

NSCCSD Design Phase Feasibility Test
Home-based Provider Questionnaire – REVISED 12/16/08

Location of care

M1. I'd like to confirm your home address. I have the address (ADDRESS). Is that correct?

- 1 Yes (SKIP TO M1b)
- 2 No (ASK M1a)

M1a. (IF M1=NO) What is your correct address?

Street address _____
City _____ State _____ Zip _____

M1b. Do you provide care for children under age 13 at that address?

- 1 Yes (skip to M2)
- 2 No

M1c. [if m1b not Yes] In what kind of building do you provide care? CODE ALL THAT APPLY FOR MULTIPLE BUILDINGS, BUT CODE ONE ONLY PER BUILDING. DO NOT READ CATEGORIES EXCEPT TO PROBE ACCURATELY.

- 1 Religious building
- 2 Public School
- 3 Private School
- 4 University or College
- 5 Work Place
- 6 Community Center or Municipal Building
- 7 Independent Structure (i.e., program is the sole occupant)
- 8 Commercial Structure
- 9 Home, apartment, or other residential structure
- 10 Other (specify _____)

M1b1. How would you describe the location where you provide care? Is it the home of a child you care for, or do you provide care there for some other reason?

M2. Approximately what percentage of the space used for child care is also used by household members for their personal use? IF NEEDED: Tell me how much of the space used for child care is part of a household's regular living space, whether or not children are present.

_____ %

M3. How long have you been providing care to children under age 13 in your home or theirs?

_____ Years and _____ Months

Care schedule and rostering of children if small provider

R1. Let's begin with the care you provided last week to children *who are not your own*. Altogether, how many children did you care for last week for at least two hours? IF NECESSARY: Please include children who live with you if you are not their custodian or guardian. Please also include children who may have been over visiting, if you were the adult responsible for their safety.

_____ Number of children
If R1 LESS THAN SIX, ASK R2. ELSE IF R1 SIX OR GREATER, SKIP TO ENROLLMENT SECTION.

R2. Please tell me the names or initials of each child that you cared for last week. RECORD NAMES IN SEPARATE ROSTER FOR SMALL PROGRAMS.

R3. Please tell me the names or initials of each child that you usually care for, but didn't care for last week. I'm interested in children you care for at least two hours per week.

R2a/R3A. INTERVIEWER: CODE WHETHER CHILD IS ROSTERED FOR CARE LAST WEEK OR REGULAR CARE NOT INCLUDING LAST WEEK.

BEGINNING WITH CHILD 1, ASK R4-R24 FOR EACH CHILD UNTIL ALL CHILDREN ASKED ABOUT.

R4. How old is []?

R5. Is [] a boy or girl?

R6. Do you and [] live in the same household?

R7. Did you have a prior personal relationship with []'s family before you started caring for (him/her)?

R7a. [if R7=yes] What is your personal relationship to []?

(if R2a=1 last week)

R8. Beginning with last Sunday morning (DATE) at 6am, when did you care for []?

R9. Does [] have a physical condition that affects the way you provide care for (him/her)?

R9a. Does [] have an emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)?

R10. Is [] Hispanic or Latino?

R10a. Which of the following is []...

R11. Does [] speak a language other than English at home?

R11a. [If yes to R11] What language is that?

R11b. What language do you mostly use when you are with []?

R11c. Do you have difficulty communicating with []'s parents because of a language barrier?

R12. Where do you usually provide care for []? CODE ALL THAT APPLY.

R13. (*If care provided outside of child's home*) How long does it take in minutes for [] to get from (his/her) home to (your home/where you care for him/her)?

R14. (*if care outside of provider's home*)

How long does it take in minutes for you to get from your home to where you care for (him/her)?

(if R2a/R3a=1 last week) R15. Do you care for [] regularly, that is, for at least two hours each week?

(if R2a=2 regular, or A15=1 yes) R16. Do you care for [] on the same schedule each week?

(if didn't care for child last week and regular schedule R16=1) R17. What is that schedule?

R18 (If R16 was answered no or DK – i.e., care not same schedule each week) How many hours do you usually care for []?

R19. (if varies) What can you tell me about when you care for []?verbatim response

R20. When did you first start caring for [] on a regular basis?

R21. Do you usually receive payment for caring for []?

R22. How much do you charge to care for []?

R23. Do you (also) receive anything in exchange for caring for []? For example, does []'s family buy you groceries, provide you transportation, take care of your children or do small repair jobs for you in exchange for your caring for []?

R24. Does []'s family occasionally give you gifts or help you out even if it's not regular payment for caring for []?

ASK R2A/R3A – R24 FOR NEXT CHILD UNTIL ALL CHILDREN COMPLETED.

R25. [if r had prior personal relationship with all children served] Would you be willing and able to provide care to a child with whom you did not have a prior personal relationship?

1 Yes

2 No

R26. At this time, how many more children of different ages would you be willing and able to serve?

Age Group	# Additional Children
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OR: Total additional, age unspecified _____

SKIP TO E11.

Enrollment

E1. What age groups of children do you serve? IF R SPECIFIES AN AGE GROUP INCLUDING CHILDREN OVER AND UNDER AGE 13, SPLIT THAT GROUP INTO AN UNDER AGE 13 GROUP AND ONE FOR OVER AGE 13.

Age group	Currently enrolled	Add'l children
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FOR EACH AGE GROUP IN E1, ASK E1A AND E1B.

E1a. How many children do you serve in each of these age groups in your program at this site?

E1b. At this time, how many *more* children in this age group would you be willing and able to serve?

