

Attachment 4a

2019 NSECE Home-based Provider Screener and Questionnaire

November 2018



NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2019**

*Home-based Provider
Questionnaire*

(revised - November 2018)

Home-based Provider Questionnaire

LANDING PAGE

Welcome to the National Survey of Early Care and Education!

You should have received a personal identification number (PIN) and a password by mail or e-mail. Please enter them in the fields below, and then click the "Continue" button.

PIN:

Password:

[IF SAMPTYPE = HHLD GO TO CONSENT_UNLISTED. IF SAMPTYPE = PROV GO TO CONSENT_LISTEDSCR.]

CONSENT_UNLISTED

Thank you for taking this survey, which is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. This survey is designed to study the experiences of people who look after children under age 13 in someone's home. This information will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources.

This interview takes about 20 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. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. 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.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

You can click on the 'PREVIOUS' button to go back and change your answers if needed. Clicking 'STOP' will save your responses and allow you to return to the last question you answered the next time you access the survey.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 10/31/2019. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

[GO TO INSTRUCTION BEFORE A1.]

CONSENT_ LISTEDSCR

NORC at the University of Chicago is conducting an important study for the U.S. Department of Health and Human Services (DHHS) to learn the experiences of people who look after children under age 13 in a home-based setting. This information will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources. Please take a moment to answer the following questions. Participation is voluntary and will take just a couple of minutes. Your information will be kept private and used only for statistical purposes. [IF SELF-ADMINISTERED:] If you have any questions or would prefer to answer these by phone, please call [1-800-487-4609].

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[GO TO INSTRUCTION BEFORE A1.]

SECTION A. LOCATION OF CARE

IF 'STREET ADDRESS' PRELOAD PRESENT, ASK A1. ELSE SKIP TO INSTRUCTION BEFORE A1A.

A1.

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

- 1 Yes → (SKIP TO A1A1_M)
- 2 No → (GO TO INSTRUCTION BEFORE A1a)
- 99 DK/REF/BLANK → (GO TO INSTRUCTION BEFORE A1a)

IF "STREET ADDRESS" PRELOAD NOT PRESENT, INCLUDE INTRO TEXT WITH A1A. IF A1=99 (DK/REF/BLANK), INCLUDE INTRO TEXT WITH A1A. ELSE OMIT INTRO TEXT.

A1a.

INTRO TEXT: 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, we need to make sure we have your correct address.

What is your correct address?

| | | | | | |
|----------------|--|-------|--|-----|--|
| Street address | | | | | |
| City | | State | | Zip | |

A1A1_M.

Do you look after children under age 13 who are not your own at least 5 hours each week?

FOR INTERVIEWER ADMIN, SHOW FI INSTRUCTION IN ALL CAPS: THIS QUESTION CONFIRMS ELIGIBILITY. INTERVIEWER PROBE BEFORE SELECTING "NO".

This includes informal arrangements such as watching children for friends or family.

- 1 YES
- 2 NO
- 3 DK/REF

IF A1A1_M=1 (YES), GO TO INSTRUCTION BEFORE CONSENT_LISTEDQUEX.

IF SAMPTYPE=PROV, IF A1A1_M=2 OR 3 (NO, DK/REF/BLANK), GO TO A_SCRN_2.

IF SAMPTYPE=HHLD, IF A1A1_M=2 OR 3 (NO, DK/REF/BLANK), GO TO A1B2.

A_SCRN_2.

Have you ever been paid to regularly care for children under age 13 who were not your own?
(By regularly, we mean at least 5 hours each week.)

1 Yes → (ASK A_SCRN_3)

2 No → (GO TO A1B2)

A_SCRN_3.

In what month and year did you last regularly provide paid care to children under age 13 who were not your own?

___Month ___ Year

A_SCRN_4.

How much did the following issues contribute to your decision to stop providing regular paid care to young children?

Very much Somewhat Not at all

A. Financial reasons such as finding a new job or not enough income from providing child care

B. Difficulties complying with regulations and requirements

C. You didn't feel you were helping parents and children

A1B2.

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

[IF SAMPTYPE = PROV, GO TO CONSENT_LISTEDQUEX. ELSE, SKIP TO A1C1_M.]

CONSENT_LISTEDQUEX

Thank you! We have some additional questions about your experiences looking after children under age 13 in a home-based setting. Your responses will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources.

This survey takes about 40 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the survey at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. 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.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name, or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

You can click on the 'PREVIOUS' button to go back and change your answers if needed. Clicking 'STOP' will save your responses and allow you to return to the last question you answered the next time you access the survey.

A1C1_M.

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? SELECT ALL THAT APPLY.

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

SECTION B. 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 999.

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 999

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 → (GO TO INSTRUCTION BEFORE B2_M)
- 2 NO → (GO TO B1C)

B1C.

(if B1B=2) PLEASE CLICK ON THE ‘PREVIOUS’ BUTTON TO CORRECT THE NUMBER OF CHILDREN WATCHED LAST WEEK OR USUALLY (BUT NOT LAST WEEK).

If SUM OF (B1 AND B1A) LESS THAN FOUR, ASK B2_M. ELSE IF SUM OF (B1 and B1A) IS FOUR OR GREATER, GO TO C1D

B2_M.

Please list the initials of each child that you looked after last week.

B3_M.

