

***CO TEACHER SALARY INCREASE PILOT
HOME-BASED FOLLOW-UP SURVEY***

**Building and Sustaining the Child Care and Early Education
Workforce**

DESCRIPTIVE STUDY

Follow-up Home-based Owner and Caregiver Survey

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[Terms used in this survey are Colorado-specific and refer to home-based owners and caregivers as follows:]

Terms used in this survey

<u>Term</u>	<u>Refers to...</u>
<u>[Pilot initiative name]</u>	The pilot initiative for family child care homes being conducted by the Colorado Department of Early Childhood (CDEC).
Family child care home	The home-based child care program or home-based child care business participating in the [pilot initiative] .
Family child care home provider	The person or people who own a family child care home; provides direct care, supervision, and education to child(ren) in their care at least 60% of the daily hours of operation of the family child care home; and is legally liable for the business.
Assistant/Assistant family child care home provider	A person other than the provider whose primary day-to-day responsibilities include taking care of children in a family child care home.
Parent	A child's parent or guardian.
Director	A person who serves as the director of the early care and education center with staff supervisory responsibilities. May be referred to as a center administrator.
Lead teacher	A person who is regularly in charge of a group or classroom of children. People in these positions are allowed to be alone with children without additional support or supervision.
Assistant teacher	A person who is regularly assigned to a particular room who works under the supervision of a lead teacher; may lead certain activities (such as art projects or story time) but does not have sole responsibility for the classroom. May be referred to as an assistant, paraprofessional, or aide that works under the supervision of a lead teacher.

Throughout this survey, we will use the terms "looking after children," "taking care of children," and "providing child care" interchangeably.

About Your Family Child Care Home

[SHOW THIS SECTION ONLY TO PROVIDERS]

We would first like to start out by asking questions about your family child care home.

A1. What is the name of your family child care home?

A2. What is your child care license number?

A3. In what month and year did your family child care home begin operating?
_____ month _____ year

A4. Please provide the months of the year your family child care home is open. Select all that apply.
a. January

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- b. February
- c. March
- d. April
- e. May
- f. June
- g. July
- h. August
- i. September
- j. October
- k. November
- December

A5. Please provide the days of the week that your family child care home is typically open for children. Please select all that apply.

- a. Monday
- b. Tuesday
- c. Wednesday
- d. Thursday
- e. Friday
- f. Saturday
- g. Sunday

A6. What is the earliest your family child care home is open and what is the latest time your family child care home is open?

- a. Open: __: __ AM/PM
- b. Close: __: __ AM/PM

A7. What funding sources for child care services, other than Colorado Child Care Assistance Program (CCCAP), do you currently receive?

- a. Colorado Preschool Program (CPP)
- b. Child and Adult Food Care Program (CAFCCP)
- c. Military
- d. Head Start/Early Head Start/Early Head Start-Child Care Partnerships (EHS-CCP)
- e. Private pay from families
- f. Local Preschool program
- g. Local Child Care Subsidy (e.g., with a county(ies) such as a county Department of Human Services)
- h. Universal Preschool (UPK) Colorado
- i. Non-government community organization (e.g., United Way, local charities, or religious organizations)
- j. Other (please specify: _____)

A8. How much do you agree or disagree with each of the following statements?

	Strongly	Somewhat	Neither	Somewha	Strongly	I prefer
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	Disagree	Disagree	Agree nor Disagree	t Agree	Agree	not to answer
a) My family child care home's financial situation is better than it was last year at this time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I worry about my family child care home having enough money in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) These days I can generally afford to buy the things that I need to run my family child care home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) There never seems to be enough money to buy something to improve my family child care home, beyond the bare necessities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A9. On a daily basis, how confident are you that you will have enough money to continue providing child care in your home in the long-term?

- a. not at all confident
- b. a little confident
- c. somewhat confident
- d. quite a bit confident
- e. extremely confident

A10. 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.

- a. Yes
- b. No

A11. **[SHOW IF A10=YES]** How many people helped you look after children last week?

- a. _____ # of people assisting

[ASK ITEMS A12-A13 FOR EACH PERSON IDENTIFIED IN A11]

You said [# from A11] [person/persons] helped you look after children in your care last week. Next, we will ask you 2 questions about each of these assistant family child care providers.

A12. Thinking about assistant family child care provider [#1], how many hours did this person help look after the children in your care last week?

- a. _____ hours worked

A13. Do you regularly pay this person to help you look after the children in your care?

- a. Yes
- b. No

A14. What languages do you or others speak when working directly with children or talking to their parents?

SELECT ALL THAT APPLY.

- a. English
- b. Spanish

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- c. Arabic
 - d. Vietnamese
 - e. Amharic
 - f. Other (please specify: _____)
- A15. Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?
- a. Yes
 - b. No
 - c. I prefer not to answer
- A16. 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.
- a. Yes
 - b. Yes, but not regularly
 - c. No [GO TO A17]
- A17. **[SHOW IF A16=C]** 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?
- a. Yes
 - b. No
- A18. 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?
- a. Yes
 - b. No
- A19. Since **[insert date of pilot initiative launch (e.g., January 2023)]**, have you had help from a home-visitor or coach?
- a. Yes
 - b. No
- A20. Since **[insert date of pilot initiative launch (e.g., January 2023)]**, did your family child care home have any visits or contact from any of the following specialists who are not directly employed by your family child care home?
- a. Coaches/Mentors to support you or assistant(s)
 - b. Early interventionists/special educators/occupational therapists
 - c. Language specialists to support multilingual learners
 - d. Specialists to support music, dance, outdoor activities or other specials
 - e. Nurses or health-related consultants
 - f. Nutritionists
 - g. Early childhood mental health specialists/psychologists/consultants
 - h. Family support/services specialists/family engagement specialists/family service workers
 - i. Floater assistants
 - j. Home visitors
 - k. Translators
 - l. Junior trainees/apprentices
 - m. Other (please specify: _____)
- A21. How often does your family child care home have issues related to: **(Response options: never, rarely, sometimes, often, always, not applicable)**
- a. Not enough help with caring for children/assistants?

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- b. Hiring qualified help/assistant(s)?
- c. Not enough other help (e.g., cooking, buying toys or supplies)
- d. Assistant family child care provider turnover?
- e. Conflicting/confusing funding and other regulatory requirements?

[SHOW A22-E25 IF A10=YES]

A22. Thinking about recruitment of help/assistant family child care providers, how many months does it usually take to fill an open position in your family child care home?

- a. Less than a week
- b. 1-2 weeks
- c. 2-3 weeks
- d. 3-4 weeks
- e. 1-2 months
- f. 2-3 months
- g. 3+ months
- h. Other (please specify: _____)
- i. I don't know
- j. I prefer not to answer

A23. In the past 12 months, have you had to accept fewer children due to not being able to find an assistant family child care provider(s)?

- a. Yes
- b. No

A24. This question is about the time you spend hiring and onboarding a new assistant family child care provider when there is an open position. How many total hours do you usually spend in each of the following activities when filling one position? An estimate is fine.

