**Attachment 3**

2019 NSECE

Home-based Provider Questionnaire Items – Overview and Comparison

August 2018

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Overview of Proposed 2019 NSECE Questionnaire and Changes from 2012 NSECE Questionnaire

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| **2019 Category** | **2019 Construct** | **Key changes from 2012 to 2019** |
| **Section A: Location of Care** | Child care program address confirmation | * Addition of HB screener to identify home-based providers that are currently in operation and also those who are not currently serving children but were in the past. For this latter set of providers, screener collects information on when provider last served children and the main reason for no longer providing care. |
| Update of child care program address, if necessary |
| Screener: (Listed) Current provision of regular, paid care  (Unlisted) Current provision of care |
| Screener: Past provision of regular, paid care to children under age 13 who aren't R's own |
| Screener: Date provider last cared for children under age 13 who aren't R's own |
| Screener: Reasons for no longer providing regular, paid child care |
| Type of location provider cares for children |
| **Section B. Care Schedule and Rostering of Children if Small Provider** | Rostering of children provider usually cares for | * Rostering of children instructs respondents to list children using their initials only, rather than giving them the choice to enumerate children either using their names or initials, as it was done in 2019. To minimize potential duplication of listed initials, items identify each child using first initial and age in years and months. * Item about children’s race was edited to reflect current OMB guidelines. * Deletion of item that identifies any discount or add-on charged for care of each child. |
| Each child's residence is same or different than provider's household |
| Identification of provider’s relationship with each child’s family |
| Hours provider cared for each child each day of last week |
| Physical condition of each child that affects care |
| Emotional, developmental or behavioral condition of each child that affects care |
| Ethnicity of each child provider cares for |
| Race of each child provider cares for |
| Each child's language other than English at home |
| Language spoken with each child while in care |
| Help needed speaking with each child’s parents because of different languages |
| Identification of each child’s care schedule |
| When provider first started caring for each child |
| Any payment received for care for each child |
| Rate charged for care for each child |

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|  | Payment for each child received from other sources |  |
| Payment source for each child's discount or subsidy |
| Non-monetary compensation for care provided for each child |
| Frequency of non-monetary compensation for each child |
| Willingness to care for children without a prior relationship |
| Number of additional children provider willing and able to care for |
| **Section C: Enrollment** | Number of children enrolled full and part time by age group | * Update in wording of item about the number of additional children provider is willing and able to care for, so that it asks about current vacancies. * Edit to item about children’s race to reflect current OMB guidelines. * Minor edits to items that capture information about providers’ prior relationship with the families served. * Addition of item that identifies providers who are related to all children for whom they do not receive any regular payment. * Inclusion of four items that capture types of financial assistance provided to families. * Deletion of item that identifies any discount or add-on charged for care of each child. * Inclusion of item that captures number of children paid exclusively by their families. * Edits to items regarding number of children whose parents have limited English proficiency and language used in program. * Addition of items measuring number of children experiencing homelessness and food insecurity |
| Number of additional children provider willing and able to care for |
| Number of children with physical disability that affects care |
| Number of children with emotional, developmental or behavioral condition that affects care |
| Number of Hispanic children |
| Number of children by race |
| Number of children by hours they are cared for |
| Relationship classification of children cared for and their families to provider |
| Payment received for child care |
| Number of children without regular payment |
| Related to all children without regular payment |
| No regular payment for any children |
| One or different rates charged to families |
| Any full-time rate for each age group |
| Identification of highest rate for full-time care for each group |
| Types of financial assistance provided to families |
| Number of children paid for with no subsidies, discounts or scholarships |
| English proficiency of children under care and their families |
| Languages spoken directly with children |
| Percentage of time speaking English |

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|  | Number of children experiencing homelessness | * Addition of item measuring program participation in Child and Adult Care Food Program * Addition of multiple items related to subsidies, including past and current enrollment of children receiving subsidies; fees paid by parents receiving subsidies; whether there is a limit on enrollment of children with subsidies; whether a family has made a request for the center to accept a subsidy; and comparison of experience serving private pay versus subsidy families. * Deletion of item capturing number of children usually cared for that were not present. |
| Number of children experiencing food insecurity |
| Agencies pay for care |
| Number of children funded by agencies/government programs |
| Payment arrangement from agencies/government programs |
| Community organization pays for care |
| Number of children paid for by community organizations |
| Participation in Child and Adult Care Food Program |
| Fees paid by parents receiving subsidy |
| Any program subsidy enrollment limit |
| Any enrollment supported by subsidy |
| Family requests subsidy to pay for care |
| Comparison of children under care using private pay and using subsidy |
| Transportation services provided |
| **Section E: Schedule** | Schedule of child care | * Deletion of two items capturing additional types of care provided, specifically sick care for children and full-day activities for school- age children during the summer. * Edits to items regarding comprehensive services so that information captured distinguishes (i) help provided to families to find services, (ii) provider’s payment for services; and (iii) provision of services on site. |
| Fee for late pick up |
| Number of children with variation in schedules and program treatment of variation in schedules |
| Program paid for days a child does not attend |
| Care provided during non-standard working hours |
| Weeks spent providing care |
| Care arrangement when provider is sick |
| Last time provider unable to provide care due to illness |
| Facilitation of comprehensive services for enrolled children by provider |
| Any comprehensive services paid for by program |
| Any comprehensive services provided on- site at program |
| **Section F. Admissions/Mar keting** | Number of children who left program | * Wording of some items altered slightly to change year of reference from 2011 to 2018. * Addition of item evaluating whether a child needed to be |
| Number of children who entered program |
| Care stopped due to child’s behavior |
| Early pick up due to behavior problems |
| Program listed with referral agency |

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|  | Children denied due to no vacancies | picked up early due to behavior problems.   * Deletion of two items capturing activities used to demonstrate care offered. * Addition of item evaluating whether special needs child was kept from entering the program. * Addition of items measuring participation in quality rating system and recent improvement in quality rating. * Addition of item asking about experience conducting background checks. * Inclusion of items that identify agencies that have inspected program. |
| Program unable to care for special needs |
| Program quality rating |
| Program quality rating improved |
| Experience with background checks |
| Agencies that inspected the program |
| **Section G. Care Provided** | Time spent planning and engaging in activities | * Deletion of item that captures when activity planning occurs. * Update in response categories for children’s planned activities and revision from days to hours per day. * Addition of various items capturing snacks or meals provided to children. * Addition of item regarding children’s time spent with screens. * Expansion of list of potential curriculum and inclusion of training for curriculum use. * Addition of location of children’s physical activity. * Addition of item measuring access to health consultant in the program. * Expansion of professional development items, including additional information on coursework, format of health or safety training, separation of health and safety from other topics, professional development plan, time spent on professional development. |
| Any snacks or meals provided to children |
| Children’s time spent with screens |
| Identification of curriculum used |
| Received training to use curriculum |
| Program sponsorship |
| Time spent with other child care providers |
| Provider aware of resources |
| Provider has access to resources/professional development through schools/other programs |
| Total time spent on all program activities beyond child care |
| Identification of physical space used for child care |
| Location of children’s physical activity |
| Identification of reasons provider works with children |
| Main responsibility when looking after children |
| Professional organization membership |
| Access to a family support resource/ mental health consultant/ guidance counselor |
| Access to a health consultant |
| Caregiver professional development |

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|  | Topic of most recent professional development activity | * Replacement of Kessler Psychological Distress Scale with Center for Epidemiological Studies Depression Scale (CES-D7). * Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale. |
| Caregiver health and safety training |
| Topic of most recent professional development activity, besides health and safety |
| Professional development plan |
| Professional development assistance |
| Parental Modernity Scale – Traditional Belief Scale |
| Center for Epidemiological Studies Depression Scale |
| Bridget Hamre’s instructional approach/ knowledge |
| **Section H. Help with Child Care** | Identification of individuals who assist provider with child care | * Substantive expansion to include a roster of people who helped the provider look after children last week, including several characteristics for each person reported. |
| Hours worked by assisting caregiver |
| Wage paid to assisting caregiver |
| Name of assisting caregiver |
| Age of assisting caregiver |
| Any payment to assisting caregiver |
| Assisting caregiver lives in household |
| Years of paid ECE experience for assisting caregiver |
| Any credential for assisting caregiver |
| Any professional development for assisting caregiver |
| Time spent directly caring for children |
| **Section I. Household Characteristics** | Number of people living in household | * Substantial reduction of number of items because information on household members who help with care is captured in Section H. |
| Age of other people living in household |
| Relationship to other household member |
| Other household member cared for outside household |
| Identification of other household member having overlapping child care duties with provider |
| Other household member present during provider care |
| Hours spent assisting by other household member |
| Hours other household member was in provider care with other children |
| Hours household member was in respondent’s care while respondent looking after other children |

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|  | Number of household members by age group |  |
| Any child in household cared for outside household |
| **Section J. Provider Characteristics** | Year of birth | * Minor wording updates to items regarding currently enrollment in degree program and postsecondary majors. * Disaggregation of question about state certification or CDA into two different items. * Addition of item about experience providing different types of home-based care * Update to items regarding ethnicity and racial identification to reflect current OMB guidelines. * Inclusion of item regarding days affected by poor health. * Addition of item regarding home ownership. * Update of time frame for annual household income (from 2011 to 2018). |
| Country of birth |
| Year moved to United States |
| Current marital status |
| Educational attainment of caregiver |
| Currently enrolled in degree program |
| Educational field of study of caregiver |
| ECE credentials |
| Any training outside of higher education |
| Years of ECE work experience |
| Expected additional years caring for children |
| Any work for a center, school or other organization |
| Years of ECE work experience at a center |
| Prior experience in different types of home-based care |
| Characteristics of provider’s other current work for pay |
| Characteristics of provider’s other previous work for pay |
| Ethnicity |
| Race |
| Health insurance coverage |
| Health status |
| Days affected by poor health |
| Provider owns home used to care for children |
| Annual household income: Exact dollar amount |
| Annual household income: Before/after tax |
| Annual household income: Ranges |
| Percentage of household income stemming from childcare work |
| **Section K. Operations** | Amount spent operating program | * Update of time frame for amount spent operating program and types of income received (from 2011 to 2018). * Prompts for item non-response on income sources. |
| Sources of income from provider’s child care work |
| Types of income received: Total income received |

Home-based Provider Item-level Comparison between 2012 NSECE and Proposed 2019 Questionnaire