Please provide the initials of each child that you usually look after at least 5 hours per week, but that you did not look after 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_M/B3_M. Initials | 1. | 2. | 3. | | | | | | | | | | | | |
|--|--|--|--|-----|--|---|-----|--|-----|--|---|-----|--|-----|--|
| B4_M. How old is [CHILD INITIALS]? | <table border="1"> <tr><td>Yrs</td><td></td></tr> <tr><td>Mos</td><td></td></tr> </table> | Yrs | | Mos | | <table border="1"> <tr><td>Yrs</td><td></td></tr> <tr><td>Mos</td><td></td></tr> </table> | Yrs | | Mos | | <table border="1"> <tr><td>Yrs</td><td></td></tr> <tr><td>Mos</td><td></td></tr> </table> | Yrs | | Mos | |
| Yrs | | | | | | | | | | | | | | | |
| Mos | | | | | | | | | | | | | | | |
| Yrs | | | | | | | | | | | | | | | |
| Mos | | | | | | | | | | | | | | | |
| Yrs | | | | | | | | | | | | | | | |
| Mos | | | | | | | | | | | | | | | |
| B2a_M/B3a_M. PROGRAMMER NOTE: PLEASE CODE WHETHER CHILD IS CARED FOR 'LAST WEEK' OR A 'REGULAR CARE'. IF CHILD NAME IS PROVIDED IN B2_M THEN CODED AS 'LAST WEEK'. IF CHILD NAME IS PROVIDED IN B3_M, 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) | | | | | | | | | | | | |
| I will refer to this child as (child initials) who is (child age). | | | | | | | | | | | | | | | |
| B6_M. Do you and [CHILD INITIALS/CHILD AGE] 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 B6_M=1, GO TO INSTRUCTION BEFORE B8_M. ELSE ASK B7_M] B7_M. Did you have a prior personal relationship with [CHILD INITIALS/CHILD AGE]'s family | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →(B8_M) 3 <input type="checkbox"/> DK | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →(B8_M) →(B8_M) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →(B8_M) 3 <input type="checkbox"/> DK | | | | | | | | | | | | |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|---|---|---|---|
| before you started looking after (him/her)? | | 3 <input type="checkbox"/> DK | |
| B7a_M. [IF YES or DK to B7_M] What is your personal relationship to [CHILD INITIALS/CHILD AGE]? | 1 <input type="checkbox"/> Parent without primary legal responsibility 2 <input type="checkbox"/> Grandparent 6 <input type="checkbox"/> Parent's partner/spouse/girlfriend or boyfriend 7 <input type="checkbox"/> Aunt/Uncle 8 <input type="checkbox"/> Cousin 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> Family friend 9 <input type="checkbox"/> Non-relative 5 <input type="checkbox"/> Other Specify: _____ | 1 <input type="checkbox"/> Parent without primary legal responsibility 2 <input type="checkbox"/> Grandparent 6 <input type="checkbox"/> Parent's partner/spouse/girlfriend or boyfriend 7 <input type="checkbox"/> Aunt/Uncle 8 <input type="checkbox"/> Cousin 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> Family friend 9 <input type="checkbox"/> Non-relative 5 <input type="checkbox"/> Other Specify: _____ | 1 <input type="checkbox"/> Parent without primary legal responsibility 2 <input type="checkbox"/> Grandparent 6 <input type="checkbox"/> Parent's partner/spouse/girlfriend or boyfriend 7 <input type="checkbox"/> Aunt/Uncle 8 <input type="checkbox"/> Cousin 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> Family friend 9 <input type="checkbox"/> Non-relative 5 <input type="checkbox"/> Other Specify: _____ |
| B7b.ii_M [IF B7a_M= 2] So, [CHILD INITIALS/CHILD AGE] 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 |
| B8_M. Please provide the hours last week on Monday that you looked after [CHILD INITIALS/CHILD AGE]. For each care timeslot, enter start time and end time below. If you cared for the child multiple times in | Start time: Slot 1: Slot 2: End time: | Start time: Slot 1: Slot 2: End time: | Start time: Slot 1: Slot 2: End time: |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|--|--|--|--|
| <p>the day, report each session of care separately.</p> <p>DISPLAY CHECK BOX "DIDN'T CARE THAT DAY"</p> <p>B8D2_M. Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week.</p> <p>Which days last week, if any, was [CHILD INITIALS/AGE] schedule with you identical to his/her schedule with you last Monday?</p> <p>B8C_M. Was [CHILD 2 INITIALS/CHILD 2 AGE] schedule last Monday the same as another child's Monday schedule?</p> <p>B8C1_M. Which child had the same Monday schedule?</p> <p>B8C2_M. Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week. Was [CHILD X INITIALS/ CHILD X AGE] schedule last [DAY] identical to [CHILD X INITIALS/ CHILD X AGE]'s schedule, or were there</p> | <p>Slot 1:</p> <p>Slot 2:</p> <p>DK/REF</p> <p>SELECT ALL THAT APPLY:</p> <p><input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> NO IDENTICAL DAY</p> | <p>Slot 1:</p> <p>Slot 2:</p> <p>DK/REF</p> <p>SELECT ALL THAT APPLY:</p> <p><input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> NO IDENTICAL DAY</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> [INITIALS/ AGE for child 1]</p> <p>[CHILD INITIALS/CHILD AGE 2] <input type="checkbox"/> Identical <input type="checkbox"/> Some</p> | <p>Slot 1:</p> <p>Slot 2:</p> <p>DK/REF</p> <p>SELECT ALL THAT APPLY:</p> <p><input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> NO IDENTICAL DAY</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> [INITIALS/AGE for child 1] 2 <input type="checkbox"/> [INITIALS/AGE for child 2]</p> <p>[CHILD INITIALS/CHILD AGE 3] <input type="checkbox"/> Identical <input type="checkbox"/> Some differences</p> |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|---|--|--|--|
| some differences in when or where s/he spent time last [DAY]? | | differences | |
| B9_M. Does [CHILD INITIALS/CHILD AGE] 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 |
| B10_M. Does [CHILD INITIALS/CHILD AGE] 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 |
| B11_M. Is [CHILD INITIALS/CHILD AGE] 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 |
| B12_M. Which of the following is [CHILD INITIALS/CHILD AGE]...? SELECT ONE OR MORE. | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Mixed race, another race, or you are not certain _____ | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Mixed race, another race, or you are not certain _____ | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Mixed race, another race, or you are not certain _____ |
| B13_M. Does [CHILD INITIALS/CHILD AGE] speak a language other than English at home? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → (B17_M) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → (B17_M) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → (B17_M) |
| B13b_M. | 1 <input type="checkbox"/> English | 1 <input type="checkbox"/> English | 1 <input type="checkbox"/> English |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|---|--|--|--|
| [IF YES TO B13_M] What language do you mostly use with [CHILD INITIALS/CHILD AGE] or his or her parents? | 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other <input type="text"/> | 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other <input type="text"/> | 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other <input type="text"/> |
| B13c_M. Do you need help speaking with [CHILD INITIALS/CHILD AGE]'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_M/B3a_M=1 LAST WEEK) B17_M. Do you look after [CHILD INITIALS/CHILD AGE] regularly, that is, for at least five hours each week? IF B17_M=2, SKIP TO B22_M | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → (SKIP TO B22_M) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → (SKIP TO B22_M) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → (SKIP TO B22_M) |
| (IF B2a_M/B3a_M=2 REGULAR, or B17_M=1 YES) B18_M. Do you look after [CHILD INITIALS/CHILD AGE] 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 B18_M=1) B19_M. What is that schedule? Beginning with Monday/ Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday morning (DATE) at 6am, when do you usually look after [CHILD INITIALS/CHILD AGE]? DISPLAY CHECK BOX "DO NOT LOOK AFTER CHILD ON THAT DAY" | 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 ___ | 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 ___ | 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 ___ |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|--|--|--|--|
| <p>B19D2. Is Monday's schedule the same as another day of the week? CHECK ALL THAT APPLY</p> <p>1. TUESDAY 2. WEDNESDAY 3. THURSDAY 4. FRIDAY 5. SATURDAY 6. SUNDAY</p> | <p>___ to ___</p> <p>5 <input type="checkbox"/> Th ___ to ___ ___ to ___</p> <p>6 <input type="checkbox"/> Fr ___ to ___ ___ to ___</p> <p>7 <input type="checkbox"/> Sa ___ to ___ ___ to ___</p> | <p>___ to ___</p> <p>5 <input type="checkbox"/> Th ___ to ___ ___ to ___</p> <p>6 <input type="checkbox"/> Fr ___ to ___ ___ to ___</p> <p>7 <input type="checkbox"/> Sa ___ to ___ ___ to ___</p> | <p>___ to ___</p> <p>5 <input type="checkbox"/> Th ___ to ___ ___ to ___</p> <p>6 <input type="checkbox"/> Fr ___ to ___ ___ to ___</p> <p>7 <input type="checkbox"/> Sa ___ to ___ ___ to ___</p> |
| <p>(IF B2a_M/B3A_M=2 REGULAR, AND B18_M=2) B20_M. How many hours do you usually care for [CHILD INITIALS/CHILD AGE]?</p> | <p>_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies</p> | <p>_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies</p> | <p>_____ hours per 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies</p> |
| <p>[if B20_M= 4 (VARIES)]</p> <p>B21. Do you look after him/her based on his/her parent's work schedule, unavailability of a regular caregiver or at other times?</p> | <p>1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times</p> | <p>1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times</p> | <p>1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times</p> |

