



National Survey of **Early Care & Education**

*Home-Based Provider
Questionnaire* (revised 6/23/11)

CAPI INTRO: Hello. My name is _____ and I am from NORC at the University of Chicago. We are conducting a study about the experiences of people who look after children under age 13 in someone's home. It is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government and child-care providers better understand and support the child care services that are most needed in your area.

This interview takes about [*For Home-based providers eligible through the Household Screener:*] 20 minutes [*For Home-based providers from administrative lists:*] 35 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children, including reporting to authorities.

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?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY->GO TO A1
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED ->TURN OF RECORDING FEATURE AND GO TO A1

Web: Thank you for taking part in this study, which is about the experiences of people who look after children under age 13 in someone's home. It is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government and child care providers better understand and support the child care services that are most needed in your area.

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1. CONTINUE → GO TO A1

SECTION A: LOCATION OF CARE

[PROGRAMMER: IF HAVE AN ADDRESS ON FILE, GO TO A1. ELSE GO TO A1A.
IF R SCREENED THROUGH HH SCREENER, GO TO A1A1. ELSE GO TO A1.]

A1. Our records indicate that your home address is (ADDRESS). Is that correct?

- 1 Yes → (SKIP TO A1A1)
- 2 No → (ASK A1a)
- 99 DK/REF/BLANK → (ASK A1a)

A1a. *A1a_newadd*

[IF NO ADDRESS ON FILE, READ INTRO, ELSE ASK QUESTION BELOW: We are interviewing households and child care providers in various areas across the country. To make sure that your data are combined with others' in your local area, I need to make sure I have your correct address.] What is your correct address?

Street address

City State Zip

A1A1. Do you look after children under age 13 who are not your own at this location?

1. YES, LOOK AFTER CHILDREN AT THIS LOCATION → SKIP TO B1
2. NO, NOT AT THIS LOCATION → SKIP TO A1B2
3. (IF VOLUNTEERED:) NO LONGER LOOK AFTER CHILDREN UNDER 13 → (GO TO A1B2)
4. DK/REF/BLANK → ASK A1B2

A1B2. Thank you very much for your time. Those are all I have. TERMINATE THE INTERVIEW AND DISPOSITION THIS CASE AS INELIGIBLE.

A1C1. *A1C1_specloc*

How would you describe the location where you look after children? Is it your home, the home of a child you care for, another kind of building, or does the location vary?

1. YOUR HOME
2. CHILD'S OWN HOME
3. SOMEWHERE ELSE (SPECIFY: _____)
4. LOCATION VARIES

CARE SCHEDULE AND ROSTERING OF CHILDREN IF SMALL PROVIDER

B1. Throughout the survey, we will use the words “looking after children,” “taking care of children,” and “providing child care” interchangeably. Next are some questions about the care you provided last week to children *who are not your own*.

Altogether, how many children did you look after last week? 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
RANGE: 0 TO 99

B1A. In addition to the children you just mentioned, how many other children do you **usually** look after for at least five hours a week that you **did not watch last week**?

Number of children
RANGE: 0 TO 99

B1B. Altogether, was that [SUM OF b1 AND B1A] different children you looked after last week OR **usually** look after for five hours or more per week?

- 1 YES
- 2 NO (GO TO B1C)

B1C. (IF B1B=2) PLEASE USE THE BACK ARROW TO CORRECT THE NUMBER OF CHILDREN WATCHED LAST WEEK OR USUALLY (BUT NOT LAST WEEK).

[PROGRAMMER: IF R RETURNS TO B1B AGAIN AND SAYS 'NO', PROCEED AS IF >=4 CHILDREN.]

If SUM OF (B1 AND B1A) LESS THAN FOUR, ASK B2. ELSE IF SUM OF (B1 and B1A) IS FOUR OR GREATER, GO TO C1

B2. Please list the names or initials of each child that you looked after last week.
 [PROGRAMMING NOTE: THIS SHOULD NOT APPEAR IN A GRID. EACH QUESTION FOR EACH CHILD SHOULD BE ASKED SEPARATELY. SET B2A TO 'LAST WEEK' FOR ALL OF THE CHILDREN MENTIONED AT B2.]

[IF B1A>0 THEN ASK B3. ELSE GO TO B4.]

B3. Please provide the names or initials of each child that you usually look after at least 5 hours per week, but that you did not look after last week.

[PROGRAMMER: SET B3A TO 'REGULAR (NOT LAST WEEK)' FOR ALL CHILDREN MENTIONED AT B3.]

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.												
B2a/B3a. PROGRAMMER: PLEASE CODE WHETHER CHILD IS CARED FOR 'LAST WEEK' OR A 'REGULAR CARE'. IF CHILD NAME IS PROVIDED IN B2 THEN CODED AS 'LAST WEEK'. IF CHILD NAME IS PROVIDED IN B3, CODE IT AS 'REGULAR'	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 []?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; font-size: x-small;">Yrs</td><td style="width: 30px; height: 15px;"></td></tr> <tr><td style="text-align: center; font-size: x-small;">Mos</td><td style="width: 30px; height: 15px;"></td></tr> </table>	Yrs		Mos		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; font-size: x-small;">Yrs</td><td style="width: 30px; height: 15px;"></td></tr> <tr><td style="text-align: center; font-size: x-small;">Mos</td><td style="width: 30px; height: 15px;"></td></tr> </table>	Yrs		Mos		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; font-size: x-small;">Yrs</td><td style="width: 30px; height: 15px;"></td></tr> <tr><td style="text-align: center; font-size: x-small;">Mos</td><td style="width: 30px; height: 15px;"></td></tr> </table>	Yrs		Mos	
Yrs															
Mos															
Yrs															
Mos															
Yrs															
Mos															
B5. 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												
[IF B5=1, GO TO INSTRUCTION BEFORE B8. ELSE ASK B6] B6. Did you have a prior personal relationship with []'s family before you started looking after (him/her)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →B7 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →B7 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →B7 3 <input type="checkbox"/> DK												
B6a. [IF YES or DK to B7] What is your personal relationship to []?	1 <input type="checkbox"/> parent without primary legal responsibility 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> family friend	1 <input type="checkbox"/> parent without primary legal responsibility 2 <input type="checkbox"/> grand-parent 3 <input type="checkbox"/> Other blood relative	1 <input type="checkbox"/> parent without primary legal responsibility 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:												

