

Instrument 7. Family Member Interview

Introduction

[*Greet family member*] Is now still a good time for you? Just a reminder, I expect this interview will take about one 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 your experiences with your child care provider, [PROVIDER], and what you look for and value in child care in general.

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

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. The study seeks to learn about the strengths of home-based child care and to highlight the voices of people who care for the children of their family, friends, and neighbors. We also want to hear from parents or guardians of children who are cared for by their family, friends, and neighbors in order to understand what is important to parents about their children's experiences in care. Your ideas and opinions about what is important for your child's care will help us understand the types of resources and supports that could benefit child care providers.

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

We will send you a \$50 gift card as a thank you and to acknowledge your participation in this interview.

Your participation is completely up to you and voluntary. There is a small chance that responding to some of our questions could bring up topics that are upsetting to you. You can choose to not answer a question for this, or any other reason, if you wish. We can also pause or stop the interview at any point. There are no other risks, or benefits, to participation. 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 person who cares for your child(ren).

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. In the future, responses from this study (with nothing identifying participants) might be securely shared with qualified individuals for additional learning purposes to better understand the strengths of home-based child care.

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 family 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 0970-0612 and the expiration date is 09/30/2024.

[End of consent statement information.]

(If they have email address and we sent consent by email) We also emailed you a letter with this information about the study for your records. 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 your children

I want to start by learning about your children.

- 1. How many children do you have under age 13? What are their ages?**
- 2. How many children do you have age 13 and over?**
- 3. How many of your children are cared for by or spend time with [PROVIDER]?**

Now let's talk about this(ese) child(ren). *For each child in provider's care, complete the following table:*

Parent's own children <u>under age 13</u> who are in [PROVIDER]'s care	#1	#2	#3	#4	#5	#6
Name: What is this CHILD's first name?						
Gender: What is [CHILD]'s gender? (for example, girl, boy, non-binary)						
Age: How old is [CHILD]?						
Relationship: (for example, foster child, kinship care, own child) What is your relationship to CHILD?						
Race/ethnicity: How would you describe [CHILD]'s racial and ethnic identity?						
Language: What languages does [CHILD] speak at home? What language do you speak with [CHILD]?						
Physical or medical condition: Does [CHILD] have a physical or medical condition that affects the way you care for them?						
Emotional, developmental, or behavioral condition: Does [CHILD] have an emotional, developmental, or behavioral condition that affects the way you care for them?						

B. Reasons for choosing provider

4. **Now let's talk about the arrangement you have with [PROVIDER]. Tell me the story of how you came to use [PROVIDER] to take care of [CHILD/REN].**

PROBE: [IF PREVIOUS RELATIONSHIP] PROVIDER told us they are your [RELATIONSHIP]. Is that right?

PROBE: [IF NOT PREVIOUS RELATIONSHIP] How did you find out about PROVIDER?

PROBE: When you realized you would need child care for [CHILD/REN], what did you do first? How many different child care options did you explore?

PROBE: What were your reasons for choosing [PROVIDER] for your child(ren)? Why did you choose [PROVIDER] over or in addition to other child care options?

PROBE: How long have you been using [PROVIDER] for child care?

PROBE: If you did not have to consider cost and availability, would you have made a different choice?

5. **How long do you think you will keep [CHILD] in this arrangement with [PROVIDER]?**

PROBE: Please tell me more about that. What are your reasons?

PROBE: Have you considered changing arrangements? If yes, what are your reasons?

6. [IF NOT CLEAR FROM EARLIER] **Is [CHILD] in another [child care, preschool, or after-school arrangement] besides [PROVIDER]?**

PROBE IF YES: Why do you use both [PROVIDER] and these other arrangements? *If needed, probe on trust, convenience, location, cost.*

7. [IF PARENT HAS OTHER CHILDREN UNDER AGE 13] **You mentioned that you have [NUMBER] other children under age 13. Please tell me about the child care arrangements you have for them.**

PROBE: [IF ANOTHER CHILD CARE ARRANGEMENT IS USED] What were your reasons for using another child care arrangement for these children?

C. Child care hours used

So let's talk about the arrangement you have with [PROVIDER].

8. **What days and hours of the week is [CHILD] cared for by [PROVIDER]?**

PROBE: Does [PROVIDER] take care of your child/ren during early mornings, in the evening, or overnight? On the weekends? *If yes: How often do you need care at these times?*

IF NOT ANSWERED: What is the earliest time you drop off [CHILD] and what is the latest time you pick up?

9. **What happens when your schedule changes or something comes up and you need care at different times? How does [PROVIDER] respond?**

D. Paying for child care

10. Is [PROVIDER] paid to take care of [CHILD]?

[IF YES]: Who pays [PROVIDER]?