**Abbreviations for the item eligibility columns:**

**Provider Size: LP – Large Provider Relationship Status: RB – Relationship-based**

**SP – Small Provider NRB – Non-relationship based**

| **Category** | **Construct** | **2012 Questionnaire Item** | **2012 Item Eligibility – Provider Size** | **2012 Item Eligibility – Prior Relationship Status** | **2019 Questionnaire Item** | **2019 Item Eligibility** |
| --- | --- | --- | --- | --- | --- | --- |
| Section A: Location of Care | Child care program address confirmation | A1.  Our records indicate that your home address is (ADDRESS). Is that correct?  1 🞏 Yes  2 🞏 No | LP and SP | RB and NRB | Home-based item A1 has not changed. | All respondents |
|  | Update of child care program address, if necessary | A1a.  We are interviewing households and child care providers in various areas across the country. To make sure that your data are combined with others’ in your local area, I need to make sure I have your correct address.  What is your correct address? | LP and SP | RB and NRB | Home-based item A1a has not changed. | All respondents |
|  | Screener: Current provision of regular care to children under age 13 who aren't R's own | A1A1.  Do you look after children under age 13 who are not your own?  YES  NO | LP and SP | RB and NRB | Home-based item A1A1 has not changed | Unlisted home-based providers |
|  | Screener: Current provision of regular, paid care to children under age 13 who aren't R's own | Item not included in 2012. |  |  | A1A1\_M.  Do you provide paid care to children under age 13 who are not your own at least 5 hours each week?  1 🞏 Yes  2 🞏 No | Listed home-based providers |
|  | Screener: Past provision of regular, paid care to children under age 13 who aren't R's own | Item not included in 2012. |  |  | 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  2 🞏 No | Listed home-based providers who are no longer providing care |
|  | Screener: Date provider last cared for children under age 13 who aren't R's own | Item not included in 2012. |  |  | 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 | Listed home-based providers who are no longer providing care |
|  | Screener: Reasons for no longer providing regular, paid child care | Item not included in 2012. |  |  | 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  b. Difficulties complying with regulations and requirements  c. You didn’t feel you were helping parents and children | Listed home-based providers who are no longer providing care |
|  | Type of location provider cares for children | A1C1.  How would you describe the location where you look after children? Is it your home, the home of a child you care for, another kind of building, or does the location vary?  1. YOUR HOME  2. CHILD’S OWN HOME  3. SOMEWHERE ELSE (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  4. LOCATION VARIES | LP and SP | RB and NRB | Home-based item A1C1 has not changed. | All LP and SP |
| Section B: Care Scheduling and Roster of Children If Small Provider | Number of children provider cared for last week | 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 | | LP and SP | RB and NRB | Home-based item B1 has not changed. | All LP and SP |
|  | Number of children provider usually cares for, but not last week | 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 | | LP and SP | RB and NRB | Home-based item B1A has not changed. | All LP and SP |
|  | Total number of children provider cares for | B1B.  Altogether, was that [SUM OF B1 AND B1A] different children you looked after last week OR usually look after for five hours or more per week?  1 YES  2 NO | LP and SP | RB and NRB | Home-based item B1B has not changed. | All LP and SP |
|  | Initials of children provider cared for last week | B2.  Please list the names or initials of each child that you looked after last week. | SP | RB and NRB | B2\_M.  Please list the initials of each child that you looked after last week. | All SP |
|  | Initials of each child provider usually cares for, but not last week | B3.  Please provide the names or initials of each child that you usually look after at least 5 hours per week, but that you did not look after last week. | SP | RB and NRB | 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. | All SP |
|  | Age of children provider cares for | B4. How old is [CHILD]?   |  |  | | --- | --- | | Yrs |  | | Mos |  | | SP | RB and NRB | Home-based item B4 has not changed. | All SP |
|  | Each child's residence is same or different than provider's household | B6. Do you and [CHILD] live in the same household?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B6 has not changed. | All SP |
|  | Prior personal relationship with each child's family | B7. Did you have a prior personal relationship with [CHILD]’s family before you started looking after (him/her)?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B7 has not changed. | All SP |
|  | Type of prior personal relationship with each child's family | B7a. What is your personal relationship to [CHILD]?  1🞎 Parent without primary legal responsibility  2🞎 Grandparent  3🞎 Other blood relative  4🞎 Family friend  5🞎 Other Specify: | SP | RB and NRB | B7a\_M.  What is your personal relationship to [CHILD INITIALS/CHILD AGE]? 1🞎 Parent without primary legal responsibility  2🞎 Grandparent  6🞏 Parent’s partner/spouse/girlfriend or boyfriend  7🞏 Aunt/Uncle  8🞏Cousin  3🞎 Other blood relative  4🞎 Family friend  9🞏Not a relative  5🞎 Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_ | All SP |
|  | Confirmation of provider's grandparent relationship to each child | B7b.ii. So, [CHILD] is your grandchild?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B7b.ii has not changed. | All SP |
|  | Hours provider cared for each child each day of last week | B8.  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 child multiple times in the day, each session of care should be reported separately. | SP | RB and NRB | Home-based item B8 has not changed. | All SP |
|  | Hours provider cared for each child each day of last week | B8D2.  Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week.   Which days last week, if any, was [CHILD INITIALS/CHILD AGE] schedule with you identical to her schedule with you last [Day]?  SELECT ALL THAT APPLY:  🞏TUESDAY  🞏WEDNESDAY  🞏THURSDAY  🞏FRIDAY  🞏SATURDAY  🞏SUNDAY  🞏NO IDENTICAL DAY | SP | RB and NRB | Home-based item B8D2 has not changed. | All SP |
|  | Hours provider cared for each child each day of last week | B8C.  Was [CHILD 2 INITIALS/CHILD 2 AGE] schedule last Monday the same as another child's Monday schedule?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B8C has not changed. | All SP |
|  | Hours provider cared for each child each day of last week | B8C1.  Which child had the same Monday schedule?  1🞏[INITIALS/AGE for child 1]  2🞏[INITIAL/AGE for child 3] | SP | RB and NRB | Home-based item B8C1 has not changed. | All SP |
|  | Physical condition of each child that affects care | B9. Does [CHILD] have a physical condition that affects the way you care for (him/her)?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B9 has not changed. | All SP |
|  | Emotional, developmental, or behavioral condition for each child that affects care | B10. Does [CHILD] have an emotional, developmental, or behavioral condition that affects the way you care for (him/her)?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B10 has not changed. | All SP |
|  | Ethnicity of each child provider cares for | B11. Is [CHILD] Hispanic or Latino?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B11 has not changed. | All SP |
|  | Race of each child provider cares for | B12. Which of the following is [CHILD]…? Select one or more.  1 White  2 Black or African-American  3 Another Race | SP | RB and NRB | B12\_M.  Which of the following is [CHILD NAME]…? Select one or more.  1🞎 White  2🞎 Black or African American  3 🞏 Asian  4 🞎 Mixed race, another race, or you are not certain | All SP |
|  | Each child's language other than English at home | B13. Does [CHILD] usually speak a language other than English at home?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B13 has not changed. | All SP |
|  | Language spoken with each child while in care | B13b. What language do you mostly use when you are with [CHILD]?  1🞎 English  2🞎 Spanish  3🞎 other   |  | | --- | |  | | SP | RB and NRB | Home-based item B13b has not changed. | All SP |
|  | Help speaking with each child’s parents because of different languages | B13c. Do you need the help speaking with [CHILD]’s parents because you speak different languages?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B13c has not changed. | All SP |
|  | Provider regularly cares for each child at least 5 hours | B17. Do you look after [CHILD] regularly, that is, for at least five hours each week?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B17 has not changed. | All SP |
|  | Each child’s care schedule is the same each week | B18. Do you look after [CHILD] on the same schedule each week?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B18 has not changed. | All SP |
|  | Schedule of care for each child | B19.  What is that schedule? Beginning with [Day] morning (DATE) at 6am, when do you usually look after [CHILD]?  DISPLAY CHECK BOX “DO NOT LOOK AFTER CHILD ON THAT DAY”  1🞎 Su  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_  2🞎 Mo  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_  3🞎 Tu  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_  4🞎 We  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_  5🞎 Th  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_  6🞎 Fr  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_  7🞎 Sa  \_\_\_ to \_\_\_  \_\_\_ to \_\_\_ | SP | RB and NRB | Home-based item B19 has not changed. | All SP |
|  | Schedule of care for each child | B19\_1.  Is [Day] schedule the same as another day of the week? CHECK ALL THAT APPLY  1. TUESDAY  1🞏 Yes 2🞏 No  2. WEDNESDAY  1🞏 Yes 2🞏 No  3. THURSDAY  1🞏 Yes 2🞏 No  4. FRIDAY  1🞏 Yes 2🞏 No  5. SATURDAY  1🞏 Yes 2🞏 No  6. SUNDAY  1🞏 Yes 2🞏 No | SP | RB and NRB | Home-based item B19\_1 has not changed. | All SP |
|  | Number of hours provider cares for each child | B20. How many hours do you usually care for [CHILD]?  1🞎 week  2🞎 2 weeks  3🞎 month  4🞎 varies | SP | RB and NRB | Home-based item B20 has not changed. | All SP |
|  | Reason for each child’s schedule of care | B21. Do you look after him/her based on his/her parent’s work schedule, unavailability of a regular caregiver or at other times?  1🞎 Parent’s schedule  2🞎 Unavailability  3🞎 Other reasons/ times | SP | RB and NRB | Home-based item B21 has not changed. | All SP |
|  | When provider first started caring for the each child | B22. In what year and month did you first start looking after [CHILD] on a regular basis? If you don’t remember the exact year or month when you first started looking after [CHILD] on a regular basis, please provide the age of the child when you first started looking after him/her.  🞎 HAVE NEVER CARED REGULARLY FOR CHILD  1🞎🡻   |  |  | | --- | --- | | Month |  | | Year |  |   or  2🞎 Child’s age🡻   |  |  | | --- | --- | | Months |  | | Years |  | | SP | RB and NRB | Home-based item B22 has not changed. | All SP |
|  | Any payment received for care for each child | B23. Do you usually receive payment for looking after [CHILD]?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B23 has not changed. | All SP |
|  | Rate charged for care for each child | B24. [IF B23=YES] How much do you charge [CHILD NAME]’s parents to look after[CHILD NAME]?   |  |  | | --- | --- | | $ |  |   1🞎 hourly  2🞎 daily  3🞎 weekly  4🞎 monthly  5🞎 other   |  | | --- | |  | | SP | RB and NRB | Home-based item B24 has not changed. | All SP |
|  | Any discount or add-on charged for care of each child | B24a. Does this amount reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, extra hours care, transportation)?  1. YES, DISCOUNT  2. YES, ADD-ON  3. NO  4. OTHER (SPECIFY: ) | SP | RB and NRB | Item not included in 2019. | N/A |
|  | Payment for each child received from other sources | B24B. Is the amount of the payment you receive from the parent/guardian reduced because you receive payments on behalf of their child from another person, group, or public or private agency?”  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B24B has not changed. | All SP |
|  | Payment source for each child's discount or subsidy | B24C. What person, agency or group pays you for the discount or subsidy? SELECT ALL THAT APPLY. (INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED.)  1.HEAD START, INCLUDING EARLY HEAD START  2. LOCAL GOVERNMENT (E.G, PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT)  3. CHILD CARE SUBSIDY PROGRAMS SUCH AS CCDF OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS)  4. COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES OR OTHER SERVICES ORGANIZATIONS, NOT INCLUDING ANYTHING YOU’VE MENTIONED  EARLIER)  5. OTHER TYPES OF GOVERNMENT FUNDED PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM  6. OTHER FAMILY MEMBER OR INDIVIDUAL | SP | RB and NRB | Home-based item B24C has not changed. | All SP |
|  | Non-monetary compensation for care provided for each child | B25. Do you (also) receive anything in exchange for looking after [CHILD NAME]? For example, does [CHILD NAME]’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 NAME]?  1🞎 Yes  2🞎 No | SP | RB and NRB | Home-based item B25 has not changed. | All SP |
|  | Frequency of non-monetary compensation from each child | B26.  Do you receive this on a regular basis or just occasionally?  1. REGULAR  2. OCCASIONALLY  3. NEVER | SP | RB and NRB | Home-based item B26 has not changed. | All SP |
|  | Willingness to care for children without a prior relationship | B27.  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 | SP | RB and NRB | Home-based item B27 has not changed. | SP that are RB |
|  | Number of additional children provider willing and able to care for | B28.  At this time, for how many more children would you be willing and able to regularly provide child care? | SP | RB and NRB | Home-based item B28 has not changed. | All SP |
| Section C: Enrollment | Number of children enrolled by age group | C1A.  How many children do you look after in each of the following age groups?  Under 3 years  3-5 years, not yet in kindergarten  School-age (kindergarten and up) | LP | RB and NRB | Home-based item C1A has not changed. | All LP |
|  | Definition of full-time enrollment by age group | C1A2 How many hours do you consider full-time enrollment for this age group?  \_\_ Hours  1 No ‘full-time’ status defined | LP | RB and NRB | Home-based item C1A2 has not changed. | All LP |