- a. Marketing, advertising, and outreach activities for open positions, such as preparing job descriptions or posting descriptions on job boards? _____ hours
- b. Screening and reviewing job application and resume materials for candidates? _____ hours
- c. Scheduling and conducting interviews and reference and background checks for candidates? _____ hours
- d. Preparing and making the offer of employment? _____ hours
- e. Onboarding new employees, like communication with new employee prior to start date, welcoming new hires, and role-specific training? _____ hours
- f. Providing or finding professional development/trainings to ensure new hires are qualified _____ hours

A25. Do you reduce an assistant family child care provider's paid work hours when children are absent? (Select all that apply)

- a. Yes
- b. No
- c. Other (specify): _____
- d. I don't know
- e. I prefer not to answer

About Your Experiences with the [Pilot Initiative].

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The Colorado Department of Early Childhood (CDEC) has invested **[CCDF funds]** to conduct a **[pilot initiative]** for family child care homes. This section of questions asks about your knowledge and experiences with **the [pilot initiative]**, called the **[add name]**.

B1. This pilot has been referred to as the **[pilot initiative name]**. Are you aware that this pilot is happening?

- a. Yes
- b. No
- c. I prefer not to answer

B2. **[IF YES TO B1]** How did you learn about the pilot initiative?

- a. Email
- b. Advertisement/Flyer
- c. Coworker
- d. Center administrator or director
- e. Friend
- f. Other: _____
- g. I don't know
- h. I prefer not to answer

B3. **[FOR PROVIDER]** Did you receive enough information to make an informed decision about participating in the pilot initiative?

- a. Yes
- b. No
- c. I don't know
- d. I prefer not to answer

B4. Did you watch the **[financial support webinar]** for the pilot initiative?

- a. Yes
- b. No
- c. I don't know
- d. I prefer not to answer

B5. [IF YES to B4]

[FOR PROVIDER] How helpful was the **[financial support webinar]** in helping you make an informed decision about participating in the pilot initiative?

[FOR ASSISTANT] How helpful was the **[financial support webinar]**?

- a. Not at all helpful
- b. Slightly helpful
- c. Moderately helpful
- d. Very helpful
- e. Extremely helpful
- f. I prefer not to answer

B6. Did you use the **[financial support resources/tables]** for the pilot initiative?

- a. Yes
- b. No
- c. I don't know
- d. I prefer not to answer

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B7. [IF YES to B6]

[FOR PROVIDER] How helpful were the **[financial support resources/tables]** in helping you make an informed decision about participating in the pilot initiative?

[FOR ASSISTANT] How helpful were the **[financial support resources/tables]**?

- a. Not at all helpful
- b. Slightly helpful
- c. Moderately helpful
- d. Very helpful
- e. Extremely helpful
- f. I prefer not to answer

B8. Did you receive a salary increase as a result of the pilot initiative?

- a. Yes
- b. No
- c. I prefer not to answer

[placeholder for additional items to capture other outcomes or components of the pilot initiative for family child care homes]

About Your Financial Situation and Job.

Now I'd like to ask a few questions about any jobs you may have, your wages and benefits. **Remember, all individual responses on this survey will remain private.**

C1. **[SHOW IF PROVIDER]** In **[insert date of pilot initiative launch (e.g., January 2023)]**, you owned **[insert family child care home name]**. Is your family child care home still open?

[SHOW IF ASSISTANT] Our records show you worked at **[insert family child care home name]** in **[insert date of pilot initiative launch (e.g., January 2023)]**. Are you still there?

- a. Yes **[go to C6]**
- b. No **[go to C2]**
- c. I prefer not to answer **[go to C4]**

C2. **[SHOW IF PROVIDER AND C1=NO]** In what month did you last regularly provide paid care to children under age 13 who were not your own?

- a. _____ MM **(RANGE = 1-12) /YYYY (RANGE = 2015 - CURRENT YEAR)**
- b. I don't know
- c. I prefer not to answer

[SHOW IF ASSISTANT AND C1=NO] When did you leave?

- a. _____ MM **(RANGE = 1-12) /YYYY (RANGE = 2015 - CURRENT YEAR)**
- b. I don't know
- c. I prefer not to answer

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- C3. **[SHOW IF PROVIDER AND C1=NO]** How much did the following issues contribute to your decision to stop providing regular paid care to young children? (Response options: Very much, Somewhat, Not at all)
- a. Financial reasons such as finding a new job or not enough income from providing child care
 - b. Difficulties complying with regulations and requirements
 - c. You didn't feel you were helping parents and children
 - d. Other reason (please specify: _____)

[SHOW IF ASSISTANT AND C1=NO] Why did you leave **[insert family child care home name]**? Select up to **3** reasons.

- a. Issues with the family child care provider
- b. Issues with my colleagues
- c. Not enough staff
- d. Hassles with system requirements like too much paperwork, administrative burden, etc.
- e. To find a job that is a better fit with my training/experience
- f. For professional growth and/or advancement within the field of child care
- g. To find a job with better pay
- h. To reduce commute or improve schedule
- i. To find improved working conditions
- j. To find a less stressful job
- k. To find a job with fewer health risks
- l. To find a job in a field that is not child care
- m. To go back to school
- n. Other reason (please specify: _____)
- o. I prefer not to answer

C4. Last week, did you do any work for pay at all? Please **include** any part-time or full-time jobs as well as self-employment or your own business. Please **do not** include any unpaid jobs.

- a. Yes **(GO TO C6)**
- b. No **(GO TO C5)**
- c. I don't know **(GO TO C6)**
- d. I prefer not to answer **(GO TO C6)**

C5. **[SHOW IF C4=NO]** What is the main reason that you did not work for pay last week?

- a. Retired **(GO TO C42)**
- b. Disabled **(GO TO C42)**
- c. Unable to work **(GO TO C42)**
- d. Have a job but am temporarily absent from it **(GO TO C6)**
- e. Could not find any work **(GO TO C42)**
- f. Child care problems **(GO TO C42)**
- g. Family responsibilities **(GO TO C42)**
- h. In school or other training **(GO TO C42)**
- i. Waiting for a new job to begin **(GO TO C42)**
- j. Other reason (Please specify: _____) **(GO TO C42)**
- k. I don't know **(GO TO C42)**
- l. I prefer not to answer **(GO TO C42)**

C6. Last week, did you have more than one job, including part-time and weekend work?

- a. Yes **(GO TO C7)**
- b. No **(GO TO C8)**
- c. I don't know **(GO TO C8)**
- d. I prefer not to answer **(GO TO C8)**

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C7. **[SHOW IF C6=YES]** How many jobs did you have last week?

Self-employment or temporary or "temp" work in the same field count as one job.

- a. _____ Number of jobs **(RANGE 2-10)**
- b. I don't know
- c. I prefer not to answer

C8. Thinking about all your current jobs, how many hours per week do you work?

