

NSECE Home-Based Provider Questionnaire
Revised 01/20/11

INTRODUCTION SCRIPT

My name is _____ and I am calling from the National Opinion Research Center (NORC) at the University of Chicago. We are conducting a study about the experiences of people who look after children under age 13 in their own home. We recently sent you a letter which explained the purpose of this study. The study is being paid for by the U.S. Department of Health and Human Services, and is designed to help the government understand how private decisions and public policies affect the supply and demand of child and school-age care in our country.

Taking part in this research is voluntary. The interview takes about 30 minutes to complete and any information you give me will be kept private. We are required by the Federal Privacy Act to develop and follow strict procedures to protect your information and use your answers only for research. You may choose not to answer any questions you don't wish to answer, or end the interview at any time.

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict confidentiality of your responses. May I continue with the recording?

R CONSENTS TO PARTICIPATE IN THE SURVEY..... 1
R CONSENTS TO PARTICIPATE IN THE SURVEY BUT
DOES NOT WANT TO BE RECORDED..... 2

[REFER TO FAQS TO ANSWER OTHER RESPONDENT QUESTIONS.]

LOCATION OF CARE

A1. I'd like to confirm your home address. I have the address (**ADDRESS**). Is that correct?

- 1 Yes → (SKIP TO A1b)
- 2 No → (ASK A1a)

A1a. (IF A1=NO) What is your correct address?

Street address

City State Zip

A1b. Do you provide care for children under age 13 at that address?

- 1 Yes → (skip to A2)
- 2 No → (ASK A1C)

A1c. [if A1b =No] 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 _____

A1C1. 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?

A2. 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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A3. 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

B1. 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 B1 LESS THAN EIGHT, ASK B2. ELSE IF B1 IS EIGHT OR GREATER, ADMINISTER THE CENTER-BASED QUESTIONNAIRE INSTEAD OF THE HOME-BASED QUESTIONNAIRE STARTING AT QUESTION B1.

B2. Please tell me the names or initials of each child that you cared for last week. RECORD NAMES IN SEPARATE ROSTER FOR SMALL PROGRAMS ON PAGES 4-11.

B3. 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 five hours per week. RECORD NAMES IN SEPARATE ROSTER FOR SMALL PROGRAMS ON PAGES 4-11.

B2a/B3a. INTERVIEWER: CODE WHETHER CHILD IS ROSTERED FOR CARE LAST WEEK OR REGULAR CARE NOT INCLUDING LAST WEEK.

BEGINNING WITH CHILD 1, ASK B2a/B3a/B26 FOR EACH CHILD UNTIL ALL CHILDREN ASKED ABOUT.

ROSTER OF CHILDREN IN SMALL HOME-BASED PROGRAMS.

