

## Instrument 8b. Community Member Interview (agency version)

### Introduction

[Greet interviewee] Is now still a good time for you? Just a reminder, I expect this interview will take about half an hour.

Great! Thank you again for agreeing to talk with me today. As a reminder, this is an interview for the Home-Based Child Care Practices and Experiences (HBCC P&E) Study. We set up this interview because we want to hear about the types of supports and resources that home-based child care providers [use the language that is used in the state—for example, relative caregivers or family, friend, and neighbor caregivers, or informal child care providers] have in their communities. To do that, we would like to talk with you about your support for [PROVIDER] and your experience working with them.

Before we begin, I want to go over the purpose of the research and ask for your consent to participate in this project.

The HBCC P&E Study is being conducted by Mathematica and the Erikson Institute for the Administration for Children and Families (ACF) to learn more about the strengths of home-based child care. As part of the study, the team wants to talk to people from the community who support people who offer child care in their home, many of whom care for children who are family, friends, or neighbors.

[Review this information, which comes directly from the consent statement—Information about HBCC P&E Study Activities for Community Members.]

We will send you a \$25 gift card as a thank you and to acknowledge your participation in this interview.

Your participation is completely up to you and voluntary. You can choose to not answer a question if you wish. There are no right or wrong answers to any of the questions.

We will keep your participation private. We will only use your responses for research purposes and in ways that will not reveal who you are. We will not share your responses with others who participate in the study, including the provider you support.

We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy by limiting when the study team can give out information that identifies you, but there are a few exceptions. For example, if you indicate that you are planning to harm yourself or others, we may be required by law to share that with the appropriate authorities. The U.S. Department of Health and Human Services (DHHS) may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only DHHS staff involved in the review will see it.

We will produce reports that will describe the experiences and viewpoints expressed by those we interview. If we use specific quotes, we will not name specific people or anything that would identify someone.

With your permission, we will record the interview. This recording will not be shared outside the study team. If you want to say anything that you don't want recorded, we can pause the recording during the interview. We will delete all recordings at the end of the study (after our analysis of responses from all participating community members is finished).

Finally, because this is a federally funded study, I want to tell you that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB number for this collection is 0970-xxxx and the expiration date is xx/xx/xxxx.

*[End of consent statement information.]*

*(If they have email address and we sent consent by email) I also emailed you a letter with this information. Did you receive it? (If no: confirm email address and say we will mail another copy; if no email, explain we will mail it to them which we will discuss at end of interview.) Do you have any questions? (Answer any questions.)*

Before we start, I would like to record our interview so I don't miss anything you say. Again, if at any time you feel uncomfortable during the interview, you can ask me to turn off the recording or stop the interview altogether. Is it okay with you if I record?

*If yes: Start recording (by physical recorder, unless using Zoom or other conferencing software.)*

*If no: Continue without recording*

Do you agree to participate in the interview?

*If yes: Continue with interview*

## A. About you and your job

I'd like to start by learning about your work at [AGENCY NAME].

- 1. What is your job title? How long have you worked in this job?**
- 2. What are your specific responsibilities working with family, friend, and neighbor providers?**  
PROBE: Tell me about some of the activities you do at your job.
- 3. Have you ever provided child care for other families' children? IF YES. Tell me more about that. (probe for whether they provided home-based child care)**
- 4. Do you have children of your own?**  
[IF YES HAS CHILDREN]: **What is your experience using child care for your own children? (Probe for whether they used home-based child care.)**

## B. Supports for provider

Now let's talk about the work that you do with [PROVIDER]. You said that you do [fill in here what they reported at beginning of interview about their job—e.g. home visits, training, Play and Learn groups, other] as part of your job.

- 5. Thinking about [PROVIDER], please tell me how you started to work together.**  
PROBE: How long have you worked with [PROVIDER]?
- 6. How did [PROVIDER] get connected with your agency?**  
PROBE: How typical is this for how providers get connected with your agency? Are there other ways providers find out about [AGENCY NAME]?

**7. How often do you interact or work with [PROVIDER]?**

PROBE: Would you say weekly, bi-weekly, monthly, other?

**8. What types of help, if any, has [PROVIDER] asked you for and how did you respond?**

PROBE IF NEEDED: Do they ask you for help with their home environment, help with children or help with the families they serve? Please give an example of what they asked for and how you helped them.

**9. What are some other ways you support and help [PROVIDER] around taking care of children?**

PROBE IF NEEDED ABOUT THE FOLLOWING SUPPORTS: *Find out if provider asked for this help; Ask for specific example about a conversation they had.*

- Information or advice about children or about child development
- Things provider needs to take care of children (toys, books)
- Resources in the community for children and families (health, dental, mental health)
- Material resources for children and families (clothing, food, housing)
- Resources for home-based child care providers
- Help with paperwork or applications for child care and early education (CCEE) systems or other publicly funded programs
- Financial supports, housing or rental supports

PROBE IF SUPPORT MENTIONED: Where do you get information or advice that you share with [PROVIDER]? (For example, own experience, other providers, other staff at the agency.)