| B2_M/B3_M. Initials | 1. | 2. | 3. | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|---|--|------|---|--|--|------|--|---|--|------|--|--|--|------|--|---|--|------|--|--|
| <p>B22_M. 1 Month: 1-12, Year: 1997-2018 2. Month: 0-12 and Year: 0-12</p> <p>In what year and month did you first start looking after [CHILD INITIALS/CHILD AGE] on a regular basis? If you don't remember the exact year or month when you first started looking after [CHILD INITIALS/CHILD AGE] on a regular basis, please provide the age of the child when you first started looking after him/her.</p> <p><input type="checkbox"/> HAVE NEVER CARED REGULARLY FOR CHILD</p> | <p>1 <input type="checkbox"/> ↓</p> <table border="1" data-bbox="706 489 846 625"> <tr><td>Mont</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>Year</td><td></td></tr> </table> <p>or</p> <p>2 <input type="checkbox"/> Child's age ↓</p> <table border="1" data-bbox="706 758 915 800"> <tr><td></td></tr> </table> <p>Years</p> | Mont | | h | | Year | | | <p>1 <input type="checkbox"/> ↓</p> <table border="1" data-bbox="946 468 1086 604"> <tr><td>Mont</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>Year</td><td></td></tr> </table> <p>or</p> <p>2 <input type="checkbox"/> Child's age ↓</p> <table border="1" data-bbox="946 730 1140 772"> <tr><td></td></tr> </table> <p>Years</p> | Mont | | h | | Year | | | <p>1 <input type="checkbox"/> ↓</p> <table border="1" data-bbox="1170 489 1310 625"> <tr><td>Mont</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>Year</td><td></td></tr> </table> <p>or</p> <p>2 <input type="checkbox"/> Child's age ↓</p> <table border="1" data-bbox="1170 709 1380 751"> <tr><td></td></tr> </table> <p>Years</p> | Mont | | h | | Year | | |
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| <p>B23_M. Do you usually receive payment for looking after [CHILD INITIALS/CHILD AGE]?</p> <p>[If b23_M=No/dk/ref, then skip to b25_M]</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>B24_M. [IF B23_M=YES] How much do you charge [CHILD INITIALS/CHILD AGE]'s parents to look after [CHILD INITIALS/CHILD AGE]?</p> | <p>\$ <table border="1" data-bbox="706 1312 846 1354"><tr><td></td></tr></table></p> <p>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</p> <table border="1" data-bbox="706 1564 846 1606"><tr><td></td></tr></table> | | | <p>\$ <table border="1" data-bbox="946 1276 1086 1318"><tr><td></td></tr></table></p> <p>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</p> <table border="1" data-bbox="946 1522 1086 1564"><tr><td></td></tr></table> | | | <p>\$ <table border="1" data-bbox="1170 1276 1310 1318"><tr><td></td></tr></table></p> <p>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</p> <table border="1" data-bbox="1170 1522 1310 1564"><tr><td></td></tr></table> | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>B24B. Is the amount of the payment you receive from the parent/guardian reduced because you receive payments on behalf of their child</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|--|----|----|----|
| from another person, group, or public or private agency?" | | | |
| <p>[IF B24B=1]</p> <p>B24C.</p> <p>What person, agency or group pays you for the discount or subsidy? SELECT ALL THAT APPLY. (INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED.)</p> <p>1 <input type="checkbox"/> HEAD START, INCLUDING EARLY HEAD START</p> <p>2 <input type="checkbox"/> LOCAL GOVERNMENT (E.G, PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT])</p> <p>3 <input type="checkbox"/> STATE GOVERNMENT INCLUDING STATE PRE-K SUCH AS (STATE PRE-K PROGRAM] OR CHILD CARE SUBSIDIES SUCH AS CCDF OR [STATE CCDF NAME] OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS)</p> <p>4 <input type="checkbox"/> COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES, OR RELIGIOUS ORGANIZATIONS, NOT INCLUDING ANYTHING YOU'VE MENTIONED EARLIER)</p> <p>5 <input type="checkbox"/> OTHER TYPES OF GOVERNMENT FUNDED PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM</p> <p>6 <input type="checkbox"/> OTHER FAMILY MEMBER OR</p> | | | |

| B2_M/B3_M. Initials | 1. | 2. | 3. |
|---|---|---|---|
| INDIVIDUAL | | | |
| B25_M. Do you (also) receive anything in exchange for looking after [CHILD INITIALS/CHILD AGE]? For example, does [CHILD INITIALS/CHILD AGE]'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 [CHILD INITIALS/CHILD AGE]? | 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 B25_M =1] B26. Do you receive this on a regular basis or just occasionally? | 1 <input type="checkbox"/> REGULAR 2 <input type="checkbox"/> OCCASIONALLY 3 <input type="checkbox"/> NEVER | 1 <input type="checkbox"/> REGULAR 2 <input type="checkbox"/> OCCASIONALLY 3 <input type="checkbox"/> NEVER | 1 <input type="checkbox"/> REGULAR 2 <input type="checkbox"/> OCCASIONALLY 3 <input type="checkbox"/> NEVER |

B28.

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

Range: 0-999

B27.

[IF B7_M=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

IF SUM OF (B1 AND B1A) IS 4 OR GREATER, GO TO C1D. ELSE SKIP TO C14

SECTION C. ENROLLMENT

C1D.

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

C1.

Next are questions about children you take care of.

| Age Group | C1A: How many children do you look after in each of the following age groups? Range: 0-999 for each age group | C1A2 How many hours do you consider full-time enrollment for this age group? | C1A1 How many children are currently enrolled full time in this age group? | C1B_M. At this time, how many vacancies do you have in this age group? Range: 0-999 |
|------------------------------------|--|--|--|--|
| Under 3 years | | ___ Hours 1 <input type="checkbox"/> No 'full-time' status defined (skip to C1b_M) | | |
| 3-5 years, not yet in kindergarten | | ___ Hours 1 <input type="checkbox"/> No 'full-time' status defined (skip to C1b_M) | | |
| School-age (kindergarten and up) | | ___ Hours 1 <input type="checkbox"/> No 'full-time' status | | |

| | | | | |
|--|--|-------------------------------|--|--|
| | | defined (skip to C1b_M) | | |
| TOTAL Range: 0-999 for the 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 cannot correct by age group, please enter the correct total in the total box."

IF CORRECTION NOT POSSIBLE, RECORD CORRECT TOTAL HERE:

C4.

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

Number of children

Range: 0-999

C5.

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

Number of CHILDREN

Range: 0-999

C6.

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

| | |
|--|--------------------|
| | Number of children |
|--|--------------------|

Range: 0-999

C7_M.

As far as you know, how many of the children who are not Hispanic or Latino are....

| Category | Number of Children |
|---|--------------------|
| a. White | |
| b. Black or African-American | |
| c. Asian | |
| d. Mixed race, another race, or you are not certain | |

C8_M.

How many children do you usually look after

| | Number |
|---------------------------------|--------|
| a. 20 hours or fewer each week? | |
| b. 21 to 39 hours each week? | |
| c. 40 hours or more each week? | |

C9.

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.

Please **do include**:

- Grandchildren
- Nieces/Nephews
- Unrelated children you do not have custody of
- Your own children you do not have custody of

- 1 Yes → (ASK C9a)
- 2 No → (GO TO C10)

C9a.

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

Number of Children

Range: 0-999

C10.

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

- 1 Yes → (ASK C10a_M)
- 2 No → (GO TO C11_M)

C10a_M.

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 blood relative | |
| Other relationship _____ | |

Range: 0-999

[IF (C1a - sum of (C10a_M) < 3) ASK C10b. ELSE GO TO C11_M]

C10b.

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

- 1 Yes → (GO TO C12)
- 2 No

C11_M.

Please think about the children you look after but are not related to. Did you have personal relationships with any of their families before you began caring for them?

- 1 Yes
- 2 No → (SKIP TO C12)

C11a_M.

What is the number of children whose families you had a prior personal relationship with but aren't related to?

Number of Children

Range: 0-999

[IF DIFFERENCE BETWEEN "C11a_M + sum of (C10a_M)" and "C1a" < 3, GO TO C11b. IF DIFFERENCE >= 3, GO TO C12.]

C11b.

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

C12.

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 C12C)

- 2 No → (ASK C12a)

C12a.

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

Number of Children

Range: 0-999

IF C12a=0, GO TO C12c. ELSE, ASK C_relall_nopay.

C_relall_nopay.

Are you related to all of the children you look after without receiving regular payment?

- 1 Yes
2 No

[IF C12a GREATER THAN OR EQUAL TO TOTAL FROM C1A, ASK C12B. ELSE GO TO C12c]

C12b.

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

- 1 Yes → (GO TO C13)
2 No → (ASK c12c)

C12C.

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

- 1 ONE RATE → (ASK C12C_2_M WITH NO AGE-GROUP SPECIFIED)
2 DIFFERENT RATES → (ASK C12C1)

C12C1.

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

- a. Infants less than 12 months old? HAVE A RATE NO RATE AVAILABLE
b. 2 year olds? HAVE A RATE NO RATE AVAILABLE

- c. 4 year olds? HAVE A RATE NO RATE AVAILABLE
- d. School-age children? HAVE A RATE NO RATE AVAILABLE

[ASK C12C_2_M THROUGH C12C_8B FOR EACH AGE GROUP MARKED 'HAVE A RATE' IN C12C1.]

C12C_2_M.

How much are you currently charging families for full-time care for [AGE GROUP FROM C12C1]? Please do not include any subsidies or discounts. [If you do not have a full-time rate, please report the rate for the greatest number of hours per week that you offer.]

\$ _____

C12C_3.