B2/B3. Name/initials	1.	2.	3.
	5 <input type="checkbox"/> Other Specify: _____	4 <input type="checkbox"/> family friend 5 <input type="checkbox"/> Other Specify: _____	_____
B6b.ii. [IF B7a= 2] So, [] is your grandchild?	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 SPAWNED FROM HH AND DUAL ELIGILITY, SKIP TO INSTRUCTION BEFORE C1. ELSE IF SPAWNED BUT ELIGIBLE ONLY FOR FFFNN OR COMING FROM PROVIDER SAMPLE, AND if B2a/B3A=1 last week, ASK B7. ELSE GO TO B8.) B7. Beginning with last Monday/ Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday morning (<u>DATE</u>) at 6am, when did you look after []? DISPLAY CHECK BOX "DIDN'T CARE THAT DAY" B7_1. Was last Monday's schedule the same as another day of last week? CHECK ALL THAT APPLY 1. TUESDAY 2. WEDNESDAY 3. THURSDAY 4. FRIDAY 5. SATURDAY 6. SUNDAY [PROGRAMMER: IF POSSIBLE, ALLOW FOR 2 ND AND 3 RD CHILD THAT WEEK'S SCHEDULE HAS BEEN REPORTED FOR AN EARLIER CHILD.]	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 ___
B8. Does [] have a physical, condition that affects the way you 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
B9. Does [] have an emotional, developmental, or behavioral condition that affects the way you 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
B10. 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

B2/B3. Name/initials	1.	2.	3.
B11. Which of the following is []...? Select one or more. 1 White 2 Black or African-American 3. Other (SPECIFY: ___) _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> OTHER (SPECIFY:) _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> OTHER (SPECIFY:) _____ _____ _____	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> OTHRE (SPECIFY:) _____ _____ _____
B12. Does [] usually speak a language other than English at home?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B13	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B13	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B13
B12b. . [IF YES TO B12] 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 <input type="text"/>	1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> OTHER <input type="text"/>	1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> OTHER <input type="text"/>
B12c. . [IF B6A =5] Do you need the help speaking with []'s parents because you speak different languages?	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) B13. Do you look after [] regularly, that is, for at least five hours each week? IF B13=2, SKIP TO B18	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (SKIP TO B18)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (SKIP TO b18)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (SKIP TO B18)
(IF B2a/B3A=2 REGULAR, or B13=1 YES) B14. Do you look after [] 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
((IF B2a/B3A=2 REGULAR and B14=1) B15. B15_specsched What is that schedule? Beginning with Monday/ Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday morning (DATE) at 6am, when do you usually look after []? DISPLAY CHECK BOX "DO NOT LOOK AFTER CHILD ON THAT DAY" B7_1. Is Monday's schedule the same as another day of the week? CHECK ALL THAT APPLY 1. TUESDAY 2. WEDNESDAY 3. THURSDAY 4. FRIDAY 5. SATURDAY 6. SUNDAY	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	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	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

B2/B3. Name/initials	1.	2.	3.
	___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___ ___ to ___	___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___ ___ to ___	___ to ___ ___ to ___ 7 <input type="checkbox"/> Sa ___ to ___ ___ to ___
(IF B2a/B3A=2 REGULAR, AND B14=2) B16. 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
[if B16= 4 (VARIES)] B17. Do you look after him/her based on his/her parent's work schedule, unavailability of a regular caregiver 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
B18. In what year and month did you first start looking after [] on a regular basis? If you don't remember the exact year or month when you first start looking after [] on a regular basis, please provide the age of the child when you first start looking after him/her. <input type="checkbox"/> HAVE NEVER CARED REGULARLY FOR CHILD 1 Month: 1-12, Year: 1997-2011 2. Month: 0-12 and Year: 0-12	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"/>
B19. Do you usually receive payment for looking after []?	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
B20. [IF B19=YES] How much do you charge []'s parents to look after[]?	\$ <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"/>
B20a. Does this amount reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, extra hours care, transportation)? 1. YES, DISCOUNT 2. YES, ADD-ON 3. NO 4. OTHER (SPECIFY:) 5. DK/REF/BLANK			
B20B. Is the amount of the payment you receive	1. YES	1. YES	1. YES