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
B2a/B3a. LAST WEEK OR REGULAR (NOT LAST WEEK)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)	1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week)
B4. How old is []?	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>	Yrs <input style="width: 30px;" type="text"/> Mos <input style="width: 30px;" type="text"/>
B5. Is [] a boy or girl?	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl	1 <input type="checkbox"/> Boy 2 <input type="checkbox"/> Girl
B6. Do you and [] live in the same household?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B7. Did you have a prior personal relationship with []'s family before you started caring for (him/her)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B8 3 <input type="checkbox"/> DK
B7a. [IF YES or DK to B7] What is your personal relationship to []?	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____	1 <input type="checkbox"/> non-custodial parent 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____ _____
B7b.i. [IF B7a= 1] So, you are []'s non-custodial parent?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B7b.ii. [IF B7a= 2] So, [] is your grandchild?	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
B7b.iii. [IF B7a= 3] So, you are []'s blood relative?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B7b.iv. [IF B7a= 4] So, you are []'s family friend?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B7b.v. [IF B7a= 5] So, you are []'s [fill in from Specified above]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(if B2a/B3A=1 last week) B8. Beginning with last Sunday morning (DATE) at 6am, when did you care for []?	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___	1 <input type="checkbox"/> Su ___ a/p to ___ ___ a/p to ___ 2 <input type="checkbox"/> Mo ___ a/p to ___ ___ a/p to ___ 3 <input type="checkbox"/> Tu ___ a/p to ___ ___ a/p to ___ 4 <input type="checkbox"/> We ___ a/p to ___ ___ a/p to ___ 5 <input type="checkbox"/> Th ___ a/p to ___ ___ a/p to ___ 6 <input type="checkbox"/> Fr ___ a/p to ___ ___ a/p to ___ 7 <input type="checkbox"/> Sa ___ a/p to ___ ___ a/p to ___
B9. Does [] have a physical, condition that affects the way you provide care for	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
(him/her)?	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
B10. Does [] have an emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B11. Is [] Hispanic or Latino?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B12. Which of the following is []...? Select one or more. 1 White 2 Black or African-American 3 Asian 4 Native Hawaiian or other Pacific Islander (NHOPI) 5 American Indian or Alaska Native (AI/AN) 6 (VOLUNTEERED:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> SPECIFY: _____ _____ _____ _____
B13. Does [] speak a language other than English at home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14
B13a. [IF YES TO B13] What language is that?	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____ _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____
B13b. . [IF YES TO B13] What language do you mostly use when you are with []?	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other []
B13c. . [IF YES TO B13] Do you have difficulty communicating with	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
[]'s parents because of a language barrier?	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
B14. [IF B6 NE 1] Where do you usually provide care for []? CODE ALL THAT APPLY.	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)	1 <input type="checkbox"/> Child's own home 2 <input type="checkbox"/> Provider home 3 <input type="checkbox"/> Somewhere else (specify)
B15. [IF B14= 2 (CARE PROVIDED IN PROVIDER'S HOME) AND B6 NE 1] Does [child] live 1) in your home, 2) not in your home but fewer than 15 minutes away from your home, 3) 16 to 30 minutes from your home, or 4) more than 30 minutes from your home?	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home
B16. [(IF B14=3 CARE OUTSIDE OF PROVIDER'S HOME) AND B6 NE 1] Does [child] live 1) in your home, 2) not in your home but fewer than 15 minutes away from your home, 3) 16 to 30 minutes from your home, or 4) more than 30 minutes from your home?	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home	1 <input type="checkbox"/> Provider home 2 <input type="checkbox"/> Not in provider home but fewer than 15 minutes away from provider home 3 <input type="checkbox"/> 16 to 30 minutes from provider home 4 <input type="checkbox"/> More than 30 minutes from provider home

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
(IF B2a/B3a=1 LAST WEEK) B17. Do you care for [] regularly, that is, for at least five hours each week?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(IF B2a/B3A=2 REGULAR, or B17=1 YES) B18. Do you care for [] on the same schedule each week?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
((IF B2a/B3A=2 REGULAR, R DIDN'T CARE FOR CHILD LAST WEEK AND REGULAR SCHEDULE B18=1) B19. What is that schedule?	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa	1 <input type="checkbox"/> Su ___ to ___ ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ ___ to ___ 4 <input type="checkbox"/> We ___ to ___ ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
	___ to ___ ___ to ___	___ to ___ ___ to ___	___ to ___ ___ to ___	___ to ___ ___ to ___	___ to ___ ___ to ___	___ to ___ ___ to ___	___ to ___ ___ to ___
(IF B2a/B3A=2 REGULAR, R DIDN'T DIDN'T CARE FOR CHILD LAST WEEK AND IRREGULAR SCHEDULE B18=2) B20. How many hours do you usually care for []?	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies	_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies
(if B20= 4 (VARIES)) B21. Do you care for him/her based on a parent's work schedule, unavailability of a regular provider or at other times?	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times	1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times
B22. When did you first start caring for [] on a regular basis?	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>	1 <input type="checkbox"/> ↓ Month <input type="text"/> Year <input type="text"/> or 2 <input type="checkbox"/> Child's age↓ Months <input type="text"/> Years <input type="text"/>
B23. Do you usually receive payment for caring for []?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
B24. [IF B23=YES] How much do you charge []'s parents to care for []?	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>	\$ <input type="text"/> 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input type="text"/>
B25. 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	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other,	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts

B2/B3. Name/initials	1.	2.	3.	4.	5.	6.	7.
exchange for your caring for []?	4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No
[If B25 not = No, skip to B27] B26. Does []'s family occasionally give you gifts or help you out even if it's not regular payment for caring for []? [If B26 = 5, go to B27]	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No	1 <input type="checkbox"/> groceries 2 <input type="checkbox"/> transportation 3 <input type="checkbox"/> holiday gifts 4 <input type="checkbox"/> Other, specify: <input type="text"/> <input type="text"/> <input type="text"/> 5 <input type="checkbox"/> No
B26a. How often does []'s family give you gifts or help you out?	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>	1 <input type="checkbox"/> daily 2 <input type="checkbox"/> weekly 3 <input type="checkbox"/> monthly 4 <input type="checkbox"/> varies 5 <input type="checkbox"/> other <input type="text"/>

B27. [IF B7=1, Yes R HAD PRIOR 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

B28. 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 C14 (PAGE 13)

ENROLLMENT

C14. INTERVIEWER: IF R IS 1) WILLING TO CARE FOR CHILDREN WITH NO PRIOR RELATIONSHIP (b27=1), OR 2) NOT CARING ONLY FOR CHILDREN WITH PRIOR PERSONAL RELATIONSHIPS (B7=2), THEN CLASSIFY R AS ‘**MARKET-BASED**’.

OTHERWISE,

- 1) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS (B7=1 AND b27=2) AND RECEIVES NO PAYMENTS FOR CARING FOR THESE CHILDREN (B23=2), CLASSIFY R AS ‘**NON-MARKET**.’
- 2) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS (B7=1 AND B27=2) BUT DOES RECEIVE PAYMENTS FOR CARING FOR THESE CHILDREN (B23=1), CLASSIFY R AS ‘**NON-MARKET**,’ AND ASK REVENUE QUESTIONS (K3 – K6)

- 1 MARKET-BASED → ASK C15
- 2 NON-MARKET → (SKIP TO C16)

C15. Does a federal, state or local agency such as a human services or education agency or department, or a welfare, employment or training program pay part or all of the cost for any of the children you serve?

- 1 Yes → ASK C15A
- 2 No → (SKIP TO C16)

C15a. How many children are paid for partially or fully by a government agency or program?

Number of children

[IF R IS MARKET PROVIDER, SKIP TO C15b]

[IF R IS NON-MARKET PROVIDER, ASK C15A_i:]

C15a_i. How much are you paid per child? \$ _____

- 1 hourly → (SKIP TO C15b)
- 2 daily
- 3 weekly
- 4 monthly
- 5 other

C15a_ii. How many hours does that (daily/weekly/monthly/other) payment cover? _____

C15b. Do the agencies pay you....

	Yes	No
1. provide a grant to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. contract with you for a guaranteed number of slots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. pay you for vouchers or certificates given to parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. pay the parents in cash	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. some other way SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

[IF C15B3=1 (YES), ASK C15C. ELSE GO TO INSTRUCTION BEFORE C15E]

C15c. 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

[IF C15B2=1 (YES), ASK C15E. ELSE GO TO C16]

C15e. How many children are partially or fully paid for through contracts with governmental agencies?

Number of children

C15d. What agencies do you have contracts with?

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

C16. Do you provide any transportation services for children coming to or going from your care?

1 Yes

2 No

C17. 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

% of absent

C17a. 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 C14, SKIP TO INSTRUCTION BEFORE E2.
 IF R CODED 'MARKET-BASED' IN QUESTION C14, ASK D1.

D1. [IF R IS MARKET PROVIDER, ASK:] 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:	

D2. 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 A3 (PAGE 3). IF OPERATING MORE THAN 12 MONTHS, ASK D3. ELSE, SKIP TO D4.

D3. [In the past 5 years/Since you've been operating here], have you made any of the following changes in service:	Yes	No
a. Expanded or reduced the ages served	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Increased or decreased the slots served in an age group	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Changed the hours of operation of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Other changes to the services offered for children under age 13	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF YES TO AT LEAST ONE OF D3, ASK D3A-D3D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED. ELSE SKIP TO D4.

<p>D3a. [Beginning with the most recent change,] what was the [first/next] change your program made in services offered? RECORD VERBATIM AND CODE.</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>
<p>D3b. For what age groups did you make this change? CODE ALL</p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>
<p>D3c. What month and year did you make that change in service?</p>	<p>Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/></p>	<p>Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/></p>	<p>Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/></p>	<p>Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/></p>	<p>Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/></p>
<p>D3d. What was the main reason you made that change in service?</p>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

D4. Do you have a set of standard prices you charge parents?