- a. _____ Number of hours **(RANGE 0 -80)**
- b. My work hours vary each week
- c. I don't know
- d. I prefer not to answer

[PROGRAMMER: ITEMS C9-C16 ARE FOR RESPONDENTS WHO ARE STILL AT ORIGINAL FAMILY CHILD CARE HOME [C1=YES]. SKIP TO C17 IF RESPONDENTS ARE NO LONGER AT ORIGINAL FAMILY CHILD CARE HOME [C1=NO OR I PREFER NOT TO ANSWER].]

C9. Thinking about your job at **[INSERT FAMILY CHILD CARE HOME NAME]**, what is your role?

- a. Lead teacher, head teacher, co-lead teacher, or caregiver
- b. Assistant teacher or classroom aide
- c. Center owner
- d. Center director, administrator, or executive director
- e. Assistant director
- f. Family child care home provider
- g. Assistant family child care home provider
- h. Curriculum coordinator or education coordinator
- i. Other administrative or managerial staff
- j. Other (please specify: _____)
- k. I prefer not to answer

C10. When did your job with **[INSERT FAMILY CHILD CARE HOME NAME]** start?

- a. _____ MM **(RANGE = 1-12)** /YYYY **(RANGE = 1980 or earlier - CURRENT YEAR)**
- b. I don't know
- c. I prefer not to answer

C11. Which of the following best describes your usual weekly work schedule at this job? Did you work a:

- a. Regular daytime shift
- b. Regular evening shift
- c. Regular night shift
- d. Rotating shift (one that changes regularly from days to evenings to nights)
- e. Split shift (one consisting of two distinct periods each day)
- f. An irregular schedule (one that changes from day to day)
- g. Something else (please specify: _____)
- h. I don't know
- i. I prefer not to answer

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C12. Including overtime, how many hours per week do you work at **[INSERT FAMILY CHILD CARE HOME NAME]**?

If your schedule is irregular or varies, how many hours did you work in the last week you worked at this job?

- a. _____ Number of hours **(RANGE: 1 to 80)**
- b. Over 80 hours per week
- c. I don't know
- d. I prefer not to answer

C13. What is your wage at **[INSERT FAMILY CHILD CARE HOME NAME]**, before taxes? Please include tips, commissions, and regular overtime pay.

If your job is on an irregular schedule or a commission basis, how much do you make in a typical week?

- a. \$ _____ , _____ . _____ Amount **(RANGE: .01 to 50,000.00)**
- b. More than \$50,000
- c. I don't know
- d. I prefer not to answer

[PROGRAMMER: SHOW C14 ON SAME PAGE AS C13]

C14. Is that:

- a. Hourly
- b. Daily
- c. Weekly
- d. Every two weeks
- e. Twice monthly
- f. Monthly
- g. Annually
- h. Per task
- i. Other (please specify: _____)
- j. I don't know
- k. I prefer not to answer

C15. Just to confirm, was that...

- a. Before taxes
- b. After taxes
- c. I don't know
- d. I prefer not to answer

C16. Which of the following benefits are available to you at **[INSERT FAMILY CHILD CARE HOME NAME]** and which ones do you participate in or use?

	Available & I use this	Available but I do NOT use this	Not available at my job	I don't know	I prefer not to answer
a.) Health insurance?	1	2	3	7	8
b.) Sick days with full pay?	1	2	3	7	8

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	Available & I use this	Available but I do NOT use this	Not available at my job	I don't know	I prefer not to answer
c.) Paid vacation?	1	2	3	7	8
d.) Paid holidays?	1	2	3	7	8
e.) Paid COVID leave?	1	2	3	7	8
f.) Dental benefits, including any offered at a cost to you?	1	2	3	7	8
g.) Vision insurance?	1	2	3	7	8
f.) A retirement or 401K plan?	1	2	3	7	8
g.) Discounted/free child care	1	2	3	7	8
h.) Other insurance (e.g., life insurance, disability insurance)	1	2	3	7	8
i.) Investment in flexible spending accounts or health savings accounts	1	2	3	7	8
j.) Employee wellness and mental health resources (e.g., gym memberships, counseling, and telehealth services)	1	2	3	7	8
k.) Professional development (e.g., paid training time, paid planning time, coaches)	1	2	3	7	8
l.) Education stipend	1	2	3	7	8
m.) Career advancement opportunity if I earn new degree/credential	1	2	3	7	8
n.) Other/miscellaneous expense reimbursement (e.g., mileage, supplies, snacks)	1	2	3	7	8
o.) Bonus (e.g., hiring bonuses or retention bonuses)	1	2	3	7	8
p.) Other. Please specify: _____)	1	2	3	7	8

C17. **[IF NO LONGER AT FAMILY CHILD CARE HOME [C1=NO] AND HAVE NO OTHER JOBS [C6=NO], SHOW:]** Who is your current employer, or where do you currently work?

[IF NO LONGER AT FAMILY CHILD CARE HOME [C1=NO] AND HAVE OTHER JOBS [C6=YES], SHOW:] We would like to ask you a few questions about your jobs. Let's start with the one you consider to be your **main job**.

For our purposes, your **main job** is the one where you work the most hours.
What is the name of your employer for your main job?

[IF STILL AT FAMILY CHILD CARE HOME [C1=YES] AND HAVE NO OTHER JOBS [C6=NO], SKIP TO C42]

[IF STILL AT FAMILY CHILD CARE HOME [C1=YES] AND HAVE OTHER JOBS [C6=YES], SHOW:] We would like to ask you a few questions about your other job(s), not at [insert family child care home]. What is the name of your employer for your other job?

- a. _____
- b. Self-employed (please specify: _____)

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- c. I prefer not to answer

C18. What kind of business or industry is this job? What do they make or do where you work?

- a. Administrative
- b. Customer service
- c. Retail
- d. Education
- e. Child care
- f. Home visiting
- g. Health care
- h. Another type of job (specify: _____)
- i. I don't know
- j. I prefer not to answer

C19. **[IF C18 =D (EDUCATION) OR E (CHILD CARE)]** What kind of job in education or child care is this?

- a. A child care center
- b. A Head Start program
- c. A school-based PreK program
- d. A home-based child care
- e. A school teaching elementary-aged children
- f. Home visiting
- g. Other care-related job (e.g., babysitting, nannying, elder care)
- h. Early childhood coach
- i. Early childhood specialist
- j. Self-employed for this job at a home-base child care setting
- k. I don't know
- l. I prefer not to answer

C20. **[SHOW IF C18 =D (EDUCATION) OR E (CHILD CARE)]** What is your role?

- a. Lead teacher, head teacher, co-lead teacher, or caregiver
- b. Assistant teacher or classroom aide
- c. Center owner
- d. Center director, administrator, or executive director
- e. Assistant director
- f. Family child care home provider
- g. Assistant family child care home provider
- h. Curriculum coordinator or education coordinator
- i. Other administrative or managerial staff
- j. Other (please specify: _____)
- k. I prefer not to answer

C21. When did your job with **[RESPONSE FROM C17 OR "this current job"]** start?

