	99
e. When (CHILD) (arrives/wakes up) in a bad mood, I know we're in for a long and difficult day	1	2	3	98	99
f. It is easy to be in tune with or to know what (CHILD) is feeling	1	2	3	98	99

J2. CCRI

For this next set of statements, please tell me how much you agree or disagree with each one. Please tell me whether you strongly disagree, disagree, disagree more or less, agree more or less, agree, or strongly agree.

	SD	D	D+/-	A+/-	A	SA	DON'T KNOW	REFUSED
a. I enjoy contact with this child.....	1	2	3	4	5	6	98	99
b. I feel clumsy in my contacts with this child.....	1	2	3	4	5	6	98	99
c. I am really interested in this child	1	2	3	4	5	6	98	99
d. When this child does certain things I react in a way that prevents me from understanding the child.....	1	2	3	4	5	6	98	99
e. I am relaxed and at ease in my contacts with this child	1	2	3	4	5	6	98	99
f. I appreciate this child.....	1	2	3	4	5	6	98	99
g. Sometimes I don't feel completely at ease with this child but I don't let it show.....	1	2	3	4	5	6	98	99

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Section K - Parental Involvement

Now I'd like to ask you about your contact with (CHILD)'s parents.

K1. Adapted from NCCS-CR — How often have one or both of (CHILD)'s (parent(s)/guardian(s)) participated in activities such as celebrating birthdays or coming for lunch? Would you say ...

Not at all,	1
Once or twice,	2
Three to five times, or	3
Once a month or more often?	4
NA (NO SUCH ACTIVITIES)	97
DON'T KNOW	98
REFUSED	99

K2. CCS — We understand that child care providers are often very busy and may not always have the time to do everything they would like, given their many responsibilities. How often do you get the time to tell parents something that happened during their child's day? Would you say...

Almost never,	1
Sometimes,	2
Often, or	3
Always?	4
DON'T KNOW	98
REFUSED	99

K3. Adapted from FACES — How often (do/does) (CHILD)'s (parent(s)/guardian(s)) ask you how things are going with (him/her)? Would you say...

Almost never,	1
Sometimes,	2
Often, or	3
Always?	4
DON'T KNOW	98
REFUSED	99

K4. CCS — Some people have different feelings about when parents drop in. How difficult is it for you when parents drop in during the day unannounced? Would you say it is ...

Very difficult,	1
Somewhat difficult,	2
A little difficult, or	3
Not at all difficult?	4
NA (DON'T DROP IN)	97
DON'T KNOW	98
REFUSED	99

K5. PCRI For each of the following statements, please tell me how much you agree or disagree with it. Please tell me whether you strongly disagree, disagree, disagree more or less, agree more or less, agree, or strongly agree.

	SD	D	D+/-	A+/-	A	SA	DK	R
a. This parent is someone I can trust	1	2	3	4	5	6	98	99
b. This parent feels uneasy when I ask certain things or when I talk about certain things	1	2	3	4	5	6	98	99
c. I feel that this parent feels at ease with me	1	2	3	4	5	6	98	99
d. I have the impres-sion that this parent is bothered by some aspects of how I treat their child, that she/he doesn't tell me, and this makes our contacts awkward	1	2	3	4	5	6	98	99
e. This parent is not really interested in what I do	1	2	3	4	5	6	98	99
f. This parent almost always knows exactly what I mean	1	2	3	4	5	6	98	99
g. I feel this parent appreciates me	1	2	3	4	5	6	98	99

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Section L - Caregiver Beliefs and Attitudes

Expectations for Child Development

CAPI INSTRUCTION: DO NOT ALLOW DON'T KNOW AT L1 AND L2.

This next set of questions asks about how you think most young children act, how they grow, and how to care for them.

Please answer each of the following questions based on young children in general. Do not answer about (CHILD) and how (he/she) acts. Think about what you know about young children you have had contact with or anything you have read.

L1. KIDI/EHS First, for each statement I read, please tell me whether, for most young children, you agree or disagree with the statement, or are not sure.
NOTE: CODE "DON'T KNOW" RESPONSE AS "NOT SURE."

HELP AVAILABLE

		AGREE	DISAGREE	NOT SURE	REFUSED
a.	All infants need the same amount of sleep	1	2	3	99
b.	A young brother or sister may start wetting the bed or thumbsucking when a new baby arrives in the family	1	2	3	99
c.	A child thinks he is speaking correctly even when he or she says words and sentences in an unusual or different way, like "I goed to town" or "What the dollie have?"	1	2	3	99
d.	Children learn all of their language by copying what they have heard adults say	1	2	3	99

L2. KIDI/EHS

Now, the next statements that I read are about the age at which young children can do something. If you think the age is about right, say you agree. If you don't agree, please tell me if you think an older or younger child can do it. If you aren't sure of the age, just tell me you aren't sure.

NOTE: CODE "DON'T KNOW" RESPONSE AS "NOT SURE."

PROMPT: (IF DISAGREE) Would that be an older or younger child?

		AGREE	OLDER	YOUNGER	NOT SURE	REFUSED
a.	A one-year-old knows right from wrong	1	2	3	4	99
b.	A baby will begin to respond to her name at 10 months	1	2	3	4	99
c.	Most infants are ready to be toilet trained by one year of age	1	2	3	4	99
d.	A baby of 12 months can remember toys he has watched being hidden	1	2	3	4	99
e.	One-year-olds often cooperate and share when they play together	1	2	3	4	99
f.	A baby is about 7 months old before she can reach for and grab things	1	2	3	4	99
g.	A baby usually says its first real word at six months of age	1	2	3	4	99

L3. JORDAN

Now I am going to read some opinions which some people have. I'm going to read two statements at a time. Please choose the one that is closest to your own ideas, either statement 1 or 2.

a. Once you've made rules for children, you should never go back on them, or 1
It is often best not to be too strict about rules. 2
DON'T KNOW 98
REFUSED 99

b. If a mother trains her baby properly, he will not need diapers after he is one year old, or 1
It is better not to start toilet training a baby until he is at least a year old 2
DON'T KNOW 98
REFUSED 99

c. It is important to see that a young child does not form bad habits, or 1
If a young child is happy, he will not form bad habits. 2
DON'T KNOW 98
REFUSED 99

d. Most mothers nowadays let their children get away with too much, or. 1
Most mothers nowadays do a pretty good job of raising their children. 2
DON'T KNOW 98
REFUSED 99

L4. CRPR Next I'm going to read some statements about raising children. Please tell me if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree.

		SA	A	NA /D	D	SD	DK	R
a.	I control a child by warning him/her about the bad things that can happen to him/her	1	2	3	4	5	98	99
b.	I teach a child that misbehavior or breaking rules will always be punished one way or another	1	2	3	4	5	98	99
c.	I do not allow a child to get angry with me	1	2	3	4	5	98	99
d.	I believe that scolding and criticism makes a child improve	1	2	3	4	5	98	99
e.	I encourage a child to be independent of me	1	2	3	4	5	98	99
f.	I express my affection by hugging and holding a child	1	2	3	4	5	98	99
g.	I am easygoing and relaxed with a child	1	2	3	4	5	98	99
h.	There are times I just don't have the energy to make a child behave as he (or she) should	1	2	3	4	5	98	99
i.	I have little or no difficulty sticking with my rules for a child even when close relatives are there	1	2	3	4	5	98	99
j.	Once I decide how to deal with a misbehavior of a child, I follow through on it	1	2	3	4	5	98	99
k.	I believe physical punishment to be the best way of disciplining	1	2	3	4	5	98	99

Attitudes Towards Quality of Care

L5. NAEYC-FL — In taking care of children, how important to you is each of the following? Would you say it is (READ OPTIONS) ...

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT	DON'T KNOW	REFUSED
a. Showing warmth toward children	1	2	3	98	99
b. Providing individual attention to children	1	2	3	98	99
c. Disciplining children	1	2	3	98	99
d. Providing interesting day to day activities	1	2	3	98	99
e. Having a small number of children to care for	1	2	3	98	99
f. Providing children with nutritious food	1	2	3	98	99
g. Providing a safe environment	1	2	3	98	99
h. Providing dependable care that is available day in and day out	1	2	3	98	99
i. Communicating with parents about their children	1	2	3	98	99
j. Maintaining a warm relationship to a child's family	1	2	3	98	99
k. Talking with children about things that interest them	1	2	3	98	99

Events and Hassles

L6. CES — I am going to read a list of a number of events that routinely occur in child care (homes/centers) with young children. These events sometimes make life difficult. Please tell me how often it happens to you and then tell me how much of a "hassle" or problem you feel that it is for you.

	Does it happen ...				Is it ...				
	RARELY	SOME-TIMES	A LOT	CONSTANTLY	NO HASSLE	MODERATE HASSLE	BIG HASSLE	DON'T KNOW	REFUSED
a. Continually cleaning up messes of toys or food	1	2	3	4	5	6	7	98	99
b. The kids are constantly underfoot, interfering with other chores	1	2	3	4	5	6	7	98	99
c. Having to change your plans because of unpredicted child need	1	2	3	4	5	6	7	98	99
d. The kids get dirty several times a day requiring changes of clothes	1	2	3	4	5	6	7	98	99
e. The need to keep a constant eye on where the kids are and what they're doing	1	2	3	4	5	6	7	98	99

L7. EHS How would you rate the neighborhood where you care for (CHILD) as a place to raise children? Would you say it is...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	98
REFUSED	99

L8. CCS How often does violence or other neighborhood problems interfere with your using outside play areas? Would you say...