Is that per

- 1 hour → (ASK C_affordcare)
- 2 ½ day → (ASK C12C_4_M)
- 3 full day → (ASK C12C_4_M)
- 4 week → (ASK C12C_5_M)
- 5 month → (ASK C12C_6)
- 6 term/semester/quarter → (ASK C12C_7A)
- 7 year → (ASK C12C_7A)
- 8 OTHER (PLEASE SPECIFY) _____ → (ASK C12C_8A)
- 9 DK/REF/BLANK → (GO TO NEXT AGE GROUP)

[IF HOURS HAVE ALREADY BEEN CAPTURED FOR REPORTED TIME UNIT FOR ANOTHER AGE GROUP, SKIP TO C_affordcare]

[IF C12C_3=2 OR 3, ASK C12C_4_M. ELSE GO TO INSTRUCTION BEFORE C12C_5_M]

C12C_4_M.

How many hours is that per day?

[IF C12C_3=4, ASK C12C_5_M. ELSE GO TO INSTRUCTION BEFORE C12C_6.]

C12C_5_M.

How many hours per week does that cover?

[IF C12C_3=5, ASK C12C_6, ELSE GO TO INSTRUCTION BEFORE C12C_7A.]

C12C_6.

How many hours per week does that cover?

C12C_6a.

How many weeks is that?

[IF C12C_3=6 OR 7, ASK C12C_7A. ELSE GO TO INSTRUCTION BEFORE C12C_8A.]

C12C_7A.

How many weeks is that?

C12C_7B.

How many hours per week does that cover?

[IF C12C_3=8, ASK C12C_8A. ELSE GO TO C_affordcare.]

C12C_8A.

What is the weekly equivalent of that rate?

C12C_8B.

How many hours per week does that cover?

C_affordcare.

Do you have any of the following to help families afford the care you offer...

a. Sliding fee scale

1 Yes

2 No

b. Scholarships

1 Yes

2 No

c. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation

1 Yes

2 No

d. Another arrangement

1 Yes → (ask C_affordcare_oth)_

2 No → (skip to C_PARPAY)

C_affordcare_oth

How else do you help families afford the care you offer?

VERBATIM TEXT: _____

C_PARPAY

How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?

_____ Number of children

C13.

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

Number of children

[IF C13=DK/REF, ASK C13_1, ELSE GO TO C13B_1_M]

Range: 0-999

C13_1.

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

% of children

Range: 0-100

C13B_1_M.

How many of your children have a parent who needs the help of an interpreter or a child to speak with you?

| | | |
|--|--|--|
| | | |
|--|--|--|

 number of children

Range 0 - 100

C13D_M.

What languages do you or others speak when working directly with children or talking to their parents? SELECT ALL THAT APPLY.

- 1 ENGLISH
- 2 SPANISH
- 3 OTHER SPECIFY: _____

[IF ENGLISH AND ANY OTHER LANGUAGE SELECTED IN RESPONSE OPTIONS 2 OR 3, ASK C13E_M. ELSE, GO TO C14]

C13E_M.

What percentage of the time do you speak English when caring for children?

| | | |
|--|--|--|
| | | |
|--|--|--|

 % of time

C14.

PROGRAMMER NOTE:

- A) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS ((B6=1 or B7=1 FOR ALL CHILDREN OR (C10B=1 OR C11B=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
- 2 RELATIONSHIP-BASED

C17_CHK.

PROGRAMMER NOTE:

CLASSIFY R AS FCC-LIKE IF (A) PROVIDER IS PAID (IF C12=1 OR C12a<(SUM OF B1 AND B1a)) (B) PROVIDER IS RELATIONSHIP-BASED (C14=2); (C) R TAKES CARE OF CHILDREN IN R'S HOME (A1C1=1); (D) R REGULARLY CARES FOR AT LEAST 4 CHILDREN (SUM OF (B1 and B1A) IS FOUR OR GREATER); AND (E) R CARES FOR AT LEAST 1 CHILD FOR 21 HOURS OR MORE EACH WEEK (C8_M = B >=1 or C8_M = C >=1). IF ALL 5 CONDITIONS APPLY:

- 1 PROXY FOR FAMILY CARE PROVIDER (FCC)
- 2 NOT PROXY FOR FAMILY CARE PROVIDER (FCC)

C18_CHK.

PROGRAMMER NOTE: CLASSIFY PROVIDER AS A PAID LARGE PROVIDER IF (1) SUM OF B1 and B1a IS 4 OR GREATER AND (2) PROVIDER IS PAID (IF C12=1 OR C12a<(SUM OF B1 AND B1a))

- 1 LARGE PAID PROVIDER
- 2 NOT A LARGE PAID PROVIDER

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK C_homeless. OTHERWISE, SKIP TO INSTRUCTION BEFORE C15_M.

C_homeless.

In the past year, has your program served any young children who were experiencing homelessness, for example, by living in a shelter or because their families did not have a regular place to stay? Please answer to the best of your knowledge.

- 1 Yes
- 2 No
- 3 Don't know

IF SUM OF B1 and B1a IS 3 OR LESS SKIP TO INSTRUCTION BEFORE E1_M. IF C18_CHK = 1 (LARGE PAID PROVIDER) ASK C15_M. ELSE SKIP TO INSTRUCTION BEFORE E1_M.

C15_M.

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 pay part or all of the cost for any of the children you look after?

- 1 YES →(ASK C15A_M)
- 2 NO → (SKIP TO C_commorg)

C15A_M.

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 such as [STATE PRE K NAME] | |
| 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, or [STATE PROGRAM NAME] (including voucher/certificates, state contracts) | _____ < 3 years _____ 3-5 years _____ school-age (Kindergarten and up) |
| 5. Title I | |
| 7. Other types of government funded programs | |

C15b_M.

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 for specific eligible children | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 4. have some other payment arrangement SPECIFY: _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

C_commorg.

Does a community organization such as the United Way or a religious organization or charity pay part or all of the cost for any of the children you look after?

- 1 YES → (ASK C16A)
- 2 NO → (SKIP TO INSTRUCTION BEFORE C_subfees)

C16a.

How many children are paid for by community organizations?

___ < 5 years

___ School-age (kindergarten and up)

[IF C15A_M response option 4 for any age group > 0, ASK C_subfees, ELSE SKIP TO INSTRUCTION ABOVE C_subenroll.]

C_subfees.

Do parents receiving child care subsidies pay any of the following fees to your program?

a. Diaper, snacks, or other supplies fees

1 Yes

2 No

b. Co-pays for child care subsidies

1 Yes

2 No

c. Tuition for days or hours not covered by subsidy payment

1 Yes

2 No

d. Fees in addition to co-pays to make up for low subsidy reimbursement rates

1 Yes

2 No

C_sublimit.

Do you limit the number of children with child-care subsidies that you serve at any one time?

1 Yes

2 No

IF (1) C18_CHK = 1 (LARGE PAID PROVIDER) AND (2A) C15_M=2 OR (2B) C15A_M RESPONSE OPTION 4 = 0 FOR ALL AGE GROUPS OR C15A_M RESPONSE OPTION 4 = DK/REF, ASK C_subenroll, ELSE SKIP TO INSTRUCTION BEFORE C_subcompare.

C_subenroll.

In the past year, have you had a child whose care was supported by child care subsidy dollars, such as [STATE PROGRAM NAME]?

1 Yes (Skip to instruction before C_subcompare)

2 No

C_asksub.

In the past year, have you had a family ask to use child care subsidies to pay for a child's care in your program?

- 1 Yes
- 2 No

[IF C18_CHK = 1 (LARGE PAID PROVIDER) ASK C_subcompare. ELSE GO TO INSTRUCTION BEFORE E1_M.]

C_subcompare.

Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently receiving child care subsidies. How would you compare the experience of serving families who pay your fees themselves with families who are participating in the subsidy system in terms of...

- a. Reliability of payment**
 - Subsidy much more
 - Subsidy somewhat more
 - Subsidy and private pay about the same
 - Private pay somewhat more
 - Private pay much more
 - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)

- b. Amount of money your program receives for a child**
 - Subsidy much more
 - Subsidy somewhat more
 - Subsidy and private pay about the same
 - Private pay somewhat more
 - Private pay much more
 - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)

- c. Paperwork or other administrative requirements**
 - Subsidy much more
 - Subsidy somewhat more
 - Subsidy and private pay about the same
 - Private pay somewhat more
 - Private pay much more
 - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)

- d. Ease of filling vacancies**
 - Subsidy much more

Subsidy somewhat more
Subsidy and private pay about the same
Private pay somewhat more
Private pay much more
UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)

SECTION E. SCHEDULE

IF SUM OF (B1 AND B1A) IS 4 OR GREATER, ASK E1_M. ELSE GO TO INSTRUCTION BEFORE E2.