|  | Number of full-time children by age group | C1A1 How many children are currently enrolled full time in this age group? | LP | RB and NRB | Home-based item C1A1 has not changed. | All LP |
|  | Number of additional children provider willing and able to care for | C1B. At this time, how many *more* children in this age group would you be willing and able to care for? | LP | RB and NRB | C1B\_M. At this time, how many vacancies do you have in this age group? | All LP |
|  | Total number of children cared for | 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 | LP | RB and NRB | Home-based item C1C has not changed. | All LP |
|  | Number of children with physical disability that affects care | C4.  How many of the children you look after have a physical condition that affects the way you look after them?   |  |  | | --- | --- | |  | Number of children | | LP | RB and NRB | Home-based item C4 has not changed. | All LP |
|  | Number of children with emotional, developmental or behavioral condition that affects care | C5. How many of your children have an emotional, developmental or behavioral condition that affects the way you look after them?   |  |  |  | | --- | --- | --- | |  |  | Number of children | | LP | RB and NRB | Home-based item C5a has not changed. | All LP |
|  | Number of Hispanic children | 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 | | LP | RB and NRB | Home-based item C6 has not changed. | All LP |
|  | Number of children by race | C7.  As far as you know, how many of the children are….   |  |  | | --- | --- | | Category | Number of Children | | a. White |  | | b. Black or African-American |  | | c. Another race |  | | LP | RB and NRB | 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 |  | | All LP |
|  | Number of children by hours they are cared for | C8.  How many children do you usually look after …   |  |  | | --- | --- | |  | Number | | a. fewer than 20 hours each week? | 1 🞏 | | b. 21 to 39 hours each week? | 1 🞏 | | c. 40 hours or more each week? | 1 🞏 | | LP | RB and NRB | 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? |  | | All LP |
|  | Provider lives in same household of any child cared for | 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, but do include grandchildren, nieces, nephews, or unrelated children you do not have custody of. Your own children you do not have custody of should count here.  1 🞏 Yes  2 🞏 No | LP | RB and NRB | Home-based item C9 has not changed. | All LP |
|  | Number of children who live in provider’s household | C9a.  How many of the [NUMBER FROM C1A/C1C] children you regularly look after live in your household?   |  |  | | --- | --- | |  | Number of Children | | LP | RB and NRB | Home-based item C9a has not changed. | All LP |
|  | Any relation to children cared for | C10.  Are you related to any of the children you regularly look after?  1 🞏 Yes  2 🞏 No | LP | RB and NRB | Home-based item C10 has not changed. | All LP |
|  | Number of children by type of relationship with provider | C10a.  How many of these children are your….?   |  |  | | --- | --- | | Relationship | Number of Children | | Grandchild |  | | Niece/Nephew |  | | Child of Spouse/Partner/Boyfriend or Girlfriend |  | | Your own child you do not have custody of |  | | Cousin |  | | Other relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Other relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | LP | RB and NRB | 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 |  | | Family friend |  | | Not a relative |  | | Other relationship \_\_\_\_\_\_\_\_\_ |  | | All LP |
|  | Related to all children cared for | C10b.  So are you related to ALL of the children you regularly look after?  1 🞏 Yes  2 🞏 No | LP | RB and NRB | Home-based item C10b has not changed. | All LP |
|  | Prior personal relationship with families of children cared for | C11.  Did you have personal relationships with the families of any of the other children you look after *before* you began looking after them?  1 🞏 Yes  2 🞏 No | LP | RB and NRB | 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 | All LP |
|  | Number of children with prior personal relationships | C11a.  What is the number of children whose families you had a prior personal relationship with? Please do not include any children you are related to.   |  |  | | --- | --- | |  | Number of Children | | LP | RB and NRB | 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 | | All LP |
|  | Related or had a prior personal relationship with all children cared for | 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 | LP | RB and NRB | Home-based item C11b has not changed. | All LP |
|  | Payment received for child care | 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  2 🞏 No | LP | RB and NRB | Home-based item C12 has not changed. | All LP |
|  | Number of children without regular payment | C12a.  How many children do you look after without receiving regular payment?   |  |  | | --- | --- | |  | Number of Children | | LP | RB and NRB | Home-based item C12a has not changed. | All LP |
|  | Related to all children without regular payment | Item not included in 2012. |  |  | C\_relall\_nopay. Are you related to all of the children you look after without receiving regular payment?  1 🞏 Yes  2 🞏 No | All LP |
|  | No regular payment for any children | C12b.  So you do not receive regular payment for any of the children you currently look after, is that correct?  1 🞏 Yes  2 🞏 No | LP | RB and NRB | Home-based item C12b has not changed. | Unpaid LP |
|  | One or different rates charged to families | C12C.  Do you charge just one rate to all families, or do you have different rates?  1 ONE RATE  2 DIFFERENT RATES | LP | RB and NRB | Home-based item C12C has not changed. | Paid LP |
|  | Any full-time rate for each age group | C12C1.  Do you have a rate that you charge families for full-time (or maximum hours of ) care for the following ages?  Infants less than 12 months old? HAVE A RATE NO RATE AVAILABLE  2 year olds? HAVE A RATE NO RATE AVAILABLE  4 year olds? HAVE A RATE NO RATE AVAILABLE  School-age children? HAVE A RATE NO RATE AVAILABLE | LP | RB and NRB | Home-based item C12C1 has not changed. | Paid LP |
|  | Highest rate for full-time care for each age group | C12C\_2.  What is the highest rate you are currently charging families for full-time care [AGE GROUP FROM C12C1], without any subsidies? [If you do not have a full-time rate, please report the rate for the greatest number of hours per week that you offer.]  $ \_\_\_\_\_\_\_\_\_\_ per | LP | RB and NRB | Home-based item C12C\_2 has not changed. | Paid LP |
|  | Highest rate for full-time care for each age group | C12c\_3.  Is that per  1 hour  2 ½ day  3 full day  4 week  5 month  6 term/semester/quarter  7 year  8 other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP | RB and NRB | Home-based item C12C\_3 has not changed. | Paid LP |
|  | Number of hours per day in rate charged | C12C\_4.  How many hours is that? | LP | RB and NRB | C12C\_4\_M.  How many hours is that per day? | Paid LP |
|  | Number of hours per week in rate charged | C12C\_5.  How many hours does that cover? | LP | RB and NRB | C12C\_5\_M.  How many hours per week does that cover? | Paid LP |
|  | Number of hours per week in rate charged | C12C\_6.  How many hours per week does that cover? | LP | RB and NRB | Home-based item C12C\_6 has not changed. | Paid LP |
|  | Number of weeks in rate charged | C12C\_6a.  How many weeks is that? | LP | RB and NRB | Home-based item C12C\_6A has not changed. | Paid LP |
|  | Number of weeks in rate charged | C12C\_7A.  How many weeks is that? | LP | RB and NRB | Home-based item C12C\_7A has not changed. | Paid LP |
|  | Number of hours per week in rate charged | C12C\_7B.  How many hours per week does that cover? | LP | RB and NRB | Home-based item C12C\_7B has not changed. | Paid LP |
|  | Weekly equivalent of rate charged | C12C\_8A.  What is the weekly equivalent of that rate? | LP | RB and NRB | Home-based item C12C\_8A has not changed. | Paid LP |
|  | Number of hours per week in rate charged | C12C\_8B.  How many hours per week does that cover? | LP | RB and NRB | Home-based item C12C\_8B has not changed. | Paid LP |
|  | Types of financial assistance provided to families | Item not included in 2012. |  |  | C\_affordcare Do you have any of the following to help families afford the care you offer…   1. Sliding fee scale   1 🞏 Yes  2 🞏 No   1. Scholarships   1 🞏 Yes  2 🞏 No   1. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation   1 🞏 Yes  2 🞏 No   1. Payment plans   1 🞏 Yes  2 🞏 No | Paid LP |
|  | Any discount or add-on included in rate | C12C\_9.  (Does this rate/Do these rates) reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, reduced services or hours, extra hours care, transportation)?  1. YES, DISCOUNT  2. YES, ADD-ON  3. NO  4. OTHER (SPECIFY: )  5. DK/REF/BLANK | LP | RB and NRB | Item not included in 2019. | N/A |
|  | Number of children paid for only by their families | Item not included in 2012. |  |  | C\_PARPAY  How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?  \_\_\_\_\_\_\_\_\_ Number of children | Paid LP |
|  | Number of children speaking a language other than English at home | C13.  How many of the children you look after speak a language other than English at home?   |  |  | | --- | --- | |  | Number of children | | LP | RB and NRB | Home-based item C13 has not changed. | All LP |
|  | Percentage of children speaking a language other than English at home | C13\_1.  What percent of the children you look after usually speak a language other than English at home?   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | % of children | | LP | RB and NRB | Home-based item C13\_1 has not changed. | All LP |
|  | Number of children whose parents have limited English proficiency | Item not included in 2012. |  |  | C\_parnoeng.  How many of the children in this classroom have parents or guardians who would not be able to speak with a teacher, in English, about their children’s experiences?  \_\_\_\_\_\_\_\_\_ Number of children | All LP |
|  | Percentage of children’s families requiring interpreter | C13B\_1.  What percent of your families do you need the help of an interpreter or a child to speak with?   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | % of families | | LP | RB and NRB | Home-based item C13B\_1 has not changed. | All LP |
|  | Languages spoken directly with children | C13d.  What languages do you speak when working directly with children?  SELECT ALL THAT APPLY.  1 🞏 English  2 🞏 Spanish  3 🞏 Other SPECIFY: | LP | RB and NRB | C13d\_M.  What languages do you or other staff speak when working directly with children?  SELECT ALL THAT APPLY.  1🞏 English  2🞏 Spanish  3🞏 Other SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | All LP |
|  | Percentage of time speaking English | C13e.  What percentage of the time do you speak English?   |  |  |  |  | | --- | --- | --- | --- | |  |  |  | % | | LP | RB and NRB | C13e\_M. How often is a language other than English spoken when children are being cared for?  🞏 Other languages rarely spoken  🞏 Other languages spoken throughout the day, but main language is English  🞏 English and other language(s) spoken almost equally  🞏 English is not the main language | All LP |
|  | Number of children experiencing homelessness | Item not included in 2012. |  |  | 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 | LP and SP that are NRB or FCC designated |
|  | Number of children experiencing food insecurity | Item not included in 2012. |  |  | C\_foodinsec. As far as you know, how many children in this classroom sometimes don’t have enough food to eat at home because there is not enough money to buy it?  \_\_\_\_\_\_\_ | All LP and SP |
|  | Agencies pay for care | C15.  Does a federal, state or local agency or group such as a human services or education agency or department, a welfare, employment or training program or United Way pay part or all of the cost for any of the children you look after?  1 🞏 Yes  2 🞏 No | LP and SP | NRB | 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  2 🞏No | LP and SP that are NRB or FCC designated |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  1. State pre-kindergarten | LP and SP | NRB | Home-based item C15a1 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  2. Head Start, including Early Head Start | LP and SP | NRB | Home-based item C15a2 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government) | LP and SP | NRB | Home-based item C15a3 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  4. Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts) | LP and SP | NRB | 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.  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) | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  5. Title I | LP and SP | NRB | Home-based item C15a5 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  6. Community organizations (e.g., United Way, local charities or other services organizations, not including anything you’ve mentioned earlier) | LP and SP | NRB | Item not included in 2019. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Number of children funded by agencies/government programs | C15a.  Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.  7. Other types of government funded programs including the Child Care and Adult Food Program | LP and SP | NRB | Home-based item C15a7 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Payment arrangement from agencies/government programs | C15b.  Do the government agencies or programs that pay you…  1. contract with you for a guaranteed number of slots | LP and SP | NRB | Home-based item C15b1 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Payment arrangement from agencies/government programs | C15b.  Do the government agencies or programs that pay you…  2. pay you for vouchers or subsidies to specific eligible parents | LP and SP | NRB | C15b\_M.  Do the government agencies or programs that pay you…  2. pay you for vouchers or subsidies for specific eligible children | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Payment arrangement from agencies/government programs | C15b.  Do the government agencies or programs that pay you…  3. pay the parents directly | LP and SP | NRB | Item is not included in 2019. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Payment arrangement from agencies/government programs | C15b.  Do the government agencies or programs that pay you…  4. have some other payment arrangement  SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | NRB | Home-based item C15b4 has not changed. | LP and SP that are NRB or FCC designated and report receiving funding in C15\_M. |