Never,	1
Sometimes, or	2
Often?	3
NA (DON'T PLAY OUTSIDE)	97
DON'T KNOW	98
REFUSED	99

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Section M – Learning Environment

Now, I would like to ask you a few questions about the toys and materials available to (CHILD) while in your care.

Learning Materials

M1. NLSY/ HOME — About how many children's books are available to (CHILD)? Would you say ...

None,	1
1 or 2 books,	2
3 to 9 books, or	3
10 or more books?	4
DON'T KNOW	98
REFUSED	99

M2. NLSY/ HOME — How often do you get a chance to read stories or look at picture books with (CHILD)? Would you say ...
PROBE: This includes a story time with other children.

Never,	1	(GO TO M4)
Several times a year,	2	
Several times a month,	3	
Once a week,	4	
About 3 times a week, or	5	
Every day?	6	
DON'T KNOW	98	
REFUSED	99	

M3. CCS — How often do you ask (CHILD) specific questions about what you read to (him/her). Would you say ...
PROBE: This includes a story time with other children.

Almost never,	1
Sometimes,	2
Often, or	3
Always?	4
DON'T KNOW	98
REFUSED	99

M4. About how many, if any, cuddly, soft or role-playing toys, like a doll, are available to (CHILD)?
NLSY/ PROBE: These toys may be shared with other children. Give your best estimate.
HOME

|___|___|
NUMBER OF TOYS

DON'T KNOW 98
REFUSED 99

M5. About how many, if any, push or pull toys does (CHILD) have?
NLSY/ PROBE: These toys may be shared with other children. Give your best estimate.
HOME

|___|___|
NUMBER OF TOYS

DON'T KNOW 98
REFUSED 99

M6. On a typical day, how often do you have a chance to talk with (CHILD)? Would you say ...
CCS

Almost never, ... 1
Sometimes, ... 2
Often, or 3
Always? 4
DON'T KNOW 98
REFUSED 99

M7. During the last five days, how many <u>new</u> activities did you try — that is, activities that you had
CCS never done before with (CHILD)?
PROBE: Other children can be involved. Doesn't have to be one-on-one.

|___|___| NUMBER OF ACTIVITIES

DON'T KNOW 98
REFUSED 99

M8. On average, about how many hours a day does (CHILD) watch television or videos while in
NHES your care?

|___|___|
NUMBER OF HOURS

NA (DON'T HAVE A TV) 97
DON'T KNOW 98
REFUSED 99

M9. EHS/SCS/ SNOW

About how many times in the past month have you done any of the following activities with (CHILD)? How about ...
PROBE: Either alone or in a group.

	ONCE A DAY OR MORE	A FEW TIMES A WEEK	A FEW TIMES A MONTH	RARELY OR NOT AT ALL	DON'T KNOW	REFUSED
a. Play peek-a-boo with (CHILD)?	1	2	3	4	98	99
b. Sing songs or nursery rhymes with (CHILD)?	1	2	3	4	98	98
c. Play chasing games?	1	2	3	4	98	98
d. Take (CHILD) outside for a walk or to play in the yard, a park, or playground?	1	2	3	4	98	98
e. Tell stories to (him/her)?	1	2	3	4	98	99
f. Go to a public place like a zoo or museum with (CHILD)?	1	2	3	4	98	99

Health and Safety Provisions

M10. JOBS/NEW HOPE/ FACES/EHS

Please tell me if you follow these practices. Do you . . .

	YES	NO	NOT APPLICABLE	DON'T KNOW	REFUSED
a. Always use a safety seat for (CHILD) when in the car?	1	2	97	98	99
b. Keep medicines in childproof bottles and out of children's reach?	1	2	97	98	99
c. Have at least one operating smoke detector with a working battery?	1	2	97	98	99
d. Keep cleaning materials out of reach of children and/or in locked cabinets?	1	2	97	98	99
e. Have a first-aid kit available?	1	2	97	98	99
f. Keep the poison control center number and other emergency numbers by the telephone?	1	2	97	98	99
g. Always keep matches and cigarette lighters out of (CHILD)'s reach?	1	2	97	98	99
h. Have covers on all your electrical outlets that don't have plugs in them?	1	2	97	98	99
i. Use gates for the top of the stairs or use something so (CHILD) stays off them	1	2	97	98	99

IF PATH = F ASK M11, ELSE GO TO SECTION N.

M11. Do you serve meals or snacks to children in your care?
USDA

YES	1	(GO TO M12)
NO	2	(GO TO SECTION N)
DON'T KNOW	98	(GO TO SECTION N)
REFUSED	99	(GO TO SECTION N)

M12. Do you currently receive reimbursement from the United States Department of Agriculture (USDA) for meals or snacks served to children in your care?
USDA

HELP AVAILABLE

PROBE: Is that a USDA program?

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

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Section N - Caregiver Background

Sociodemographic Information

Next I have some questions about you.

N1. (CODE IF KNOWN, OTHERWISE VERIFY)
ECLS-K Are you:

Female	1
Male	2
DON'T KNOW	98
REFUSED	99

N2. In what month and year were you born?
NHES

|__|__| - |__|__|__|__|
MO YEAR

DON'T KNOW	98
REFUSED	99

N3. In what country were you born?
NHES

UNITED STATES (50 STATES OR DC)	1	(GO TO N5)
U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS	2	(GO TO N4)
(SPECIFY) _____		
SOME OTHER COUNTRY	91	(GO TO N4)
(SPECIFY) _____		
DON'T KNOW	98	(GO TO N5)
REFUSED	99	(GO TO N5)

N4. How old were you when you first moved to the (United States/50 states/District of Columbia)?
NHES

|__|__|
AGE

DON'T KNOW	98
REFUSED	99

N5. Are you of Spanish, Hispanic, or Latino origin?
CENSUS

YES	1	(GO TO N6)
NO	2	(GO TO N7)
DON'T KNOW	98	(GO TO N7)
REFUSED	99	(GO TO N7)

N6. {Are you/Is {NAME}}... CODE ALL THAT APPLY

CENSUS

Mexican, Mexican American, Chicano,...	1
Puerto Rican,...	2
Cuban, or...	3
Another Spanish/Hispanic/Latino group?...	91
SPECIFY_____	
DON'T KNOW...	98
REFUSED...	99

N7. What is your race? (CODE ALL THAT APPLY)

CENSUS

WHITE...	1
BLACK, AFRICAN AMERICAN, OR NEGRO...	2
AMERICAN INDIAN OR ALASKA NATIVE...	3
SPECIFY_____	
ASIAN INDIAN...	4
CHINESE...	5
FILIPINO...	6
JAPANESE...	7
KOREAN...	8
VIETNAMESE...	9
OTHER ASIAN...	10
SPECIFY _____	
NATIVE HAWAIIAN...	11
GUAMANIAN OR CHAMORRO...	12
SAMOAN...	13
OTHER PACIFIC ISLANDER...	14
SPECIFY _____	
ANOTHER RACE...	91
SPECIFY _____	
DON'T KNOW...	98
REFUSED...	99

N8. Are you ...

ECLS-K

Married...	1
Separated,...	2
Divorced,...	3
Widowed, or...	4
Have you never been married?...	5
DON'T KNOW...	98
REFUSED...	99

N9. Do you have any children?

YES ..... 1 (GO TO N10)
NO ..... 2 (GO TO N12)
DON'T KNOW ..... 98 (GO TO N12)
REFUSED ..... 99 (GO TO N12)

N10. Do you have any children under age 16? Include birth, adopted, foster, or stepchildren.
NAEYC-CA

YES ..... 1 (GO TO N11)
NO ..... 2 (GO TO N12)
DON'T KNOW ..... 98 (GO TO N12)
REFUSED ..... 99 (GO TO N12)

N11. How many of your children under age 16 live with you full-time or part-time?
NAEYC-CA

|___|___|
NUMBER OF CHILDREN

DON'T KNOW 98
REFUSED 99

N12. With the exception of children's books or books required for work or school, did <u>you</u> read any books in the last 12 months?
SPPA PROBE: The books could be in a language other than English.