E1_M.

Beginning with last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday, please provide the hours last week that your program 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 | |
|-------------|------------|-------|----------|-------|
| Time slot 1 | : | AM/PM | : | AM/PM |
| Time slot 2 | : | AM/PM | : | AM/PM |
| Time slot 3 | : | AM/PM | : | AM/PM |

DISPLAY CHECK BOX "CLOSED ON THAT DAY"

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?

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

E1_2.

[FOR DAYS NOT SELECTED ON E1A_1, ASK:] Please provide the hours that you looked after children last (DAY OF WEEK)?

| | Start Time | | End Time | |
|-------------|------------|-------|----------|-------|
| Time slot 1 | : | AM/PM | : | AM/PM |
| Time slot 2 | : | AM/PM | : | AM/PM |
| Time slot 3 | : | AM/PM | : | AM/PM |

DISPLAY CHECK BOX "CLOSED ON THAT DAY"

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK E2 OTHERWISE, SKIP TO E10

E2.

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

- 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: 0-999

E3c.

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

- 1 Yes, at their convenience → (ASK E3d)
- 2 Yes, from a set of schedule options → (ASK E3d)
- 3 Yes, beyond a minimum number of hours → (ASK 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: 0-999

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_M OR B19_M OR E1_M, SKIP TO INSTRUCTION BEFORE E5. ELSE ASK E4]

E4.

On weekends, do you look after children you are not related to or that you don't have custody of?

- 1 Yes
- 2 No

[IF R MENTIONED EVENING CARE ABOVE IN B8_M OR B19_M OR E1_M, 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?

- 1 Yes
- 2 No

[IF R MENTIONED NIGHTTIME CARE ABOVE IN B8_M OR B19_M OR E1_M, 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

E10.

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 E13)
- 6 Something Else: _____

E10a.

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: 2000-2019

E13_M.

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, such as for medical, dental, vision, hearing, or speech? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| E13b_M. Developmental 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"/> |
| E13c_M. Services such as speech therapy, occupational therapy, or other 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"/> |
| E13e. Social services to families such as housing assistance, food stamps, financial aid, or medical care? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

E_payservice.

Do you pay for any services for children that you look after, such as health screening, developmental assessments, services for children with special needs, or counseling?

- 1 Yes
- 2 No

E_onsiteserv.

Do you provide any health screening, developmental assessments, services for children with special needs, or counseling on-site?

- 1 Yes
- 2 No

C_foodinsec.

As far as you know, how many children that you look after sometimes don't have enough food to eat at home because there is not enough money to buy it?

_____ Number of children

SECTION F. ADMISSIONS/MARKETING

F1_M.

During January through March of 2018, 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_M.

During January through March of 2018, how many new children did you start looking after?

Range: 0-999

F3.

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

F_earlypickup

In the past year, have you asked a parent to pick up a child early because of problems with the child's behavior?

1 Yes

2 No

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK F4 OTHERWISE, SKIP TO INSTRUCTION BEFORE F_BKGD.

F4.

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

- 1 Yes
- 2 No
- 99 DK/REF/BLANK

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

F_sp_adm.

In the past year, have you turned away a child because the child had special needs that you weren't prepared to meet?

- 1 Yes
- 2 No

F_QRIS1.

Does your program have an overall quality rating from [NAME OF LOCAL/STATE QRIS or] a QRIS?

- 1 Yes
- 2 No
- 3 I don't know
- 4 Not eligible for rating

[IF YES TO F_QRIS1, ASK F_QRIS1A. ELSE, SKIP TO INSTRUCTION BEFORE F_BKGD.]

F_QRIS1a.

In the past two years, have you moved from one rating to a better one?

- 1 Yes
- 2 No

[SHOW OPTION A IF:
ANY CHILDREN ARE REPORTED IN C15A_M
OR B24C = 1 or 2 or 3 or 5 FOR ANY CHILD
OR SAMPSRCE = LISTED]

[SHOW OPTION B IF:
SUM OF B1 + B1A > 6 AND SAMPSRCE = LISTED]

[SHOW OPTION C IF:
ANY CHILDREN ARE REPORTED IN C15A_M
OR B24C = 1 or 2 or 3 or 5 FOR ANY CHILD
OR SAMPSRCE = LISTED
OR C17_CHK = 1 (FCC-LIKE)]

[IF ALL 3 PREVIOUS OPTIONS = FALSE, SKIP TO INSTRUCTION BEFORE F_INSP]

F_BKGD.

We are interested in your opinions about policies that require people working in child care settings to get background checks. How much do you agree or disagree with the following statements: [Strongly Agree, Agree, Disagree, Strongly Disagree]

- a. Background checks on staff protect children.
- b. Background checks cause delays in my ability to hire new staff.
- d. Some providers are uncomfortable having to do background checks on their family members and other people who live in their household.

[IF ANY CHILDREN ARE REPORTED IN C15A_M OR C14 =1 ASK F_INSP, ELSE SKIP TO G1.]

F_INSP

In the past 12 months...

- a. has someone visited your program to make sure you were complying with health, safety or other requirements?
1 Yes 2 No

b. has someone visited your program to monitor the quality of services other than meeting health and safety requirements?

1 Yes

2 No

SECTION G. CARE PROVIDED

G1.

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

- 1 Yes →(ASK G3)
- 2 No → (SKIP TO INSTRUCTION BEFORE G_FOOD)

G3.

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

Hours per week

Range: 0-168

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.

[IF ANY CHILD AGE REPORTED IN B4_M IS EQUAL TO OR GREATER THAN 3 YRS OLD OR IF THERE IS ANY CHILD REPORTED IN THE 3-5 YR GROUP ASK G_ACTIVITY_PK, ELSE ASK G_ACTIVITY_IT]

G_ACTIVITY_IT.

Please describe a typical day when children are in your care. Not including lunch or nap breaks, **how much time is spent** in the following kinds of activities throughout the day?

[READ ITEM]. Would you say no time, 30 minutes or less, about one hour, about two hours, or three hours or more? CIRCLE ONE PER ROW

CLASSROOM/SETTINGS WITH INFANTS/TODDLERS

| | 1 No time | 2 30 min or less | 3 About one hour | 4 About two hours | 5 Three hours or more | 6 Don't know/ refused |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Learning activities with the whole group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| activities done with small group (with 2 or more children) | | | | | | |
| C. Learning activities one-on-one (with individual children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Activities selected by the child (e.g., time for children to explore freely) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Routine care (such as diapering, feeding, and bathroom needs) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Vigorous physical activity either indoors or outdoors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Singing/rhyming planned in advance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Book reading or sharing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[SKIP TO G_FOOD]

G_ACTIVITY_PK.

Please describe a typical day when children are in your care. Not including lunch or nap breaks, **how much time is spent** in the following kinds of activities throughout the day?

[READ ITEM]. Would you say no time, 30 minutes or less, about one hour, about two hours, or three hours or more? CIRCLE ONE PER ROW

SETTINGS WITH PRESCHOOLERS (3 and 4 year-olds)

| | 1 No time | 2 30 min or less | 3 About one hour | 4 About two hours | 5 Three hours or more | 6 Don't know/ refused |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------------|
| A. Learning activities with the whole group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Learning activities done with small group (with 2 or more children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Learning activities one-on-one (with individual children) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Activities selected by the child (e.g., time for children to explore freely) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Routine care (such as | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| bathroom needs) | | | | | | |
| F. Vigorous physical activity either indoors or outdoors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Singing/rhythming planned in advance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Book reading or sharing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G_FOOD.

What food do you provide the children in your care?

a. Snacks

- 1 Yes
- 2 No

b. Meals such as breakfast, lunch, or dinner

- 1 Yes
- 2 No

[IF G_FOODb=1, ASK G_CACFP, ELSE SKIP TO G_SCREEN.]

G_CACFP.

[If meals provided:] Do you participate in the Child and Adult Care Food Program?

- 1 Yes
- 2 No
- 3 Not eligible

G_SCREEN.

On most days, while children are in your care, how much time do they spend doing something with a screen, such as watching TV or a movie, or working or playing a game on a computer or tablet?