|  | Community organization pays for care | Item not included in 2012. |  |  | C\_commorg.  Does a community organization such as the United Way or a church or charity pay part or all of the cost for any of the children you look after?  1 🞏 Yes  2 🞏 No | LP and SP that are NRB or FCC designated |
|  | Number of children paid for by community organizations | Item not included in 2012. |  |  | C16a. How many children are paid for by community organizations?  \_\_\_ < 5 years  \_\_\_\_ School-age (kindergarten and up) | LP and SP that are NRB or FCC designated and reported funding in C\_commorg. |
|  | Fees paid by parents receiving subsidy | Item not included in 2012. |  |  | C\_subfees. (PRC3) Do parents receiving child care subsidies pay any of the following fees to your program?   1. Diaper, snacks or other supplies fees   1 🞏Yes  2 🞏No   1. Co-pays   1 🞏Yes  2 🞏No   1. Tuition for days or hours not covered by subsidy payment   1 🞏Yes  2 🞏No   1. Fees in addition to co-pays to make up for low subsidy reimbursement rates   1 🞏Yes  2 🞏No | LP and SP that are NRB or FCC designated and reported serving any children with subsidies in C15a\_M (> 0 for any part) |
|  | Any program subsidy enrollment limit | Item not included in 2012. |  |  | C\_sublimit. Do you limit the number of children with child-care subsidies that you enroll at any one time?  1 🞏 Yes  2 🞏 No | LP and SP that are NRB or FCC designated and reported serving any children with subsidies in C15a\_M (> 0 for any part) |
|  | Any enrollment supported by subsidy | Item not included in 2012. |  |  | C\_subenroll. (SU\_1) In the past year, have you had a child whose enrollment was supported by child care subsidy dollars, such as [STATE PROGRAM NAME]?  1 🞏 Yes  2 🞏 No | LP and SP that are NRB or FCC designated and did NOT report serving any children with subsidies in C15a\_M |
|  | Family requests subsidy to pay for care | Item not included in 2012. |  |  | C\_asksub. (SU\_2) In the past year, have you had a family ask to use child care subsidies to pay for a child’s enrollment in your program?  1 🞏 Yes  2 🞏 No | LP and SP that are NRB or FCC designated and did NOT report serving any children with subsidies in C15a\_M |
|  | Comparison of private pay and subsidy – Reliability of payment | Item not included in 2012. |  |  | C\_subcompare . (SU\_3) 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 | LP and SP that are NRB or FCC designated |
|  | Comparison of private pay and subsidy – Amount of money received | Item not included in 2012. |  |  | C\_subcompare. (SU\_3) 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…  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 | LP and SP that are NRB or FCC designated |
|  | Comparison of private pay and subsidy – Administrative requirements | Item not included in 2012. |  |  | C\_subcompare. (SU\_3) 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…  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 | LP and SP that are NRB or FCC designated |
|  | Comparison of private pay and subsidy – Ease of filling vacancies | Item not included in 2012. |  |  | C\_subcompare. (SU\_3) 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…  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 | LP and SP that are NRB or FCC designated |
|  | Transportation services provided | C16.  Do you provide any transportation services for children coming to or going from your care?  1 🞏 Yes  2 🞏 No | LP and SP | NRB | Item not included in 2019. | N/A |
|  | Number of children usually cared for that were not present | C17.  Thinking about yesterday or the last regular day you looked after children, approximately how many of the children under age 13 you usually take care of on that day of the week were not with you? Your best estimate is fine   |  |  | | --- | --- | |  | CHILDREN | | LP and SP | NRB | Item not included in 2019. | N/A |
| Section E: Schedule | Schedule of child care | E1.  Beginning with last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday, please provide the hours last week that you looked after at least one child who is not your own. If last week was a holiday or vacation week, please report information for the last usual week. | LP | NRB | 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. | All LP |
|  | Schedule of child care | 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 | | LP | NRB | Home-based item E1a has not changed. | All LP |
|  | Schedule of child care | E1A\_1. DISPLAY CHECK BOX “DID NOT LOOK AFTER CHILDREN THAT DAY”  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 | LP | NRB | Home-based item E1a\_1 has not changed. | All LP |
|  | Schedule of child care | E1\_2.  Please provide the hours that you looked after children last (DAY OF WEEK)?  DISPLAY CHECK BOX “CLOSED THAT DAY”   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 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 | | LP | NRB | Home-based item E1\_2 has not changed. | All LP |
|  | Fee for late pick up | 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 | LP and SP | NRB | Home-based item E2 has not changed. | LP and SP that are NRB or FCC designated |
|  | Program allows variation in care schedule | E3.  Do you permit parents to use care on schedules that vary from week to week?  1 🞏 Yes  2 🞏 No  3 🞏 DK/REF | LP and SP | NRB | Home-based item E3 has not changed. | LP and SP that are NRB or FCC designated |
|  | Number of children with varying schedules | E3a.  How many of the children you look after have schedules that vary from week to week?   |  |  | | --- | --- | |  | Number of children | | LP and SP | NRB | Home-based item E3a has not changed. | LP and SP that are NRB or FCC designated |
|  | Program allows variation in paid hours of care | E3c.  Do you permit parents to pay for and use varying numbers of hours of care each week?  1 🞏 Yes, at their convenience  2 🞏 Yes, from a set of schedule options  3 🞏 Yes, beyond a minimum number of hours  4 🞏 No  5 🞏 DK/REF | LP and SP | NRB | Home-based item E3c has not changed. | LP and SP that are NRB or FCC designated |
|  | Number of children with varying paid hours of care | E3d.  How many of the children in your program have variation in the number of paid hours of care each week?   |  |  | | --- | --- | |  | Number of children | | LP and SP | NRB | Home-based item E3d has not changed. | LP and SP that are NRB or FCC designated |
|  | Program paid for days a child does not attend | 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 | LP and SP | NRB | Home-based item E3f has not changed. | LP and SP that are NRB or FCC designated |
|  | Care provided on weekends | 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 | LP and SP | NRB | Home-based item E4 has not changed. | LP and SP that are NRB or FCC designated and reported offering weekend care in B8/B19 or E1\_M. |
|  | Care provided on week nights | 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 (CAPI: IF NEEDED: /WEB: for example, Sunday to Thursday)?  1 🞏 Yes  2 🞏 No | LP and SP | NRB | Home-based item E5 has not changed. | LP and SP that are NRB or FCC designated and reported offering evening care in B8/B19 or E1\_M. |
|  | Over-night care provided | E6.  Do you take care of children other than your own between 11pm and 6am on week nights  1 🞏 Yes  2 🞏 No | LP and SP | NRB | Home-based item E6 has not changed. | LP and SP that are NRB or FCC designated and reported offering nighttime care in B8/B19 or E1\_M. |
|  | Weeks spent providing care | E7.  How many weeks per year do you look after children other than your own who are under age 13?   |  |  | | --- | --- | |  | Number of weeks | | LP and SP | NRB | Home-based item E7 has not changed. | LP and SP that are NRB or FCC designated |
|  | Additional types of care provided | E8. In the past 12 months, have you provided any of the following types of care…?   |  |  |  | | --- | --- | --- | |  | Yes | No | | 1. sick care for children you care for anyway | 1 🞏 | 2 🞏 | | 2. full-day activities for school-age children during the summer | 1 🞏 | 2 🞏 | | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Care arrangement when provider is sick | E10.  The last time you were sick, what arrangements did you make for the children you normally look after? SELECT ALL THAT APPLY  Y  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  6🞏 Something Else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | Home-based item E10 has not changed. | All LP and SP |
|  | Last time provider unable to provide care due to illness | E10a.  When was the last time that you were unable to look after a child because you  were sick?  Month\_\_\_ Year \_\_\_\_ | LP and SP | RB and NRB | Home-based item E10a has not changed. | All LP and SP |
|  | Comprehensive services – health screenings | E13a. In the past 12 months, have you helped find any of the following kinds of help for children that you look after? Health screening, such as for medical, dental, vision, hearing, or speech?  1🞏 YES  2🞏NO | LP and SP | RB and NRB | Home-based item E13a has not changed for small and relationship-based providers. | All LP and SP |
|  | Comprehensive services – developmental assessments | E13b. In the past 12 months, have you helped find any of the following kinds of help for children that you look after? Development assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)?  1🞏 YES  2🞏NO | LP and SP | RB and NRB | Home-based item E13b has not changed for small and relationship-based providers. | All LP and SP |
|  | Comprehensive services – therapeutic services | E13c. In the past 12 months, have you helped find any of the following kinds of help for children that you look after? Services such as speech therapy, occupational therapy, or services for children with special needs  available to children?  1🞏 YES  2🞏NO | LP and SP | RB and NRB | Home-based item E13c has not changed for small and relationship-based providers. | All LP and SP |
|  | Comprehensive services – counseling services | E13d. In the past 12 months, have you helped find any of the following kinds of help for children that you look after? Counseling services for children or parents?  1🞏 YES  2🞏NO | LP and SP | RB and NRB | Home-based item E13d has not changed for small and relationship-based providers. | All LP and SP |
|  | Comprehensive services – social services | E13e. In the past 12 months, have you helped find any of the following kinds of help for children that you look after? Social services to families such as housing assistance, food  stamps, financial aid, or medical care?  1🞏 YES  2🞏NO | LP and SP | RB and NRB | Home-based item E13e has not changed. | All LP and SP |
|  | Any comprehensive services paid for by program | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Any comprehensive services provided on-site at program | Item not included in 2012. |  |  | E\_onsiteserv.  Do you provide any health screening, developmental assessments, services for children with special needs, or counseling on-site at your program?  1 🞏 Yes  2 🞏 No | All LP and SP |
| Section F: Admission/Marketing | Number of children who left program | F1.  During January through March of 2011, 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.   |  |  | | --- | --- | |  |  | | LP and SP | RB and NRB | 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.   |  |  | | --- | --- | |  |  | | All LP and SP |
|  | Number of children who entered program | F2.  During January through March of 2011, how many new children did you start looking after?   |  |  | | --- | --- | |  |  | | LP and SP | RB and NRB | F2\_M.  During January through March of 2018, how many new children did you start looking after?   |  |  | | --- | --- | |  |  | | All LP and SP |
|  | Care stopped due to child’s behavior | 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 | LP and SP | RB and NRB | Home-based item F3 has not changed. | All LP and SP |
|  | Early pick up due to behavior problems | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Program listed with referral agency | 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 | LP and SP | NRB | Home-based item F4 has not changed. | LP and SP that are NRB or FCC designated |
|  | Activities used to demonstrate care offered | F6. Which of the following do you do to help parents understand what kind of care you offer?   |  |  |  | | --- | --- | --- | |  | Yes | No | | a. Invite families looking for care to visit and observe | 1 🞏 | 2 🞏 | | b. Tell parents about your overall quality rating (for example, accreditation, tiered reimbursement) | 1 🞏 | 2 🞏 | | LP and SP | NRB | Item not included in 2019. | N/A |
|  | Children denied due to no vacancies | 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 | LP and SP | NRB | Home-based item F9 has not changed. | LP and SP that are NRB or FCC designated |
|  | Program unable to care for special needs | Item not included in 2012. |  |  | 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 | LP and SP that are NRB or FCC designated |
|  | Program quality rating | Item not included in 2012. |  |  | 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 | LP and SP that are NRB or FCC designated |
|  | Program quality rating improved | Item not included in 2012. |  |  | F\_QRIS1a. In the past two years have you moved from one rating to a better one?  1 🞏 Yes  2 🞏 No | LP and SP that are NRB or FCC designated |
|  | Experience with background checks | Item not included in 2012. |  |  | F\_BKGD. We are interested in your experiences completing background checks required for providing child care in your home. How much do you agree or disagree with the following statements: [Strongly Agree, Agree, Disagree, Strongly Disagree]  a. Background checks on staff protect me and the children I care for.  b. Background checks cause delays in my ability to hire new staff.  d. Some providers are uncomfortable with having to do background checks on their family members and other people who live in their household. | LP and SP that are NRB and reported serving any children with subsidies in C15a\_M (> 0 for any part) |
|  | Agencies that inspected the program | Item not included in 2012. |  |  | F\_INSP  In the past 12 months, have the following agencies inspected your program or come to monitor the quality of services?  a. Health department  1🞏Yes 2🞏No  b. Licensing agency  1🞏Yes 2🞏No | LP and SP that are NRB and reported serving any children with subsidies in C15a\_M (> 0 for any part) |