- a. _____ MM (**RANGE = 1-12**) /YYYY (**RANGE = 1980 or earlier - CURRENT YEAR**)
- b. I don't know
- c. I prefer not to answer

C22. Which of the following best describes your usual weekly work schedule at this job? Did you work a:

- a. Regular daytime shift

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- b. Regular evening shift
- c. Regular night shift
- d. Rotating shift (one that changes regularly from days to evenings to nights)
- e. Split shift (one consisting of two distinct periods each day)
- f. An irregular schedule (one that changes from day to day)
- g. Something else (please specify: _____)
- h. I don't know
- i. I prefer not to answer

C23. Including overtime, how many hours per week do you work at **[RESPONSE FROM C17 OR “this current job”]**?

If your schedule is irregular or varies, how many hours did you work in the last week you worked at this job?

- a. _____ Number of hours **(RANGE: 1 to 80)**
- b. Over 80 hours per week
- c. I don't know
- d. I prefer not to answer

C24. What is your wage at **[RESPONSE FROM C17 OR “this current job”]**, before taxes? Please include tips, commissions, and regular overtime pay.

If your job is on an irregular schedule or a commission basis, how much do you make in a typical week?

- a. \$ _____ , _____ . _____ Amount **(RANGE: .01 to 50,000.00)**
- b. More than \$50,000
- c. I don't know
- d. I prefer not to answer

[PROGRAMMER: SHOW C25 ON SAME PAGE AS C24]

C25. Is that:

- a. Hourly
- b. Daily
- c. Weekly
- d. Every two weeks
- e. Twice monthly
- f. Monthly
- g. Annually
- h. Per task
- i. Other (please specify: _____)
- j. I don't know
- k. I prefer not to answer

C26. Just to confirm, was that...

- a. Before taxes
- b. After taxes
- c. I don't know
- d. I prefer not to answer

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C27. Which of the following benefits are available to you on this job and which ones do you participate in or use?

	Available & I use this	Available but I do NOT use this	Not available at my job	I don't know	I prefer not to answer
a.) Health insurance?	1	2	3	7	8
b.) Sick days with full pay?	1	2	3	7	8
c.) Paid vacation?	1	2	3	7	8
d.) Paid holidays?	1	2	3	7	8
e.) Paid COVID leave?	1	2	3	7	8
f.) Dental benefits, including any offered at a cost to you?	1	2	3	7	8
g.) Vision insurance?	1	2	3	7	8
f.) A retirement or 401K plan?	1	2	3	7	8
g.) Discounted/free child care	1	2	3	7	8
h.) Other insurance (e.g., life insurance, disability insurance)	1	2	3	7	8
i.) Investment in flexible spending accounts or health savings accounts	1	2	3	7	8
j.) Employee wellness and mental health resources (e.g., gym memberships, counseling, and telehealth services)	1	2	3	7	8
k.) Professional development (e.g., paid training time, paid planning time, coaches)	1	2	3	7	8
l.) Education stipend	1	2	3	7	8
m.) Career advancement opportunity if I earn new degree/credential	1	2	3	7	8
n.) Other/miscellaneous expense reimbursement (e.g., mileage, supplies, snacks)	1	2	3	7	8
o.) Bonus (e.g., hiring bonuses or retention bonuses)	1	2	3	7	8
p.) Other. Please specify: _____)	1	2	3	7	8

C28. **[SHOW C28-C34 IF C7 = 2]** You mentioned you have 2 jobs. What other job or self-employment do you have?

[SHOW C28-C34 IF C7 >= 3] You mentioned you have 3 or more jobs. What second job or self-employment do you have? (You will be asked about a third job in a little bit.)

- a. _____
- b. Self-employed (please specify: _____)
- c. I prefer not to answer

C29. When did your job with **[RESPONSE FROM C28 OR “this current job”]** start?

- a. _____ MM (RANGE = 1-12) /YYYY (RANGE = 1980 or earlier - CURRENT YEAR)
- b. I don't know
- c. I prefer not to answer

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C30. Which of the following best describes your usual weekly work schedule at this job? Did you work a:

- a. Regular daytime shift
- b. Regular evening shift
- c. Regular night shift
- d. Rotating shift (one that changes regularly from days to evenings to nights)
- e. Split shift (one consisting of two distinct periods each day)
- f. An irregular schedule (one that changes from day to day)
- g. Something else (please specify: _____)
- h. I don't know
- i. I prefer not to answer

C31. Including overtime, how many hours per week do you work with **[RESPONSE FROM C28 OR "this current job"]**?

If your schedule is irregular or varies, how many hours did you work in the last week you worked at this job?

- a. _____ Number of hours **(RANGE: 1 to 80)**
- b. Over 80 hours per week
- c. I don't know
- d. I prefer not to answer

C32. What is your wage at **[RESPONSE FROM C28 OR "this current job"]**, before taxes? Please include tips, commissions, and regular overtime pay.

If your job is on an irregular schedule or a commission basis, how much do you make in a typical week?

- a. \$ _____ , _____ . _____ Amount **(RANGE: .01 to 50,000.00)**
- b. More than \$50,000
- c. I don't know
- d. I prefer not to answer

[PROGRAMMER: SHOW C33 ON SAME PAGE AS C32]

C33. Is that:

- a. Hourly
- b. Daily
- c. Weekly
- d. Every two weeks
- e. Twice monthly
- f. Monthly
- g. Annually
- h. Per task
- i. Other (please specify: _____)
- j. I don't know
- k. I prefer not to answer

C34. Just to confirm, was that...

- a. Before taxes
- b. After taxes
- c. I don't know

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d. I prefer not to answer

C35. **[SHOW C35-C41 IF C7>=3]** You mentioned you have 3 or more jobs. What third job or self-employment do you have?

- a. _____
- b. Self-employed for this job (please specify: _____)
- c. I prefer not to answer

C36. When did your job with **[RESPONSE FROM C35]** start?

- a. _____ MM (**RANGE = 1-12**) /YYYY (**RANGE = 1980 or earlier - CURRENT YEAR**)
- b. I don't know
- c. I prefer not to answer

C37. Which of the following best describes your usual weekly work schedule at this job? Did you work a:

- a. Regular daytime shift
- b. Regular evening shift
- c. Regular night shift
- d. Rotating shift (one that changes regularly from days to evenings to nights)
- e. Split shift (one consisting of two distinct periods each day)
- f. An irregular schedule (one that changes from day to day)
- g. Something else (please specify: _____)
- h. I don't know
- i. I prefer not to answer

C38. Including overtime, how many hours per week do you work with **[RESPONSE FROM C35 OR "this current job"]**?

If your schedule is irregular or varies, how many hours did you work in the last week you worked at this job?

- a. _____ Number of hours (**RANGE: 1 to 80**)
- b. Over 80 hours per week
- c. I don't know
- d. I prefer not to answer

C39. What is your wage at **[RESPONSE FROM C35]**, before taxes? Please include tips, commissions, and regular overtime pay.

If your job is on an irregular schedule or a commission basis, how much do you make in a typical week?