YES ..... 1 (GO TO N13)
NO ..... 2 (GO TO N14)
DON'T KNOW ..... 98 (GO TO N14)
REFUSED ..... 99 (GO TO N14)

N13. About how many books did <u>you</u> read during the past 12 months?
MTF

|___|___|___|
NUMBER OF BOOKS

DON'T KNOW 998
REFUSED 999

Professional Experience, Training, and Education

N14. What is the highest level of school you have completed? (CODE ONLY ONE)
ECLS-K

1ST GRADE	1	(GO TO N16)
2ND GRADE	2	
3RD GRADE	3	
4TH GRADE	4	
5TH GRADE	5	
6TH GRADE	6	
7TH GRADE	7	
8TH GRADE	8	
9TH GRADE	9	
10TH GRADE	10	
11TH GRADE	11	
12TH GRADE BUT NO DIPLOMA	12	
HIGH SCHOOL DIPLOMA/EQUIVALENT	13	
VOC/TECH PROGRAM AFTER GRADUATING FROM HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14	
VOC/TECH DIPLOMA AFTER GRADUATING FROM HIGH SCHOOL	15	(GO TO N15)
SOME COLLEGE BUT NO DEGREE	16	(GO TO N16)
ASSOCIATE'S DEGREE	17	(GO TO N15)
BACHELOR'S DEGREE	18	(GO TO N15)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19	(GO TO N15)
MASTER'S DEGREE (MA, MS)	20	(GO TO N15)
DOCTORATE DEGREE (PHD, EDD)	21	(GO TO N15)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	22	(GO TO N16)
DON'T KNOW	98	(GO TO N16)
REFUSED	99	(GO TO N16)

IF N14 = 15, 17, 18, 19, 20, 21, DISPLAY CORRESPONDING DEGREE TYPE IN N15.

N15. Is your (DISPLAY DEGREE) in early childhood education or a related field?
NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N16. Have you ever had any training or coursework specific to the care of children under 24 months?
NICHD-7E

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

N17. NAEYC-CA Have you received any early childhood education training in the last 12 months? By training, I mean courses, workshops, or seminars?

YES	1	(GO TO N18)
NO	2	(GO TO N19)
DON'T KNOW	98	(GO TO N19)
REFUSED	99	(GO TO N19)

N18. NEW Was that ...

Less than 15 hours, or	1
15 or more hours?	2
DON'T KNOW	98
REFUSED	99

N19. FACES Do you have a Child Development Associate (CDA) credential?

YES	1
NO	2
CURRENTLY WORKING ON IT	3
DON'T KNOW	98
REFUSED	99

N20. NAEYC-CA Do you have any other state awarded certificates or credentials pertaining to early childhood education?

YES	1	(GO TO N21)
NO	2	(GO TO N22)
DON'T KNOW	98	(GO TO N22)
REFUSED	99	(GO TO N22)

N21. NAEYC-CA Which ones do you have? (CODE ALL THAT APPLY)

A STATE CERTIFICATE IN EARLY CHILDHOOD EDUCATION	1
A STATE CERTIFICATE IN ELEMENTARY EDUCATION	2
A STATE CERTIFICATE IN SECONDARY EDUCATION	3
A STATE CERTIFICATE IN SPECIAL EDUCATION	4
ANOTHER STATE EDUCATION CERTIFICATE	5
A LICENSE AS A REGISTERED NURSE (RN)	7
A LICENSE AS A LICENSED PRACTICAL NURSE (LPN)	8
A CERTIFICATION OR LICENSE AS A SOCIAL WORKER (LSW)	9
A CERTIFICATION OR LICENSE AS A PSYCHOLOGIST	10
A CERTIFICATE OF CLINICAL COMPETENCE/SPEECH PATHOLOGIST (CCC/SP)	11
CHILDREN'S CENTER PERMIT (CALIFORNIA)	12
OTHER LICENSE, CERTIFICATE OR CREDENTIAL	91
(SPECIFY) _____	
DON'T KNOW	98
REFUSED	99

N22. FACES
Are you currently a member of a national, state, or local professional association for early childhood education?
PROBE: National Association for the Education of Young Children (NAEYC), National Head Start Association (NHSA), National Education Association (NEA)

YES 1
NO 2
DON'T KNOW 98
REFUSED 99

N23. NICHD-7J
Before you began taking care of (CHILD), what experience in child care had you had? Include raising your own children, babysitting, etc. (CODE ALL THAT APPLY)
PROBE: Anything else?

NONE/VERY LIMITED 1
RAISED OWN CHILD(REN) 2
LOTS OF BABYSITTING 3
INFORMAL CARE FOR OTHER CHILDREN (INCLUDING GRANDCHILDREN) 4
PROVIDED PAID HOME CARE (FAMILY DAY CARE, NANNY, ETC.) 5
WORKED IN CHILD CARE CENTER/ NURSERY SCHOOL/PRESCHOOL 6
OTHER (SPECIFY 91
_____
DON'T KNOW 98
REFUSED 99

N24. NAEYC-CA
(Not counting raising your own children,) how long have you been providing child care or working in the child care field?

|__|__| YEARS |__|__| MONTHS

DON'T KNOW 98
REFUSED 99

BOX N-1

IF PATH = C, ASK N25. ELSE, GO TO N26.

Experience at this Center

N25. NAEYC-CA
How long have you worked at this center?

|__|__| YEARS |__|__| MONTHS

DON'T KNOW 98
REFUSED 99

BOX N-2

IF PATH = C, GO TO BOX N-4.

Experience with Caregiving

N26. Are you registered with the city or county as a child care provider?
NICHD-7J PROBE: Registered means you are signed up with the local government and identified in their records as a child care provider.

YES	1
NO	2
NOT REQUIRED	3
DON'T KNOW	98
REFUSED	99

BOX N-3

IF PATH = I, GO TO BOX N-4.

N27. Do you have any kind of state or community license for providing child care?
NICHD-7J

YES	1
NO	2
NOT REQUIRED	3
DON'T KNOW	98
REFUSED	99

N28. Are you sponsored by a group that organizes family day care in your area?
NICHD-J7

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

Reasons for Providing Child Care

BOX N-4
ALL PATHS ASK A-D.

Next, I would like to ask you about the reasons you became a child care provider.

N29. NICHD-J7 I am going to read a number of reasons from a list. Please tell me whether it was a strong reason, a weak reason or not a reason in your decision to become a child care provider. I became a child care provider...

	STRONG REASON	WEAK REASON	NOT A REASON	DON'T KNOW	REFUSED
a. To be with young children	1	2	3	98	99
b. To make some money	1	2	3	98	99
c. To use my experience and/or education in child development	1	2	3	98	99
d. Because it was the only job I could find	1	2	3	98	99

BOX N-5
IF N3 = 91 (NOT BORN IN U.S.) OR IF F10 ≠ 1 (PRIMARY LANGUAGE NOT ENGLISH), GO TO ITEM E. ELSE, GO TO BOX N-6.

e. To have a job in the U.S.	1	2	3	98	99

BOX N-6
IF PATH=C, GO TO SECTION O. IF PATH=I, GO TO BOX N-7. ELSE, GO TO ITEM F.

	STRONG REASON	WEAK REASON	NOT A REASON	DON'T KNOW	REFUSED
f. To be able to work at home	1	2	3	98	99
g. To be my own boss (to make my own decisions and set my own hours)	1	2	3	98	99

BOX N-7
IF PATH=F OR I AND N8 = 1 (HAS OWN CHILDREN), GO TO ITEM H. ELSE, GO TO BOX N-8.

h. To continue looking after my own children	1	2	3	98	99

N29. (Continued)

BOX N-8 IF A19 = 1 (RELATED TO CHILD), GO TO ITEM I. ELSE, GO TO SECTION O.

i. To allow the child's parent(s) to work or go to school.....	1	2	3	98	99
j. To care for (CHILD).....	1	2	3	98	99
k. Because children should be cared for by a relative.....	1	2	3	98	99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section O – Caregiver Health

O1. Would you say <u>your</u> health in general is . . .
FACES

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	98
REFUSED	99

O2. Are you limited in the kind or amount of work you can do because of any impairment or health problem?
FACES

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

O3. Do you smoke cigarettes?
NMIHS

YES	1	(GO TO O4)
NO	2	(GO TO O5)
DON'T KNOW	98	(GO TO O5)
REFUSED	99	(GO TO O5)

O4. On the average, how many cigarettes do you smoke a day <u>now</u>?
NMIHS

|__|__|__|
NUMBER OF CIGARETTES PER DAY

DON'T KNOW	98
REFUSED	99

O5. (Do you or) Does anyone smoke around (CHILD) while (he/she) is in your care?
Adapted from NMIHS

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

CHILD CARE PROVIDER TELEPHONE INTERVIEW
CAREGIVER QUESTIONNAIRE

Section P - Income

The next questions ask about your income.

BOX P-1
IF PATH = C, GO TO P9. ELSE, ASK P1.

P1. Do you charge for providing child care for (CHILD)?

Adapted from NICHD-7J

YES	1	
NO	2	(GO TO BOX P-3)
DON'T KNOW	98	(GO TO BOX P-3)
REFUSED	99	(GO TO BOX P-3)

P2. What do you charge for (CHILD)'s care?

Adapted from NICHD-7J

$|__|__|,|__|__|__|.|__|__| |__|__|
AMOUNT UNIT

HOUR	1	(GO TO BOX P-2)
DAY	2	
WEEK	3	
MONTH	4	
OTHER (SPECIFY)_____	91	
DON'T KNOW	98	
REFUSED	99	

P3. How many hours does that amount include?