- 1 1 ½ hours or more
- 2 30 minutes to 1 ½ hours

- 3 Less than 30 minutes
- 4 Children do not use screens while in your care

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK G3A, ELSE SKIP TO G5.

G3A.

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

- 1 YES → (GO TO G3B_M)
- 2 NO → (GO TO G4)

G3B_M.

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 (SKIP TO G4)
10. Alpha Skills
11. Abeka
12. Creative Curriculum for Family Child Care (birth through age 12)
13. Lakeshore Learning's Family Child Care Curriculum (birth through pre-K)
14. High Reach Curriculum Package for Family Child Care
15. High Scope Family Child Care Curriculum (birth through age 12)
16. Gee Whiz Digital Curriculum for Family Care Providers
17. Teaching Strategies – Family Child Care (ages 3,4,5)
18. Project Early Kindergarten for Family Child Care
19. Funshine Express
9. Another curriculum (Please specify: _____)

G_CURRTRAIN.

Have you received 4 or more hours of training on how to use this curriculum?

- 1 YES
- 2 NO

G4.

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? CODE ALL THAT APPLY.

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

G5.

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 INSTRUCTIONS BEFORE G5D)
- 2 YES, BUT NOT REGULARLY → (SKIP TO INSTRUCTIONS BEFORE G5D)
- 3 NO → (ASK G5A)

G5a.

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 C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK G5d
OTHERWISE, SKIP TO G_physact

G5d.

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_M.

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 the children's activities | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Doing record keeping, billing, or 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 when you are not looking after them. | | <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

G_physact.

Where do children participate in vigorous physical activity, when they are in your care?

a. In the indoor space for regular care

- 1 Yes
- 2 No

b. In your own outdoor space (e.g., backyard)

- 1 Yes
- 2 No

c. In nearby public outdoor space (e.g., public park or parking lot)

- 1 Yes
- 2 No

G7.

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

G7a_M.

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
- 9 TO WORK AND TAKE CARE OF MY CHILDREN AT THE SAME TIME
- 7 OTHER (SPECIFY: _____)

G_REASON2.

What is the second most important reason that you look after children?
[CATEGORIES FROM G7a_M]

G7b_M.

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
- 8 PROVIDE CHILDREN'S BASIC NEEDS SUCH AS MEALS AND TRANSPORTATION
- 9 SUPPORT CHILDREN'S WELLBEING
- 6 OTHER (SPECIFY: _____)

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC) OR RECEIVE GOVERNMENT FUNDING (CHILD REPORTED IN C15a_M or B24C = 1 - 3 or 5 FOR ANY CHILD, ASK G7C

OTHERWISE, SKIP TO INSTRUCTION BEFORE G12

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

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

G_HEALTHCON.

Do you have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

- 1 Yes
- 2 No

G15 intro.

These questions are about different **types of activities** that may help you maintain or improve your skills in looking after children. Later in the interview, we will ask about the topics covered. 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?

G15a.

(In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?) ...Had help from a home-visitor or coach

- 1 Yes
- 2 No

G15b.

(In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?) ...Went to a workshop sponsored by a community agency or family child-care network

- 1 Yes → (ASK G15B1_M)
- 2 No → (G15C)

G15B1_M.

Did you attend a series of two or more workshops?

- 1 Yes
- 2 No

G15C.

(In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?) Took a course about caring for children at a college or university which was offered for credit

- 1 Yes
- 2 No

G15D.

(In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?) Participated in another type of activity?

- 1 Yes → (ASK G15D1)
- 2 No → (GO TO INSTRUCTION BEFORE G_SKILLOBS)

G15D1.

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 G15C, ASK G_SKILLOBS. ELSE GO TO G_HS.]

G_SKILLOBS

Did you take a college or university course in the past 12 months where you were asked to demonstrate skills related to working with children while being observed?

- 1 Yes
- 2 No

G_HS.

In the past 12 months, have you participated in a health or safety training?

- 1 Yes
- 2 No → (SKIP TO INSTRUCTION BEFORE G16_M)

G_HSONLINE.

Did you participate in any on-line health or safety trainings in the past year?

- 1 Yes
- 2 No

[IF YES TO ANY ITEM IN G15A TO G15D, ASK G16_M. ELSE GO TO INSTRUCTION BEFORE G_PDPLAN.]

G16_M.

Please think about the **topics** addressed in your activities to improve or gain skills in working with children. **Aside from health and safety, what topic was most recently addressed in an activity you participated in?** For example, working with families, preparing children to do well in school, techniques for discipline and managing children, or some other topic? (READ IF NECESSARY) [IF SELF-ADMINISTERED, RECORD VERBATIM/DO NOT SHOW CODES]

- 1 NO TOPICS OTHER THAN HEALTH AND SAFETY.
- 2 COGNITIVE DEVELOPMENT, INCLUDING EARLY READING OR MATH.
- 4 HELPING CHILDREN'S SOCIAL OR EMOTIONAL GROWTH, INCLUDING HOW TO BEHAVE WELL.
- 5 PHYSICAL DEVELOPMENT AND HEALTH.
- 6 HOW TO WORK WITH FAMILIES.
- 7 SERVING CHILDREN WITH SPECIAL PHYSICAL, EMOTIONAL OR BEHAVIORAL NEEDS.
- 8 WORKING WITH CHILDREN WHO SPEAK MORE THAN ONE LANGUAGE.
- 9 PLANNING ACTIVITIES THAT MEET THE NEEDS OF THE WHOLE CLASS.
- 11 WORKING WITH CHILDREN FROM DIFFERENT RACES, ETHNICITIES AND CULTURES.
- 10 OTHER _____ Please specify what the main topic of the most recent activity you participated in to improve or gain skills in working with children was.

G_CULTRAIN.

In the past 12 months, have you received any training on strategies for working with children of different races, ethnicities or cultures?

- 1 Yes
- 2 No

G_PDASST.

In the past 12 months, did you receive any of the following types of assistance with the costs of improving your skills looking after young children, for example, from a local or state agency, a college or university, or another organization?

- 1. Assistance with direct costs such as tuition or registration fees
1 YES 2 NO

- 2. Help with other costs of participation such as travel or child care for your own children
1 YES 2 NO

[IF YES TO ANY ITEM IN G15A TO G15D OR SUM OF (B1 and B1A) IS FOUR OR GREATER ASK G_PDPLAN, ELSE GO TO G17.]

G_PDPLAN.

In the past 12 months, have you developed or updated a plan for your professional development with the help of an advisor?

- 1 Yes
- 2 No

G17.

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. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B | In my opinion, children will not do the right thing unless they must. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C | In my opinion, the most important thing to teach children is | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

| | | | | | | |
|----------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | absolute obedience to whomever is the authority. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | | | | | |
| D | In my opinion, a child's ideas should be considered in family decisions. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E | In my opinion, children have a right to their own point of view and should be allowed to express it. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| F | In my opinion, children should be allowed to disagree with their parents if they feel their own ideas are better. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| G | In my opinion, children will be bad unless they are taught what is | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

| | | | | | | |
|----------|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | right. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly | | | | | |
| H | In my opinion, children should always obey the teacher. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I | In my opinion, it is alright for a child to disagree with his or her own parents. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| J | In my opinion, parents should go along with the game when their child is pretending something. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

G_CESD7.

Below is a list of some of the ways you may have felt or behaved.
Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | All of the time (5-7 days) |
|---|---|--|---|-------------------------------|
| 1. I did not feel like eating; my appetite was poor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I had trouble keeping my mind on what I was doing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I felt depressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I felt that everything I did was an effort. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My sleep was restless. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I was sad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I could not "get going." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are about your beliefs about education and caregiving.

G_HAMRE1.

A small group of children is painting on paper at a table. One child asks if they can paint some rocks they collected earlier in the day. The best thing to do is:

- 1 Get the rocks and let the child paint them.
- 2 Tell them rocks aren't for painting.
- 3 Tell them it would make too much of a mess.

4 Tell the child that is something they can do at home, not at school.

G_HAMRE2.

A child is crying at drop-off because she misses her mom. Which of the following is most likely to help the child in that moment:

- 1 Let the child sit alone for a while until she calms down.
- 2 Talk with the parent to figure out what happened.
- 3 Encourage the child's friends to try to distract her.
- 4 Spend time with her until the child feels better.