**10. What do you think is most helpful to [PROVIDER] about your support?**

PROBE: What do you think [PROVIDER] learns from you about taking care of children?

**11. What, if anything, is hard or difficult about helping [PROVIDER]?**

PROBE IF NEEDED: Tell me about any obstacles you face in offering support

**12. Are there supports that you are not able to offer [PROVIDER] that you wish you could?**

PROBE IF NEEDED: Tell me about any other support that [PROVIDER] needs. For example, emotional support, personal support, health-related support.

### C. Experience working with provider

I'm going to ask you some more questions about you and [PROVIDER] working together.

**13. Please share with me what you understand about [PROVIDER]'s values, beliefs, and traditions related to taking care of children. What are the things that are important to them about taking care of children?**

PROBE IF NEEDED: How much do you know about what [PROVIDER] values and what is important to them?

PROBE IF NEEDED: How do you learn about what is important to [PROVIDER]?

PROBE IF NEEDED: How do you use this information in your support for [PROVIDER]?

**14. To what extent would you say you and [PROVIDER] share similar cultural values and beliefs related to taking care of children?**

15. **There are many different ways to care for children. Tell us about some of the similarities between the way [PROVIDER] cares for children and the way that you think children should be cared for.**
16. **Please tell us about a time, if any, when you and [PROVIDER] saw things differently around how to take care of children.**

#### D. Strengths of provider

So you've told me about the ways you help [PROVIDER]. Now let's talk about the care that [PROVIDER] offers children and families in this community.

17. **Thinking about [PROVIDER], what is great about the care they offer children? What are the strengths?**

PROBE: What are children learning in [PROVIDER]'s home?

18. **What do you think are the things that make [PROVIDER]'s care great for families?**

PROBE: What does [PROVIDER] help families with?

19. **How do you think the community benefits from what [PROVIDER] does with children and families?**

PROBE: In what ways, if any, is [PROVIDER] a role model for children and youth in the community?

20. **In what ways are the strengths that you have talked about unique to [PROVIDER] or typical of other child care providers with whom you may work?**

#### E. General impressions

21. **How do you think your support and experiences with [PROVIDER] compares to your work and experiences with other providers at your agency?**
22. **If there was one thing you would want to tell a staff member who just started to work with home-based child care providers, what would that be?**

#### F. Demographic characteristics

My last few questions are about you. These are questions we ask everyone so that we can better understand who participates in our study. Just a reminder that all the information you share is private. You can choose not to answer, if you wish.

23. **In what year were you born?**

24. **What is your gender?** *(Read options below if needed.)*

- Female*
- Male*
- Non-binary or different gender*

25. **What is the highest grade or level of schooling that you have ever completed either in the U.S. or in another country?** *(Use the options below ONLY if needed to follow up on their response for*

clarity. For example: It sounds like you took some college courses but you don't have a degree, is that right? OR It sounds like you have a teaching degree from your home country, is that correct?)

- 8th grade or less
- 9th-12th grade no diploma
- High school graduate or General Educational Development (GED) completed
- Technical or trade school
- Some college credit but no degree
- Associate Degree (AA, AS)
- Bachelor's Degree (BA, BS, AB)
- Graduate or professional degree
- Other [please specify]:

**26. [IF ANY DEGREE OR COURSEWORK] What was your area of study or major?**

**27. What languages do you speak with [PROVIDER]?**

**28. What is your racial and ethnic identity?**

*(If answer is unclear or vague, probe using below list. Respondent can identify as more than one race and ethnicity. You might say something like, "I think you are saying that you identify as a Latina and as Black" If they say "I am multi-racial", you can say—"can you tell me more about that?" )*

- American Indian, Alaska Native, or Indigenous (Specify tribal affiliation \_\_\_\_\_)
- Asian or Asian American or South Asian
- Black or African American
- Hispanic, Latine/o/a, Chicane/o/a, Cuban, Mexican, Puerto Rican, South American, Central American,
- Middle Eastern or North African
- Native Hawaiian, or Pacific Islander
- White
- Another race/ethnicity not on this list
- Prefer not to say

**29. How long have you lived in the U.S?**

**30. [IF NOT BORN IN U.S. OR IF NOT CLEAR FROM PREVIOUS QUESTION] What country (or countries) are you or your family originally from?**

## G. Ending the interview

Thank you so much for your time today and sharing your experiences with me.

*[End recording.]*

*[Discuss gift card procedures.]*

As a thank you for your participation, the study can offer you a \$25 gift card, which we will send you by mail. *(If they have no email and we will send consent by mail)* We will also mail you a copy of the consent information that we went over at the start of the interview.

*Ask the interviewee for mailing address:* \_\_\_\_\_