| **Category** | **Construct** | **2012 Questionnaire Item** | **2012 Item Eligibility – Provider Size** | **2012 Item Eligibility – Prior Relationship Status** | **2019 Questionnaire Item** | **2019 Item Eligibility** |
| --- | --- | --- | --- | --- | --- | --- |
| Section G: Care Provided | Activity planning for children | G1.  Do you plan the daily activities of the child(ren) you look after?  1 🞏 Yes  2 🞏 No | LP and SP | RB and NRB | Home-based item G1 has not changed. | All LP and SP |
|  | When activity planning occurs | G2.  When do you plan the activities of the child(ren) you look after?  1 🞏 While caring for children  2 🞏 Time when children are not present  3 🞏 Don’t make specific plans | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Time spent planning activities for children | G3.  How much time do you spend each week planning children’s activities?   |  |  | | --- | --- | |  | Hours per week | | LP and SP | RB and NRB | Home-based item G3 has not changed. | All LP and SP |
|  | Time spent on children’s planned activities | G3\_ECE.  How many days last week did you do any of the following as a planned activity with the children younger than kindergarten age? Please enter 0 if you did not do these things with children any day last week, or if they were done, but they had not been planned.  If last week was a holiday or vacation week, please report information for the last usual week.  A. Learning activities that you planned for child(ren) such as learning letters and reading or numbers and counting \_\_\_\_\_\_\_\_ DAYS | LP and SP | RB and NRB | G3\_ECE\_M.  We would like you to tell us about a typical day in your program for children under 5 years old. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities? How about (READ ITEM)? Would you say the children spend no time, half an hour or less, about one hour, about two hours, or three hours or more in (READ ITEM AGAIN)?  A. Learning activities done with the whole group  1 🞏 No time  2 🞏 Half an hour or less  3 🞏 About one hour  4 🞏 About two hours  5 🞏 Three hours or more | All LP and SP |
|  | Time spent on children’s planned activities | B. Free time for children to read or explore on their own \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYS | LP and SP | RB and NRB | B. Learning activities done with small groups or individuals  1 🞏 No time  2 🞏 Half an hour or less  3 🞏 About one hour  4 🞏 About two hours  5 🞏 Three hours or more | All LP and SP |
|  | Time spent on children’s planned activities | C. Vigorous activity in games that you organize and supervise \_\_\_\_\_\_\_\_\_DAYS | LP and SP | RB and NRB | C. Free time for children to play, read, or explore  1 🞏 No time  2 🞏 Half an hour or less  3 🞏 About one hour  4 🞏 About two hours  5 🞏 Three hours or more | All LP and SP |
|  | Time spent on children’s planned activities | D. Vigorous activity that the children select and do without direct supervision \_\_\_--DAYS | LP and SP | RB and NRB | D. Vigorous activity indoors or outdoors  1 🞏 No time  2 🞏 Half an hour or less  3 🞏 About one hour  4 🞏 About two hours  5 🞏 Three hours or more | All LP and SP |
|  | Time spent on children’s planned activities | E. Singing and movement planned in advance \_\_\_DAYS \_\_\_\_ | LP and SP | RB and NRB | E. Singing and movement planned in advance  1 🞏 No time  2 🞏 Half an hour or less  3 🞏 About one hour  4 🞏 About two hours  5 🞏 Three hours or more | All LP and SP |
|  | Time spent on children’s planned activities | F. Helping children with basic needs such as eating,  toileting/diapering, or getting dressed. DAYS | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Any snacks or meals provided to children | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Participation in Child and Adult Care Food Program | Item not included in 2012. |  |  | C\_CACFP. (CACFP1) [If meals provided:] Does your program participate in the Child and Adult Care Food Program?  1 🞏 Yes  2 🞏 No  3 🞏 Not eligible | LP and SP who reported ‘yes’ in G\_FOOD part b. |
|  | Children’s time spent with screens | Item not included in 2012. |  |  | G\_SCREEN. [In this program] on most days, how much time do children 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 this program | All LP and SP |
|  | Time spent on children’s planned activities | G3\_SA.  How many days last week did you do any of the following as a planned activity with the children kindergarten age or older? Please enter 0 if you did not do these things with children any day last week, or if they were done, but they had not been planned. If last week was a holiday or vacation week, please report infromation for the last usual week.  A. Learning activities that you planned for child(ren) such as learning reading, math or science \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYS  B. Free time for children to do homework or read on their own \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYS  C. Vigorous activity in games that you organize and supervise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYS  D. Vigorous activity that the children select and do without direct supervision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYS  E Free time for social activities or socializing with other children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAYS | LP and SP | RB and NRB | Item not included in 2019. |  |
|  | Any curriculum used | G3A.  Do you use a curriculum or prepared set of learning and play activities?  1. YES  2. NO | LP and SP | NRB | Home-based item G3A has not changed. | All LP and SP |
|  | Name of curriculum used | G3B.  What is the name of the curriculum or prepared activities you use?    1. ❑ Creative Curriculum for Infants, Toddlers, and Twos  2. ❑ High/Scope for Infants and Toddlers  3. ❑ Program for Infant/Toddler Care (PITC)  4. ❑ Creative Curriculum for Preschool  5. ❑ High/Scope for Preschoolers  6. ❑ Opening the World of Learning (OWL)  7. ❑ An approach, such as Montessori or Project Approach  8. ❑ A curriculum I developed myself  9. ❑ Another curriculum (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\_\_ | LP and SP | NRB | G3B\_M.  What is the name of the curriculum or prepared activities you use?  **NOTE:** Refer to instrument item G3B\_M for complete list of curricula available to respondent. | All LP and SP who reported using a curriculum in G3A |
|  | Received training to use curriculum | Item not included in 2012. |  |  | G\_CURRTRAIN. Have you received 4 or more hours of training on how to use this curriculum?  1 🞏 Yes  2 🞏 No | All LP and SP who reported using a curriculum in G3A |
|  | Program sponsorship | 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?  1 🞏 Yes, Sponsored by an organization  2 🞏 Yes, part of a provider network  3 🞏 Neither | LP and SP | NRB | Home-based item G4 has not changed. | All LP and SP |
|  | Time spent with other child care providers | 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  2 🞏 Yes, but not regularly  3 🞏 No | LP and SP | RB and NRB | Home-based item G5 has not changed. | All LP and SP |
|  | Provider aware of resources | 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 | LP and SP | RB and NRB | Home-based item G5a has not changed. | All LP and SP |
|  | Provider has access to resources/professional development through schools/other programs | 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 | LP and SP | RB and NRB | Home-based item G5d has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M  A. 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.  Buying supplies and food for child(ren)              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part A has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  B. 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.  Cleaning and maintaining the space              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part B has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  C. 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.  Planning your activities with the child(ren)              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | G6\_M.  C. 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.  Planning the children’s activities              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  D. 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.  Doing record keeping, billing, administrative tasks              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part D has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  E. 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.  Participating in education, training or professional meetings              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part E has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  F. 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.  Communicating with parents outside of your regular program hours              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part F has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  G. 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.  Marketing your child care services              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part G has not changed. | LP and SP that are NRB or FCC designated |
|  | Time spent on program activities beyond child care | G6\_M.  H. 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.  Any other activity you spend time on for children you look after              Hours  🞏 1 per year 🞏 2 per month 🞏 3 per week | LP and SP | NRB | Home-based item G6\_M part H has not changed. | LP and SP that are NRB or FCC designated |
|  | Total time spent on all program activities beyond child care | G6\_M.  I. 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.  How many hours would you say you spend on all of these activities combined, per month? | LP and SP | NRB | Home-based item G6\_M part I has not changed. | LP and SP that are NRB or FCC designated |
|  | Number of rooms used for child care | G6a.  Aside from bathrooms or kitchens, how many rooms do you use when you are looking after children? \_\_\_\_\_\_\_\_\_\_\_ Number of rooms | LP and SP | NRB | Home-based item G6a has not changed. | LP and SP that are NRB or FCC designated |
|  | Number of child care rooms used for provider family | 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 | LP and SP | NRB | Home-based item G6b has not changed. | LP and SP that are NRB or FCC designated |
|  | Location of children’s physical activity | Item not included in 2012. |  |  | G\_physact. Where do children participate in vigorous physical activity?  In the indoor space for regular care  1🞏 Yes  2🞏 No  In my own outdoor space (e.g., backyard)  1🞏 Yes  2🞏 No  In nearby public outdoor space (e.g., public park or parking lot)  1🞏 Yes  2🞏 No | LP and SP that are NRB or FCC designated |
|  | Main reason for working with children | G7a.  What is the main reason that you look after children?  1 It is my personal calling or career  2 It is a step toward a related career  3 To earn money  4 To have a job that lets me work from home  5 To help children  6 To help children’s parents  7. OTHER (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | LP and SP | RB and NRB | G7a\_M.  What is the most important reason that you look after children?  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | All LP and SP |
|  | Secondary reason for working with children | Item not included in 2012. |  |  | G\_REASON2 What is the second most important reason that you look after children?  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | All LP and SP |