E1c. That means that your program currently serves [FROM E1A: TOTAL CHILDREN UNDER AGE 13] children under age 13. Is that correct? 1 yes
2 no → RETURN TO E1A AND CORRECT NUMBERS. IF CORRECTION NOT POSSIBLE, RECORD CORRECT TOTAL HERE: _____

E1c. [If R SERVES CHILDREN 13 OR OLDER, read:] This study focuses on child care and after-school care for children under age 13. As much as possible, please focus on the children under age 13 for the remainder of this questionnaire.

E2. For these next questions, please think about the [NUMBER from E1b] children under age 13 that you regularly provide care for. How many of these children are boys?
_____ Boys

E3. About how far do most of the children you care for travel to come to you? IF NEEDED: ABOUT HOW LONG DOES IT TAKE TO GET FROM THE CHILDREN'S HOME TO YOUR LOCATION?
_____ miles
_____ minutes of travel time

E4. How many of the children have a physical condition that affects the way you provide care for them?
_____ Number of children

E4a. How many of the girls have an emotional, developmental or behavioral condition that affects the way you provide care for them? And of the boys?
E4a1. _____ Number of girls
E4a2. _____ Number of boys

E5. About how many of the children are of Hispanic or Latino origin?
_____ Number of children

- E5a. As far as you know, how many of the children are....
- a. White _____ Number of children
 - b. Black or African-American _____ Number of children
 - c. Asian _____ Number of children
 - d. Native Hawaiian or Other Pacific Islander _____ Number of children
 - e. American Indian or Alaska Native _____ Number of children
 - f. IF VOLUNTEERED: MIXED RACE _____ Number of children
 - g. OTHER: _____ Number of children

- E6. Do you have any children that you usually care for...
- a. 4 hours or less each week? Y N
 - b. 5 to 20 hours each week? Y N
 - c. 21 to 39 hours each week? Y N
 - d. 40 hours or more each week? Y N

E7. Do you live in the same household with any of the children you regularly care for?
IF NEEDED: Please do not include children that you have custody of, but do include grandchildren, nieces, nephews, or unrelated children you do not have custody of. IF NEEDED: Your own children you do not have custody of should count here.

- 1 Yes (ask E7a)
- 2 No (go to E8)

E7a. How many of the [NUMBER] children you regularly care for live in your household?
_____ Number of Children

E8. Are you related to any of the children you regularly care for?

- 1 Yes (ask E8a)
- 2 No (ask E8b)

E8a. How are these children related to you? DO NOT READ CATEGORIES EXCEPT TO PROBE ACCURATELY.

	Number of Children
Grandchild	_____
Niece/Nephew	_____
Child of Spouse/Partner/Boyfriend or Girlfriend	_____
Your own child you do not have custody of	_____
Cousin	_____
Other relationship (_____)	_____
Other relationship (_____)	_____

E8b. Did you have personal relationships with the families of any of the other children you care for *before* you began caring for them?

1 Yes

2 No

E8c. How many children's families did you have a prior personal relationship with? Please do not include any families you are related to.

_____ Number of children

E9. Do you receive payment for caring for all [NUMBER] of the children you care for? Please include payments from parents and family members as well as from government agencies or other organizations.

1 Yes (skip to E10)

2 No (ask E9a)

E9a. How many children do you care for without receiving regular payment?

_____ Number of children

E10. How many of the children you care for do not speak English at home? IF NEEDED: What percent of the children you care for do not speak English at home?

_____ Number of children

OR _____ % of children

E10a. Do you have any parents you have difficulty communicating with because of a language barrier? IF NEEDED: For example, do you need the help of an interpreter or a child to speak with parents of some of the children you care for?

1 Yes (ask E10b)

2 No (skip to E11)

E10b. How many of your families do you have difficulty communicating with because of a language barrier? IF NEEDED: Please tell me the percentages of families you need the help of an interpreter or a child to speak with.

_____ Number of families

_____ % of children

E10c. What languages do these families speak?

E10d. What languages do you speak when working directly with children? CODE ALL THAT APPLY.

1 English

2 Spanish

3 Other (specify: _____)

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK E11A.

E10e. What percentage of the time do you speak English? _____ %

E11. INTERVIEWER: IF R SERVES AT LEAST ONE CHILD WITH NO PRIOR RELATIONSHIP OR RECEIVES PAYMENT FOR CARING FOR AT LEAST ONE CHILD, THEN CLASSIFY R AS 'MARKET-BASED'. OTHERWISE IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS AND RECEIVES NO PAYMENTS FOR CARING FOR THESE CHILDREN, CLASSIFY R AS 'NON-MARKET.'

- 1 MARKET-BASED
- 2 NON-MARKET

E12. Does a federal, state or local agency such as a human services agency, an education department, welfare or an employment or training program pay part or all of the cost for any of the children you care for?

- 1 Yes
- 2 No (go to E13)

E12a. How many children are paid for partially or fully by a government agency?
_____ Number of children

E12b. Do the agencies pay you....

- 1. directly for slots Y N
- 2. pay you for vouchers or certificate received from parents Y N
- 3. pay the parents in cash Y N
- 4. some other way (_____)

E12c. For how many of these children do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service or educational agency to give to a provider so that the provider can receive payment for care from the agency. The provider may also provide attendance records or other information in order to receive payment. IF NEEDED: Your best estimate is fine.

_____ Number of children.

E12d. Some agencies contract directly with providers to provide subsidized care or 'slots' to needy families. Do you or does a family child-care network you belong to have a contract with a federal, state or local agency to provide a certain number of slots for subsidized care for low-income families?

- 1 Yes
- 2 No (go to E13)

E12e. How many children are partially or fully paid for through contracts with governmental agencies?

_____ Number of children

E12f. What agencies do you have contracts with? RECORD NAME & CODE.

- 1 Federal
- 2 State
- 3 Local, other than public school districts
- 4 Local public school district
- 5 Other

E13. Do you provide any transportation services to children for coming to or going from your care?