1 Yes

2 No → (SKIP TO EINSTRUCTION BEFORE E2)

D4a. Think about the last time you changed the standard prices you charge parents to look after their children. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?

	Very Important	Somewhat Important	Not Very Important	Not Important
1. Covering increasing costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Increasing profitability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Being affordable to parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Matching the competition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Changes in gov't reimbursement rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Other _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SCHEDULE

IF R PROVIDES NON-MARKET CARE (C14=2 NON-MARKET), SKIP TO E8 (PAGE 21). ELSE ASK E2.

E2. Does your program charge a penalty fee if a parent is 10 minutes late to pick up a child after your official closing time?

- 1 YES ->ASK E2
- 2 NO → (SKIP TO E3)

E2a. If so, how much? _____

E3. Do you permit parents to use care on schedules that vary from week to week?

- 1 Yes →ASK E3A
- 2 No → (SKIP TO E3c)
- 3 DK/REF → (SKIP TO E3c)

E3a. How many of the children in your program have schedules that vary from week to week?

Number of children

E3b. 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

E3c. Do you permit parents to pay for and use varying numbers of hours of care each week?

- 1 Yes, at their convenience (SKIP TO E3d)
- 2 Yes, from a set of schedule options → (ASK E3c1)
- 3 Yes, beyond a minimum number of hours → (SKIP E3c2)

- 4 No → (SKIP TO E4)
- 5 DK/REF → (SKIP TO E4)

E3c1. How many schedule options do you offer?

Options → (SKIP TO E3d)

E3c2. What is the minimum number of hours?

Hours

E3d. How many of the children in your program have variation in the number of paid hours of care each week?

Number of children

E3e. How far in advance do parents need to let you know when they will be needing care?

Number of Hours
 Days
 Weeks

E3f. Are you paid for days that children are scheduled to come but do not, because of illness, vacation, or other personal reasons outside of your control?

- 1 Yes
- 2 No

[IF R MENTIONED SATURDAY OR SUNDAY CARE ABOVE IN B8 (page 5) OR B19 (page 9) , SKIP TO INSTRUCTION BEFORE E5. ELSE ASK E4]

E4. Do you provide weekend care?

- 1 Yes
- 2 No

[IF R MENTIONED EVENING CARE ABOVE IN B8 (p. 5) OR B19 (p.9), SKIP TO INSTRUCTION BEFORE E6. ELSE ASK E5]

E5. Do you provide care between 7pm and 11pm?

- 1 Yes
- 2 No

[IF R MENTIONED NIGHTTIME CARE ABOVE IN B8 (p.5) OR B19 (p.9), SKIP TO E7. ELSE ASK E6]

E6. Do you provide care between 11pm and 6am?

1 Yes

2 No

E7. 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 E8)

E7a. Do you provide parents any help in getting alternative care for the other weeks?

1 Yes

2 No

E8. In the past 12 months, have you provided any of the following types of care...?

	Yes	No
1. sick care for children you care for anyway	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. holiday care on holidays you don't normally provide care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. full-day activities for school-age children during the summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>

E9. In the past 12 months, have you provided any of the following types of care for children you were not already caring for?

	Yes	No
1. sick care for children who are too sick to attend their regular activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. holiday care for children whose schools or other providers are closed	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. summer hours for school-age children	1 <input type="checkbox"/>	2 <input type="checkbox"/>

E10. The last time you were sick, what arrangements did you make for providing child care?

- 1 Told parents they cannot bring children
- 2 Made alternative arrangements for children
- 3 Cared for children anyway
- 4 Never get sick
- 5 Other: _____

E10a. When was the last time that you were unable to look after a child because you were sick?

Month ___ Year ____

E11. 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...

	Never	Monthly	Weekly	Daily
1. parenting issues?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. payment of fees?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. coming late to pick up a child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. the parents' ideas about how to care for their child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

E12. In the last three months, how often has a parent talked with you any of the following...