|  | Main responsibility when looking after children | G7b.  What do you see as your main responsibility when looking after children? RECORD VERBATIM AND CODE  1 Help their development  2 Keep them safe/ out of trouble  3 Provide them love and nurturing  4 Teach them values  5 Help them learn so they can do well in school  6.OTHER (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | LP and SP | RB and NRB | G7b\_M.  What do you see as your main responsibility when looking after children?  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | All LP and SP |
|  | Professional organization membership | 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 | LP and SP | NRB | Home-based item G7c has not changed. | LP and SP that are NRB or FCC designated |
|  | Children’s time spent with screens | G9.  While the children you are taking care of are with you, how often do they use something with a screen, such as a TV, computer or electronic game?  1 🞏 Every day  2 🞏 2-3 times per week  3 🞏 2-4 times per month  4 🞏 Once a month or less  5 🞏 Never | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Access to a family support resource/ mental health consultant/ guidance counselor | 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 | LP and SP | RB and NRB | Home-based item G12 has not changed. | All LP and SP |
|  | Access to a health consultant | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Caregiver professional development | 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 | LP and SP | RB and NRB | Home-based item G15A has not changed. | All LP and SP |
|  | Caregiver professional development | 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  2 🞏 No | LP and SP | RB and NRB | Home-based item G15B has not changed. | All LP and SP |
|  | Caregiver professional development | G15B1.  Was that a single workshop or a series of several sessions?  1. SINGLE WORKSHOP  2. WORKSHOP SERIES | LP and SP | RB and NRB | G15B1\_M.  Did you attend a series of two or more workshops?  1 🞏 YES  2 🞏 NO | All LP and SP who reported attending a workshop in G15B. |
|  | Caregiver professional development | 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 | LP and SP | RB and NRB | Home-based item G15C has not changed. | All LP and SP |
|  | Caregiver professional development | 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  2 🞏 No | LP and SP | RB and NRB | Home-based item G15D has not changed. | All LP and SP |
|  | Topic of most recent professional development activity | 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? | LP and SP | RB and NRB | Home-based item G15D1 has not changed. | All LP and SP who reported participating in another type of activity in G15D. |
|  | Caregiver health and safety training | Item not included in 2012. |  |  | G\_HS In the past 12 months, have you participated in a health or safety training?  1 🞏 YES  2 🞏 NO | All LP and SP who reported participating in any activity in G15A – G15D |
|  | Caregiver health and safety training | Item not included in 2012. |  |  | G\_HSONLINE Did you participate in any on-line health or safety trainings in the past year?  1 🞏 YES  2 🞏 NO | All LP and SP who reported ‘yes’ in G\_HS |
|  | Topic of most recent professional development activity, besides health and safety | G16.  What would you say was the main topic of the most recent activity you participated in to improve or gain skills in working with children?  HOW TO MAINTAIN A SAFE AND HEALTHY ENVIRONMENT IN YOUR HOME  HELPING CHILDREN BE READY FOR SCHOOL OR IMPROVE THEIR SCHOOL PERFORMANCE  HELPING CHILDREN IMPROVE THEIR BEHAVIOR AND SELF-CONTROL  HOW TO COMMUNICATE WELL WITH CHILDREN’S PARENTS AND ASSIST WITH ANY FAMILY PROBLEMS  PROVIDING HELP FOR CHILDREN WITH SPECIAL PHYSICAL, DEVELOPMENTAL, EMOTIONAL OR BEHAVIORAL NEEDS  PROVIDING HELP FOR CHILDREN WHO DO NOT SPEAK ENGLISH AS THEIR FIRST LANGUAGE | LP and SP | RB and NRB | 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?  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  10 🞏WORKING WITH CHILDREN FROM DIFFERENT RACES, ETHNICITIES AND CULTURES  11 🞏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. | LP and SP who said yes to any item G15A – G15D |
|  | Caregiver professional development | Item not included in 2012. |  |  | G\_SKILLOBS  Did any of your courses completed in the past 12 months include an opportunity for you to demonstrate skills related to supporting children’s development and be observed?  1 🞏 Yes  2 🞏 No | LP and SP who said yes to any item G15A – G15D |
|  | Professional development plan | Item not included in 2012. |  |  | G\_PDPLAN In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children? Developed or updated a plan for your professional development with the help of an advisor?  1 🞏 Yes  2 🞏 No | LP and SP who said yes to any item G15A – G15D |
|  | Caregiver professional development | Item not included in 2012. |  |  | G\_CULTTRAIN 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 | LP and SP who said yes to any item G15A – G15D |
|  | Professional development assistance | Item not included in 2012. |  |  | G\_PDASST.  In the past 12 months, did you receive any of the following types of assistance with the costs of improving your skills, 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. (During the past 12 months, did you receive) Help with other costs of participation such as travel or child care for your own children  1🞏 YES 2 🞏 NO | LP and SP who said yes to any item G15A – G15D |
|  | Parental Modernity Scale – Traditional Belief Scale | G17A.  In my opinion, children should always obey their parents. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | LP and SP | RB and NRB | Home-based item G17A has not changed. | All LP and SP |
|  | Parental Modernity Scale – Traditional Belief Scale | G17B.  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?) | LP and SP | RB and NRB | Home-based item G17B has not changed. | All LP and SP |
|  | Parental Modernity Scale – Traditional Belief Scale | G17C.  In my opinion, the most important thing to teach children is absolute obedience to whomever is the authority. | LP and SP | RB and NRB | Home-based item G17C has not changed. | All LP and SP |
|  | Parental Modernity Scale – Progressive Belief Scale | G17D.  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?) | LP and SP | RB and NRB | Home-based item G17D has not changed. | All LP and SP |
|  | Parental Modernity Scale – Progressive Belief Scale | G17E.  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?) | LP and SP | RB and NRB | Home-based item G17E has not changed. | All LP and SP |
|  | Parental Modernity Scale – Progressive Belief Scale | G17F.  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?) | LP and SP | RB and NRB | Home-based item G17F has not changed. | All LP and SP |
|  | Parental Modernity Scale – Traditional Belief Scale | G17G.  In my opinion, children will be bad unless they are taught what is right. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly | LP and SP | RB and NRB | Home-based item G17G has not changed. | All LP and SP |
|  | Parental Modernity Scale – Traditional Belief Scale | G17H.  In my opinion, children should always obey the teacher. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | LP and SP | RB and NRB | Home-based item G17H has not changed. | All LP and SP |
|  | Parental Modernity Scale – Progressive Belief Scale | G17I.  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?) | LP and SP | RB and NRB | Home-based item G17I has not changed. | All LP and SP |
|  | Parental Modernity Scale – Progressive Belief Scale | G17J.  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?) | LP and SP | RB and NRB | Home-based item G17J has not changed. | All LP and SP |
|  | Kessler Psychological Distress Scale | G20a.  We’d like to know how people taking care of children feel about life. During the past 30 days, how often did you feel?  ...so sad that nothing could cheer you up? Would you say…  1🞏 All of the time  2🞏 Most of the time  3🞏 Some of the time  4🞏 A little of the time  5🞏 None of the time | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Kessler Psychological Distress Scale | G20b.  We ’d like to know how people taking care of children feel about life. During the past 30 days, how often did you feel?  …nervous?  1🞏 All of the time  2🞏 Most of the time  3🞏 Some of the time  4🞏 A little of the time  5🞏 None of the time | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Kessler Psychological Distress Scale | G20c.  We ’d like to know how people taking care of children feel about life. During the past 30 days, how often did you feel?  ..restless or fidgety?  1🞏 All of the time  2🞏 Most of the time  3🞏 Some of the time  4🞏 A little of the time  5🞏 None of the time | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Kessler Psychological Distress Scale | G20d.  We ’d like to know how people taking care of children feel about life. During the past 30 days, how often did you feel?  ...hopeless?  1🞏 All of the time  2🞏 Most of the time  3🞏 Some of the time  4🞏 A little of the time  5🞏 None of the time | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Kessler Psychological Distress Scale | G20e.  We ’d like to know how people taking care of children feel about life. During the past 30 days, how often did you feel?  ...that everything was an effort?  1🞏 All of the time  2🞏 Most of the time  3🞏 Some of the time  4🞏 A little of the time  5🞏 None of the time | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Kessler Psychological Distress Scale | G20f.  We ’d like to know how people taking care of children feel about life. During the past 30 days, how often did you feel?  ...worthless?  1🞏 All of the time  2🞏 Most of the time  3🞏 Some of the time  4🞏 A little of the time  5🞏 None of the time | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  1. I did not feel like eating; my appetite was poor  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) | All LP and SP |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  2. I had trouble keeping my mind on what I was doing.  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) | All LP and SP |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  3. I felt depressed.  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) | All LP and SP |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  4. I felt that everything I did was an effort.  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) | All LP and SP |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  7. My sleep was restless.  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) | All LP and SP |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  8. I was sad.  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) | All LP and SP |
|  | Center for Epidemio-logical Studies Depression Scale-7 | Item not included in 2012. |  |  | G\_CESD7. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.  10. I could not "get going."  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) | All LP and SP |
|  | Bridget Hamre’s instructional approach/ knowledge | Item not included in 2012. |  |  | 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. | All LP and SP |
|  | Bridget Hamre’s instructional approach/ knowledge | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Bridget Hamre’s instructional approach/ knowledge | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Bridget Hamre’s instructional approach/ knowledge | Item not included in 2012. |  |  | 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. | All LP and SP |
| Section H: Help with Child Care | Any help with children cared for | H1.  Does anyone from outside of your household ever help you look after children who are not your own while those children are with you?  1 🞏 Yes  2 🞏 No | LP and SP | NRB | 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  2 🞏 No | All LP and SP |
|  | Number of people helping care for children | Item not included in 2012. |  |  | H\_NUMHELP. How many people helped you look after children last week?  \_\_ # of people assisting | LP and SP who reported having help in caring for children in H1\_M |