- a. \$ _____ , _____ . _____ Amount (**RANGE: .01 to 50,000.00**)
- b. More than \$50,000
- c. I don't know
- d. I prefer not to answer

[PROGRAMMER: SHOW C40 ON SAME PAGE AS C39]

C40. Is that:

- a. Hourly
- b. Daily
- c. Weekly

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- d. Every two weeks
- e. Twice monthly
- f. Monthly
- g. Annually
- h. Per task
- i. Other (please specify: _____)
- j. I don't know
- k. I prefer not to answer

C41. Just to confirm, was that...

- a. Before taxes
- b. After taxes
- c. I don't know
- d. I prefer not to answer

C42. We are also interested in other paid jobs you may have had since **[month/year/launch of the pilot]**.

How many other jobs have you had or self-employment have you had since **[month/year/launch of the pilot]**?

- a. _____ Number of jobs
- b. I prefer not to answer

About Children You Provide Care For

[ASK PROVIDERS ONLY]

Now we would like to ask you questions about the characteristics of children you currently care for.

D1. Altogether, how many children did you look after last week?

- a. _____ Number of children

D2. 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**?

- a. _____ Number of children

D3. At this time, for how many more children would you be willing and able to regularly provide child care?

- a. _____ Number of children

D4. How many children do you usually look after in each age group?

- a. _____ Infants (0 – 18 months)
- b. _____ Toddlers (19 months to 35 months)
- c. _____ Preschool-aged (3 to 5 years)
- _____ School-aged (5 years and older)

D5. Of all the children you usually look after, how many children attend part-time and full time?

Part-Time (less than 30 hours a week)	Full-Time (30 hours or more a week)
Number of children attending:	Number of children attending: _____

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- D6. How many children have left your family child care home in the last three months?
- a. _____ Number of children
- D7. How many children have joined your family child care home in the last three months?
- a. _____ Number of children
- D8. If your family child care home has collected information about children's races/ethnicities, please report on how many children you look after that identify as:
- a. Hispanic
 - b. Black
 - c. White
 - d. Asian
 - e. Other
 - f. Mixed Racial Background
 - g. Our center does not collect this information
- D9. About how many children you look after...(All/most, some, a few, none, I don't know, I prefer not to answer)
- a. May be struggling with food insecurity
 - b. May be struggling with housing insecurity
 - c. Receive a public subsidy reserved for lower-income families to attend your family child care home (e.g., Head Start funding, CCCAP, CPP)
Have an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), and/or receive early intervention services
- D10. 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.
- a. Yes
 - b. No
- D11. **[SHOW IF D10=YES]** How many of the children that you regularly look after live in your household? Please do not include children that you have custody of.
- a. Number of children
- D12. Are you related to any of the children that you regularly look after (e.g., your child, grandchild, niece, nephew, cousin or other blood relative)?
- a. Yes
 - b. No
- D13. **[SHOW IF D12=YES]** How many children that you regularly look after are you related to?
- a. Number of children
- D14. 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?
- a. Yes
 - b. No

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- D15. **[SHOW IF D14=YES]** 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.
- a. _____ Number of children
- D16. Do you permit parents to use care on schedules that vary from week to week?
- a. Yes
 - b. No
 - c. I don't know
- D17. **[SHOW IF D16=YES]** How many of the children that you look after have schedules that vary from week to week?
- a. _____ number of children
- D18. Do you permit parents to pay for and use varying numbers of hours of care each week?
- a. Yes, at their convenience **(ASK D19)**
 - b. Yes, from a set of schedule options **(ASK D19)**
 - c. Yes, beyond a minimum number of hours **(ASK D19)**
 - d. No **(SKIP TO D21)**
 - e. I don't know **(SKIP TO D21)**
 - f. I prefer not to answer
- D19. **[SHOW IF D19=A, B, OR C]** How many of the children in your care have variation in the number of paid hours of care each week?
- a. _____ number of children
- D20. 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?
- a. Yes
 - b. No
 - c. I prefer not to answer
- D21. On weekends, do you look after children you are not related to or that you don't have custody of?
- a. Yes
 - b. No
 - c. I prefer not to answer
- D22. 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?
- a. Yes
 - b. No
 - c. I prefer not to answer
- D23. Do you take care of children other than your own between 11pm and 6am on week nights (Monday to Friday)?
- a. Yes
 - b. No
 - c. I prefer not to answer
- D24. The last time you were sick, what arrangements did you make for the children you normally look after? Select all that apply.

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- a. You told parents you could not look after children
- b. You had someone else come to take care of the children
- c. You sent the children to a different location
- d. You took care of the children anyway
- e. You never get sick (**SKIP D25**)
- f. Something Else: _____

D25. When was the last time that you were unable to look after a child because you were sick?

- a. Month:
- b. Year:

About Your Professional Background

The following questions are about your current job caring for children.

E1. **[ASK IF ASSISTANT ONLY]** How long have you worked at **[insert family child care home name]**?

- a. _____ years
- b. I prefer not to answer

E2. How many years of paid experience do you have working with children other than your own, who are under age 6? Please include any paid experience in a center-based setting or home-based setting (licensed or unlicensed care), work for relatives, including nanny or babysitting, or paid experience you may have from another country.

- a. _____ years of experience

E3. How many years of experience do you have in administering or directing a family child care home or a child care or early education program that serves children younger than age 6?

- a. _____ years of experience

E4. Since **[insert date of pilot initiative launch (e.g., January 2023)]**, have you done anything to look for a new job or an additional job?

- a. Yes
- b. No
- c. I prefer not to answer

E5. **[SHOW IF E4=YES]** What is the main reason you have looked for work?

- a. To find a job
- b. To find a second job
- c. To find a job that is a better fit with my training/experience
- d. To find a job with better pay
- e. To reduce commute or improve schedule
- f. To find improved working conditions
- g. To find a less stressful job
- h. To leave this field
- i. To find a job with fewer health risks
- j. To see what else is available
- k. To find summer employment
- l. To find a job for professional growth and/or advancement within the field of child care
- m. Worried that this job may end
- n. Other (Please specify: _____)
- o. I prefer not to answer

Future Job Plans.

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In this section, we would like to learn more about your future job plans.

F1. **[FOR PROVIDER]** Thinking ahead to one year from now, my family child care home is very likely to be open.

[FOR ASSISTANT] Thinking ahead to one year from now, I am very likely to be working at **[INSERT PROVIDER/MAIN EMPLOYER FROM C17]**. Would you say you...

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree nor Disagree
- d. Agree
- e. Strongly Agree
- f. I prefer not to answer

F2. **[FOR PROVIDER]** Thinking ahead to TWO years from now, my family child care home is very likely to be open.

[FOR ASSISTANT] Thinking ahead to TWO years from now, I am very likely to be working at **[INSERT PROVIDER/MAIN EMPLOYER FROM C17]**. Would you say you...

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree nor Disagree
- d. Agree
- e. Strongly Agree
- f. I prefer not to answer

F3. Thinking ahead to one year from now, I am very likely to be working in the child care and early education **field**. Would you say you...