	Never	Monthly	Weekly	Daily
1. Something you are doing with the child or group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. The child's behavior and how parents can discipline the child at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. The child's development and health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. How parents can support children's learning at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Recent family activities or events	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Stress parents are feeling about work, finances, and other family/partner relationships.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

E13. [IF R IS MARKET, ASK:] 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?

[IF R IS NON-MARKET, ASK:] In the past 12 months, have you helped find any of the following kinds of help for children that you look after?

	Yes	No
E13a. Health screening: medical, dental, vision, hearing, or speech?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E13b. Development assessments?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E13c. Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E13d. Counseling services for children or parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E14e. Social services to families such as housing assistance, food stamps, financial aid, or medical care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>

ADMISSIONS/MARKETING

F1. 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.

F2. During January through March of this year, how many new children did you start taking care of?

F3. In the past year, have you told a parent that you won't care for a child anymore because of...

	Yes	No
a. problems with the child's behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. other difficulties caring for the child	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. other issues with the parent	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. needing or wanting to reduce your workload	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. [IF MARKET-BASED ASK] problems getting paid	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF R PROVIDES NON-MARKET CARE (C14=2 NON-MARKET), SKIP TO CARE PROVIDED SECTION, ITEM G1

F4. Which of the following do you do to try to find new children to care for?

	Yes	No
a. List your services with a resource and referral agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. List your services with a family child care association	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Ask friends and family to refer other families looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Ask current or recent families to refer other families looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Answer advertisements or other postings looking for care, including on-line	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Post advertisements or flyers announcing openings, including	1 <input type="checkbox"/>	2 <input type="checkbox"/>

on-line		
g. IF VOLUNTEERED: NEVER HAVE TO ADVERTISE	1 <input type="checkbox"/>	2 <input type="checkbox"/>

F5. Which of these methods is the main way that you find new children to care for?
ENTER CATEGORY FROM F4 ABOVE.

F6. Which of the following do you do to help parents understand what kind of care you offer?

	Yes	No
a. Talk with families who are looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Invite families looking for care to visit and observe	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Invite families looking for care to bring their children for a visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Ask current or recent families to provide verbal or written references to families looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Post on-line or encourage current or recent families to contribute publically available reviews	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Apply for an overall rating of quality that parents are told about	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Let families looking for care talk with assistants or other people who help me care for children	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

F7. 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?

	# of families
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. Learned about your program another way (specify) _____	
g. How many families have done any of these things while they considered you as a provider for their child?	

F8. 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 F9)
 - 2 Weeks → (SKIP TO F9)
 - 3 Months → (SKIP TO F9)
 - 4 STILL HAVE OPENING → (ASK F8a)
 - 5 CHILD TAKEN FROM WAITING LIST → (SKIP TO F9)

F8a. How long have you had this opening so far?

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

F9. 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

G1. Do you plan the daily activities of the child(ren) you care for?

- 1 Yes →ASK G2
- 2 No → (SKIP TO G4)

G2. When do you plan the activities of the child(ren) you care for?

- 1 While caring for children
- 2 Time when children are not present
- 3 Don't make specific plans

G3. How much time do you spend each week planning children's activities?

Hours per week

G4. 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

G5. Do you meet on a regular basis with other people like yourself who look after children? Such as for training, or how to help children's development, or just as part of a support network to talk?

- 1 Yes → (SKIP TO G6)
- 2 Yes, but not regularly → (SKIP TO G6)
- 3 No →ASK G5A

G5a. 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 (C14=2 NON-MARKET), SKIP TO G7.
ELSE ASK G5B

G5b. Does you have any formal or informal relationships to coordinate care or share information for children you care for who also have other providers?

- 1 Yes →ASK G5C
- 2 No → (SKIP TO G6)
- 3 DON'T KNOW OF ANY OTHER PROVIDERS USED BY CHILDREN →ASK G5C

G5c. Do you have any formal or informal relationships to coordinate care or share information in general?

- 1 Yes → (ASK G5b)
- 2 No → (GO TO G6)

G5d. What relationships do you have? CODE ALL MENTIONS.