|  | Number of people helping care for children | H2.  How many different people currently help you look after children?   |  | | --- | |  | | LP and SP | NRB | Item not included in 2019. | N/A |
|  | Educational attainment of assisting caregiver | H3\_1.  (Does this person/How many of these people) have:   1. a 2-year college degree? \_\_\_\_\_\_ 2. a 4-year college degree? \_\_\_\_\_\_ 3. state certification in education or child development? \_\_\_\_\_\_\_\_\_\_ 4. d. 5 or more years experience working with children under age 13 (other than raising their own children)? \_\_\_\_\_\_\_\_ | LP and SP | NRB | Item not included in 2019. | N/A |
|  | Hours worked by assisting caregiver | H3\_2.  How many work:  a. 30 or more hours per week? \_\_\_\_\_\_\_\_  b. 10 or fewer hours per week? \_\_\_\_\_\_\_\_ | LP and SP | NRB | Item not included in 2019. | N/A |
|  | Wage paid to assisting care giver | H3\_3.  What is the highest wage that you pay [this person/any of these people]?  Amount \_\_ per  1🞏 hour  2🞏 day  3🞏 week  4🞏 month  5🞏 year  6🞏 Other | LP and SP | NRB | Item not included in 2019. | N/A |
|  | Name of assisting caregiver | Item not included in 2012. |  |  | H\_HELPNAME. Please tell me the initials of each person over 12 years old who helped you care for children last week. | LP and SP who reported having help in caring for children in H1\_M |
|  | Age of assisting caregiver | Item not included in 2012. |  |  | H\_HELPAGE. How old is this person? | LP and SP who reported having help in caring for children in H1\_M |
|  | Hours worked by assisting caregiver | Item not included in 2012. |  |  | H\_HELPHOUR. How many hours did this person help look after the children in your care last week? | LP and SP who reported having help in caring for children in H1\_M |
|  | Any payment to assisting caregiver | Item not included in 2012. |  |  | H\_HELPPAY. Do you regularly pay this person to help you care for the children in your care? | LP and SP who reported having help in caring for children in H1\_M |
|  | Wage paid to assisting care giver | Item not included in 2012. |  |  | H\_HELPWAGE. What wage do you pay this person? $\_\_\_\_\_\_\_ per [hour/day/week/month] | LP and SP who reported having help in caring for children in H1\_M |
|  | Assisting caregiver lives in household | Item not included in 2012. |  |  | H\_HELPLIVE. Does this person live in your household?  1🞏 Yes  2🞏 No | LP and SP who reported having help in caring for children in H1\_M |
|  | Educational attainment of assisting caregiver | Item not included in 2012. |  |  | H\_HELPED. How much schooling has [s/he] completed? [select categories] | LP and SP who reported having help in caring for children in H1\_M |
|  | Years of paid ECE experience for assisting caregiver | Item not included in 2012. |  |  | H\_HELPCARE. How many years has [s/he] done paid work caring for children under age 13? | LP and SP who reported having help in caring for children in H1\_M |
|  | Any credential for assisting caregiver | Item not included in 2012. |  |  | H\_HELPCDA. Does [s/he] have a CDA?  1🞏 Yes  2🞏 No | LP and SP who reported having help in caring for children in H1\_M |
|  | Any professional development for assisting caregiver | Item not included in 2012. |  |  | H\_HELPTRAIN. In the last 12 months, has [s/he] received any training or education in caring for young children?  1🞏 Yes  2🞏 No | LP and SP who reported having help in caring for children in H1\_M |
|  | Time spent directly caring for children | Item not included in 2012. |  |  | H\_TIMECARE. How many hours last week did you spend directly caring for children?  \_\_\_\_\_\_\_\_ Hours last week | LP and SP who reported having help in caring for children in H1\_M |
| Section I: Household Characteristics | Number of people living in household | I1a. Not including yourself, how many other people live in your household?    Name/initials | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Age of other person living in household | I1b. How old is []? IF NEEDED: Your best guess is fine. | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Relationship to other household member | I1d. What is your relationship to []?  1 SPOUSE /PARTNER  2 PARENT OR PARENT-IN-LAW  3 CHILD  4 SIBLING OR SIBLING-IN-LAW  5 OTHER RELATIVE  6 NON-RELATIVE | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Other household member cared for outside household | I1f.  Is [] regularly cared for by someone outside of the household, for example, in a pre-school or by a neighbor?  1🞎 Yes  2🞎 No | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Other household member assists with child care | I1h.  Does [] ever help you look after children?  Please include only help caring for children, and not other help such as billing or shopping for your work looking after children.  1🞎 Yes  2🞎 No | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Other household member cares for children | I1l.  [Aside from helping you when you are looking after children], does [] look after children under age 13 who are not his/her own? .  1 🞏 YES  2 🞏 NO | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Other household member cares for same children as provider | I1l.i.  Are any of those the same children that you regularly look after?”  1 🞏 YES  2 🞏 NO | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Other household member present during provider care | I2.  Last week, was [hhmem] with you at any times when you were caring for these children?  1 🞏 Yes  2 🞏 No | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Hours spent assisting by other household member | I2b.  How many hours last week did [hhmem] assist you in looking after children?  \_\_\_\_\_\_\_\_\_\_ Number of hours | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Hours other household member was in provider care with other children | I2d.  How many hours last week was [hhmem] in your care at the same time that you were looking after other children?  \_\_\_\_\_\_\_\_\_\_ Number of hours | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Number of household members by age group | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Any child in household cared for outside household | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Hours other household member was in provider care with other children | Item not included in 2012. |  |  | 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 | All LP and SP |
| Section J: Provider Characteristics | Year of birth | J1.  These next questions are about you personally. In what year were you born?   |  | | --- | |  | | LP and SP | RB and NRB | Home-based item J1 has not changed. | All LP and SP |
|  | Country of birth | J2.  In what country were you born?   |  | | --- | |  | | LP and SP | RB and NRB | Home-based item J2 has not changed. | All LP and SP |
|  | Year moved to United States | J2a.  In what year did you move to the U.S. to stay?   |  | | --- | |  | | LP and SP | RB and NRB | Home-based item J2a has not changed. | All LP and SP |
|  | Current marital Status | 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 | LP and SP | RB and NRB | Home-based item J3 has not changed. | All LP and SP |
|  | Educational attainment of caregiver | J4.  What is the highest grade or level of schooling that you have ever completed?  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 | LP and SP | RB and NRB | Home-based item J4 has not changed. | All LP and SP |
|  | Currently enrolled in degree program | J5.  Are you currently enrolled in a degree program?  1 🞏 Yes  2 🞏 No | LP and SP | NRB | J5\_M.  Are you currently enrolled in a degree program at a college or university?  1 🞏 Yes  2 🞏 No | LP and SP that are NRB or FCC designated and reported some college or higher in J4. |
|  | Educational field of study of caregiver | J5a.  What was your major for the highest degree you have or have studied for?  1 ELEMENTARY EDUCATION  2 SPECIAL EDUCATION  3 CHILD DEVELOPMENT OR PSYCHOLOGY  4 EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE  5 OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | NRB | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP that are NRB or FCC designated and reported some college or higher in J4. |
|  | ECE credentials | Item not included in 2012. |  |  | J\_CDA. Do you have a Child Development Associate (CDA) certificate?  1 🞏 YES  2 🞏 NO | LP and SP that are NRB or FCC designated and reported some college or higher in J4. |
|  | ECE credentials | Item not included in 2012. |  |  | J\_CERT. Do you have a state certification or endorsement for early care and education?  1 🞏 YES  2 🞏 NO | LP and SP that are NRB or FCC designated and reported some college or higher in J4. |
|  | Credits earned from college coursework | J7.  In the past 12 months, how many credits have you earned for college coursework focusing on child development, education or early childhood?   |  |  | | --- | --- | |  | Number of credits | | LP and SP | NRB | Item not included in 2019. | N/A |
|  | ECE credentials | J8.  Do you have a state certification or endorsement for early care and education/school-age care, such as a certificate from the state or a Child Development Associate (CDA) certificate?  1🞏 YES  2🞏 NO | LP and SP | NRB | Item not included in 2019. | N/A |
|  | ECE credentials | J9.  Do you have some form of certification as a special education teacher or elementary school teacher?  1 🞏 YES  2 🞏 NO | LP and SP | NRB | Home-based item J9 has not changed. | LP and SP that are NRB or FCC designated and reported some college or higher in J4. |
|  | Any training outside of higher education | J10.  Do you have any training *outside of higher education* in child development or early care and education?  1 🞏 YES  2 🞏 NO | LP and SP | NRB | Home-based item J10 has not changed. | LP and SP that are NRB or FCC designated and reported some college or higher in J4. |
|  | Years of ECE work experience | J12.  How long have you been caring for children under age 13, not including raising any of your own children?   |  |  |  |  | | --- | --- | --- | --- | |  | Years and |  | Months | | LP and SP | RB and NRB | Home-based item J12 has not changed. | All LP and SP |
|  | Expected additional years caring for children | J13.  How many more years do you expect to look after children who are not your own, whether at your home or theirs?   |  |  | | --- | --- | |  | Number of years | | LP and SP | RB and NRB | 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 | | All LP and SP |
|  | Any work for a center, school or other organization | J13a1.  Have you ever worked as an employee of a center, school or other organization serving children under age 13?  1 YES  2 NO | LP and SP | NRB | Home-based item J13a1 has not changed. | LP and SP that are NRB or FCC designated |
|  | Years of ECE work experience at a center | 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 | | LP and SP | NRB | Home-based item J12a has not changed. | LP and SP that are NRB or FCC designated |
|  | Types of child care provided in past 10 years | Item not included in 2012. |  |  | 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, not including license-exempt care  1🞏Yes 2🞏No | LP and SP that are NRB or FCC designated |
|  | Any additional work for pay | 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  2 🞏 No | LP and SP | RB and NRB | Home-based item J14 has not changed. | All LP and SP |
|  | Type of additional work for pay | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | Home-based item J15 has not changed. | All LP and SP who reported working for pay in addition to caring for children in J14 |