- 1 Yes
- 2 No

E14. Do you have any formal or informal relationships with schools or other providers used by children in your program?

- 1 Yes (ASK E14A)
- 2 No (GO TO E15)
- 3 DON'T KNOW OF ANY OTHER PROVIDERS USED BY CHILDREN (GO TO SECTION ON MARKET DEFINITION)

E14a. What relationships do you have? CODE ALL THAT APPLY

- 1 provide transportation to children to or from other providers
- 2 provide access to resources or professional development for other providers
- 3 help parents seek providers for hours or days that program does not provide care
- 4 coordinate children's care
- 5 Other (specify) _____

E15. Approximately how many of children under age 13 were absent yesterday? IF NEEDED: Please tell me about the last regular school day. IF NEEDED: You can give me the percentage who were absent. Your best estimate is fine.

_____ CHILDREN or _____ % absent

E15a. Is this rate of absence about the usual, higher than usual, or lower than usual?

- 1 usual
- 2 higher than usual
- 3 lower than usual

Market Definition

IF R IS CODED ‘NON-MARKET’ IN QUESTION E11 ABOVE, SKIP TO S1. IF R CODED ‘MARKET-BASED’ IN QUESTION E11 ABOVE, ASK M5.

M5. Please tell me the names of up to three programs or providers in your area that you consider to be similar to your own. IF NEEDED: You can tell me the name of the individual or the name of the program, or you can just tell me a location and type of program.

Name: _____ Location: _____
 Name: _____ Location: _____
 Name: _____ Location: _____

M5a. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, a new government program, or any providers that may have stopped or reduced the care they were providing.

SEE M3. IF OPERATING MORE THAN 12 MONTHS, ASK M9. ELSE, SKIP TO M10.

M9. [In the past 5 years/Since you’ve been operating here], have you made any of the following changes in service:

- 1 Expanded or reduced the ages served Y N
- 2 Increased or decreased the slots served in an age group Y N
- 3 Changed the hours of operation of the program Y N
- 4 Changed the way you group children by age Y N
- 5 Other changes to the services offered for children under age 13 Y N

IF YES TO AT LEAST ONE OF M9, ASK M9A-M9D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED.

M9a. [Beginning with the most recent change,] what was the [first/next] change your program made in services	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	1 Expanded ages served	1 Expanded ages served	1 Expanded ages served	1 Expanded ages served	1 Expanded ages served
	2 Reduced ages served	2 Reduced ages served	2 Reduced ages served	2 Reduced ages served	2 Reduced ages served
3 Increased slots in age group	3 Increased slots in age group	3 Increased slots in age group	3 Increased slots in age group	3 Increased slots in age group	
4 Reduced slots	4 Reduced slots	4 Reduced slots	4 Reduced slots	4 Reduced slots	

offered? RECORD VERBATIM AND CODE.	in age group 5 Expanded hours 6 Reduced hours 7 Expanded ages served by one or more groups 8 Narrowed ages served by one or more groups 9 other change	in age group 5 Expanded hours 6 Reduced hours 7 Expanded ages served by one or more groups 8 Narrowed ages served by one or more groups 9 other change	in age group 5 Expanded hours 6 Reduced hours 7 Expanded ages served by one or more groups 8 Narrowed ages served by one or more groups 9 other change	in age group 5 Expanded hours 6 Reduced hours 7 Expanded ages served by one or more groups 8 Narrowed ages served by one or more groups 9 other change	5 Expanded hours 6 Reduced hours 7 Expanded ages served by one or more groups 8 Narrowed ages served by one or more groups 9 other change
M9b. For what age groups did you make this change? CODE ALL/	1 Infant 2 Toddler 3 Preschool 4 School-age				
M9c. What month and year did you make that change in service?	Month ____ Year _____	Month ____ Year _____	Month ____ Year _____	Month ____ Year _____	Month ____ Year _____
M9d. What was the main reason you made that change in service?					

M10. Think about the last time you changed the standard prices you charge parents for your program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?

	VImp	SWIm	NVImp	NotImp
1 Covering increasing costs	1	2	3	4
2 Increasing profitability	1	2	3	4
3 Being affordable to parents	1	2	3	4
4 Matching the competition	1	2	3	4
5 Changes in gov't reimbursement rates	1	2	3	4
6 Other (_____)	1	2	3	4

Schedule

S1. Beginning with Sunday, please tell me the hours last week that you cared for at least one child who is not your own.

	Start Time	End Time
Sunday	_____ AM/PM	_____ AM/PM
Sunday	_____ AM/PM	_____ AM/PM
Monday	_____ AM/PM	_____ AM/PM
Monday	_____ AM/PM	_____ AM/PM
Tuesday	_____ AM/PM	_____ AM/PM
Tuesday	_____ AM/PM	_____ AM/PM
Wednesday	_____ AM/PM	_____ AM/PM
Wednesday	_____ AM/PM	_____ AM/PM
Thursday	_____ AM/PM	_____ AM/PM
Thursday	_____ AM/PM	_____ AM/PM
Friday	_____ AM/PM	_____ AM/PM
Friday	_____ AM/PM	_____ AM/PM
Saturday	_____ AM/PM	_____ AM/PM
Saturday	_____ AM/PM	_____ AM/PM

IF R PROVIDES NON-MARKET CARE, SKIP TO S9 BELOW.

S3. What is your policy for parents who pick up children after your usual closing time?

S4. (If no policy or no penalties in S3, skip to S5) In the last 3 months, when parents were late to pick up their children, how often have you enforced this policy?

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 almost never

S5. How often do parents request additional hours or days outside of what you usually provide?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never (skip to S8)

S6. Do you ever make exceptions for parents based on these requests?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never (SKIP TO S8)

S7. Do parents pay extra for these exceptions?