- 1 Provide transportation to children to or from other providers
- 2 Share access to resources or professional development with other providers
- 3 Provide care for children for hours or days that the program does not provide care
- 4 Have formal sign-in/sign-out privileges for children at program
- 5 Coordinate children's care
- 6 Other (specify)

G6. We understand that caring for children in their home or yours can take time *outside* of the hours you spend with the children, to plan 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)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Cleaning and maintaining the space		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Planning your activities with the child(ren)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Doing record keeping, billing, administrative tasks		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Participating in education, training or professional meetings		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Communicating with parents outside of your regular program hours		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Marketing your child care services		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
Other		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
How many hours would you say you spend on all of these activities combined, per month?		

G7. 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.

G7a. What is the main reason that you care for children? RECORD VERBATIM AND CODE

- 1 To earn money
- 2 To have a job that lets me work from home
- 3 To help children's parents
- 4 To help children

G7b. What do you see as your main responsibility when caring for children? RECORD VERBATIM AND CODE

- 1 Help their development
- 2 Keep them safe/ out of trouble
- 3 Provide them love and nurturing
- 4 Teach them values
- 4 Help them learn so they can do well in school

G8. Please tell me how child/children spent his/her/their day in your care yesterday/the last day you cared for him/her/them.

(RECORD VEBATIM AND CODE IN CHART BELOW)

Activity codes:

- 1 outdoor time
- 2 physical activities
- 3 creative activities
- 4 teacher-directed instruction (such as learning animals, colors, numbers, letters)
- 5 Other teacher-directed group activities, such as reading aloud or storytelling
- 6 Activities chosen by child
- 7 socializing with other children
- 8 going onerrands out of the house with you or another caregiver
- 9 basic needs (sleep, toilet, food)

Start time	Stop time	Activity verbatim	Activity code
			1 2 3 4 5 6 7 8 9
			1 2 3 4 5 6 7 8 9
			1 2 3 4 5 6 7 8 9
			1 2 3 4 5 6 7 8 9

G9. 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

G10. 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

G11. 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

G12. Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?

- 1 Yes
- 2 No

G13. Do you feel you have the resources you need to address concerns raised by parents?

- 1 Yes
- 2 No

G14. 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 (C14=2 NON-MARKET), SKIP TO I1A BELOW. ELSE ASK H1.

H1. Does anyone 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-H3n FOR EACH PERSON NAMED IN H3a. START WITH FIRST PERSON AND THEN ASK H3b-H3n FOR FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT.

RECORD RESPONSES IN THE TABLE ON THE NEXT PAGE.

IF NO STAFF ARE LISTED IN H3A, SKIP TO I1A.

Name/initials	1	2	3	4	5	6	7	
H4a. Role	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other
H4b. Gender	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
H4c. Age								
H4d. Hours per week								

Name/initials	1	2	3	4	5	6	7
H4e. Hispanic/Latino	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
H4f. Race	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER
H4g. College Degree	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
H4h. Certification Educ/Child dev	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
H4i. Education or Child Dev Training	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
H4j. Prof Dev past 12 months	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
H4k. Yrs w/pgm							
H4l. Years in field							
H4m. Wage rate	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other
H4n. Benefits received	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off

H4. In the last year, have you asked any caregivers who worked for you to leave because you were concerned about how they cared for the children or instructed and taught them?

1 Yes

2 No

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

	Yes	No
a. In the past year has anyone observed you [or your assistants]?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Did you receive feedback based on these observation(s)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Does anyone provide you with mentoring, coaching, or technical assistance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

HOUSEHOLD CHARACTERISTICS

ASK I1a.-I1l.ii FOR RELATIVES, PARTNERS OF RELATIVES, AND CHILDREN OF PARTNERS OF RELATIVES. DO NOT ASK FOR ROOMMATES, BOARDERS, OR OTHER NON-RELATIVES.
IF R ANSWERED HOUSEHOLD DEMAND SURVEY, SKIP TO I2.

I1a. 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.