B2/B3. Name/initials	1.	2.	3.
from the parent/guardian reduced because you receive payments on behalf of their child from another person, group, or public or private agency?"	2. NO	2. NO	2. NO
<p>[IF B20B=1]</p> <p>B20C. What person, agency or group pays you for the discount or subsidy? (USE CATEGORIES TO PROBE AS NEEDED.)</p> <p>2. HEAD START, INCLUDING EARLY HEAD START</p> <p>3. LOCAL GOVERNMENT (E.G, PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT)</p> <p>4. CHILD CARE SUBSIDY PROGRAMS SUCH AS CCDF OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS)</p> <p>6. COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES OR OTHER SERVICES ORGANIZATIONS, NOT INCLUDING ANYTHING YOU'VE MENTIONED EARLIER)</p> <p>6. OTHER TYPES OF GOVERNMENT FUNDED PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM</p> <p>7. OTHER FAMILY MEMBER OR INDIVIDUAL</p>			
<p>B21. Do you (also) receive anything in exchange for looking after []? For example, does []'s family buy you groceries, provide you transportation, take care of your children or do small repair jobs for you in exchange for your caring for []?</p>	<p>1. YES</p> <p>2. NO</p>	<p>1. YES</p> <p>2. NO</p>	<p>1. YES</p> <p>2. NO</p>
<p>[If B21 =1]</p> <p>B22. Do you receive this on a regular basis or just occasionally?</p>	<p>1. REGULAR</p> <p>2. OCCASIONALLY</p> <p>3. NEVER</p>	<p>1. REGULAR</p> <p>2. OCCASIONALLY</p>	<p>1. REGULAR</p> <p>2. OCCASIONALLY</p>

B23.[IF B6=1 FOR ALL CHILDREN] Would you be willing to regularly provide child care for a child with whom you did not have a prior personal relationship?

- 1 Yes
- 2 No

B24. At this time, for how many more children would you be willing and able to regularly provide child care?

Range: 0-99

[IF SUM OF (B1 AND B1A) IS 4 OR GREATER, GO TO C1D. ELSE SKIP TO C12]

SECTION C: ENROLLMENT

C1. This study focuses on child care and after-school care for children under age 13. As much as possible, please focus on the children under age 13 for the remainder of this questionnaire. Next are questions about children you take care of.

C1A. How many children do you look after in each of these age groups?

Range: 0-999

C1B. At this time, how many *more* children in this age group would you be willing and able to care for? Use the code 99 if you have no limits on the number of additional children you are willing and able to look after.

Range: 0-999 for each age group.

SHOW GRID ON CAPI AND WEB

Age Group	C1A: How many children do you look after in each of the following age groups?	C1B. At this time, how many <i>more</i> children in this age group would you be willing and able to care for? Use the code 99 if you have no limits on the number of additional children you are willing and able to look after.
Under 3 years		
3-5 years, not yet in kindergarten		
School-age (kindergarten and up)		

TOTAL	
-------	--

C1C. That means that you currently look after [FROM C1A: TOTAL CHILDREN UNDER AGE 13] children under age 13. Is that correct?

- 1 Yes
 2 No → RETURN TO C1A AND CORRECT NUMBERS.

WEB RESPONDENTS; SHOW AN ERROR MESSAGE “Please correct the number of children you look after in each age group. If you can not correct by age group, please enter the correct total in the total box.”

C2. How many of the children you look after have a physical condition that affects the way you look after them?

<input type="text"/>	Number of children
----------------------	--------------------

Range: 0-99

C3. How many of your childrens have an emotional, developmental or behavioral condition that affects the way you look after them?

<input type="text"/>	Number of CHILDREN
----------------------	--------------------

Range: 0-99

C4. Again thinking about all the children you look after regularly, about how many of the children are of Hispanic or Latino origin?

<input type="text"/>	Number of children
----------------------	--------------------

Range: 0-99

C5. As far as you know, how many of the children are....

Category	Number of Children
a. White	
b. Black or African-American	
c. OTHER (SPECIFY: _____)	

Range: 0-999

C6. How many children do you usually look after ...

	Number
<input type="text"/>	

b.	fewer than 20 hours each week?	
c.	21 to 39 hours each week?	
d.	40 hours or more each week?	

Range: 0-99

C7. Do you live in the same household with any of the children you regularly look after? Please do **not** include children that you have custody of, but **do include** grandchildren, nieces, nephews, or unrelated children you do not have custody of. Your own children you do not have custody of should count here.

- 1 Yes → (ASK C7a)
- 2 No → (GO TO C8)

C7a. How many of the [NUMBER FROM C1A/C1C] children you regularly look after live in your household?

	Number of Children
--	--------------------

Range: 0-99

C8. Are you related to any of the children you regularly look after?

- 1 Yes → (ASK C8a)
- 2 No → (GO TO C9)

C8a. How many of these children are your....?

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

Range: 0-99

[IF (C1A – SUM OF (C8A) < 3) ASK C8B. ELSE GO TO C9]

C8b. So are you related to ALL of the children you regularly look after?

- 1 Yes → (GO TO C10)

2 No

C9. Did you have personal relationships with the families of any of the **other** children you look after *before* you began looking after them?

1 Yes

2 No (SKIP TO C10)

C9a. What is the number of children whose families you had a prior personal relationship with? Please do not include any children you are related to.

Number of Children

Range: 0-99

[IF DIFFERENCE BETWEEN “C9a + sum of (C8a)” and “C1a” < 3, GO TO C9b. IF DIFFERENCE >= 3, GO TO C10.]

C9b. So are you related to or did you have a prior personal relationship with ALL of the children you care for?

1 Yes

2 No

C10. Do you receive payment for looking after all [NUMBER FROM C1A/C1C] of the children you care for? Please include payments from parents and family members as well as from government agencies or other organizations.

1 Yes → (SKIP TO C12)

2 No → (ASK C10a)

C10a. How many children do you look after without receiving regular payment?

Number of Children

Range: 0-99

[IF C10a GREATER THAN OR EQUAL TO TOTAL FROM C1A, ASK C10B. ELSE GO TO C12.]

C10b. So you do not receive regular payment for any of the children you currently look after, is that correct?

1 Yes → (go to C11)

2 No → ASK c10c

C10C. Do you charge just one rate to all families, or do you have different rates?

1 ONE RATE (ASK C10C_2 WITH NO AGE-GROUP SPECIFIED)

2 DIFFERENT RATES (ASK C10C1)

C10C1. Do you have a rate that you charge families for full-time (or maximum hours of) care for the following ages...