- 1 Yes

2 No

S8. Do you permit parents to use care on schedules that vary from week to week?

- 1 Yes (ask S8a)
- 2 No (Skip to S8c)
- 3 DK/REF (skip to S8c)

S8a. How many of the children in your program have schedules that vary from week to week?

_____ Number of children

S8b. How far in advance do parents need to let you know when they will be needing care?

- _____ Number of 1 Hours
- 2 Days
- 3 Weeks

S8c. Do you permit parents to pay for and use varying numbers of hours of care each week?

- 1 Yes, at their convenience
- 2 Yes, from a set of schedule options (ASK S8C1)
- 3 Yes, beyond a minimum number of hours (ASK s8c2)
- 4 No (Skip to S9)
- 5 DK/REF (skip to S9)

S8c1. How many schedule options do you offer? _____ Options (skip to s8d)

S8c2. What is the minimum number of hours? _____ Hours

S8d. How many of the children in your program have variation in the number of paid hours of care each week?

_____ Number of children

S8e. How far in advance do parents need to let you know when they will be needing care?

- _____ Number of 1 Hours
- 2 Days
- 3 Weeks

S9. [if r mentioned Saturday or Sunday care above in R8 or R17 or S1, skip to S10] Do you provide weekend care?

- 1 Yes
- 2 No

S10. [if R mentioned evening care above in R8 or R17 or S1, skip to S10a] Do you provide care for parents between 7pm and 11pm?

- 1 Yes
- 2 No

S10a. [if R mentioned nighttime care above in R8 or R17 or S1, skip to S11] Do you provide care for parents between 11pm and 6am?

- 1 Yes
- 2 No

S11. How many weeks per year do you provide care [for children under age 13]? IF NEEDED: Do you provide care all 52 weeks of the year?

_____ Number of weeks (if 52, skip to S12)

S11a. Do you provide parents any help in getting alternative care for the other weeks?

- 1 Yes
- 2 No

S12. In the past 12 months, have you provided any of the following types of care...

- | | | |
|--|---|---|
| a. sick care for children you care for anyway | Y | N |
| b. holiday care on holidays you don't normally provide care | Y | N |
| c. full-day activities for school-age children during the summer | Y | N |

S13. In the past 12 months, have you provided any of the following types of care for children you were not already caring for:

- | | | |
|---|---|---|
| a. sick care for children who are too sick to attend their regular activities | Y | N |
| b. holiday care for children whose schools or other providers are closed | Y | N |
| c. summer hours for school-age children | Y | N |

S14. What arrangements do you make for providing child care when you are sick?
PROBE FOR MOST FREQUENT ARRANGEMENT IF MORE THAN ONE APPLIES.

- 1 Tell parents they cannot bring child
- 2 Make alternative arrangements for children
- 3 Care for children anyway
- 4 Never get sick
- 5 Other: _____

S15. How often in the last three months have you raised any of the following issues with a parent as part of your child care activities...

- | | | | | |
|------------------------------------|-------|---------|--------|-------|
| 1. parenting issues? | Never | Monthly | Weekly | Daily |
| 2. payment of program fees? | Never | Monthly | Weekly | Daily |
| 3. coming late to pick up a child? | Never | Monthly | Weekly | Daily |

S16. In the last three months, how often has a parent talked with you any of the following...

- | | | | | |
|--|-------|---------|--------|-------|
| 1. Something you are doing with the child or group | Never | Monthly | Weekly | Daily |
| 2. The child's behavior | Never | Monthly | Weekly | Daily |
| 3. The child's development | Never | Monthly | Weekly | Daily |
| 4. The child's health | Never | Monthly | Weekly | Daily |
| 5. How parents can support children's learning at home | Never | Monthly | Weekly | Daily |
| 6. How parents can discipline the child at home | Never | Monthly | Weekly | Daily |
| 7. Recent family activities or events | Never | Monthly | Weekly | Daily |

S17. How much do you agree or disagree with the following statements:

a. I really value my relationships with the parents of children I care for.

- 1 Agree
- 2 Neither agree nor disagree
- 3 Disagree

b. I understand what parents' schedules are like?

- 1 Agree
- 2 Neither agree nor disagree
- 3 Disagree

c. I'm willing to be flexible in working with parents' schedules?

- 1 Agree
- 2 Neither agree nor disagree
- 3 Disagree

d. Parents make valuable suggestions about caring for their children?

- 1 Agree
- 2 Neither agree nor disagree
- 3 Disagree

S18. The following questions are about various services that children and their families might require outside of the child-care setting. Do you provide referrals to any of the following?

- | | | |
|--|---|---|
| a. Health screening: medical, dental, vision, hearing, or speech? | Y | N |
| b. Development assessments? | Y | N |
| c. Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children? | Y | N |
| d. Counseling services for children or parents? | Y | N |
| e. Social services to families such as | | |

housing assistance, food stamps, financial aid, or medical care. Y N

S18f. [if yes to s18e] In the last year, how many parents have you provided with social services assistance, including referrals?

_____ Number of parents

Admissions/Marketing

A1. During January through March of this year, how many children did you stop caring for? IF NEEDED: Include children whose parents withdrew their children from care as well as children you didn't want to care for anymore.

A1a. During January through March of this year, how many new children did you start taking care of?

A2. In the past year, have you told a parent that you won't care for a child anymore because of...

- | | | |
|---|-----|----|
| a. problems with the child's behavior | Yes | No |
| b. other difficulties caring for the child | Yes | No |
| b. problems getting paid | Yes | No |
| c. other issues with the parent | Yes | No |
| d. needing or wanting to reduce your workload | Yes | No |

IF R PROVIDES NON-MARKET CARE, SKIP TO CARE PROVIDED SECTION, ITEM C1.