I1a. Name/ initials	I1b. How old is []? IF NEEDED: Your best guess is fine.	I1c. Is [] male or female?	I1d. What is your relationship to []?	I1e. [IF I1b IS GREATER THAN OR EQUAL TO 16 YEARS] Does [] currently work full-time, part-time or not at all?	I1f. [IF I1b IS LESS THAN OR EQUAL TO 7 YEARS] Is [] cared for by someone outside of the household, for example, in a pre-school or by a neighbor? I1f.i [I1f. =YES] About how many hours each week is [] usually cared for by someone outside of the household?	I1g. [IF I1b IS LESS THAN OR EQUAL TO 12 YEARS OLD] Does [] have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for him/her?	I1h. [IF I1b IS GREATER THAN OR EQUAL TO 8 YEARS OLD] Does [] ever help you look after children? IF NEEDED: Please include only help caring for children, and not other help such as billing or shopping for your work looking after children.
1.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not at all	<input type="checkbox"/> Yes → __hrs/wk <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not at all	<input type="checkbox"/> Yes → __hrs/wk <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not at all	<input type="checkbox"/> Yes → __hrs/wk <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not at all	<input type="checkbox"/> Yes → __hrs/wk <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I1l. Does [] look after children under age 13 who are not their own? IF NEEDED: Aside from helping you when you are looking after children.

1 Yes →ASK I1L.I

2 No→ (SKIP TO I1M)

I1l.i. .Are any of those the same children that you regularly look after?"

1 Yes

2 No

I1m. [if I1b is greater than 12 years old] Does [] have a special need or disability that makes it difficult for him or her to be home alone without adult assistance?

1 Yes

2 No

RECORD RESPONSES TO I2-I2d IN THE TABLE BELOW.

ASK I2.-I2D ONLY FOR HH MEMBERS OVER AGE 8 AND I1H = 1(Yes).

I2. Last week, was [hhmem] with you at any times when you were caring for these children?

1 Yes →ASK I2A

2 No→ (SKIP TO J1)

I2a. 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 I2B

2 No→ (SKIP TO I2C)

I2b. Which days and times last week did [hhmem] assist you in caring for children?

I2c. [IF HHMEM LESS THAN 13 YEARS OLD AND (I2a=NO **OR** IF = YES)] Were you caring for [hhmem] during that time?

I2d. [IF HHMEM LESS THAN 13 YEARS OLD AND (I2a=NO **OR** I1F = YES)] Which days and times last week that [hhmem] was in your care at the same time that you were caring for children?

Name/initials [RE-ENTER FROM I1a]	I2. HH member with you? [If No, GO TO J1]	I2a. HH member assisting with care?	[IF I2a=YES] I2b. Days/times assisted with care?	I2c. Caring for HH member?	[IF I2c=YES] I2d. Days/times in your care?
1.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___
2.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___
3.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___
4.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Su ___ to ___ 2 <input type="checkbox"/> Mo ___ to ___ 3 <input type="checkbox"/> Tu ___ to ___ 4 <input type="checkbox"/> We ___ to ___ 5 <input type="checkbox"/> Th ___ to ___ 6 <input type="checkbox"/> Fr ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___

PROVIDER CHARACTERISTICS

J1. These next questions are about you personally. What year were you born?

J2. In what country were you born?

J2a. (IF BORN OUTSIDE OF THE U.S.) In what year did you move to the U.S. to stay?

J3. What is your current marital status?

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

J4. What is the highest grade or level of schooling that you have ever completed?
(READ IF NECESSARY)

- 1 8th GRADE OR LESS
- 2 9th-12th GRADE NO DIPLOMA
- 3 HIGH SCHOOL GRADUATE OR GED COMPLETED
- 4 SOME COLLEGE CREDIT BUT NO DEGREE
- 5 ASSOCIATE DEGREE (AA, AS)
- 6 BACHELOR'S DEGREE (BA, BS, AB)
- 7 GRADUATE OR PROFESSIONAL DEGREE

J5. Are you currently enrolled in a degree program?

- 1 Yes
- 2 No

J6. [IF J4 GREATER THAN OR EQUAL TO 4 (some college credit but no degree) **OR** J5=1 YES, ASK J6a-c] Do you have a degree in...

	Yes	No
a. child development or early care and education?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. special education?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. elementary education?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

J7. [IF J4 GREATER THAN OR EQUAL TO 4 (some college)] 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

J8. Do you have some form of certification to teach young children?

1 Yes

2 No

J9. Do you have some form of certification as a special education teacher or elementary school teacher?

1 Yes

2 No

J10. Do you have any training *outside of higher education* in child development or early care and education?