Infants less than 12 months old?	HAVE A RATE	NO RATE AVAILABLE
2 year olds?	HAVE A RATE	NO RATE AVAILABLE
4 year olds?	HAVE A RATE	NO RATE AVAILABLE
School-age children?	HAVE A RATE	NO RATE AVAILABLE

ASK c10c_2 THROUGH c10c_5H FOR EACH AGE GROUP MARKED ‘HAVE A RATE’ IN C10C1.

C10C_2. What is the highest rate you are currently charging families for full-time care [AGE GROUP FROM C10C1 OR C1], without any subsidies ? [If you do not have a full-time rate, please tell me the rate for the greatest number of hours per week that you offer.]

\$ _____ per

C10c_3. Is that per

1 hour → ASK C10C_9

2 ½ day → ASK C10C_4

3 full day → ASK C10C_4.

4 week → ASK C10C_5

5 month → ASK C10C_6.

6 term/semester/quarter → ASK C10C_7A.

7 year → ASK C10C_7A

8 OTHER (PLEASE SPECIFY) _____ → ASK C10C_8A.

9. DK/REF/BLANK → GO TO NEXT AGE GROUP

IF C10c_3=2 OR 3, ASK C10C_4. ELSE GO TO INSTRUCTION BEFORE C10C_5.

C10C_4. How many hours is that?

IF C10C_3=4, ASK C10C_5. ELSE GO TO INSTRUCTION BEFORE C10C_6.

C10C_5. How many hours does that cover?

IF C10C_3=5, ASK C10C_6, ELSE GO TO INSTRUCTION BEFORE C10C_7A.

C10C_6. How many hours per week does that cover?

C10C_6a. How for how many weeks is that?

IF C10C_3=6 OR 7, ASK C10C_7A. ELSE GO TO INSTRUCTION BEFORE C10C_8A.

C10C_7A. How many weeks is that?

C10C_7B. How many hours per week does that cover?

IF C10C_3=8, ASK C10C_8A. ELSE GO TO C10C_9.

C10C_8A. What is the weekly equivalent of that rate? _

\$ _____

C10C_8B. How many hours per week does that cover?

C10C_9. (Does this rate/Do these rates) reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, reduced services or hours, extra hours care, transportation)?

1. YES, DISCOUNT

2. YES, ADD-ON

3. NO

4. OTHER (SPECIFY:)

5. DK/REF/BLANK

C11. How many of the children you look after speak a language other than English at home?

	Number of children → GO TO C11B_1
--	--------------------------------------

Range: 0-99

IF DK/REF/BLANK, ASK

C13_1: What percent of the children you look after usually speak a language other than English at home?

% of children

Range: 0-100

C 11B_1: What percent of your children have a parent who needs the help of an interpreter or a child to speak with you?

% of children

Range: 0-100

C11d. What languages do you speak when working directly with children?

SELECT ALL THAT APPLY.

1 ENGLISH

2 SPANISH

3 OTHER SPECIFY: _____

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK C11e.

IF C11D=2 OR 3, ASK C11E. ELSE GO TO C12.

C11e. What percentage of the time do you speak English?

%

Range: 0-100

C12. PROGRAMMER:

A) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS ((B5=1 (CORESIDENT) or B6=1 (PRIOR RELATIONSHIP) FOR ALL CHILDREN OR (C8B=1 OR C9B=1)) CLASSIFY R AS RELATIONSHIP-BASED

B) IF R CARES FOR AT LEAST ONE CHILD WITH NO PRIOR RELATIONSHIP, CLASSIFY R AS NOT RELATIONSHIP-BASED.

1 NOT RELATIONSHIP-BASED → ASK C12a

2 RELATIONSHIP-BASED → (SKIP TO C13)

IF C12=2 (RELATIONSHIP-BASED), C13

IF C12=1 (NOT RELATIONSHIP-BASED), ASK C12a.

C12A. Does a federal, state or local agency or group such as a human services or education agency or department, a welfare, employment or training program or United Way pay part or all of the cost for any of the children you look after?

- 1 YES →ASK C12B
- 2 NO → (SKIP TO C13)

C12B. Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.

	# of Children
1. State pre-kindergarten	
2. Head Start, including Early Head Start	
3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government)	
4. Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)	
5. Title I	
6. Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier)	
6. Other types of government funded programs including the Child Care and Adult Food Program	

C12C. Do the government agencies or programs that pay you...

	YES	NO
1. contract with you for a guaranteed number of slots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. pay you for vouchers or subsidies to specific eligible parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. pay the parents directly	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. have some other payment arrangement SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

C13. Do you provide any transportation services for children coming to or going from your care?

- 1 Yes
- 2 No

C14. Thinking about yesterday or the last regular day you looked after children,
 approximately how many of the children under age 13 you usually take care of on that day
 of the week were not with you? Your best estimate is fine

CHILDREN

Range: 0-99

SECTION E. SCHEDULE

[IF SUM OF (B1 AND B1A) IS 4 OR GREATER, ASK E1. ELSE GO TO INSTRUCTION
 BEFORE E2.]

E1. Beginning with last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday,
 please provide the hours last week that you looked after at least one child who is not your own. If
 last week was a holiday or vacation week, please report information for the last usual week.

E1a. Was there an additional time slot you looked after children on
 Monday/Tuesday/Wednesday/ Thursday/Friday/Saturday/Sunday?

	Start Time		End Time	
Monday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM

DISPLAY CHECK BOX "DID NOT LOOK AFTER CHILDREN THAT DAY"

E1A_1: Were there other days that week that you had the same hours of caring for children as last
 Monday? CHECK ALL THAT APPLY

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY

E1A_2: (FOR DAYS NOT SELECTED ON B1_1, ASK:) Please provide the hours that you
 looked after children last (DAY OF WEEK)?