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree nor Disagree
- d. Agree
- e. Strongly Agree
- f. I prefer not to answer

F4. Thinking ahead to TWO years from now, I am very likely to be working in the child care and early education **field**. Would you say you...

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree nor Disagree
- d. Agree
- e. Strongly Agree
- f. I prefer not to answer

F5. What is the highest level of education that you have completed? Please select one.

- a. Grade 8 or less
- b. Some high school, but did not receive a GED or high school diploma
- c. High School Diploma or equivalent (GED)
- d. Some college or Advanced Training Certificate (CDA, etc.)
- e. Associate's or Two-Year Degree
- f. Bachelor's or Four-Year Degree
- g. Master's Degree
- h. Doctorate or professional degree (PhD, MD, JD, DDS, etc.)
- i. Other (not listed) [PLEASE SPECIFY]: _____

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j. I prefer not to answer

F6. **[If e-h checked in F5]** Are any of your degrees in the following areas? Check all that apply.

- a. Early Childhood Education
- b. Early Childhood Special Education
- c. Child Development & Family Studies/Human Development & Family Relations/Studies
- d. Administration & Leadership
- e. Elementary Education
- f. Elementary Special Education
- g. Other (not listed) [PLEASE SPECIFY]: _____
- h. I prefer not to answer

F7. 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?

- a. Yes
- b. No

F8. Are you currently enrolled in college/university coursework in Early Child Care (ECE), Early Child Care Special Education (ECSE), or a related field?

- a. Yes
- b. No
- c. I prefer not to answer

About Your Job Demands and Supports.

[ASK IF C6=yes or C10=D or E] The following questions are about the different responsibilities that you may have or share with other assistants or caregivers at your current job.

[FOR PROVIDERS] Please answer the following questions thinking about your family child care home.

[FOR ASSISTANTS] Please answer the following questions thinking about your position at **[insert family child care home name/child care and early education or education-related field]**.

G1. Listed below are several tasks or activities you may have to do as part of your current job. Please indicate the extent to which each of these tasks or activities is frustrating for you. If you do not do this task or activity as part of your job, select N/A. **(Response options: Not at all frustrating, slightly frustrating, moderately frustrating, very frustrating, extremely frustrating, N/A, I prefer not to answer)**

- a. Creating an emotionally responsive and supportive environment
- b. Preparing and providing meals, feedings and snacks for children
- c. Planning activities or implementing curriculum
- d. Communicating with individual families in writing at least weekly (e.g., notes, texts, or software/online platforms such as Brightwheel or ClassDojo)
- e. Communicating with all families in writing at least weekly (e.g., notes, texts, or software/online platforms such as Brightwheel or ClassDojo)
- f. Not having dedicated time to plan (while not also caring for children)
- g. Cleaning the child care space and toys/materials
- h. Having to meet different licensing standards
- i. Having weekly paperwork or reporting requirements
- j. Participating in Professional Development Information System (PDIS) trainings

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- k. Participating in the Quality Rating and Improvement System (QRIS), or Colorado Shines
- l. Attending trainings on weekends or evenings
- m. Having unpredictable work hours
- n. Working weekends (paid)
- o. Working weekends (unpaid)
- p. Working overtime

G2. At your job, how often do you care for children alone, **without any other adults assisting you?**

- a. None of the time
- b. A little of the time
- c. Some of the time
- d. Most of the time
- e. All of the time
- f. I prefer not to answer

G3. At your job, how often do you support the care and learning needs of ... **(Response options: None of the time, A little of the time, Some of the time, Most of the time, All of the time, I prefer not to answer)**

- a. Children who speak languages other than English?
- b. Children who experience poverty?
- c. Children who experience trauma?
- d. Children who have challenging behaviors?
- e. Children with disabilities?

The following questions are regarding regulations and standards that you may follow, such as Colorado Shines, licensing requirements, [insert name of state child care subsidies program], Head Start/Early Head Start Program Performance Standards, and Child and Adult Care Food Program.

G4. **[FOR PROVIDERS ONLY]** Rate your agreement with the following statements **(Response options: Strongly Agree, Agree Somewhat, Disagree Somewhat, Strongly Disagree, I prefer not to answer)**

- a. I often feel overwhelmed by paperwork needed to comply with different regulations and standards.
- b. I often feel confused by the requirements needed to comply with different regulations and standards.
- c. Many of the requirements and standards my [family child care home] complies with don't make sense to me.
- d. Many of the requirements and standards my [family child care home] complies with are conflicting.
- e. Having to abide by multiple standards greatly increases my family child care home's administrative burden.
- f. I find it hard to keep track of the multiple standards my family child care home is required to abide by.

G5. Have you interacted with state licensing inspectors/monitors in the past year?

- a. Yes
- b. No

G6. **[IF A =YES SELECTED IN G5]** Rate your agreement with the following statement: When interacting with state licensing inspectors or monitors, they have been disrespectful and/or dismissive toward me and my family child care home.

- a. Strongly Agree
- b. Agree
- c. Neither agree nor disagree

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- d. Disagree
- e. Strongly Disagree
- f. I prefer not to answer

- G7. During the past year, did you receive any of the following types of assistance with the costs of improving your skills, either from your employer or from a local or state agency, college, or university?
- a. Assistance with direct costs such as tuition or registration fees (YES/NO/I don't know/I prefer not to answer)
 - b. Help with other costs of participation such as travel or child care for your own children (YES/NO/I don't know/ I prefer not to answer)
 - c. Release time to participate in the activity (YES/NO/I don't know/ I prefer not to answer)

Feelings About Your Job.

The following questions relate to how you feel about your current job.

- H1. **[FOR PROVIDER]** Overall, how satisfied would you say you are with your family child care home? Would you say...

[FOR ASSISTANT] Overall, how satisfied would you say you are with your job? Would you say...

- a. Dissatisfied
- b. Somewhat dissatisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat satisfied
- e. Satisfied
- f. I prefer not to answer

[H2-H3 FOR ASSISTANTS ONLY] Please answer how you feel about the following.

- H2. How satisfied are you with the benefits provided by your employer? Would you say you are...

- a. Dissatisfied
- b. Somewhat dissatisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat satisfied
- e. Satisfied
- f. Not applicable
- g. I prefer not to answer

- H3. How satisfied are you with your wages? Would you say you are...

- a. Dissatisfied
- b. Somewhat dissatisfied
- c. Neither satisfied nor dissatisfied
- d. Somewhat satisfied
- e. Satisfied
- f. I prefer not to answer

- H4. How strongly do you agree or disagree with the phrase "I feel like I am an early learning professional"?

- a. Strongly disagree

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- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

H5. Overall, how stressed would you say you are in relation to your job?

- a. Very stressed
- b. Moderately stressed
- c. Neutral
- d. Not very stressed
- e. Not at all stressed
- f. I prefer not to answer

H6. People have different reasons for taking care of other people's children, which can be affected by their personal situations. What is the main reason that you look after children?