|  | Hours worked at other job | J15A.  About how many hours do you usually work at that job each week? | LP and SP | RB and NRB | J15A\_M. About how many hours do you usually work each week in that job other than taking care of young children in your home? | All LP and SP who reported working for pay in addition to caring for children in J14 |
|  | Other job  work schedule | 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 | LP and SP | RB and NRB | Home-based item J15A\_1 has not changed. | All LP and SP who reported working for pay in addition to caring for children in J14 |
|  | Wage received from other job | J15B.  About how much are you paid at that job?  $\_\_\_\_\_\_\_\_  1 per hour  2 per day  3 per week  4 per year 5 other: \_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | Home-based item J15B has not changed. | All LP and SP who reported working for pay in addition to caring for children in J14 |
|  | Years of experience at other job | J15C.  How long have you had that job?   |  |  |  |  | | --- | --- | --- | --- | |  | Years and |  | Months | | LP and SP | RB and NRB | Home-based item J15C has not changed. | All LP and SP who reported working for pay in addition to caring for children in J14 |
|  | Any work beyond home-based child care | J17.  Have you ever worked for pay other than caring for children in your own home or in theirs?  1 🞏 YES  2 🞏 NO | LP and SP | RB and NRB | Home-based item J17 has not changed. | All LP and SP who did NOT report working for pay in addition to caring for children in J14 |
|  | Previous job prior to child care | J18a.  What was the last job that you had before caring for children at home?   |  | | --- | |  | | LP and SP | RB and NRB | Home-based item J18a has not changed. | All LP and SP who did NOT report working for pay in addition to caring for children in J14 |
|  | When last job was | J18b.  When did you last work at that job?   |  |  |  |  | | --- | --- | --- | --- | |  | Month |  | Year | | LP and SP | RB and NRB | Home-based item J18b has not changed. | All LP and SP who did NOT report working for pay in addition to caring for children in J14 |
|  | Hours worked at previous job | J18c.  About how many hours did you usually work at that job each week when you stopped working there?   |  | | --- | |  | | LP and SP | RB and NRB | Home-based item J18c has not changed. | All LP and SP who did NOT report working for pay in addition to caring for children in J14 |
|  | Wage received from previous job | J18d.  About how much were you paid at that job?   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   1 per hour  2 per day 3 per week 4 per year 5 other: \_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | Home-based item J18d has not changed. | All LP and SP who did NOT report working for pay in addition to caring for children in J14 |
|  | Ethnicity | J19.  Are you of Hispanic or Latino descent?  1 🞏 YES  2 🞏 NO | LP and SP | RB and NRB | J19\_M. What is your ethnicity?  1🞎 Hispanic or Latino  2🞎 Not Hispanic or Latino | All LP and SP |
|  | Race | J20.  Which of the following are you? Please select one or more.  1🞏 White  2🞏 Black or African American  3🞏 Asian  4🞏 Native Hawaiian or Other Pacific Islander  5🞏 American Indian or Alaska Native  6🞏 OTHER | LP and SP | RB and NRB | 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 | All LP and SP |
|  | Most proficient language spoken | J21.  What language do you feel most comfortable speaking?  1 🞏 English  2 🞏 Spanish  3 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Any languages spoken other than English | J21a.  Do you speak any other languages?  1 🞏 YES  2 🞏 NO | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Other languages spoken | J21b.  What else do you speak?  1 🞏 English  2 🞏 Spanish  3 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | Item not included in 2019. | N/A |
|  | Health insurance coverage | J21c.  What kind of health insurance or health care coverage do you have for yourself? (CAPI: CODE ALL MENTIONS, USE CATEGORIES TO PROBE AS NEEDED). [WEB: Please check all that apply]    1🞏PRIVATE HEALTH INSURANCE PLAN FROM YOUR OWN OR YOUR SPOUSE’S EMPLOYER  2🞏 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY  3🞏 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT 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) | LP and SP | RB and NRB | 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) | All LP and SP |
|  | Health status | J22.  Overall, would you say your health is excellent, very good, fair, or poor?  1 🞏 Excellent  2 🞏 Very good  3 🞏 Fair  4 🞏 Poor | LP and SP | RB and NRB | Home-based item J22 has not changed. | All LP and SP |
|  | Days affected by poor health | Item not included in 2012. |  |  | 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 | All LP and SP |
|  | Provider owns home used to care for children | Item not included in 2012. |  |  | J\_OWNHOME.  Do you own the home where you care for children?  1 🞏 Yes  2 🞏 No | All LP and SP |
|  | Annual household income: Exact dollar amount | J23.  Approximately what (was/will be) your total household income in 2011? Please include income from looking after children, 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 | | LP and SP | RB and NRB | 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 | | All LP and SP |
|  | Annual household income: Before/after tax | J23a.  Was that before or after taxes and deductions?  1 🞏 before taxes or deductions  2 🞏 after taxes or deductions | LP and SP | RB and NRB | Home-based item J23a has not changed. | All LP and SP who entered a dollar value in J23\_M |
|  | Annual household income: Ranges | J23b.  It can be difficult to remember or report these numbers and an approximate range is ok. Would you say your total household income in 2011 before taxes or deductions (is/will be)…  1🞏 less than $15,000  2🞏 $15,001 to $25,000  3🞏 $25,001 to $35,000  4🞏 $35,001 to $50,000  5🞏 $50,001 to $65,000  6 🞏 $65,001 or more | LP and SP | RB and NRB | 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. 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 | All LP and SP who did NOT enter a dollar value in J23\_M |
|  | Percentage of household income stemming from childcare work | J24.  Approximately how much of your household income in 2011 (came/will come) from your work taking care of children?  1🞏 All  2🞏 Almost all  2🞏 More than half 3🞏 About half 4🞏 Less than half 5🞏 Very little  6None | LP and SP | RB and NRB | J24\_M.  Approximately how much of your household income in 2018 (came/will come) 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  7None | All LP and SP |
| Section K: Operations | Amount spent operating program | K4.  Altogether, how much (did/will) you spend to look after children during 2011, for example, on food, equipment, supplies, wages for assistants, or payments for other services? Your best guess will be fine.  1🞏 Under $250  2🞏 $251 to $750 3🞏 $751 to $1,500 4🞏 More than $1,500 | LP and SP | RB and NRB | K4\_M.  Altogether, how much (did/will) you spend to look after children during 2018, for example, on food, equipment, supplies, wages for assistants, or payments for other services? Your best guess will be fine.  1🞏 Under $250  2🞏 $251 to $750 3🞏 $751 to $1,500 4🞏 More than $1,500 | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Parent fees | K5a.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.  Payments *by parents* (including late fees, field trips, diapers, transportation, registration, etc.)  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | LP and SP | RB and NRB | K5\_M part a.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2018), if any, from each of the following categories for caring for children.  Payments *by parents* (including late fees, field trips, diapers, transportation, registration, etc.)  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Parent fees | Item not included in 2012. |  |  | K5\_M part a2.  You didn’t specify an amount for Payments ***by parents***(including late fees, field trips, diapers, transportation, registration, etc.). Did you receive any income from this source in 2018?  🞏 1 Yes  🞏 2 No | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Reimbursements from government agencies | K5b.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.  Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA)  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | LP and SP | RB and NRB | K5\_M part b.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2018), if any, from each of the following categories for caring for children.  Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA)  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Reimbursements from government agencies | Item not included in 2012. |  |  | K5\_M part b2  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? | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Payments from other individuals or groups | K5c.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.  Payments from other individuals or groups (family members, charity, employers, churches)  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | LP and SP | RB and NRB | K5\_M part c.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2018), if any, from each of the following categories for caring for children.  Payments from other individuals or groups (family members, charity, employers, churches)  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Payments from other individuals or groups | Item not included in 2012. |  |  | K5\_M part c2.  You didn’t specify an amount for Payments from other individuals or groups (family members, charity, employers, churches). Did you receive any income from this source in 2018? | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Other types of income | K5d.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.  Other types of income  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | LP and SP | RB and NRB | K5\_M part d.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2018), if any, from each of the following categories for caring for children.  Other types of income  $\_\_\_\_\_\_\_\_\_\_\_  🞏 1 per year  🞏 2 per month  🞏 3 per week | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Other types of income | Item not included in 2012. |  |  | K5\_M part d2.  You didn’t specify an amount for Other types of income. Did you receive any income from this source in 2018? | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Total income received | K5e.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.  That means that you received about [TOTAL] for caring for children under age 13 last year, is that correct?  🞏 Yes  🞏 No | LP and SP | RB and NRB | K5\_M part e.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2018), if any, from each of the following categories for caring for children.  That means that you received about [TOTAL] for caring for children under age 13 last year, is that correct?  🞏 Yes  🞏 No | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Total income received | K5f.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.  About how much would you say you (received/will receive altogether) in 2011 for looking after children under age 13?  $\_\_\_\_\_\_\_\_\_\_\_ | LP and SP | RB and NRB | K5\_M part f.  The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2018), if any, from each of the following categories for caring for children.  About how much would you say you (received/will receive altogether) in 2018 for looking after children under age 13?  $\_\_\_\_\_\_\_\_\_\_\_ | All LP and SP who reported being paid for child care in J24\_M |
|  | Types of income received: Total income received | Item not included in 2012. |  |  | 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 describese the amount you received altogether in 2018 for looking after children under age 13.  1🞏 Under $2500  2🞏 $2501 to $7500 3🞏 $7501 to $10,500 4🞏 More than $10,500 | All LP and SP who reported being paid for child care in J24\_M |