PROBE IF PARENT PAYS [PROVIDER] Does anyone else help you pay? For example:

- A government agency, such as [STATE OR OTHER AGENCY NAME], which provides child care subsidies or [STATE CCDF NAME]? (if needed) These are payments to providers that are meant to help families afford child care.
- Another agency such as a church or community group
- Other family member pays [PROVIDER]
- Other

11. [IF PARENT PAYS] Could you tell me about the payment arrangement you have with [PROVIDER]? For example, do you have flexibility around when you pay or how much you pay?

[IF PRIVATE PAY] Do you pay on a regular basis?

[IF SUBSIDY] Do you have a co-payment?

12. [IF PARENT DOES NOT PAY] What are your reasons for not paying [PROVIDER]?

13. Do you give [PROVIDER] or do anything for [PROVIDER] in exchange for child care?

PROBE IF NEEDED: For example, do you buy groceries or offer transportation, or do small repair jobs in exchange for the care that [CHILD] receives?

14. What things does [PROVIDER] ask you to send in for [CHILD] while in their care?

PROBE for specifics such as food, toys, books.

E. Child's experience with provider

Let's talk about your child's experiences with [PROVIDER].

15. What are the most important things your child gets from being in [PROVIDER's] care?

PROBE: What would you say [CHILD] likes the most about going to [PROVIDER's] home?

16. What do you think your child learns from [PROVIDER]? Ask this as open ended first.

PROBES IF NOT ANSWERED: tailor these based on child ages, arrangements, and ability.

- [For infant/toddler] Does [PROVIDER] support your child's growth and learning? In what ways?
- [For preschooler not in another arrangement] Does [PROVIDER] help your child get ready for kindergarten? What things does [PROVIDER] teach your child to get them ready?
- [For preschooler who also attends a center-based preschool] Does [PROVIDER] support your child's experience in preschool? Help them get ready for kindergarten? What things does [PROVIDER] teach your child to get them ready?

- *[For school-age child]* Does [PROVIDER] support your child’s success in school? Are there things about being in [PROVIDER]’s care that you think helps your child with their experiences at school?
- *[For child with a disability]* Does [PROVIDER] support your child with their disability? If so, how does [PROVIDER] do this?

17. Tell me about anything that may be hard about this arrangement for your child(ren).

PROBE: What things would you change about this arrangement?

F. Parent’s experience with provider

Now let’s talk about your experiences and relationship with [PROVIDER].

18. Tell me about your relationship with [PROVIDER].

PROBE IF NEEDED: How would you describe your relationship?

19. What is the most important thing about this arrangement for you as a parent?

20. In what ways do you share the same background or life experiences as [PROVIDER]?

PROBE IF SHARED BACKGROUND: How important is it to you that you and [PROVIDER] share the same background? In what ways does [PROVIDER] support your cultural values, beliefs, traditions around raising children?

PROBE IF DIFFERENT BACKGROUND: How do you feel about your differences with [PROVIDER]? In what ways has that been helpful or challenging for you? In what ways does [PROVIDER] understand your values, beliefs, culture?

21. IF NOT ADDRESSED ABOVE: How are the things you think are important for children the same as what [PROVIDER] thinks are important for children? Share an example.

22. Tell me about a time when you disagreed with [PROVIDER] about how to take care of [CHILD].

G. Logistical support

23. How does [PROVIDER] help you out besides taking care of your child(ren)?

IF NEEDED: **For example, personal or emotional support, help with food or clothing for your family, information about jobs or resources.**

PROBE: Please tell me more about that. What other ways does [PROVIDER] help you out?

24. What types of resources or supports does [PROVIDER] help you find for your child(ren)?

H. Overall experience

25. Think about the people who help you take care of your children. How does the way [PROVIDER] helps you compare to the help you get from other people in your life?

PROBE: Is [PROVIDER] someone you would go to first when you need support? Or are there other people you would go to first?

26. In what ways does [PROVIDER] make your life easier? Tell me more about that.

27. In what ways does [PROVIDER] make your life difficult or stressful? Tell me more about that.

I. Demographic characteristics

In closing, I have a few questions 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.

28. In what year were you born?

29. What languages do you speak at home?

30. 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

31. How long have you lived in the U.S.?

32. [IF NOT BORN IN THE US OR IF NOT CLEAR FROM PREVIOUS QUESTION] What country (or countries) are you or your family originally from?

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

- Female
- Male
- Non-binary or other gender

34. 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]:

35. What is your current marital or relationship status?

36. How many children ages 14-17 live with you in your household?

37. How many adults 18 years or older live with you in your household?

38. Are you currently employed?

39. Are you currently enrolled in school or training?

40. In the last 3 months, how often have you found it difficult to pay your bills?

[Read the responses below]

- Never
- Once in a while
- Somewhat often
- Very often

41. Do you currently receive financial or in-kind assistance from any government programs for families, such as cash assistance for families, cash assistance for disabilities, housing assistance, free or reduced-price lunch for your children or food stamps or SNAP?

- *[If yes]* Which programs are you receiving assistance from?

J. 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 \$50 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: _____