- a. It is my personal calling or career
- b. It is a step toward a related career
- c. To earn money
- d. To have a job that lets me work from home
- e. To help children
- f. To help children's parents
- g. To work and take care of my children at the same time
- h. To own my own business/be own boss
- i. None of these reasons apply
- j. I prefer not to answer

H7. **[IF C6=YES or C10=D]** Please rate the following questions about your work with young children. **(Response options: Not very much, Very Little, Some, Quite a bit, A great deal, I prefer not to answer)**

- a. To what extent do you feel successful at managing disruptive behavior to ensure all children, including the child exhibiting challenging behaviors, have positive experiences?
- b. To what extent are you able to excite children to engage in learning activities during the day?
- c. To what extent do you believe that you can get all children to believe they can do well?
- d. How much can you do to help children value and engage in learning?
- e. To what extent do you feel successful in your abilities to craft good questions and create engaging activities to stimulate children's learning and critical thinking skills?
- f. To what extent do you feel able to get children to follow rules and routines?
- g. How successful do you feel in your abilities to be able to calm a child who is exhibiting challenging behaviors?
- h. How well can you establish effective routines that support children's positive behaviors and peer relationships?
- i. To what extent do you feel successful in being able to use a variety of strategies to support children's growth and learning?
- j. To what extent do you feel able to provide alternative explanations, examples, or activities to extend children's learning?
- k. How much can you do to support families in helping their children do well?

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- l. To what extent do you feel effective at implementing new and developmentally supportive learning activities?
- H8. In your day-to-day life, how often do any of the following things happen to you? (Response options: Almost every day, At least once a week, A few times a month, A few times a year, Less than once a year, Never)
- a. You are treated with less courtesy than other people are.
 - b. You are treated with less respect than other people are.
 - c. You receive poorer service than other people at restaurants or stores.
 - d. People act as if they think you are not smart.
 - e. People act as if they are afraid of you.
 - f. People act as if they think you are dishonest.
 - g. People act as if they're better than you are.
 - h. You are called names or insulted.
 - i. You are threatened or harassed.
 - j. You are followed around in stores
- H9. **[ASK IF SELECTED "A few times a year" OR MORE FREQUENTLY TO AT LEAST ONE QUESTION IN H8]** What do you think is the main reason for these experiences? (Check all that apply)
- a. Your Ancestry or National Origins
 - b. Your Gender
 - c. Your Race
 - d. Your Age
 - e. Your Religion
 - f. Your Height
 - g. Your Weight
 - h. Some other Aspect of Your Physical Appearance
 - i. Your Sexual Orientation
 - j. Your Education or Income Level
 - k. Other (SPECIFY)
- H10. During the past year, did you receive any of the following types of assistance with the costs of improving your skills, either from your employer or from a local or state agency, college, or university?
- a. Assistance with direct costs such as tuition or registration fees (YES/NO/I don't know/Refused)
 - b. Help with other costs of participation such as travel or child care for your own children (YES/NO/I don't know/Refused)
 - c. Release time to participate in the activity (YES/NO/I don't know/Refused)
- [H11-H14 FOR ASSISTANTS ONLY]**
- H11. In the past year, have you requested a raise?
- a. Yes
 - b. No
 - c. I don't know
 - d. I prefer not to answer
- H12. **[IF YES TO H11]** What was the response from your employer?
- a. I did not receive a raise
 - b. I received a raise but not in the amount I requested
 - c. I received a raise in the amount I requested

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- d. I prefer not to answer

H13. At any time since your hiring, have you received a raise?

- a. Yes
- b. No
- c. I don't know
- d. I prefer not to answer

H14. **[IF YES TO H13]** How many raises have you received while employed at [employer]?

- a. _____ Number of raises
- b. I don't know
- c. I prefer not to answer

About Your Financial Situation.

We know that wages and benefits are a major issue affecting the early care and education workforce. The following questions about aspects of your financial well-being are being asked to better understand this issue and inform efforts to support economic well-being of family child care providers and assistants. **Remember, all individual responses on this survey will remain private.**

11. Including yourself, how many adults, aged 18 and older currently live with you? Include everyone aged 18 and older who usually lives there, meaning stays with you at least two nights a week, even if they are away from home right now.

- a. _____ Number of adults (including yourself)
- b. I prefer not to answer

12. How many children, under the age of 18, live with you? Please include your biological, adoptive, foster, step, or other children that you are responsible for.

- a. _____ Number of children
- b. I prefer not to answer

Now, I am going to ask you some questions about the income that came into your household for **everyone** who lived together in **[PRIOR MONTH]**. Please include **all** income from all the people who lived together in your household at least two nights a week last month. Again, none of your answers will be discussed with anyone.

13. Do any other adults or children who live in your household work for pay or are self-employed?

- a. Yes
- b. No
- c. I don't know
- d. I prefer not to answer

14. **[IF 11 = 1]** In the past month, did you receive income or assistance from any of the following sources?

[IF 11 > 1] In the past month, did you or anyone in your household receive income or assistance from any of the following sources?

(Response options: Yes, No, I prefer not to answer)

- a. A job
- b. Supplemental Security Income (SSI or Social Security Disability Insurance (SSDI))

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- c. Cash assistance or welfare, such as Colorado Works or general relief, not including WIC or food stamps
 - d. Colorado Child Care Assistance Program (CCCAP)
 - e. Unemployment Insurance
 - f. Worker's Compensation
 - g. Disability
 - h. Food stamps/Supplemental Nutrition Assistance Program (SNAP)/ Commodity Supplemental Food Program (CSFP) / The Emergency Food Assistance Program (TEFAP)
 - i. Women, Infants, Children (WIC)
 - j. Energy Assistance
 - k. Housing Choice voucher, also known as Section 8 or Public Housing
 - l. Veteran's Benefits
 - m. Child Support
 - n. Medicaid
 - o. Other government source (please specify: _____)
15. What type of health insurance do you currently have? Please respond even if your health insurance is not provided by your employer.
- a. Private Health Insurance through your employer
 - b. Private Health Insurance through the Health Insurance Exchange
 - c. None/Uninsured
 - d. Other (please specify: _____)
 - e. I don't know
 - f. I prefer not to answer
16. In **[PRIOR MONTH]** did you **[IF I1 + I2 > 1, INSERT "or anyone else in your household"]** receive money from any other source, such as rent from boarders, a pension, other government benefits, or any other income we have not already talked about?
- a. Yes
 - b. No
 - c. I don't know
 - d. I prefer not to answer
17. What was the total monthly income for you **[IF I1 + I2 > 1, INSERT: "and everyone else living together in your household"]** in **[PRIOR MONTH]**? Please include income from all of the sources that you just mentioned, plus any other income. Your best estimate is fine.
- a. Amount: \$ _____, _____. **[RANGE = 0 – 99996]**
 - b. I don't know
 - c. I prefer not to answer
18. **[IF I7=I prefer not to answer or I don't know]** It can be difficult to remember or report these numbers and an approximate range is fine. What was the total monthly income for **you [IF I1 + I2 > 1, INSERT: "and everyone else living together in your household"]** in **[PRIOR MONTH]**? Would you say it was...