NEW

|__|__|__| DAY 1
HOURS PER WEEK 2
|__|__| MONTH 3
UNIT

OTHER (SPECIFY)_____	91	
DON'T KNOW	98	
REFUSED	99	

BOX P-2
IF G1 = 1 (CARES FOR OTHER CHILDREN), ASK P4. ELSE, GO TO BOX P-3.

P4. Is this amount for (CHILD) only or does it include other children?

ECLS-K

CHILD ONLY	1	(GO TO BOX P-3)
CHILD AND OTHER(S)	2	(GO TO P5)
DON'T KNOW	98	(GO TO BOX P-3)
REFUSED	99	(GO TO BOX P-3)

P5. How many children is this amount for, including (CHILD)?

ECLS-K

|___|
NUMBER OF CHILDREN

DON'T KNOW	98
REFUSED	99

BOX P-3

IF PATH = I, ASK P6. ELSE, GO TO BOX P-4.

P6. Do you reside for at least 5 days a week in (CHILD)'s home?

NEW PROBE: By reside we mean spend the night.

YES	1	(GO TO P7)
NO	2	(GO TO BOX P-4)
CHILD LIVES IN RELATIVE'S HOME	3	(GO TO BOX P-4)
DON'T KNOW	98	(GO TO BOX P-4)
REFUSED	99	(GO TO BOX P-4)

P7. Do you pay for your own room and board expenses?

NEW

YES	1
NO	2
DON'T KNOW	98
REFUSED	99

BOX P-4

IF P1 = 2 (NO, DOES NOT CHARGE), GO TO P9.
ELSE GO TO P8.

P8. NHES About how much do you earn before taxes and other deductions by providing child care (or for your services)?
PROBE: For all children, not just (CHILD). Include any subsidies you receive for providing child care.

$|__|__|__| , |__|__|__| . |__|__| |__|__|
AMOUNT UNIT

PER HOUR	1
PER DAY	2
PER WEEK	3
PER BI-WEEKLY (EVERY 2 WEEKS)	4
PER MONTH	5
PER YEAR	6
OTHER (SPECIFY)_____	91
DON'T KNOW	98
REFUSED	99

P9. NHES 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 . . .

$25,000 or less, or	1	(READ SET 1)
More than $25,000	2	(READ SET 2)
DON'T KNOW	98	(GO TO P11)
REFUSED	99	(GO TO P11)

P10. NHES Was it ...

[SET 1]

$5,000 or less,	1
$5,000 to $10,000,	2
$10,001 to $15,000,	3
$15,001 to $20,000,	4
$20,001 to $25,000,	5
DON'T KNOW	98
REFUSED	99

[SET 2]

$25,001 to $30,000,	6
$30,001 to $35,000,	7
$35,001 to $40,000,	8
$40,001 to $50,000,	9
$50,001 to $75,000, or	10
More than $75,000?	11
DON'T KNOW	98
REFUSED	99

P11. NHES I'd like to verify the spelling of your name as well as your address, that is, where you provide care for (CHILD).
[DISPLAY NAME AND ADDRESS, CORRECT ANY WRONG INFORMATION.]

P12. Would you like me to send you your check at this address?

YES ..... 1 (GO TO CLOSING 1)
NO ..... 2 (GO TO P13)

P13. To what address would you like me to send your check?

(SPECIFY) _____

_____

Closing 1: Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study.

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Appendix H

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Appendix H

Summary of Large-scale Longitudinal Studies

Appendix H.Summary of Large-scale Longitudinal Studies

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
British National Child Development Study (NCDS)	All persons born the week March 3-9, 1958, in Great Britain, about 16,500 total. In 1991 all children of a random sample of one-third of NCDS respondents (age 33) were added.	None	Five major follow-ups since 1958: • 1965 (7 years old). • 1969 (11 years old). • 1974 (16 years old). • 1981 (23 years old). • 1991 (33 years old).	Factors associated with birth outcomes. Family formation, employment, education, training, housing, income, health, smoking, drinking, voluntary activities. Children's cognitive, socio-emotional, and behavioral outcomes.	Family, school, community.	Census data; school records.	None given	Interviews with parents, teachers, spouses, cohabitees, children. Medical exams. Educational tests. Mother, children, mother figure.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Canadian National Longitudinal Survey of Children and Youth (NLSCY)	National sample of 22,831 children ages 0 to 11 in 1994 from 13,439 households in the 10 provinces (excludes Yukon and Northwest territories). (Data for Northwest and Yukon territories will be analyzed separately.) Cohorts: 0-11 months, 1 year, 2-3 years, 4-5 years, 6-7 years, 8-9 years, 10-11 years old. As the children grow older, new children ages 0-2 will be added to the sample.	Households that contained at least one child in the two youngest cohorts.	Study began in 1994; children surveyed every two years into adulthood. Cycle 1: • household collection, November 1994 to June 1995. • school collection, March to June 1995. Cycle 2: • household collection, November 1996 to April 1997. • school collection, March to June1997.	Child development.	Parent(s). Family. School. Neighborhood.	Currently no planned linkages.	None given.	In-home: • face-to-face or telephone interviews. • main respondent is "person most knowledgeable" about the child, usually the mother. • 4-5 year olds tested face-to-face for school readiness. • 10-11 year olds completed self-administered questionnaire. In Cycle 2, 12-13 year olds also completed self-administered questionnaire. In-school (for school-age cohorts): • teachers and principals completed questionnaires sent by mail. • teachers administered math tests (also sent by mail) to children in grade 2 and above; in Cycle 2 a reading comprehension test was added.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Children and Young Adults of the National Longitudinal Surveys of Youth	All children born to female participants in the NLSY79 cohort interviewed in 1986; in addition, all children born since 1986 who reside at least part-time with their mothers. Starting in 1994, children 15 and older at date of interview in the household within the previous 2 rounds were interviewed regardless of current residence status. In 1986, 5,255 children; 4,971 assessed. In 1988, 6,543 children; 6,266 assessed. In 1990, 6,427 children; 5,803 assessed. In 1992, 7,255 children; 6,599 assessed. In 1994, 6,622 not young adults; 6,109 assessed. In 1994, 1,240 young adult children; 980 interviewed.	None.	Began in 1986; assessments are conducted biennially of both mothers and children. Since 1988, children ages 10 and over also complete a confidential self-report in addition to assessments. Starting in 1994 (and each subsequent round), children ages 15 or older as of Dec. 31 of the survey year receive a comprehensive omnibus questionnaire in lieu of assessments.	Linkages between maternal-family behaviors and attitudes and subsequent child development.	Family. Job. School. Cognitive, socio-emotional, and physiological development of each child.	Current link between child interviews and 1995 NLSY79 Child School Survey file for children 5 and older. Current link to QED data for schools identified in 1995 NLSY79 Child School Survey. Planned Links to geocode data files and files on neighbor hood characteristics.	None given	Paper-and-pencil personal interviews administered by National Opinion Research Center interviewers. Self-reports from older children and mothers. Stating in 1994, computer assisted personal interviews (CAPI) used for child assessments and young adult interviews. School transcripts and student and principal questionnaires used in 1995 Child School Survey.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Early Childhood Longitudinal Study • Kindergarten Class of 1998-99 (ECLS-K) *(NOTE: This study is still in development stages; certain details have not been finalized).*	Nationally representative sample of approximately 23,000 children enrolled in 1,000 public and private kindergartens for the 1998-99 school year. Racially/ethnically and socio-economically diverse. Will also gather information on the kindergartens that the children attend: (includes full- and part-day kindergarten programs).	Private schools and children. Asian and Pacific Islander children. (Maybe also children with disabilities.)	Information collected twice during base year (once at beginning and once at end of 1998-99 school year). Follow-ups are planned for spring of grades 1, 3, and 5. A fall grade 1 follow-up is being planned for a 25% sample of the base-year sample (approximately 5,000 children).	Children's development and environment, specifically: • school readiness • transition to school • schooling and performance in the early grades • interaction of school, family, and community.	Interaction between: • child and family, • child and school, • family and school and community. Also, children's cognitive, social, and emotional growth.		$100 honorarium to schools. Teachers are paid as data collectors to report on academic achievement, social skills, and special education services ($5 per completed case). Children are give stickers and other age-appropriate gifts (e.g., children's books).	Information collected from children, parents, teachers, school, classroom, special education teachers, administrators/children's principals. Only kindergartners and first graders participate in the assessment. Beginning in grade 3, children are assessed and interviewed.