A3. Which of the following do you do to try to find new children to care for?

- | | | |
|--|---|---|
| a. List your services with a resource and referral agency | Y | N |
| b. List your services with a family child care association | Y | N |
| c. Ask friends and family to refer other families looking for care | Y | N |
| d. Ask current or recent families to refer other families looking for care | Y | N |
| e. Answer advertisements or other postings looking for care | Y | N |
| f. Post advertisements or flyers announcing openings | Y | N |
| g. IF VOLUNTEERED: NEVER HAVE TO ADVERTISE | Y | N |

A4. Which of these methods is the main way that you find new children to care for? ENTER CATEGORY FROM A3 ABOVE.

A5. Which of the following do you do to help parents understand what kind of care you offer?

- | | | |
|---|---|---|
| a. Talk with families who are looking for care | Y | N |
| b. Invite families looking for care to visit and observe | Y | N |
| c. Invite families looking for care to bring their children | | |

for a visit	Y	N
d. Ask current or recent families to provide verbal or written references to families looking for care	Y	N
e. Post on-line or encourage current or recent families to contribute publically available reviews	Y	N
f. Apply for an overall rating of quality that parents are told about	Y	N
g. Let families looking for care talk with assistants or other people who help me care for children	Y	N
h. Other (specify_____)	Y	N

A5a. In the past 12 months, about how many families have done each of the following as part of considering you as a provider for their child?

- a. Talked with you while they are searching for care _____
- b. Come to visit and observe you providing care _____
- c. Brought their children to visit _____
- d. Talked with or read references from current or recent families you have cared for _____
- e. Talked with assistants or others who help you provide care for children _____
- f. Other (specify_____)

A6. The last time you had an opening, how long did it take you to find another child to care for?

- _____ Number of 1 Days (skip to A7)
- 2 Weeks (skip to A7)
- 3 Months (skip to A7)
- 4 STILL HAVE OPENING (ask A6a)
- 5 CHILD TAKEN FROM WAITING LIST (skip to A7)

A6a. How long have you had this opening so far?

- _____ Number of 1 Days
- 2 Weeks
- 3 Months

A7. In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

- 1 yes
- 2 no
- 3 CHILDREN ARE PLACED ON A WAITING LIST

Care provided

C1. Do you plan the daily activities of the child(ren) you care for?

- 1 Yes
- 2 No (skip to C4)

C2. When do you plan the activities of the child(ren) you care for?

- 1 While caring for children
- 2 Evenings or weekends
- 3 Don't make specific plans

C3. How much time do you spend each week planning children's activities?

_____ Hours per week

C4. Are you sponsored by a group (for example, a church, Head Start or Catholic Charities) that organizes family child care in your area?

- 1 Yes
- 2 No

C5. Do you meet on a regular basis with other child care providers for training or as part of a support network?

- 1 Yes (skip to C6)
- 2 Yes, but not regularly (skip to C6)
- 3 No

C5a. Are you aware of opportunities for child care providers to get education or training or to participate in support groups?

- 1 Yes
- 2 No

IF R PROVIDES NON-MARKET CARE, SKIP TO C7

C6. We understand that caring for children in their home or yours can take time *outside* of the hours you spend with the children, to play your program, buy supplies, keep records, etc. Please estimate how many hours you spend doing any of the following activities for the children you care for.

Activity outside of directly caring for children	Hours	Time Unit
Buying supplies and food for child(ren)		1 per year 2 per month 3 per week
Cleaning and maintaining the space		1 per year 2 per month 3 per week
Planning your activities with the child(ren)		1 per year 2 per month 3 per week
Doing record keeping, billing, administrative tasks		1 per year 2 per month 3 per week
Participating in education, training or professional meetings		1 per year 2 per month 3 per week

Communicating with parents outside of your regular program hours		1 per year 2 per month 3 per week
Marketing your child care services		1 per year 2 per month 3 per week
Other		1 per year 2 per month 3 per week

C7. The care that a child receives can vary for many reasons. The environment they're in, the money and resources available to the person providing care, the child's own behavior, etc.

C7a. If 1 means 'the best possible care there is' and 5 means 'should probably be better,' please tell me how you would rate the care you provide to children. In terms of:

- a. having a safe environment _____ N/A
- b. being loving and nurturing _____ N/A
- c. helping them learn so they can do well in school _____ N/A
- d. helping them learn how to get along with others _____ N/A
- e. helping them with their physical skills _____ N/A
- f. teaching them your values _____ N/A

C8. Thinking about a typical week for the child(ren) you care for, what percentage of time (does he or she/do they) spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. IF NEEDED: Just tell me the typical amount of time on this activity.

- a. Physical activities led by an adult. _____ % or minutes
- b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play. _____ % or minutes
- c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics] _____ % or minutes
- d. Other teacher-directed group activities, such as reading aloud or [storytelling/discussion] _____ % or minutes
- e. Activities chosen by the child. _____ % or minutes

C9. How often do they watch **educational** programs on television or DVDs?

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

C10. How often do they watch other television or video programming?

- 1 every day
- 2 2-3 times per week

- 3 2-4 times per month
- 4 very rarely
- 5 never

C11. How often do they use computers?

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

C12. As part of your child care activities, how often do you have conversations with parents of children you care for on these issues?

- Parents' worries about getting or keeping a job
- Parents' ability to meet their children's basic needs (food, shelter, health care)
- Stress parents are feeling
- Problems parents are having in their relationships with partners or family members

Response Options: Daily, 3-4 times/week, 1-2 times/week, 1-2 times/month, every few months

C13. Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?