G_HAMRE3.

A child hits another child. The most effective response is to:

- 1 Separate the children by moving the child who was hit into another center.
- 2 Remind the child that hands are not for hitting, then help re-engage him in an activity.
- 3 Ignore the behavior.
- 4 Tell the child's parents about the misbehavior.

G_HAMRE4.

A child is trying to put together a puzzle that is too difficult for her. The best thing to do is:

- 1 Sit with her and give her hints that help her complete the puzzle.
- 2 Provide her a puzzle that is easier for her to complete.
- 3 Encourage her to keep trying it on her own.
- 4 Complete the puzzle for her as a demonstration.

SECTION H. HELP WITH CHILD CARE

H1_M.

Does anyone ever help you look after the children in your care? Please include any people you pay to help you as well as any family members or others who help you without receiving payment

- 1 Yes → (GO TO H2_M)
- 2 No → (SKIP TO SECTION I)

H2_M.

How many people helped you look after children last week?

__ # of people assisting

| H_HELPNA ME. Please tell me the initials of each person over 12 years old who helped you care for children last week. | H_HELPHOUR. How many hours did this person help look after the children in your care last week? | H_HELPPAY. Do you regularly pay this person to help you look after the children in your care? | H_HELPWAGE. [if yes] How much do you pay this person? | H_HELPLIVE. Does this person live in your household? | H_HELPED. How much schooling has [s/he] completed? | H_HELPAGE How old is this person? | H_HELPCARE. How many years has [s/he] done paid work caring for children under age 13? | H_HELPEDA. Does [s/he] have a CDA | H_HELPTRAIN. In the last 12 months, has [s/he] received any training or education in caring for young children? |
|---|---|---|---|--|--|---|--|--|---|
| Initials 1: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | \$ _____ _____ per [hour/day/week/month] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> High school diploma, GED, or less 2 <input type="checkbox"/> Some college but no degree 3 <input type="checkbox"/> 2-year college | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

| | | | | | | | | | |
|-------------|-----------------------|---|--|---|---|-----------|------------------------------|---|---|
| | | | | | degree 4 <input type="checkbox"/> 4-year college degree or more] | | | | |
| Initials 2: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d ay/wee k/mont h] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| Initials 3: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d ay/wee k/mont h] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| Initials 4: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d ay/wee k/mont h] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

| | | | | | | | | | |
|-------------|-----------------------|---|--|---|------------------------|-----------|------------------------------|---|---|
| | | | | | | | | | |
| Initials 5: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d ay/wee k/mont h] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| Initials 6: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d ay/wee k/mont h] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| Initials 7: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d ay/wee k/mont h] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| Initials 8: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/d | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

| | | | | | | | | | |
|--------------|--------------------|--|--|--|---------------------|-----------|---------------------------|--|--|
| | | | ay/week/month] | | | | | | |
| Initials 9: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/day/week/month] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| Initials 10: | _____ Hours Worked | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | _____ \$ _ per [hour/day/week/month] | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | [select categories] | _____ Age | _____ Years of experience | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

H_TIMECARE.

How many hours last week did you spend directly caring for children?

_____ Hours last week

SECTION I. HOUSEHOLD CHARACTERISTICS

These next questions are about your family and the other people who live in your household.

I_HHM.

Not including yourself, how many people in your household are in the following age categories:

Under age 6 _____
Ages 6 through 12 _____
Ages 13-17 _____
Ages 18 - 65 _____
Age 66 or older _____

[IF I_HHM = 0 for category under age 6, go to J1. If I_HHM >= 1 for category under age 6, go to I_OUTCARE]

I_OUTCARE.

[Does the child/do all of the children] under age 6 regularly receive care from someone outside of the household, for example, in a pre-school or by a neighbor? By regularly, we mean 5 hours per week or more.

- 1 Yes
- 2 No

I_HHCC.

How many hours last week were you caring for at least one of your household's children under 6 at the same time that you were looking after other children?

_____ Number of hours

SECTION J. PROVIDER CHARACTERISTICS

J1.

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

Range: 1911-2000

J2.

In what country were you born?

Country List:

- | | | |
|------------------------------------|---------------------------------------|---------------------------------------|
| 1. Please select | 39. Burkina Faso | 79. Faroe Islands |
| 2. Afghanistan | 40. Burma | 80. Fiji |
| 3. Akrotiri | 41. Burundi | 81. Finland |
| 4. Albania | 42. Cambodia | 82. France |
| 5. Algeria | 43. Cameroon | 83. French Guiana |
| 6. American Samoa | 44. Canada | 84. French Polynesia |
| 7. Andorra | 45. Cape Verde | 85. French Southern & Antarctic Lands |
| 8. Angola | 46. Cayman Islands | 86. Gabon |
| 9. Anguilla | 47. Central African Republic | 87. Gambia |
| 10. Antarctica | 48. Chad | 88. Gaza Strip |
| 11. Antigua and Barbuda | 49. Chile | 89. Georgia |
| 12. Argentina | 50. China | 90. Germany |
| 13. Armenia | 51. Christmas Island | 91. Ghana |
| 14. Aruba | 52. Clipperton Island | 92. Gibraltar |
| 15. Ashmore & Cartier Islands | 53. Cocos (Keeling) Islands | 93. Glorioso Islands |
| 16. Australia | 54. Colombia | 94. Greece |
| 17. Austria | 55. Comoros | 95. Greenland |
| 18. Azerbaijan | 56. Congo | 96. Grenada |
| 19. Bahamas | 57. Cook Islands | 97. Guadeloupe |
| 20. Bahrain | 58. Coral Sea Islands | 98. Guam |
| 21. Bangladesh | 59. Costa Rica | 99. Guatemala |
| 22. Barbados | 60. Cote d'Ivoire | 100. Guernsey |
| 23. Bassas da India | 61. Croatia | 101. Guinea |
| 24. Belarus | 62. Cuba | 102. Guinea-Bissau |
| 25. Belgium | 63. Cyprus | 103. Guyana |
| 26. Belize | 64. Czech Republic | 104. Haiti |
| 27. Benin | 65. Denmark | 105. Heard Isl. & McDonald Islands |
| 28. Bermuda | 66. Dhekelia | 106. Holy See (Vatican City) |
| 29. Bhutan | 67. Djibouti | 107. Honduras |
| 30. Bolivia | 68. Dominica | 108. Hong Kong |
| 31. Bosnia and Herzegovina | 69. Dominican Republic | 109. Hungary |
| 32. Botswana | 70. Ecuador | 110. Iceland |
| 33. Bouvet Island | 71. Egypt | 111. India |
| 34. Brazil | 72. El Salvador | 112. Indonesia |
| 35. British Indian Ocean Territory | 73. Equatorial Guinea | 113. Iran |
| 36. British Virgin Islands | 74. Eritrea | 114. Iraq |
| 37. Brunei | 75. Estonia | 115. Ireland |
| 38. Bulgaria | 76. Ethiopia | 116. Isle of Man |
| | 77. Europa Island | 117. Israel |
| | 78. Falkland Islands (Islas Malvinas) | |