Appendix H.Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Early Head Start Research and Evaluation Project	National sample of approximately 3,000 low-income families from diverse EHS programs in 17 communities (selected from 143 programs funded in 1995 and 1996). As families are recruited by programs, they are randomly assigned to the EHS program or to a comparison group. Sample members at intake are pregnant women or mothers with infants 12 months of age or younger.	None	Age-based child assessment, parent interview, and child care provider assessment when child is 14, 24, and 36 months old. Intake-based parent interview about services parent uses at 6, 15, 24, and 36 months after random assignment. Site visits in 1996, 1997, and 1999.	Effectiveness of EHS programs with varying approaches to affecting child and family outcomes (theories of change), in terms of: • children's cognitive, language, and social development, health, resiliency, and parental attachment; • family development, including parent-child relationships home environment, family functioning, family health, parental involvement, and parental self-sufficiency; • staff development; and • community development, including child care quality, collaboration, and services integration.	Relationships and interactions among all of the following: child, parent(s), sibling(s), Early Head Start program staff, child care providers, and communities in which EHS families live and work.	National evaluation data to be linked with data collected by 15 local researchers. Potential links to other studies of current policy relevance, including welfare reform, low-income fathers, child care, and children with disabilities. ECLS Birth Cohort.	Age-based assessments : $15 plus small gift. Intake-based interview: $10.	Data from program application and enrollment forms. Parent interviews. Direct child assessments. Observations of child care provider settings. Videotaping of mother-child interactions (at 14 and 24 months). Surveys of program staff. Site visits to programs that include interviews with all staff, observations of child development services (center and home-based), focus groups with parents, and focus groups with community representatives.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Education Longitudinal Study (NELS:1988)	National sample of 26,435 eighth graders in 1988 attending 1,057 public and private schools.	Hispanic students. Asian/Pacific Islander students. Subsamples (for each student): • one parent, • one school principal, • two teachers.	In 1988. Follow-up surveys in 1990, 1992, and 1994. Another follow-up proposed for 2000.	"Educational attainment": • reasons for the consequences of academic success and failure.	Family. School. Classroom. Community.	ZIP codes, census codes, Integrated Postsecondary Data Education System (IPEDS).	None given	Sample survey. School transcript records. Assessment test. In base year, first and second follow-ups: • four cognitive tests • student, parent, teacher, school administrator questionnaires. Follow-up surveys also include dropout questionnaires.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Longitudinal Survey of Youth, 1979 (NLSY:79)	12,686 youth ages 14-21 as of January 1, 1979. Dropped to 11,607 in 1985 when interviewing of military sample discontinued.	African Americans. Hispanics. Economically disadvantaged non-African-Americans and non-Hispanics (discontinued in 1990). Youth in the military (discontinued in 1984) (women were an oversample within the youth in the military oversample).	Annual since 1979.	Labor force experience. Factors affecting labor market behavior.	Education/training. Location. Parents. Marital status. Financial. Work-related attitudes. Health problems. Discrimination.		None given	Personal interviews. Telephone interviews in 1987.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Longitudinal Survey of Youth, 1997 (NLSY:97).	12,000 youth ages 12-17. 2,500 disabled children ages 12-17.	None.	Initial interviews conducted January to May 1997. Annual interviews in following years.	Youths' transition into: • labor market, • adulthood, • career and family formation.	Individual. Parents. Schools.		None given	Computer-assisted personal field interviews of youth and parents. Self-administered audio CASI section. Youth in grade 9 and below will also take a Peabody Individual Achievement math test (PIAT). Survey of school administrators. School transcripts.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
National Institute of Child Health and Human Development (NICHD) Study of Early Child Care. Two components: Phase I Phase II (Phase I follow-up)	Phase I: National sample of 1,364 families; selected from designated hospitals at the 10 data collection sites; included only families with full-term healthy newborns; 123-150 participant families at each site. During child's first year: • 53% of mothers worked/went to school full-time, • 23% worked/went to school part-time, • 24% stayed home. Ethnicity of mother: • 81% white, • 19% minorities (African American, Native American, Asian, Hispanic, Mixed). Homes: • 86% two parents, • 14% single parent. Mother's education: • 11% <grade 12, • 25% high school/GED, • 28% some college, • 24% B.A., • 12% postgrad. Phase II: Includes 1,247 families of original 1,364.	None.	Phase I: • Families recruited between January and November 1991. • Children enrolled at 1 month old were studied until 3 years old. • At 1, 6, 15, 24, and 36 months old, home visits. • At 15, 24, and 36 months old, lab setting assessment. • At 6, 15, 24, and 36 months old, observed in primary child care setting (if child attends more than 10 hours a week). • Telephone interviews with mother every 3 months. Phase II: • At 4 ½ years old and in grade 1, home visits, lab assessments, child care setting observation, school observation. • During kindergarten, parents and teachers complete mailed questionnaires and phone interviews.	Child care: • quality, • history of enrollment, • type, • stability, • hours. Home environment. Child development: • cognitive, • social, • attachment, • emotional. Mother's development.	Phase I: • child care, • home/family. Phase II: • child care, • home/family, • school.	No linkage.	None given	Phase I: • Face-to-face and telephone interviews. • Videotaping of play/interaction. • Observation of child, parents, primary child care setting, family setting. • Standardized tests/assessments of child development. Phase II: Same as Phase I, with the addition of observation and interviewing of teachers and schools.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Panel Study of Income Dynamics (PSID)	National sample of 5,000 households, beginning in 1968. 8,700 households in 1996.	African Americans. Hispanics in 1990-1995, with Cubans and Puerto Ricans oversampled relative to Mexican Americans.	Annual, since 1968.	Family structure, dynamics, and financial status, specifically: • family composition, • demographic events, • income sources and amounts, • employment, • poverty status, • public assistance, • housework time, • housing, • socioeconomic background, • health.	Economics. Demography. Sociological factors. Psychological factors. Family unit. Primary adult. Family members. Neighborhood.	Medicare records. National Death Index (NDI), Panel Study of Income Dynamics geocode. Does not have Social Security number links. Census data via address.	None given	Interviews of family members.

Appendix H. Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Panel Study of Income Dynamics: Child Development Supplement (CDS)	National sample of 3,500 children 0-12 years old. Includes approximately 550 immigrant children. Also: • 2,500 mothers, • 2,000 other caregivers and noncustodial parents, • 1,415 teachers, • 1,226 school administrators.	African Americans.	Began in 1997. Will follow children into adulthood.	Early human capital formation.	Cognitive development. Socioemotional well-being. Health. Parents/family. Neighborhood. Teachers. Schools. Time use.	Census Bureau information on neighborhoods.	None given	Initial in-home interview of family members. Telephone interviews of family members. Woodcock Johnson achievement test. Self-administered questionnaires completed by child's teacher and school or child care provider.

Appendix H.Summary of Large-scale Longitudinal Studies (continued)

Survey	Sample	Oversamples	Planned periodicity	Major topics	Contexts studied	Planned linkage capacities	Incentive given?	Type of data collection
Project on Human Development in Chicago Neighborhoods (PHDCN) Two studies in one: • Community survey (CS) • Longitudinal cohort study (LCS)	1. CS: Split Chicago into 343 neighborhood clusters (NCs) using 1990 Census data. All clusters were in the sample for CS. Target number of interviews to complete = 9,260 (interview one person 18+ years old in each chosen household.) 2. LCS: 7,000 children and youth (ages prenatal to 18) and their families from 80 randomly selected, representative NCs. • Seven cohorts of 1,000 each (0-1, 3, 6, 9, 12, 15, and 18 year olds in 1996). • 50% male/50% female. • Balanced representation of African American, Latino, white, and mixed communities. • Three socio-economic levels based on income. • Includes children from all social classes in each ethnic group. (Added in 1994) Infant Study: 400 infants, ages 5-7 months.	None.	1. CS: Completed in 1996. 2. LCS: Study will cover 8-year period from 1995-2003. • Uses "accelerated longitudinal design" – nine different age groups (from ages 0-18) will be followed over the 8 years. • Annual interviews.	How social and physical environments affect human development, specifically origin and development of social competence vs. antisocial behavior.	Community. Neighborhood. Family. Peers. Individual characteristics. Schools.		$30 incentive payment is given. As an added incentive, participants' names are entered in a monthly lottery of $100.	1 CS: • Interviews with households and key community members. • Systematic observations of the communities' physical and social characteristics. • Official records. 2 LCS: • Field interviews with individuals using computer (in English, Spanish, and Polish).

Appendix I

References

REFERENCES

Achatz, M., and MacAllum, C.A. (1994). *Young unwed fathers: Report form the field.* Philadelphia, PA: Public/Private Ventures.

Ainsworth, M.D.S., Blehar, M.C., Waters, E., and Wall, S.N. (1978). *Patterns of attachment: A psychological study of the Strange Situation.* Hillsdale, NJ: Erlbaum.

Alexander, K.L., and Entwisle, D.R. (1988). Achievement in the first two years of school: Patterns and processes. *Monographs of the Society for Research in Child Development,* 53(2).

Allhusen, V.D. (1992). *Differences in day care experiences of infants in three different teacher-child ratio groups: Variations in care giving quality.* Unpublished doctoral dissertation, Cornell University, Ithaca, NY.

Amato, P.R., and Gilbreth, J.G. (1998). *Nonresident fathers and children's well-being.* Unpublished manuscript. Lincoln, NE: Department of Sociology, University of Nebraska-Lincoln.

Argys, L.M., H.E. Peters, J. Brooks-Gunn, and R. Smith. (1996). *Contributions of absent fathers to child well-being: Impact of child support dollars and father-child contact.* Paper presented at the Conference on Father Involvement, Bethesda, MD.

Balazs, R., Jordan, T., Lewis, P.D., and Patel, A.J. (1986). Undernutrition and brain development. In F. Falkner & J.M. Tanner (Eds.), *Human growth: A comprehensive treatise, 2nd Ed* (pp. 415-473). New York: Plenum.