- 1 Yes (ASK c13A)
- 2 No (SKIP TO C14)

C13A. Is this person located at your site or somewhere else in the community?

On-site full-time/On-site part-time/Off-site

C14. Do you feel you have the resources you need to address concerns raised by parents?

Yes/No

C15. Have you felt overwhelmed by the concerns parents share with you...?

- 1 Often
- 2 Occasionally
- 3 Rarely
- 4 Never

Help with Child Care

IF R NON-MARKET, SKIP TO H5 BELOW.

H1. Does any one from outside of your household ever help you provide care while children are with you?

- 1 Yes
- 2 No

H2. How many different people currently help you provide care?

H3A. Please tell me (his/her/their) name(s).

- 1. _____
- 2. _____
- 3. _____

ASK H3b – h3m for each person named in h3a.

H3b. Is [] male or female?

H3c. How old is []? IF NEEDED: your best guess is fine.

H3d. Approximately how many hours per week does [] usually work?

H3e. Is [] of Hispanic or Latino origin?

H3f. Which of the following is []...READ CATEGORIES?

H3g. Does [] have a 4-year college degree?

H3g1. As far as you know, has [] completed any college or university coursework in child development or early care and education?

H3h. Does [] have any training *outside of higher education* in child development or early care and education?

H3i. As far as you know, has [] received any training on working with young children in the past 12 months?

H3j. How long has [] worked with you?

H3k. How many years of experience does [] have working with children under age 13? Please do not count any experience raising (his/her) own children.

H3l. How much is [] paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

H3m. Please tell me if [] receives any of the following benefits: READ ALL CATEGORIES

- 1 reduced tuition at your program
- 2 funds for (him/her) to receive training
- 3 retirement/IRA/SEP/Keogh
- 4 life or disability insurance
- 5 health insurance
- 6 paid parental leave
- 7 other paid time off

ASK h3b=h3m FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT.

H3A.Name/initials	1	2	3	4	5	6	7
H3b. Gender	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female
H3c. Age							

H3d. Hours per week							
H3e. Hispanic/Latino	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
H3f. Race	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER
H3g. College Degree	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
H3g1. Higher Ed ECE or Child Dev	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
H3h. ECE or Child Dev Training	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
H3i. Prof Dev past 12 months	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
H3j. Yrs w/pgm							
H3k. Years in field							
H3l. Wage rate	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other
H3m. Benefits received	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave 7 paid time off

H4. In the last year, have you asked a staff person who worked directly with children to leave your program because of concerns about that person's caregiving or instructional quality?

- 1 Yes
- 2 No

H5. These next questions are about ways that you might have sought help improving the care you provide.

a. In the past year has anyone observed you [or your assistants]?

Y N

b. Did you receive feedback based on these observation(s)?

Y N

c. Does anyone provide you with mentoring, coaching, or technical assistance? Yes/No

Household Characteristics

H1a. These next questions are about your family and the other people who live in your household. Who are the people who usually live in your household? Please tell me their first names or initials. It may help you remember to begin with the youngest person in the household. IDENTIFY ALL HOUSEHOLD MEMBERS FIRST, THEN ASK QUESTIONS ABOUT EACH PERSON.

- b. How old is []? IF NEEDED: Your best guess is fine.
- c. Is [] male or female?
- d. What is your relationship to []?
- e. [if b >= 16] Does [] currently work full-time, part-time or not at all?
- f. [if b >= 16] Does [] currently attend regular school?
- g. [if b <= 7] Is [] cared for by someone outside of the household, for example, in a pre-school or by a neighbor?
- g1. [if g=yes] About how many hours each week is [] usually cared for by someone outside of the household?
- h. [if b >=12] Does [] have a special need or disability that requires help from others to complete basic daily activities such as eating, dressing, or bathing?
[if b <=12] Does [] have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for him/her?

H1a. Name/initials	H1b. Age	H1c. Sex	H1d. Relation- ship to R	H1e. (IF AGE >= 16): work status	H1f. (IF AGE >=16): school	H1g. (IF AGE <=7) g. child care? g1. hrs/week?	H1h. Special Needs
1.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
2.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
3.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
4.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
5.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
6.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
7.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No
8.		M F		1 Full-time 2 Part-time 3 Not at all	1 Yes 2 No	1 Yes → __hrs/wk 2 No	1 Yes 2 No

H2. Last week, was [hhmem] with you at any times when you were caring for these children?

1 Yes

2 No

H2a. [if hhmem age 8 or older]: Was [hhmem] assisting you in caring for children at any of those times? IF NEEDED: Please include only assistance caring for children, and not other assistance such as billing or shopping for your work as a child-care provider.

1 Yes (ask H2b)

2 No

H2b. [if yes to H2a] What hours last week did [hhmem] assist you in caring for children?

H2c. [if hhmem less than 13 years old and h2a=no OR h1h=yes] Were you caring for [hhmem] during that time?

1 Yes

2 No

H2c. What were the hours last week that [hhmem] was in your care at the same time that you were caring for children?

Provider characteristics

PC1. These next questions are about you personally. What year were you born?

PC2. In what country were you born? _____

PC2a. (if born outside of U.S.) In what year did you move to the U.S. to stay?

PC3. What is your current marital status?

- 1 Never married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

PC4. What is the highest educational degree you have received?

- 1 None
- 2 GED
- 3 High School Diploma
- 4 Associates Degree
- 5 Technical or Vocational Certificate
- 6 Bachelor's Degree
- 7 Graduate or Professional Degree

PC4a. How many years of schooling have you completed?

_____ years

PC4b. Are you currently enrolled in a degree program?

- 1 Yes
- 2 No

PC4. [if pc4 >=4 or pc4b=1,ask pc4c-e] Do you have a degree in...

c. child development or early care and education?