DISPLAY CHECK BOX "CLOSED ON THAT DAY"

IF C12=2 RELATIONSHIP-BASED, SKIP TO E3

E2. Do you charge an extra fee if a parent is late to pick up a child after the agreed-upontime?

- 1 YES
- 2 NO

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 you look after have schedules that vary from week to week?

Number of children

Range: 0-99

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 E3D)
- 3 YES, BEYOND A MINIMUM NUMBER OF HOURS → (SKIP E3D)
- 4 NO → (SKIP TO E3F)
- 5 DK/REF → (SKIP TO E3F)

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

Number of children

Range: 0-99

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 B7 OR B15 OR E1, SKIP TO INSTRUCTION BEFORE E5. ELSE ASK E4]

E4. Do you look after children you are not related to or that you don't have custody of on weekends?

- 1 Yes
- 2 No

[IF R MENTIONED EVENING CARE ABOVE IN B7 OR B15 OR E1, SKIP TO INSTRUCTION BEFORE E6. ELSE ASK E5]

E5. Do you look after children that you are not related to or that you don't have custody of between 7pm and 11pm on week nights (IF NEEDED: Sunday to Thursday)?

- 1 Yes
- 2 No

[IF R MENTIONED NIGHTTIME CARE ABOVE IN B7 (p.5) OR B15 (p.9) OR E1, SKIP TO E7. ELSE ASK E6]

E6. Do you take care of children other than your own between 11pm and 6am on week nights (IF NEEDED: Monday to Friday)?

- 1 Yes
- 2 No

E7. How many weeks per year do you look after children other than your own who are under age 13?

Number of weeks

Range: 1-52

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"/>
3. full-day activities for school-age children during the summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>

E9. The last time you were sick, what arrangements did you make for the children you normally look after? **SELECT ALL THAT APPLY**

- 1 YOU TOLD PARENTS YOU COULD NOT LOOK AFTER CHILDREN
- 2 YOU HAD SOMEONE ELSE COME TO TAKE CARE OF THE CHILDREN
- 3 YOU SENT THE CHILDREN TO A DIFFERENT LOCATION
- 4 YOU TOOK CARE OF THE CHILDREN ANYWAY
- 5 YOU NEVER GET SICK → SKIP TO INSTRUCTION BEFORE E13
- 6 SOMETHING ELSE : _____

E9a. When was the last time that you were unable to look after a child because you were sick?

Month ____ Year ____

Range: 1-12 for Month and Year: 2000-2011

E10. In the past 12 months, have you helped find any of the following kinds of help for children that you look after?

	YES	NO
E10a. Health screening, such as for medical, dental, vision, hearing, or speech?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E10b. Development assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E10c. 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"/>
E10d. Counseling services for children or parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E10e. 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 October through December of 2010, how many children did you stop looking after? Include children whose parents withdrew their children from care as well as children you didn't want to look after anymore.

Range: 0-999

F2. F2_newcare

During October through December of 2010, how many new children did you start looking after?

Range: 0-999

F3. F3_whystop

In the past year, have you told a parent that you wouldn't look after their child anymore because of problems with the child's behavior?

- 1. YES
- 2. NO

IF (C12=2 RELATIONSHIP-BASED), SKIP TO CARE PROVIDED SECTION, ITEM G1.ELSE GO TO F6

F4. F4_findnew

Do you list your services with a resource and referral agency to try to find new children to look after?

F5. F5_explain

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

	YES	NO
b. Invite families looking for care to visit and observe	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Tell parents about your overall quality rating (for example, accreditation, tiered reimbursement)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Range: 0-99

F6. F6_reject

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. G1_plan

Do you plan the daily activities of the child(ren) you look after?

- 1 Yes →ASK G2
- 2 No →(SKIP TO G4)

G2. G2_whenplan

When do you plan the activities of the child(ren) you look after?

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

G3. G3_timeplan

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

Hours per week

Range: 0-168

IF CHILD(REN) UNDER SCHOOL AGE (B4<6 FOR AT LEAST ONE CHILD OR NON-SCHOOL-AGED CHILDREN MENTIONED IN C1A), ASK [ECE]. OTHERWISE ASK [SA].

These next questions are about activities that you may plan and do with children in your care. We will ask about some activities that are only appropriate for some age groups.

G3_ECE. How many days last week did you any of the following with the children as a planned activity? Please enter 0 you did not do these things with children any day last week, or if they were done, but they had not been planned.

- A. Learning activities that you planned for child(ren) such as learning letters and reading or numbers and counting _____ DAYS
- B. Free time for children to read or explore on their own _____ DAYS
- C. Vigorous activity in games that you organize and supervise _____ DAYS
- D. Vigorous activity that the children select and do without direct supervision ____--DAYS
- E. Singing and movement planned in advance _____ DAYS _____
- F. Helping children with basic needs such as eating, _____
toileting/diapering, or getting dressed. _____ DAYS _____

IF CARE FOR SCHOOL-AGED CHILD(REN) (B4>6 OR SCHOOL AGE GROUPS MENTIONED IN C1), ASK [SA] ELSE GO TO _INSTRUCTION ABOVE G3A__.

[SA].

G3_ECE. How many days last week did you any of the following with the children as a planned activity? Please enter 0 you did not do these things with children any day last week, or if they were done, but they had not been planned.