Please include income from all of the sources that you just mentioned, plus any other income.

- a. \$799 or less
- b. \$800 to \$1,249
- c. \$1,250 to \$1,699

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- d. \$1,700 to \$2,499
 - e. \$2,500 to \$3,499
 - f. \$3,500 to \$3,999
 - g. \$4,000 to \$4,999
 - h. \$5,000 or more
 - i. I don't know
 - j. I prefer not to answer
- I9. Suppose that you have an emergency expense that costs \$400. Could you pay for this expense right now using cash or money in a checking/savings account, or with a credit card that you could pay off at the next statement?
- a. Yes
 - b. No
 - c. I prefer not to answer
- I10. Do you currently have outstanding student loans related to pursuing higher education or credentialing in the early childhood education field?
- a. Yes
 - b. No
 - c. I don't know
 - d. Refused
- I11. In the past 12 months, has there been a time when you: **(Response options: Yes, No, I prefer not to answer)**
- a. Did not pay the full amount of the rent or mortgage?
 - b. Were evicted from your home or apartment for not paying the rent or mortgage?
 - c. Did not pay the full amount of the gas, oil, or electricity bills?
 - d. Had service turned off by the gas or electric company, or oil company would not deliver oil?
 - e. Had cellular or land service disconnected because payments were not made?
 - f. Did not fill or postponed filling a prescription for drugs when they were needed because you could not afford it?
 - g. Did not pay the full amount of other bills?
- I12. Think again over the past 3 months. Generally, at the end of each month did you end up...
- a. with more than enough money left over
 - b. with some money left over
 - c. somewhat short of money
 - d. very short of money
- I13. How much do you agree or disagree with each of the following statements? **(Response options: Strongly Agree, Agree Somewhat, Disagree Somewhat, Strongly Disagree, I prefer not to answer)**
- a. My financial situation is better than it was last year at this time.
 - b. I worry about having enough money in the future.
 - c. These days I can generally afford to buy the things (I/we) need.
 - d. There never seems to be enough money to buy something or go somewhere **just for fun.**
- I14. In the last 12 months ... **(Response options: Yes, No, I prefer not to answer)**

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- a. Did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
 - b. Did you ever eat less than you felt you should because there wasn't enough money to buy food?
 - c. Were you ever hungry but didn't eat because you couldn't afford enough food?
- I15. For each statement below, indicate if it was often true, sometimes true, or never true for [you/your household]. In the last 12 months... **(Response options: Often True, Sometimes True, Never True, I prefer not to answer)**
- a. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more
 - b. (I/We) couldn't afford to eat balanced meals

Your Health and Wellbeing.

The next few questions ask about your health and well-being, including your physical and emotional well-being to better understand how your work may affect you. All individual responses will remain private.

- J1. Overall, would you say your health is excellent, very good, good, fair, or poor?
- a. Poor
 - b. Fair
 - c. Good
 - d. Very Good
 - e. Excellent
 - f. I prefer not to answer
- J2. Below is a list of the ways you might have felt or behaved. Please check the boxes to indicate how often you have felt this way **in the past week or so. (Response options: Rarely or none of the time (<1 day), Some or a little of the time (1-2 days), Occasionally or a moderate amount of the time (3-4 days), Most or all of the time (5-7 days), I prefer not to answer)**
- a. I felt that I could not shake off the blues even with help from my family or friends.
 - b. I had trouble keeping my mind on what I was doing.
 - c. I felt that everything I did was an effort.
 - d. My sleep was restless.
 - e. I felt lonely.
 - f. I felt sad.
 - g. I could not get "going."
- J3. During **the past 30 days**, how often did you feel... **(Response options: None of the time, A little of the time, Some of the time, Most of the time, All of the time, I prefer not to answer)**
- a. nervous?
 - b. hopeless?
 - c. restless or fidgety?
 - d. so depressed that nothing could cheer you up?
 - e. that everything was an effort?
 - f. worthless?
- J4. This next set of questions is used to assess how staff members feel about their job and their reactions to work. Please read each statement carefully and decide if you ever feel this way about your job. **(Response options: Never, A few times a year or less, Once a month or less, A few times a month, Once a week, A few times a week, Every day)**
- a. I feel emotionally drained from my work.
 - b. I feel used up at the end of the workday.
 - c. I feel fatigued when I get up in the morning and have to face another day on the job.
 - d. Working with people all day is really a strain for me.
 - e. I feel burned out from my work.

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- f. I feel frustrated by my job.
- g. I feel I'm working too hard on my job.
- h. Working with people directly puts too much stress on me.
- i. I feel like I'm at the end of my rope.

A Little More About You

The final section includes questions about your personal identities and characteristics.

K1. In what year were you born?

- a. ____ (yyyy)
- b. I prefer not to answer

K2. Are you...?

- a. Single, never married
- b. Married
- c. Separated
- d. Divorced
- e. Widowed
- f. I prefer not to answer

K3. Are you:

Select all that apply.

- a. Female
- b. Male
- c. Transgender, non-binary, or another gender
- d. I prefer not to answer

K4. Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.

- a. No, not of Hispanic, Latino/a, or Spanish origin
- b. Yes, Mexican, Mexican American, Chicano/a
- c. Yes, Puerto Rican
- d. Yes, Cuban
- e. Yes, Another Hispanic, Latino, or Spanish origin
- f. I don't know
- g. I prefer not to answer

K5. What is your Race? Select one or more.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. I prefer not to answer

K6. In what languages are you fluent, meaning you are able to speak or write easily and accurately? Please select all that apply.

- a. English
- b. Spanish
- c. Chinese, including Mandarin, Cantonese
- d. Vietnamese
- e. German
- f. French
- g. Russian
- h. Korean
- i. Afro-Asiatic, including Amharic and Somali

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- j. Arabic
- k. Not listed (Please specify) _____
- c. I prefer not to answer

[SUBMIT SURVEY]

[HONORARIUM SCREENS]

Those are all the questions we have for you today!

Thank you very much for participating in **[pilot initiative]**! Please reach out to **[add contact information]** if you have any questions.

You will receive a \$40 honorarium for your participation in this survey. Please let us know your preference for your honorarium.

- Email gift code for **[Amazon/Walmart/Target]**.
- I would prefer not to receive an honorarium.

[if Email gift code selected:]

Please provide an email address so that we can send you \$40. We will only use this email address to send you the gift card. We will not share this email with anyone outside of the research team.

Please enter your email: _____

Please confirm your email: _____

[for all respondents]

Providers and assistant providers who have completed the survey can receive 1 hour toward their annual training hours required by child care licensing. Please provide your PDIS User ID and the email you use for PDIS below. Your ID and email will be forwarded to PDIS within **[30 days]** of completing this survey and your PDIS training hours will be updated. Please note, completing this survey will not count towards Ongoing Professional Development hours for the Early Childhood Professional Credential (ECPC).

Please enter PDIS User ID: _____

Please enter email used for PDIS: _____

[SUBMIT]

Thanks again for participating. If you have any questions, please feel free to contact us at **[add email and/or phone]**.