118. Italy
119. Jamaica
120. Jan Mayen
121. Japan
122. Jersey
123. Jordan
124. Juan de Nova Island
125. Kazakhstan
126. Kenya
127. Kiribati
128. North Korea
129. South Korea
130. Kuwait
131. Kyrgyzstan
132. Laos
133. Latvia
134. Lebanon
135. Lesotho
136. Liberia
137. Libya
138. Liechtenstein
139. Lithuania
140. Luxembourg
141. Macau
142. Macedonia
143. Madagascar
144. Malawi
145. Malaysia
146. Maldives
147. Mali
148. Malta
149. Marshall Islands
150. Martinique
151. Mauritania
152. Mauritius
153. Mayotte
154. Mexico
155. Micronesia, Federated States of
156. Moldova
157. Monaco
158. Mongolia
159. Montserrat
160. Morocco
161. Mozambique
162. Namibia
163. Nauru
164. Navassa Island
165. Nepal
166. Netherlands
167. Netherlands Antilles
168. New Caledonia
169. New Zealand
170. Nicaragua
171. Niger
172. Nigeria
173. Niue
174. Norfolk Island
175. Northern Mariana Islands
176. Norway
177. Oman
178. Pakistan
179. Palau
180. Panama
181. Papua New Guinea
182. Paracel Islands
183. Paraguay
184. Peru
185. Philippines
186. Pitcairn Islands
187. Poland
188. Portugal
189. Puerto Rico
190. Qatar
191. Reunion
192. Romania
193. Russia
194. Rwanda
195. Saint Helena
196. Saint Kitts and Nevis
197. Saint Lucia
198. St Pierre & Miquelon
199. St Vincent & the Grenadines
200. Samoa
201. San Marino
202. Sao Tome and Principe
203. Saudi Arabia
204. Senegal
205. Serbia and Montenegro
206. Seychelles
207. Sierra Leone
208. Singapore
209. Slovakia
210. Slovenia
211. Solomon Islands
212. Somalia
213. South Africa
214. S. Georgia & S Sandwich Islands
215. Spain
216. Spratly Islands
217. Sri Lanka
218. Sudan
219. Suriname
220. Svalbard
221. Swaziland
222. Sweden
223. Switzerland
224. Syria
225. Taiwan
226. Tajikistan
227. Tanzania
228. Thailand
229. Timor-Leste
230. Togo
231. Tokelau
232. Tonga
233. Trinidad and Tobago
234. Tromelin Island
235. Tunisia
236. Turkey
237. Turkmenistan
238. Turks & Caicos Islands
239. Tuvalu
240. Uganda
241. Ukraine
242. United Arab Emirates
243. United Kingdom
244. United States
245. Uruguay
246. Uzbekistan
247. Vanuatu
248. Venezuela
249. Vietnam
250. Virgin Islands
251. Wake Island
252. Wallis and Futuna
253. West Bank
254. Western Sahara
255. Yemen
256. Zambia
257. Zimbabwe
258. DON'T KNOW/REFUSED/NO ANSWER

J2a.

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

Range: 1911-2019

J3.

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.

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

[IF J4=3-7, ASK J5_M. ELSE, GO TO INSTRUCTION BEFORE J_CDA.]

J5_M.

Are you currently enrolled in a degree program at a college or university?

- 1 Yes
- 2 No

J5a_M.

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

- 1 ELEMENTARY EDUCATION
- 2 SPECIAL EDUCATION
- 3 CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES
- 4 EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE
- 8 CHILD CARE MANAGEMENT
- 6 NURSING, REGISTERED NURSE
- 7 BUSINESS, GENERAL COMMERCE
- 5 OTHER _____

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK J_CDA OTHERWISE, SKIP TO J12

J_CDA.

Do you have a Child Development Associate (CDA) certificate?

- 1 Yes
- 2 No

J_CERT.

Do you have a state certification or endorsement for early care and education?

- 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
- 2 No

J12.

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

J13_M.

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

Number of years

Range: 0-99

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK J13a1
OTHERWISE, SKIP TO J14

J13a1.

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 J12b)

J12a.

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

J12b.

There are many types of home-based care for children. Which of the following have you provided at any time in the past ten years?

a. unpaid care to a relative for at least five hours weekly

1 Yes 2 No

b. paid care for a family you had a prior relationship with, at least five hours weekly

1 Yes 2 No

c. paid care for families you had no prior relationship with, at least five hours weekly

1 Yes 2 No

d. licensed or regulated child care, including license-exempt care

1 Yes 2 No

J14.

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 J15)
- 2 No → (SKIP TO J17)

J15.

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 name of your job?

Job/Usual duties: _____

J15A_M.

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

_____ Hours worked

Range: 0-168

J15A_1.

How far in advance do you usually know what days and hours you will need to work?

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

J15B.

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: _____

J15C.

How long have you had that job?

Years and Months

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

[SKIP TO J19_M.]

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_M)

J18.

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

J18a.

When did you last work at that job?

 Month Year

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

[IF J18a LT 5 YEARS AGO, ASK J18b, else skip to J19_M.]

J18b.

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

Range: 0-168

J18c.

About how much were you paid at that job?

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

J19_M.

What is your ethnicity?

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

J20_M.

What is your race? (Select one or more.)

- 5 American Indian or Alaska Native
- 3 Asian
- 2 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 1 White

J21a.

Do you speak any languages other than English?

- 1 Yes
- 2 No

J21c_M.

What kind of health insurance or health care coverage do you have for yourself? Please check all that apply]

- 1 PRIVATE HEALTH INSURANCE PLAN FROM YOUR OWN EMPLOYER
- 2 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- 3 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT, A HEALTH INSURANCE EXCHANGE, OR COMMUNITY PROGRAM
- 4 PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S EMPLOYMENT
- 5 MEDICAID
- 6 MEDICARE
- 7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA

8 NO COVERAGE OF ANY TYPE

9 OTHER (SPECIFY)

J22.

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

- 1 EXCELLENT
- 2 VERY GOOD
- 3 FAIR
- 4 POOR

J_POORHLTH.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

_____ Days

J_OWNHOME.

Do you own the home where you care for children?

- 1 Yes
- 2 No

J23_M.

Approximately what was your total household income in 2018? Please include your income from looking after children, and the 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)

Range: 0-9999999

IF DK/REF, ASK J23b_M.

J23a.

Was that before or after taxes and deductions?

- 1 BEFORE TAXES OR DEDUCTIONS → (SKIP TO J24_M)
- 2 AFTER TAXES OR DEDUCTIONS → (SKIP TO J24_M)

J23b_M.

Please be assured that your responses to this and all other questions in this survey will not be revealed to any person or agency except in summary form for all study participants combined. The information we are asking for will help document the costs and benefits of home-based early care and education for families and providers. Would you say your total household income in 2018 before taxes or deductions was...

- 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

J24_M.

Approximately how much of your household income in 2018 came from your work taking care of children?

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

SECTION K. OPERATIONS

INSTRUCTION **K1B**: IF PROVIDER NOT PAID FOR CARE IN 2018 (J24_M=none), SKIP TO END. ELSE GO TO **K4_M**.

K4_M.

Altogether, how much (did) you spend to look after children during 2018, for example, on food, equipment, supplies, or payments for other services? Do not include any wages you paid for assistants who helped you care for children. Your best guess will be fine.

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

K5_M.

The following is a list of types of income that people who care for children might receive. Please indicate how much you received in 2018, if any, from each of the following categories for caring for children.

| Type of Income | Dollars | |
|---|---------|--|
| 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 |
| a2. IF K5_M_a IS MISSING, ASK, You didn't specify an amount for Payments <i>by parents</i> (including late fees, field trips, diapers, transportation, registration, etc.). Did you receive any income from this source in 2018? | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No |
| 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 |
| b2. IF K5_M_b IS MISSING, ASK, You didn't specify an amount for Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA)). Did you receive any income from this source in 2018? | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No |
| 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 |
| c2. IF K5_M_c IS MISSING, ASK, "You didn't specify an amount | | <input type="checkbox"/> 1 Yes |

| | | |
|---|----------|--|
| for Payments from other individuals or groups (family members, charity, employers, churches). Did you receive any income from this source in 2018? | | <input type="checkbox"/> 2 No |
| d. Other types of income | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| d2. IF K5_M_d IS MISSING, ASK, You didn't specify an amount for Other types of income. Did you receive any income from this source in 2018? | | <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No |
| e. IF SUM CAN BE CALCULATED k5_M_a-d, ASK: That means that you received about [TOTAL] for caring for children under age 13 last year, is that correct? | | <input type="checkbox"/> Yes (GO TO END) <input type="checkbox"/> No (GO TO f) |
| f. (if NO to e OR IF NO SUM CALCULATED FOR k5_M_e, ASK): About how much would you say you received altogether in 2018 for looking after children under age 13? | \$ _____ | |
| g. IF K5_M_f MISSING, ASK: Understanding the financial challenges and opportunities of providing home-based care is critical to better understanding the true cost that families and providers pay to care for children. Please indicate which of the following best describes the amount you received altogether in 2018 for looking after children under age 13. 1 <input type="checkbox"/> Under \$2500 2 <input type="checkbox"/> \$2501 to \$7500 3 <input type="checkbox"/> \$7501 to \$10,500 4 <input type="checkbox"/> More than \$10,500 | | |

END. Thank you for taking the time to complete this survey. CLICK NEXT TO END THE SURVEY