- A. Learning activities that you planned for child(ren) such as learning reading, math or science _____ DAYS
- B. Free time for children to do homework or read on their own _____ DAYS
- C. Vigorous activity in games that you organize and supervise _____ DAYS
- D. Vigorous activity that the children select and do without direct supervision ____ DAYS
- E Free time for social activities or socializing with other children _____ DAYS

IF C12=1 (NOT RELATIONSHIP-BASED) ASK G3A. ELSE GO TO G5.

G3A. Do you use a curriculum or prepared set of learning and play activities?

- 1. YES→GO TO G3B.
- 2. NO→GO TO G4

G3B. What is the name of the curriculum or prepared activities you use?

- 1. Creative Curriculum for Infants, Toddlers, and Twos

- 2. High/Scope for Infants and Toddlers
- 3. Program for Infant/Toddler Care (PITC)
- 4. Creative Curriculum for Preschool
- 5. High/Scope for Preschoolers
- 6. Opening the World of Learning (OWL)
- 7. An approach, such as Montessori or Project Approach
- 8. A curriculum I developed myself
- 9. Another curriculum (Please specify: _____)

G4. G4_sponsor

Are you sponsored by an organization (for example, a church, Head Start or Catholic Charities) that organizes family child care in your area or are you part of a family child care provider network?

- 1 YES, SPONSORED BY AN ORGANIZATION
- 2 YES, PART OF A PROVIDER NETWORK
- 3 NEITHER

G5. G5_meet

Do you ever meet with other people who are looking after children? You might do this to let the children spend time with other children, to spend time yourself with other adults, or to learn about how to help children grow and learn.

- 1 YES → (SKIP TO G6)
- 2 YES, BUT NOT REGULARLY → (SKIP TO G6)
- 3 NO → ASK G5A

G5a. G5_education

Do you know of places where you **could** meet with other people who are looking after children or learn about how to help children grow and learn?

- 1 YES
- 2 NO

IF (C12=2 RELATIONSHIP-BASED), SKIP TO G7. ELSE ASK G5D

G5d. G5_othprovide

Do you have any formal or informal relationships with schools or programs that give you access to resources or professional development for looking after children under age 13?

- 1. YES
- 2. NO

G6. G6_outside

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
Any other activity you spend time on for children you look after		<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?		

Range: 0-168 for 3 (per week), 0-744 for 2 (per month), 0-8760 (per year)

G6a. Aside from bathrooms or kitchens, how many rooms do you use when you are looking after children? _____ Number of rooms

G6b. How many of these rooms do you use for regular living space for you and your family when the children are not there? _____ Number of rooms

G7. G7_why care

People have different reasons for taking care of other people's children, which can be affected by their personal situations,

G7a. What is the main reason that you look after children? RECORD VERBATIM AND CODE

- 1 IT IS MY PERSONAL CALLING OR CAREER
- 2 IT IS A STEP TOWARD A RELATED CAREER

- 3 TO EARN MONEY
- 4 TO HAVE A JOB THAT LETS ME WORK FROM HOME
- 5 TO HELP CHILDREN
- 6 TO HELP CHILDREN'S PARENTS
- 7. OTHER (SPECIFY: _____) (SHOWN FOR WEB)

G7b. G7_main

What do you see as your main responsibility when looking after 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
- 5 HELP THEM LEARN SO THEY CAN DO WELL IN SCHOOL
- 6. OTHER (SPECIFY: _____) (SHOWN FOR WEB)

IF C12=1 (NOT RELATIONSHIP-BASED), ASK G7C. ELSE GO TO G9.

G7c. Are you a member of a professional association, such as a state or national family child care association, or a union such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters?

- 1 YES
- 2 NO

G8. G8_dvd

While the children you are taking care of are with you, how often do they use something with a screen, such as a TV, computer or electronic game?

- 1 Every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 Once a month or less
- 5 Never

G9. G9_support

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

G10. In the past 12 months, have you participated in any of the following activities to help you maintain or improve your skills in looking after children?

a. ...Had help from a home-visitor or coach

- 1. YES
- 2. NO

b. ...Went to a workshop sponsored by a community agency or family child-care network

- 1. YES → ASKG10B1
- 2. NO → G10C

G10B1. Was that a single workshop or a series of several sessions?"

1. SINGLE WORKSHOP
2. WORKSHOP SERIES

C. Took a course about caring for children at a college or university which was offered for credit

1. YES
2. NO

D. Participated in another type of activity?

1. YES → ASK G10D1
2. NO → G11

G10D1. What other types of activities have you participated in the last 12 months to help you maintain or improve your skills in looking after children?

IF YES TO any item in G10A TO G10D, ASK G11. ELSE GO TO G12.

G11. What would you say was the main topic of the most recent activity you participated in to improve or gain skills in working with children?

(USE CATEGORIES TO PROBE AS NEEDED. CODE ONE ONLY.)

1. HOW TO MAINTAIN A SAFE AND HEALTHY ENVIRONMENT IN YOUR HOME
2. HELPING CHILDREN BE READY FOR SCHOOL OR IMPROVE THEIR SCHOOL PERFORMANCE
3. HELPING CHILDREN IMPROVE THEIR BEHAVIOR AND SELF-CONTROL
4. HOW TO COMMUNICATE WELL WITH CHILDREN'S PARENTS AND ASSIST WITH ANY FAMILY PROBLEMS
5. PROVIDING HELP FOR CHILDREN WITH SPECIAL PHYSICAL, DEVELOPMENTAL, EMOTIONAL OR BEHAVIORAL NEEDS
6. PROVIDING HELP FOR CHILDREN WHO DO NOT SPEAK ENGLISH AS THEIR FIRST LANGUAGE

IF YES TO G10A TO G10D, ASK G11A. ELSE GO TO G12.

G11A: When you participated in these activities, did you receive any of the following?