- 1 Yes
- 2 No

d. special education?

- 1 Yes
- 2 No

e. elementary education?

- 1 Yes
- 2 No

[if pcr>=2] f. In the past 12 months, how many credits have you earned for college coursework focusing on child development, education or early childhood?

_____ Number of credits

Pc4g. Do you have some form of certification to teach young children?

- 1 Yes
- 2 No

PC4h. Do you have some form of certification as a special education teacher or elementary school teacher?

- 1 yes
- 2 No

Pc4i. Do you have any training *outside of higher education* in child development or early care and education?

- 1 Yes
- 2 No (skip to PC5a)

PC4j. In the past 12 months, how many total hours of child care-related training would you say you received? In your total, include all sources of training. These range from videotapes, the internet, and study materials to study groups, professional meetings, and conferences. Please answer in terms of actual hours of time spent.

_____ Number of hours

PC5a. How long have you been caring for children under age 13, not including raising any of your own children?

_____ Years _____ Months

PC5b. How many of those years did you care for children under age 13 as an employee of a center or other organization serving children?

_____ Years _____ Months

PC6. Do you do any work for pay in addition to caring for these children? IF NECESSARY: PLEASE INCLUDE WORK IN YOUR OWN BUSINESS OR IN A FAMILY BUSINESS WHETHER OR NOT YOU ARE PAID.

- 1 Yes
- 2 No (skip to PC9)

PC7. What kind of work do you do (in addition to caring for these children)? RECORD JOB OR EMPLOYER NAME IN TABLE BELOW. IF NECESSARY, What is your title or the name of your job? PROBE: Is there other work that you do, for example in your own business or in a family business, whether or not you are paid?

WHEN UP TO 4 JOBS HAVE BEEN ROSTERED, ASK:

PC7A. About how many hours do you usually work at that job each week?

PC7B. About how much are you paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

PC7C. How long have you had that job/worked for that employer?

Pc8. Beginning with 6am on Sunday morning, please tell me the hours that you worked at any job last week other than caring for the children you've already told me about.

	job 1	job 2	job 3	job 4
PC7. Title or Name of Job				
PC7a. Usual hours per week				
PC7b. Usual Wage and Time Unit	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
PC7c. Years at this job				
Schedule of Other Jobs Last Week				
PC8. Sun				
PC8. Mon				
PC8. Tues				
PC8. Wed				
PC8. Thu				
PC8. Fri				
PC8. Sa				

SKIP TO PC12.

PC9. [If not currently working other than child care] Have you ever worked for pay other than caring for children in your own home or in theirs?

- 1 Yes
- 2 No (skip to PC12)

PC10. [If pC9=yes and R has children under age 13] Were you working at the time that you got pregnant with your oldest child?

- 1 Yes (ask PC10a)
- 2 No (skip to PC11)

PC10a. What was that job that you had (when you got pregnant with your oldest child)?

PC10b. When did you last work at that job? Month ____ Year _____

PC10c. About how many hours did you usually work at that job each week when you stopped working there? _____

PC10d. About how much were you paid at that job?

\$ _____ per Unit of time _____

SKIP TO PC12.

PC11. [If pC9=yes and R has no children under age 13]

PC11a. What was the last job that you had? _____

PC11b. When did you last work at that job? Month _____ Year _____

PC11c. About how many hours did you usually work at that job each week when you stopped working there? _____

PC11d. About how much were you paid at that job?

\$ _____ per Unit of time _____

PC12. Are you of Hispanic or Latino descent?

1 Yes

2 No

PC13. Which of the following are you?

1 White Yes No

2 Black or African-American Yes No

3 Asian Yes No

4 Native Hawaiian or Pacific
Islander Yes No

5 American Indian or Alaska
Native Yes No

6 OTHER: _____ Yes No

PC14. What language do you feel most comfortable speaking?

1 English

2 Spanish

3 Other (_____)

PC14a. Do you speak any other languages?

1 Yes

2 No

PC14b. What else do you speak?

1 English

2 Spanish

3 Other (_____)

PC15. Approximately what was your total household income in 2008? Please include income from wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

_____ Dollars

IF DK/REF, ASK PC15b.

PC15a. Was that before or after taxes and deductions?

1 before taxes or deductions

2 after taxes or deductions

SKIP TO PC16.

PC15b. I understand that it can be difficult to remember or report these numbers. I wonder if you can tell me an approximate range. Please stop me when I read the

category that you think best describes your total household income in 2008 before taxes or deductions.

- 1 0 to \$7,500
- 2 \$7,501 to \$15,000
- 3 \$15,001 to \$22,500
- 4 \$22,501 to \$30,000
- 5 \$30,001 to \$45,000
- 6 \$45,001 or more

PC16. How many more years do you expect to care for children at your home or theirs?
_____ Number of years

Operations

Instruction O1_1: SEE M3 (PAGE 1). IF PROVIDER HAS BEEN PROVIDING CARE FOR AT LEAST 12 MONTHS, GO TO INSTRUCTION O2_2. ELSE IF PROVIDER IS NEW, SKIP TO END.

INSTRUCTION O1_2: IF PROVIDER CURRENTLY NOT PAID FOR CARE, ASK O2. ELSE GO TO O3.

O2. You mentioned that you are not currently being paid for the care you provide. At any time during 2008 were you paid to provide care to children under 13?

- 1 Yes
- 2 No (skip to END)

O3. The following questions will help us understand the finances of child care providers like yourself. I will be asking about your 2008 finances, since some of these numbers may be easiest to think about on an annual basis.

You mentioned before that you occasionally pay other adults to help you with caring for children.

O3a. During 2008, how many different people did you pay to regularly help you care for children. IF NEEDED: By regularly, I mean at least two hours each week.