Barber, J.S., Axinn, W.G., and Thornton, A. (1997). *The influence of unintended childbearing on mother-child relationships.* Unpublished manuscript.

Barrett, D.E., Radke-Yarrow, M., and Klein, R.E. (1982). Chronic malnutrition and child behavior: Effects of early caloric supplementation on social and emotional functioning at school age. *Developmental Psychology,* 18, 541-556.

Baumrind, D. (1972). An exploratory Study of Socialization Effects on Black Children: Some black-white comparisons. *Child Development*, 43, 261-267.

Baydar, N., and Brooks-Gunn, J. (1994). The Dynamics of Child Support and its Consequences for Children. In Irwin Garfinkel, Sara S. McLanahan, and Philip K. Robins, editors, *Child Support and Child Well-Being.* Washington, D.C.: The Urban Instituite Press. Pages 257-284.

Belsky, J., and Rovine, M. (1988). Nonmaternal care in the first year of life and the security of infant-parent attachment. *Child Development*, 59, 157-167.

Bidwell, C.E., and Friedkin, N.E. (1988). The sociology of education. In N.J. Smelser (Ed.), *Handbook of sociology* (pp. 449-471). Newbury Park, CA: Sage Publications.

Black, M.M., Dubowitz, H., and Starr, R.H. (1996). *Fathers and child development*. Materials for the NICHD Conference on Father Involvement, Bethesda, MD.

Board on Children and Families, Commission on Behavioral and Social Sciences and Education, National Research Council, Institute of Medicine. (1995). Children of immigrants and their families: Issues for research and policy. *The Future of Children*, 5(2), 72-89.

Bowles, S., and Gintis, H. (1976). *Schooling in capitalist America*. New York: Basic Books.

Bradley, R.H., and Caldwell, B.M. (1976a). Early home environment and changes in mental test performance in children 6 to 36 months. *Developmental Psychology*, 12, 93-97.

Bradley, R.H., and Caldwell, B.M. (1976b). The relation of infant's home environment to mental test performance at fifty-four months: A follow-up study. *Child Development,* 47, 1172-1174.

Bradley, R.H., and Caldwell, B.M. (1980). The relation of home environment, cognitive competence, and IQ among males and females. *Child Development,* 51, 1140-1148.

Bradley, R.H., and Caldwell, B.M. (1984). The relation of infants' home environments to achievement test performance in first grade: A follow-up study. *Child Development,* 55, 803-809.

Bradley, R.H., B.M. Caldwell, & R. Elardo. (1979). Home environment and cognitive development in the first two years: A crossed-lagged panel analysis. *Developmental Psychology*, 15, 246-250.

Bradley, R.H., Cadlwell, B.M., and Elardo, R. (1979). Home environment and cognitive development in the first two years: A crossed-lagged panel analysis. *Developmental Psychology*, 15, 246-250.

Bradley, R.H., Caldwell, B.M., Rock, S.M., Barnard, K.E., Gray, C., Hammond, M.A., Mitchell, S., Siegel, L., Ramey, C.T., Gottfried, A.W., and Johnson, D.L. (1989). Home environment and cognitive development in the first 3 years of life: A collaborative study involving six sites and three ethnic groups in North America. *Developmental Psychology*, 25, 217-235.

Brazelton, T.B. (1985). *Working and caring*. New York: Basic Books.

Broberg, A., Lamb, M.E., and Hwang, C.P. (1990). Inhibitions: Its stability and correlates in sixteen- to fourth-month-old children. *Child Development*, 61, 1153-1163.

Brody, G.H., Stoneman, Z., and Flor, D. (1996). Parental religiosity, family processes, and youth competence in rural, two-parent African American families. *Developmental Psychology*, 32, 696-706.

Brody, G.H., Stoneman, Z., Flor, D., and McCrary, C. (1994). Religion's role in organizing family relationships: Family processes in rural, two-parent African-American families. *Journal of Marriage and the Family* 5694), 878-888.

Brown, S.S., and Eisenberg, L. (1995). *The best intentions: Unintended pregnancy and the well-being of children and families*. Washington, DC: U.S. Department of Health and Human Services.

Bryant, B.K. (1985). *The neighborhood walk: Sources of support in middle childhood.* Monographs of the Society for Research in Child Development, 50(3).

Burchinal, M.R., J.E. Roberts, L.A. Nabors, and D.M. Bryant. (1996). Quality of center child care and infant cognitive and language development. *Child Development,* 67, 606-620.

Burchinal, M.R., Roberts, J.E., Nabors, L.A., and Bryant, D.M. (1996). Quality of center child care and infant cognitive and language development. *Child Development,* 67, 606-620.Causey, B.D., Cox, L.H., and Ernst, L.R. (1985). Applications of transportation theory to statistical problems. *Journal of the American Statistical Association*, 80(392), 903-909.

Cherlin, A.J., and Furstenberg, F.F. Jr. (1986). *The new American grandparent: A place in the family, a life apart.* New York: Basic Books.

Children's Defense Fund. (1994). *Wasting America's future: The Children's Defense Fund report on the costs of child poverty.* Boston: Beacon Press.

Clarke-Stewart, K.A. (1989). Infant day care: Maligned or malignant? *American Psychologist*, 44, 266-73.

Clinton, W.J. (1995). *Supporting the role of fathers in families.* Memorandum for the heads of executive departments and agencies, June 16.

Clinton, W.J. (1995). Supporting the Role of Fathers in Families. Memorandum for the heads of executive departments and agencies, June 16.

Coiro, M.J. (1997). *Maternal depressive symptomatology as a risk factor for the development of children in poverty.* Paper presented at the Biennial Meeting of the Society for Research in Child Development, Washington, DC.

Coltrane, S. (1995). The future of fatherhood: Social, demographic, and economic influences on men's family involvement. In W. Marsiglio (Ed.), *Fatherhood: Contemporary theory, research, and social policy* (pp. 1-20). Beverly Hills: Sage Publications.

Conger, R.D., and Elder, G.H. Jr. (1994). *Families in troubled times: Adapting to change in rural America.* New York, NY: Aldine de Gruyter.

Connell, J.P., and Wellborn, J.G. (1991). Competence, autonomy, and relatedness: A motivational analysis of self-system processes. In M. Gunnar & L.A. Stoufe (Eds.), *Minnesota symposium on child psychology,* Vol. XXIII, 43-77. Hillsdale, NH: Erlbaum.

Coulton, C.J., and Pandey, S. (1992). Geographic concentration of poverty and risk to children in urban neighborhoods. *American Behavioral Scientist*, 35(3), 238-257.

Cravioto, J., and Arrieta, R. (1986). Nutrition, mental development, and learning. In F. Falkner and J.M. Tanner (Eds.), *Human growth: A comprehensive treatise.* New York: Plenum.

Crockenberg, S.B. (1981). Infant irritability, mother responsiveness, and social support influences on the security of infant-mother attachment. *Child Development*, 52, 857-865.

Cummings, E.M. and O'Reilly, A.W. (1997). Fathers in family context: Effects of marital quality on child adjustment. In M.E. Lamb (Ed.), *The role of the father in child development* (3rd edition) (pp. 49-65). New York: John Wiley & Sons, Inc.

Dornbusch, S.M., Ritter, P.L., Leiderman, P.H., Roberts, D.F., and Fraleigh, M.J. (1987). The relation of parenting style to adolescent school performance. *Child Development*, 58, 1244-1257.

Downey, G., and Coyne, J.C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin*, 108, 50-76.

Duncan, G.J., and Brooks-Gunn, J. (1997). *Growing up poor: Consequences of poverty.* New York: Russell Sage.

Dwyer, J., and Argent, J. (1990). Child nutrition. In C.S. Sharbaugh (Ed.), *Background papers for call to action: Better nutrition for mothers, children, and families.* Washington, DC: National Center for Education in Maternal and Child Health.

Easterbrooks, M.A., and Resnick, G. (1988). *Theories of attachment and the self: An elaboration of underlying mechanisms.* Eliot-Pearson Dept. of Child Study, Tufts University.

Elder, G.H., and Caspi, A. (1988). Economic stress in lives: Developmental perspectives. *Journal of Social Issues*, 44(4), 25-45.

Farel, A. (1980). Effects of preferred maternal roles, maternal employment, and sociodemographic status on school adjustment and competence. *Child Development*, 51(4), 1179-1186.

Fenson, L., Dale, P.S., Reznick, J.S., Bates, E., Thal, D., and Pethick, S. (1994). *Variability in early communicative development.* Monographs of the Society for Research in Child Development (No. 244).

Field, T.M, Widmayer, S., Greenberg, R., and Stroller, S. (1982). Effects of parent training on teenage mothers and their infants. *Pediatrics,* 69, 703-707.

Fleiss, J. (1981). *Statistical methods for rates and proportions. 2nd Ed.* New York: John Wiley & Sons, Inc.

Friedman, S.L. and Amadeo, J. (In press). Assessing the child care environment and experience. In S.L. Friedman and T.D. Wachs (Eds.), *Assessing the environment across the lifespan.* Washington DC: APA Press.