1. Assistance with direct costs such as tuition or registration fees 1 YES 2 NO
2. Support with other costs of participation such as travel or child care for your own children 1 YES 2 NO
3. A stipend to cover your time while participating in the activity 1 YES 2 NO

G12. Please indicate how much you personally agree or disagree with the following statements.

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
A	In my opinion, children should always obey their parents.	1	2	3	4	5
B	In my opinion, children will not					

	do the right thing unless they must.					
C	In my opinion, the most important thing to teach children is absolute obedience to whomever is the authority.					
D	In my opinion, a child's ideas should be considered in family decisions.					
E	In my opinion, children have a right to their own point of view and should be allowed to express it.					
F	In my opinion, children should be allowed to disagree with their parents if they feel their own ideas are better.					
G	In my opinion, children will be bad unless they are taught what is right.					
H	In my opinion, children should always obey the teacher.					
I	In my opinion, it is alright for a child to disagree with his or her own parents.					
J	In my opinion, parents should go along with the game when their child is pretending something.					

G13. We 'd like to know how people taking care of children feel about life. During the **past 30 days**, how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. ...so sad that nothing could cheer you up?	1	2	3	4	5
b. ...nervous?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...hopeless?	1	2	3	4	5
e.that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

HELP WITH CHILD CARE

IF (C12=2 RELATIONSHIP-BASED), SKIP TO I1A BELOW. ELSE ASK H1.

H1. H1_help

Does anyone from outside of your household ever help you look after children who are not your own while those children are with you?

- 1 Yes → GO TO H2
 2 No → SKIP TO I1A

H2. H2_numhelp

How many different people currently help you look after children?

IF 0, SKIP TO SECTION I Range: 0-10

H3_1. (Does this person/How many of these people) have:

a. a 2-year college degree? _____

b. a 4-year college degree? _____

c. state certification in education or child development? _____

d. 5 or more years experience working with children under age 13 (other than raising their own children)? _____

H3_2. How many work:

a. 30 or more hours per week? _____

b. 10 or fewer hours per week? _____

H3_3. What is the highest wage that you pay any of these people?

Amount ___ per

1 hour

2 day

- 3 week
- 4 month
- 5 year
- 6 other _____

HOUSEHOLD CHARACTERISTICS

ASK I1a.-I1l.ii FOR RELATIVES, PARTNERS OF RELATIVES, AND CHILDREN OF PARTNERS OF RELATIVES. If r cares only for co-resident children (B6=yes for all children and C9a=C1a_total), skip to j1.

I1a. I1_HHmembers

These next questions are about your family and the other people who live in your household. Excluding roommates, boarders, or other non-relatives, who are the people who usually live in your household? Please provide their first names or initials. Please 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. I1_hage Range; 0-99		I1d. What is your relationship to []? I1_relation		I1f. [IF I1b IS LESS THAN OR EQUAL TO 7 YEARS] Is [] regularly cared for by someone outside of the household, for example, in a pre-school or by a neighbor?		I1h. [IF I1b IS GREATER THAN OR EQUAL TO 8 YEARS OLD] Does [] ever help you look after children? Please include only help caring for children, and not other help such as billing or shopping for your work looking after children. I1_supervise
1.			1 SPOUSE / PARTNER 2 PARENT OR PARENT- IN-LAW 3 CHILD 4 SIBLING OR SIBLING- IN-LAW 5 OTHER RELATIV E 6 NON- RELATIV E		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2.		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		1 <input type="checkbox"/> Full- time	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

I1a. Name/ initials	I1b. How old is []? IF NEEDED: Your best guess is fine. I1_hage Range; 0-99		I1d. What is your relationship to []? I1_relation		I1f. [IF I1b IS LESS THAN OR EQUAL TO 7 YEARS] Is [] regularly cared for by someone outside of the household, for example, in a pre-school or by a neighbor?		I1h. [IF I1b IS GREATER THAN OR EQUAL TO 8 YEARS OLD] Does [] ever help you look after children? Please include only help caring for children, and not other help such as billing or shopping for your work looking after children. I1_supervise
				2 <input type="checkbox"/> Part- time 3 <input type="checkbox"/> Not at all			
3.		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		1 <input type="checkbox"/> Full- time 2 <input type="checkbox"/> Part- time 3 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4.		1 <input type="checkbox"/> M 2 <input type="checkbox"/> F		1 <input type="checkbox"/> Full- time 2 <input type="checkbox"/> Part- time 3 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

- I11. I1_watchkid
 [Aside from helping you when you are looking after children], does [] look after children under age 13 who are not his/her own? .
- 1 YES →ASK I1L.I
- 2 NO→ (SKIP TO instruction above i2 below)

- I11.i. I1_samekid
 Are any of those the same children that you regularly look after?"
- 1 YES
- 2 NO

If RELATIONSHIP-BASED,
 ASK I2.-I2D ONLY FOR HH MEMBERS OVER AGE 8 AND I1H = 1(Yes).
 IF NON-RELATIONSHIP BASED, ASK FOR ALL HH MEMBERS WITH I1H=YES OR I1B < 13.

- I2. I2_withyou
 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)

- I2b. I2_whenassist
 [if i1h = yes] How many hours last week did [hhmem] assist you in looking after children?
 _____ Number of hours

- I2d. I2_whencare
 [IF HHMEM LESS THAN 13 YEARS OLD AND (i1h=no)] How many hours last week was [hhmem] in your care at the same time that you were looking after other children?
 _____ Number of hours

PROVIDER CHARACTERISTICS

J1. J1_born

These next questions are about you personally. In what year were you born?

Range: 1911-1993

J2. J2_country

In what country were you born?

J2a. J2_move

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

Range: 1911-2011

J3. J3_marry

What is your current marital status?