1 Yes—>ASK J11

2 No → (SKIP TO J13)

J11. In the past 12 months, how many total hours would you say you've spent learning more about caring for children? 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

J12. How long have you been caring for children under age 13, not including raising any of your own children?

Years and Months

J12a. 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 and Months

J13. How many more years do you expect to care for children at your home or theirs?

Number of years

J14. 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 → ASK J15

2 No → (SKIP TO J17)

J15. What kind of work do you do (in addition to caring for these children)? RECORD JOB OR EMPLOYER NAME IN TABLE ON NEXT PAGE. 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?

LIST JOBS IN TABLE BELOW. WHEN UP TO 4 JOBS HAVE BEEN ROSTERED, ASK:

J15A. About how many hours do you usually work at that job each week?

J15B. About how much are you paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

J15C. How long have you had that job/worked for that employer?

J16. 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.

	job1	job 2	job 3	job 4
J15. Title or Name of Job				
J15A. Usual hours per week				
J15B. 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: _____
J15C. Years at this job				
Schedule of Other Jobs Last Week				
J16. Sun				
J16. Mon				
J16. Tues				
J16. Wed				
J16. Thu				
J16. Fri				
J16. Sa				

SKIP TO J20.

J17. [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 →ASK J18
- 2 No → (SKIP TO J19)

J18. [IF J17=YES AND R HAS CHILDREN UNDER AGE 13]

J18a. What was the last job that you had?

J18b. When did you last work at that job?

 Month Year

J18c. About how many hours did you usually work at that job each week when you stopped working there?

J18d. About how much were you paid at that job?

\$, . per Unit of time

J19. Are you of Hispanic or Latino descent?

- 1 Yes
- 2 No

J20. Which of the following are you? Please select one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 (IF VOLUNTEERED:) OTHER

J21. What language do you feel most comfortable speaking?

- 1 English
- 2 Spanish
- 3 Other: _____

J21a. Do you speak any other languages?

- 1 Yes → ASK J21B
- 2 No → SKIP TO J22

J21b. What else do you speak?

- 1 English
- 2 Spanish
- 3 Other: _____

J22. Overall, would you say your health is excellent, very good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Fair
- 4 Poor

J23. Approximately what was your total household income in 2010? 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 → ASK J23A

IF DK/REF, ASK J23b.

J23a. Was that before or after taxes and deductions?

- 1 before taxes or deductions → **SKIP TO J24.**
- 2 after taxes or deductions → **SKIP TO J24.**

J23b. 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

J24. Approximately how much of your household income in 2010 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

Operations

Instruction **K1A**: SEE **A3**. IF PROVIDER HAS BEEN PROVIDING CARE FOR AT LEAST 12 MONTHS, GO TO INSTRUCTION K1B. ELSE IF PROVIDER IS NEW, SKIP TO **K5**.

INSTRUCTION **K1B**: IF PROVIDER CURRENTLY NOT PAID FOR CARE, ASK **K2** (**B23=2 NO**). ELSE GO TO **K3**.

K2. You mentioned that you are not currently being paid for the care you provide. At any time during 2010 were you paid to provide care to children under 13?

1 Yes →ASK K3

2 No → (SKIP TO END?)

K3. The following questions will help us understand the finances of child care providers like yourself. I will be asking about your 2010 finances, since some of these numbers may be easiest to think about on an annual basis.

K4. Altogether, how much did you spend to care for children during 2010, for example, on food, equipment, supplies, wages for assistants, or payments for other services? IF NEEDED: Your best guess will be fine.

1 Under \$250

2 \$251 to \$750

3 \$751 to \$1,500

4 More than \$1,500

K5. The following is a list of types of income that people who care for children might receive. Please tell me how much you received in 2010, if any, from each of the following categories.

Type of Income	Dollars	Time Unit
a. Payments <i>by parents</i> (including late fees, field trips, diapers, transportation, registration, etc.)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
B Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
c. Payments from other groups (charity, employers, churches)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
d. Reimbursement from the Child and Adult Care Food Program (USDA)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
e. Other		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
f. That means that you received about [TOTAL] for caring for children under age 13 last year, is that correct?		<input type="checkbox"/> Yes <input type="checkbox"/> No

END. Thank you for taking the time to talk with me today.