Gerson, K. (1993). *No man's land: Men's changing commitments to family and work.* New York: Basic Books.

Goldberg, W.A., and Easterbrooks, M.A. (1984). The role of marital quality in toddler development. *Developmental Psychology*, 20, 504-514.

Goldberg. W.A. and M.A. Easterbrooks. (1984). The role of marital quality in toddler development. *Developmental Psychology* 209, 504-514.

Gottfried, A.W. (1984). Home environment and early cognitive development: Integration, meta-analyses, and conclusions. In A.W. Gottfried (Ed.), *Home environment and early cognitive development* (pp. 57-115). Orlando, FL: Academic Press.

Greenberg, T.M., and Crnic, K.A. (1988). Longitudinal predictors of developmental status and social interactions in premature and full term infants at age 2. *Child Development,* 59, 554-570.

Greenberger, E., O'Neil, R., and Nagel, S.K. (1994). Linking workplace and homeplace: Relations between the nature of adult's work and their parenting behaviors. *Developmental Psychology*, 30(6), 990-1002.

Grossman, F.K., Pollack, W.S., and Golding, E. (1988). Fathers and children: Predicting the quality and quantity of fathering. *Developmental Psychology*, 24(1), 82-91.

Hall, L.A., Williams, C.A., and Greenberg, R.S. (1985). Supports, stressors, and depressive symptoms in low-income mothers of young children. *American Journal of Public Health*, 75, 518-522.

Harms, T. (1992). *Preschool and child care setting characteristics*. Paper prepared for the National Center for Education Statistics, Office of Education Research and Improvement, U.S. Department of Education.

Harter, S. (1978). Effectance motivation reconsidered: Toward a developmental model. *Human Development,* 21, 34-36.

Hauser, R.M., and Mossel, P.A. (1985). Fraternal resemblance in educational attainment and occupational status. *American Journal of Sociology*, 91, 650-673.

Hayes, C.D., Palmer, J.L., and Zaslow, M.J. (1990). *Who cares for America's children? Childcare policy for the 1990's*, Washington, DC: National Academy Press.

Hess, R.D., and McDevitt, T.M. (1984). Some cognitive consequences of maternal intervention techniques: A longitudinal study. *Child Development*, 55, 2017-2030.

Hetherington, E.M., and Clingempeel, W.G. (1992). Coping with marital transitions: A family systems perspective. *Monographs of the Society for Research in Child Development*, 57 (2-3, Serial No. 227).

Hill, M.S., and Sandfort, J.R. (1995). Effects of childhood poverty on productivity later in life: Implications for public policy. *Children and Youth Services Review*, 17, 91-126.

Hofferth, S.L. (1991). Comments of The Importance of Child Care Costs to Women's Decision Making. In D.M. Blau (Ed.), *The economics of child care* (pp. 119-125). New York: Russell Sage Foundation.

Hofferth, S.L. and Wissoker, D.A. (1992). Price, quality and income in child care choice. *Journal of Human Resources*, 27(1), 70-111.

Holden, G.W., and Ritchie, K.L. (1991). Linking extreme marital discord, child rearing, and child behavior problems: Evidence from battered women. *Child Development*, 62, 311-327.

Holloway, S.D., and Reichhart-Erikson, M. (1989). Child-care quality, family structure, and maternal expectation: Relationship to preschool children's peer relations. *Journal of Applied Developmental Psychology*, 10, 281-98.

Howes, C. (1983). Caregiver behavior in centers and family day care. *Journal of Applied Developmental Psychology*, 4, 99-107.

Howes, C. (1988). Relations between child care and schooling. *Developmental Psychology*, 24, 53-57.

Howes, C., and Hamilton, C.E. (1993). Child care for young children. In B. Spodek (Ed.), *Handbook of Research on the Education of Young Children.* New York: Macmillan.

Howes, C., and Stewart, P. (1987). Child's play with adults, toys, and peers: An examination of family and child-care influences. *Developmental Psychology*, 23, 423-430.

Howes, C., Smith, E., and Galinsky, E. (1995). *The Florida child care quality improvement study.* NY: Families and Work Institute.

Howes, P., and Markman, H.J. (1989). Marital quality and child functioning: A longitudinal investigation. *Child Development*, 60, 1044-1051.

Huston, A.C. (Ed.) (1991). *Children in poverty: Child development and public policy.* New York, NY: Cambridge University Press.

Ireton, H.R. (1992). *Child development inventory manual.* Minneapolis, MN: Behavioral Science Systems.

Ireton, H.R., and Thwing, E. (1972, 1974). *Manual for the Minnesota Child Development Inventory.* Minneapolis, MN: Behavioral Science Systems.

Kish, L. (1992). Weighting for unequal $P_{i.}$ Statistics Sweden. *Journal of Official Statistics.* 8(2), 183-200.

Kish, L. (1992). Weighting for unequal P_i. Statistics Sweden. *Journal of Official Statistics*. 8(2), 183-200.

Kisker, E.E., Hofferth, S.L., Phillips, D.A., and Farquhar, E. (1991). *A profile of child care settings: Early education and care in 1990* (Final report for U.S. Department of Education, No. LC88090001). Princeton, NJ: Mathematica.

Knox, V.W., and Bane, M.J. (1994). Child support and schooling. In Irwin Garfinkel, Sara S. McLanahan, and Philip K. Robins, editors, *Child support and child well-being.* Washington, DC: The Urban Institute Press. Pages 285-316.

Korbin, J.E. (1992). Introduction: Child poverty in America. *American Behavioral Scientist*, 35, 213-219.

Lamb, M. (1986). *The father's role: Applied perspectives.* New York: John Wiley & Sons.

Lamb, M. (Ed.) (1997). *The role of the father in child development*, 3rd ed. New York: Wiley.

Lamb, M. (Ed.) (1997). *The role of the father in child development, Third Edition.* New York: Wiley.

Lee, S. (1993). Family structure effects on student outcomes. In B. Schneider and J.S. Coleman (Eds.), *Parents, Their Children, and Schools* (pp. 43-75). Boulder: Westview Press.

Levine, D.B., and Bryant, E.C. (1997). *An examination of alternative approaches to selecting a sample of new births*. (Prepared under contract to the National Center for Education Statistics). Rockville, MD: Westat.

Lozoff, B., Park, A.M., Radan, A.E., and Wolf, A.W. (1995). Using the HOME inventory with infants in Costa Rica. *International Journal of Behavioral Development*, 18, 277-296.

MacDorman, M., and Atkinson, J.O. (1998). Infant mortality statistics from the 1996 period linked birth/infant death data set. *Monthly Vital Statistics Report*, 46(12), Supp. 2. Hyattsville, MD: National Center for Health Statistics.

Marsiglio, W., and Day, R. (1997). *Social fatherhood and paternal involvement: Conceptual, data, and policymaking issues*. Paper presented at the NICHD sponsored Conference on Fathering and Male Fertility: Improving Data and Research. March 13-14.

McLanahan, S., and Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps.* Cambridge, MA: Harvard University Press.

McLanahan, S.S., Seltzer, J.A., Hanson, T.L., and Thomson, E. (1994). The effects of child support payments on child well-being: Greater security or greater conflict. . In Irwin Garfinkel, Sara S. McLanahan, and Philip K. Robins, editors, *Child support and child well-being.* Washington, DC: The Urban Institute Press. Pages 239-256.

McLoyd, V.C. (1990). The impact of economic hardship on black families and children: Psychological distress, parenting, and socioemotional development. *Child Development*, 61(2), 311-346.

McLoyd, V.C., and Wilson, L. (1991). The strain of living poor: Parenting, social support, and child mental health. In A.C. Huston (Ed.), *Children in Poverty: Child Development and Public Policy* (pp. 105-157). New York, NY: Cambridge University Press.

Moore, K., and Snyder, N.O. (1991). Cognitive development among firstborn children of adolescent mothers. *American Sociological Review*, 56(5), 612-624.

Moore, K., Manlove, J., Richter, K., Halle, T., LeMenestrel, S., Zaslow, M., Greene, A.D., Mariner, C., Romano, A., and Bridges, L. (1997). *Rationales for proposed birth cohort study.* Washington, DC: Child Trends, Inc.

Moore, K.A., Zaslow, M.H., Coiro, M.J., Miller, S.M., and Magenheim, E.B. (1995). *The JOBS evaluation: How well are they faring? AFDC families with preschool-aged children in Atlanta at the outset of the JOBS evaluation.* U.S. Department of Health and Human Services.

National Center for Health Statistics. (1991). *Health service areas for the United States, Series 2,* (112). Hyattsville, MD: National Center for Health Statistics.

National Commission on Children. (1991). *Beyond rhetoric: A new American agenda for children and families*. Washington, DC: National Commission on Children.

NICHD Early Child Care Research Network. (1996). *Infant child care and attachment security: Results of the NICHD Study of Early Child Care.* Presented at the International Conference on Infant Studies, Providence, RI.

NICHD Early Child Care Research Network. (1997). *Mother-child interaction and cognitive outcomes associated with early child care:* Results of the NICHD Study. Symposium presented at the Biennial Meeting of the Society for Research in Child Development, Washington, DC.