_____ Number of assistants

O3b. About how much did you pay to (this assistant/all [NUMBER] of these assistants) during 2008? IF NEEDED: Your best guess will be fine.

_____ Dollars paid to assistants in 2008

O4. Altogether, how much did you **spend** to care for children during 2008, for example, on food, equipment, supplies, wages for assistants, or payments for other services? IF NEEDED: Your best guess will be fine.

\$ _____

O5. Altogether, how much did you earn for caring for children during 2008, before subtracting out expenses?

IF NEEDED: Your best guess will be fine.

\$ _____

IF DK/REF, ASK O5a.

O5A. Approximately how much of your household income in 2008 came from your work taking care of children?

- 1 Almost all
- 2 More than half
- 3 About half
- 4 Less than half
- 5 Very little

Roster of children in small home-based programs (revised 12/5/08).

R2/R3. Name/initials	1.	2.	3.	4.	5.	6.	7.	8.
R2a/R3a. LAST WEEK OR REGULAR (NOT LAST WEEK)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)	1 Last week 2 Regular (not last week)
R4. How old is []?	___ ___ Yrs Mos	___ ___ Yrs Mos	___ ___ Yrs Mos	___ ___ Yrs Mos	___ ___ Yrs Mos	___ ___ Yrs Mos	___ ___ Yrs Mos	___ ___ Yrs Mos
R5. Is [] a boy or girl?	B G	B G	B G	B G	B G	B G	B G	B G
R6. Do you and [] live in the same household?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
R7. Did you have a prior personal relationship with []'s family before you started caring for (him/her)?	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
R7a. IF YES or DK to R7, What is your personal relationship to []?	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)	1. non-custodial parent 2. grandparent 3. Other blood relative 4. family friend 5. Other (Specify: _____)
(if R2a=1 last week) R8. Beginning with last Sunday morning (DATE) at 6am, when did you care for	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p	Su ___a/p to ___a/p ___a/p to ___a/p

<p>[]?</p>	<p>Mo ___ a/p to ___ a/p ___ a/p to ___ a/p Tu ___ a/p to ___ a/p ___ a/p to ___ a/p We ___ a/p to ___ a/p ___ a/p to ___ a/p Th ___ a/p to ___ a/p ___ a/p to ___ a/p Fr ___ a/p to ___ a/p ___ a/p to ___ a/p Sa ___ a/p to ___ a/p ___ a/p to ___ a/p</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>	<p>Mo ___ a/p to ___ a/p ___ to ___ Tu ___ to ___ ___ to ___ We ___ to ___ ___ to ___ Th ___ to ___ ___ to ___ Fr ___ to ___ ___ to ___ Sa ___ to ___ ___ to ___</p>
<p>R9. Does [] have a physical, condition that affects the way you provide care for (him/her)?</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>
<p>R9a. Does [] have an emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)?</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>	<p>1 Yes 2 No</p>
<p>R10. Is [] Hispanic or Latino?</p>	<p>1 Yes</p>	<p>1 Yes</p>	<p>1 Yes</p>	<p>1 Yes</p>	<p>1 Yes</p>	<p>1 Yes</p>	<p>1 Yes</p>	<p>1 Yes</p>

	2 No	2 No	2 No	2 No	2 No	2 No	2 No	2 No
R10a. Which of the following is []... 1 White 2 Black or African-American 3 Asian 4 Native Hawaiian or other Pacific Islander 5 American Indian or Alaska Native 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 (Specify: _____)
R11. Does [] speak a language other than English at home?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
R11a. [If yes to R11] What language is that?	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____
R11b. What language do you mostly use when you are with []?	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____	1 English 2 Spanish 3 Other _____
R11c. Do you have difficulty communicating with []'s parents because of a language barrier?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
R12. Where do you usually provide care for []? CODE ALL THAT APPLY.	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____	1 Child's own home 2 Provider home 3 Somewhere else (specify)____ _____
R13. (If care provided outside								

<i>of child's home</i>) How long does it take in minutes for [] to get from (his/her) home to (your home/where you care for him/her)?								
<i>R14. (if care outside of provider's home)</i> How long does it take in minutes for you to get from your home to where you care for (him/her)?								
(if R2a/R3a=1 last week) R15. Do you care for [] regularly, that is, for at least two hours each week?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
(if R2a=2 regular, or R15=1 yes) R16. Do you care for [] on the same schedule each week?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
(if didn't care for child last week and regular schedule R16=1) R17. What is that schedule?	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to	Su ___ to ___ to Mo ___ to ___ to Tu ___ to ___ to We ___ to ___ to

	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___	___ to Th__ to ___ to Fr__ to ___ to Sa__ to ___ to ___
(If not same schedule each week) R18. How many hours do you usually care for []?	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies	_____ hours per week/2 weeks/mont h varies
(if varies) R19. What can you tell me about when you care for []? verbatim response								
R20. When did you first start caring for [] on a regular basis?	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs	Month __ Year __ or Child's age __Months __ Yrs
R21. Do you usually receive payment for caring for []?	1 yes 2 no	1 yes 2 no	1 yes 2 no	1 yes 2 no	1 yes 2 no	1 yes 2 no	1 yes 2 no	1 yes 2 no
R22. How much do you charge to care for []?	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily	\$ _____ 1 hourly 2 daily

	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other	3 weekly 4 monthly 5 other
R23. Do you (also) receive anything in exchange for caring for []? For example, does []'s family buy you groceries, provide you transportation, take care of your children or do small repair jobs for you in exchange for your caring for []?	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No
R24. Does []'s family occasionally give you gifts or help you out even if it's not regular payment for caring for []?	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No	1 Yes (specify: _____ _____ _____) 2 No