- 1 Never married, not living with a partner
- 2 Married or living with a partner
- 3 Separated
- 4 Divorced
- 5 Widowed

J4. J4_education

What is the highest grade or level of schooling that you have ever completed?

(READ IF NECESSARY)

- 1 8th GRADE OR LESS →SKIP TO J8
- 2 9th-12th GRADE NO DIPLOMA→SKIP TO J8
- 3 HIGH SCHOOL GRADUATE OR GED COMPLETED→SKIP TO J8
- 4 SOME COLLEGE CREDIT BUT NO DEGREE
- 5 ASSOCIATE DEGREE (AA, AS)
- 6 BACHELOR'S DEGREE (BA, BS, AB)
- 7 GRADUATE OR PROFESSIONAL DEGREE

IF C12=2 (RELATIONSHIP-BASED), SKIP TO J11.

J5. J5_degree

Are you currently enrolled in a degree program?

- 1 Yes
- 2 No

J6. What was your major for the highest degree you have or have studied for?

- 1 ELEMENTARY EDUCATION
- 2 SPECIAL EDUCATION
- 3 CHILD DEVELOPMENT OR PSYCHOLOGY
- 4 EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE
- 5 OTHER _____

J7. J7_credits

[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

Range: 0-99

J8. J8_cert

Do you have a state certification or endorsement for early care and education/school-age care, such as a certificate from the state or a Child Development Associate (CDA) certificate?

1 YES

2 NO

J9. J9_specialed

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

1 YES

2 NO

J10. J10_addtltrain

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

1 YES

2 NO

J11. J11_yearcare

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

Years and Months

Range: 0-99 for year and 0-12 for month

J12. J12_future

How many more years do you expect to look after children who are not your own, whether at your home or theirs?

Number of years

Range: 0-99

IF R RELATIONSHIP-BASED (C12=2) , SKIP TO INSTRUCTION ABOVE J13

J12a1. Have you ever worked as an employee of a center, school or other organization serving children under age 13?

1 YES

2 NO (SKIP TO INSTRUCTION ABOVE J13)

J12a. J12_yearemp

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

Years and Months

Range: 0-99 for year and 0-12 for month

J13. J13_addtlwork

Do you do any work for pay (in addition to caring for these children)? Please include work in your own or a family business.

- 1 Yes → ASK J14
- 2 No → (SKIP TO J17)

J14. J14_typework

What kind of work do you do (in addition to looking after these children)? If you have more than one job, please report the one where you work the most hours. What is your title or the name of your job? (WEB; Please list the job that you do for the most hours each week in addition to looking after these children.)

Job/Usual duties: _____

J14A. J14_hours

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

Range: 0-168

J14A_1. How far in advance (do you/does he or she) usually know what days and hours (you/he/she) would need to know?

- 1) one week or less
- (2) between 1 and 2 weeks
- (3) between 3 and 4 weeks
- (4) 4 weeks or more

J14B. J14_paid

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

\$ _____

- 1 per hour
- 2 per day
- 3 per week
- 4 per year
- 5 other: _____

J14C. J14_length

How long have you had that job?

Years and Months

Range: 0-99 for year and 0-12 for month

SKIP TO J18.

J16. J16_everwork

[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 J17
- 2 NO → (SKIP TO J18)

J17.

J17a. J17_lastjob

What was the last job that you had before caring for children at home?

J17b. J17b_whenlast

When did you last work at that job?

Month Year

Range: 0-99 for year and 0-12 for month

IF J17B LT 5 YEARS, ASK J17c, else skip to J18.

J17c. J17_hourslast

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

Range: 0-168

J17d. J17_paylast

About how much were you paid at that job?

- 1 per hour
- 2 per day
- 3 per week
- 4 per year
- 5 other: _____

J18. J18_Rhispanic

Are you of Hispanic or Latino descent?

- 1 YES
- 2 NO

J19. J19_Rrace

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

J20. J20_Rlang

What language do you feel most comfortable speaking?

- 1 ENGLISH

- J22a.** J22_inctax
Was that before or after taxes and deductions?
- 1 BEFORE TAXES OR DEDUCTIONS → **SKIP TO J23.**
- 2 AFTER TAXES OR DEDUCTIONS → **SKIP TO J23.**

J22b. J22_2008inc

It can be difficult to remember or report these numbers and an approximate range is ok. Would you say your total household income in 2011 before taxes or deductions (is/will be)...

- 1 less than \$15,000
- 2 \$15,001 to \$25,000
- 3 \$25,001 to \$35,000
- 4 \$35,001 to \$50,000
- 5 \$50,001 to \$65,000
- 6 \$65,001 or more

J23. J23_childinc

Approximately how much of your household income in 2011 (came/will come) from your work taking care of children?

- 1 All
- 2 Almost all
- 2 More than half
- 3 About half
- 4 Less than half
- 5 Very little
- 6 None

Operations

INSTRUCTION IF PROVIDER NOT PAID FOR CARE IN 2011 (J23=none), SKIP TO END. ELSE GO TO **K1.**

K1. K1_spend

Altogether, how much (did/will) you spend to look after children during 2011, for example, on food, equipment, supplies, wages for assistants, or payments for other services? Your best guess will be fine.

- 1 Under \$250
- 2 \$251 to \$750
- 3 \$751 to \$1,500
- 4 More than \$1,500

K2. K2_inctype

The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.

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, 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
c. Payments from other individuals or groups (family members, charity, employers, churches)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
e. Other types of income		<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 (GO TO g)
g. (if NO to f): About how much would you say you (received/will receive altogether) in 2011 for looking after children under age 13?	\$_____	

END. Thank you for taking the time to complete the survey. We know people who look after children have a lot to do busy and we appreciate your making this effort.