Nord, C.W., Brimhall, D., and West, J. (1997). *Fathers' involvement in their children's schools*. NCES 98-091. Washington, DC: National Center for Education Statistics, U.S. Department of Education.

Okagaki, L., and Sternberg, R.J. (1993). Parental beliefs and children's school performance. *Child Development*, 64(1), 36-56.

Parke, R.D. (1995). Fathers and families. In M.H. Bornstein (Ed.), *Handbook of parenting. Volume 3: Status and social conditions of parenting* (pp. 27-63). Mahwah, New Jersey: Lawrence Erlbaum Associates.

Passel, J.S., and Fix, M. (1995). U.S. immigration in a global context: Past, present, and future. *Global Legal Studies Journal* [Online], II(1). Available HTTP: http://www.law.indiana.educ/glsj/vol2/passel.html#FN15 [1997, June 17].

Peterson, J.L., and Zill, N. (1986). Marital disruption, parent-child relationships, and behavior problems in children. *Journal of Marriage and the Family* 48(2), 295-307.

Phillips, D.A., Lande, J., and Goldberg, M. (1990). Maternal stress and children's development: Prediction of school outcomes and identification of protective factors. In J. Rolf, A. Masten, D. Cicchetti, K. Meuchterlein, and S. Weintraub (Eds.), *Risk and protective factors in the development of psychopathology* (pp. 215-235). Cambridge MA: Cambridge University Press.

Pianta, R.C., Egeland, B., and Sroufe, L.A. (1990). Maternal stress and children's development: Prediction of school outcomes and identification of protective factors. In J. Rolf, A. Masten, D. Cicchetti, K. Nuechterlein, and S. Weintraum (Eds.), *Risk and protective factors in the development of psychopathology*. Cambridge, MA: Cambridge University Press.

Portes, A., and MacLeod, D. (1996). Educational progress of children of immigrants: The roles of class, ethnicity, and school context. *Sociology of Education*, 69(4), 255-275.

Posada, G., Gao, Y., Wu, F., Posada, R., Tascon, M., Schoelmerich, A., Sagi, A., Kondo-Ikemura, K., Haaland, W., and Synnevaag, B. (1995). The secure-base phenomenon across cultures: Children's behavior, mothers' preferences, and experts' concepts. In E. Waters, B.E, Baugh, G. Posada, and K. Kondo-Ikemura, (Eds.), *Caregiving, cultural, and cognitive perspectives on secure-base behavior and working models: new growing points of attachment theory and research. Monographs of the Society for Research in Child Development,* 60(2-3), 27-48, Serial No. 244.

Posada, G., Waters, E., Crowell, J.A. and Lay, K.L. (1995). *Is it easier to use a secure mother as a secure base?* Attachment Q-Sort correlates of the adult attachment interview. Monographs of the Society for Research in Child Development, Serial Vol. 244, Vol. 60, Nos. 2-3, 133-145.

Pratt, M.W., Kerig, P.K., Cowan, P.A., and Cowan, C.P. (1992). Family worlds: Couple satisfaction, parenting style, and mothers' and fathers' speech to young children. *Merrill-Palmer Quarterly*, 38, 245-262.

Puckering, C. (1989). Annotation: Maternal depression. *Journal of Child Psychology and Psychiatry*, 30(6), 807-817.

Repetti, R.L. (1994). Short-term and long-term processes linking job stressors to father-child interaction. *Social Development*, 3(1), 1-15.

Richters, J., and Pellegrini, D. (1989). Depressed mothers' judgements about their children: An examination of the depression-distortion hypothesis. *Child Development*, 60, 1068-1075.

Roggman, L., Langlois, J., Hubbs-Tait, L., and Rieser-Danner, L. (1994). Infant day-care, attachment, and the "file drawer problem." *Child Development*, 65, 1429-1443.

Ruopp, R., Travers, J., Glantz, F., and Coelen, C. (1979). *Children at the center*. Cambridge, MA: Abt.

Scarr, S., Eisenberg, M., and Deater-Deckard, K. (1994). Measurement of quality in child care centers. *Early Childhood Research Quarterly*, 9, 131-151.

Sewell, T.E., Price, V.D., and Karp, R.J. (1993). The ecology of poverty, undernutrition and learning failure. In R.J. Karp (Ed.), *Malnourished children in the United States: Caught in the cycle of poverty*, 24-30. New York: Springer.

Snarey, J. (1993). *How fathers care for the next generation: A four-decade study*. Cambridge, MA: Harvard University Press.

Sroufe, L.A. (1988). A developmental perspective on day care. *Early Childhood Quarterly*, 3, 283-291.

Stallings, J.A. (1980). An observation study of family day care. In J.C. Colberg (Ed.), *Home day care: A perspective* (pp. 25-47). Chicago: Roosevelt University.

Stern, M. (1990). The prematurity stereotype: Empirical evidence and implications for practice. *Infant Mental Health Journal*, 11, 4-11.

Strayer, F.F., Verissimo, M., Vaughn, B.E. and Howes, C. (1995). A quantitative approach to the description and classification of primary social relationships. Monographs of the Society for Research in Child Development, Serial No. 244, Vol. 60, Nos. 2-3, 49-70.

Strayer, F.F., Verissimo, M., Vaughn, B.E., and Howes, C. (1995). A quantitative approach to the description and classification of primary social relationships. In Waters, E., Baugh, B.E, Posada, G., and Kondo-Ikemura, K. (Eds.), *Caregiving, Cultural, and Cognitive Perspectives on Secure-Base Behavior and Working Models: New Growing Points of Attachment Theory and Research. Monographs of the Society for Research in Child Development,* 60(2-3), 49-70, Serial No. 244.

Sullivan, M. (1993). Absent fathers in the inner city. *Annals of the American Academy of Political and Social Science* 501, 48-58.

Teale, W.H. (1984). Reading to young children: Its significance for literacy development. In H. Goelman, A. Oberg, and F. Smith (Eds.), *Awakening to literacy* (pp. 110-121). Portsmouth, NH: Heinemann Educational Books.

Teti, D. and McGourty, S. (June,1994). Using mothers vs. observers in AQS assessments: Theoretical and practical issues. Paper presented at the International Conference on Infant Studies, Paris, France.

The Working Group on the Methodology of Studying Fathers. (1997). *Methodological issues in improving data on fathers*. Paper prepared for the NICHD sponsored Conference on Fathering and Male Fertility: Improving Data and Research. March 13-14.

van Doorminck, W.J., Caldwell, B.M., Wright, C., and Frankenberg, W.K. (1981). The relationship between twelve-month home stimulation and school achievement. *Child Development*, 52, 1080-1083.

van Ijzendoorn, M. H., Tavecchio, L.W.C., Stams, G-J., Verhoeven, M., and Reiling, E. (1998). Attunement betweeen parents and professional caregivers: A comparison of childrearing attitudes in different child-care settings. *Journal of Marriage and the Family*, 60, 771-781.

Vaughn, B.E., and Waters, E. (1990). Attachment behavior at home and in the laboratory: Q-sort observations and strange situation classifications of one-year-olds. *Child Development,* 61, 1865-1973.

Vaughn, D.L., Egeland, F., Sroufe, L.A. and Waters, E. (1979). Individual differences in infant-mother attachment at twelve and eighteen months: Stability and change in families under stress. *Child Development,* 50, 971-975.

Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1997). Report of final natality statistics, 1995. *Monthly Vital Statistics Report* 45(11), Supp. 2. Hyattsville, MD: National Center for Health Statistics.

Waters, E., and Deane, K.E. (1985). Defining and assessing individual differences in attachment relationships: Q-methodology and the organization of behavior in infancy and early childhood. In I. Bretherton and E. Waters (eds.), *Growing points of attachment theory and research. Monographs of the Society for Research in Child Development,* 50(1-2), Serial No. 209.

Waters, E., Vaughn, B.E., Posada,G., and Kendo-Ikemura, K. (1995). Caregiving, cultural, and cognitive perspectives on secure-base behavior and working models. *Monographs of the Society for Research in Child Development*, Serial No. 244, Vol. 60, Nos. 2-3.

Whitebook, M., Howes, C., and Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America*. Final Report of the National Child Care Staffing Study. Oakland, CA: Child Care Employee Project.

Zaslow, M.J. (1991). Variation in child care quality and its implications for children. *Journal of Social Issues*, 47, 125-138.

Zaslow, M.J., Rabinovich, B.A., and Suwalsky, J.T.D. (1991). From maternal employment to child outcomes: Pre-existing group differences and moderating variables. In J.V. Lerner and N.L. Galambos (Eds.), *Employed mothers and their children* (pp. 237-282). New York, NY: Garland Publishing, Inc.

Zill, N. (1996). Family change and student achievement: What we have learned, what it means for schools. In Booth, A. and J.F. Dunn (Eds.), *Family-school links: How do they affect educational outcomes?* (pp. 139-174). Mahwah, New Jersey: Lawrence Erlbaum Associates, Publishers.

Zill, N. (Forthcoming). *Setting an example: The health, medical care, and health-related behavior of American parents*. Washington, DC: Child Trends, Inc.