



NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | 2024

Home-based Provider Screeners and Questionnaire

OMB Review Draft

Reviewer Notes

Clarification regarding respondent response options:

- Please note that while only some items may list a “DK/REF” (Don’t Know/Refused) option, respondents answering the survey in any mode always have the option to decline to answer any item. Any respondent declining to provide a response to an item is directed to the next appropriate survey item.
- Please note that response options preceded by the term “added” in this document reflect internal codes used for back-end data management, and are not displayed, shown, or read to the respondent. Note that these response options preceded by the term “added” are only in the English versions of the questionnaires and not included in the Spanish-translated questionnaires (since they are for internal purposes and do not require translation).

2024 National Survey of Early Care and Education Home-based Provider Questionnaire

Contents

Questionnaire Key	i
Home-based Provider Questionnaire	INTRO-1
Section A. Location of Care and Screening.....	A-1
Section B. Care Schedule and Rostering of Children if Small Provider.....	B-1
Section C. Enrollment.....	C-1
Section E. Schedule.....	E-1
Section F. Admissions/Marketing.....	F-1
Section G. Care Provided.....	G-1
Section H. Help with Child Care.....	H-1
Section I. Household Characteristics.....	I-1
Section J. Provider Characteristics.....	J-1
Section K. Operations.....	K-1
Section L: Consent to access administrative records.....	L-1

Questionnaire Key

Skip Patterns:

1. Simple skip patterns are identified with an arrow immediately following a response option, as in the example below:

A8A.

Is your program for profit, not for profit, or is it run by a government agency?

1. FOR PROFIT → SKIP TO A9
2. NOT FOR PROFIT
3. RUN BY A GOVERNMENT AGENCY
4. OTHER, SPECIFY: _____

2. More complex skip patterns are identified with a bordered box, as in the example below. Skip Logic Boxes are titled in **bold** and numbered using the following naming convention: [Section]_S_[Sequential count].

Skip Logic Box A_S_1:

IF A8A = 1 OR 2 ("FOR PROFIT" OR "NOT FOR PROFIT"), ASK A9
ELSE, SKIP TO A11.

Loops:

A loop is a series of questions that are asked iteratively about one or more entities, for example, a series of personal characteristics asked about each child in the household. The loop's questions appear once in the questionnaire, with skip instructions that indicate when the series starts and ends and for which entities the loop is asked. Sometimes one loop is nested within another.

1. Loop patterns are identified with a broken-line bordered box, as in the example below. All loops are bookended with a boxes designated as 'Start of...' and 'End of...' Loop. Loop boxes are titled in *italics* and numbered using the following naming convention: [Section]_L_[Sequential count].

*Start of B_L_1 Loop (*BL1):*

REPEAT B1_5 - B1_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

2. All questionnaire items within a loop are identified with a truncated loop title, preceded by a '*' and formatted in *italics* with blue font. A single questionnaire item may be included in none, one, or multiple loops and will be identified accordingly in the questionnaire with zero, one, or multiple loop titles.

B1_5C. *BL1

How many hours per week does that cover?

Ranges:

Numeric open-ended responses throughout the questionnaire, such as number of years or weeks, have a pre-assigned lower and upper limit in the computerized questionnaire to minimize error. These ranges are shown directly beneath such open-ended responses, as in the example below. Ranges are prefixed with "RANGE:" in all caps and formatted with purple font.

B5d.

How many of the children in your program have variation in the number of paid hours of care each week?

_____ Number of children
RANGE: 0-999

Programmatic fills:

Some questions have customized text that is programmatically filled during computerized administration. A descriptor of the customized text is indicated, and users can tell that customized rather than generic text was visible during the interview because the text is bracketed and in CAPS. Programmatic fills within the questionnaire are contained within brackets [...], as in the example below. The fill text within the brackets provides a brief description of what the fill is.

A2G9a. *AL1 *AL2

In the past 12 months, has he/she contributed \$500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?

1. Yes
2. No
3. DK/REF

Home-based Provider Questionnaire

LANDING PAGE

Welcome to the National Survey of Early Care and Education!

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

PIN:

Password:

QUEXLANG

Please select the language in which you would like to conduct the interview.

Por favor seleccione el idioma en el que desea realizar la entrevista.

English/Inglés

Spanish/Español

QUITTEXT

Your session has been suspended. Please log-in again and complete the survey.

Thank you for your participation.

FOOTER

If you have any questions you can contact us at nsece24prov@norc.org or [PLACEHOLDER].

FOOTERFI

IF NECESSARY: INTERVIEWER: IF YOU FACE ANY ISSUES ADMINISTERING THE SURVEY YOU CAN CONTACT THE NSECE FI HELPDESK AT NSECEHelpdesk@norc.org FOR NON-URGENT ASSISTANCE OR CALL [PLACEHOLDER] FOR URGENT ASSISTANCE.

IF SAMPTYPE = HHLD GO TO CONSENT_UNLISTED

IF SAMPTYPE = PROV GO TO SCRINTRO_LISTED

CONSENT_UNLISTED

Thank you for your interest in this study, which is conducted by NORC at the University of Chicago for the Administration for Children and Families, of the U.S. Department of Health and Human Services. This survey is designed to study the experiences of people who look after children under age 13 in someone's home. Your participation in this survey will help the government and child care providers better understand and support the child care services that are most needed in your area.

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

This interview takes about 20 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your response private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

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

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

INTERVIEWER-ADMINISTERED

Hello. My name is _____ and I am from NORC at the University of Chicago. We are conducting a study about the experiences of people who look after children under age 13 in someone's home. It is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government and child-care providers better understand and support the child care services that are most needed in your area.

This interview takes about 20 minutes and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff

from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children or others, including reporting to authorities.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with the study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is MM/DD/YEAR. If you have any comments about the time required to complete this interview or any other aspect of this survey, please send them to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict privacy of your responses. These recordings will be shared only with authorized personnel associated with the study. Recordings will be maintained until we finalize our notes. May I continue with the recording?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY → CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED → TURN OFF RECORDING FEATURE AND CONTINUE

GO TO INSTRUCTION BEFORE A1.

SCRINTRO_LISTED

[SELF ADMINISTERED] Welcome to the National Survey of Early Care and Education! This study is being conducted by NORC at the University of Chicago on behalf of the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions about child care services in your community. Your answers will help the government better support the people who care for our nation's children.

[INTERVIEWER ADMINISTERED] Hello, my name is [NAME], and I'm from NORC at the University of Chicago. We're conducting a study sponsored by the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions about child care services in your community. Your answers will help the government better support the people who care for our nation's children.

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

Section A. Location of Care and Screening

IF ADDRESS PRELOAD NOT PRESENT, SKIP TO SKIP LOGIC BOX A_S_1
ELSE, ASK A1

A1.

Our records indicate that your home address is [ADDRESS]. Is that correct?

1. Yes
2. No

Skip Logic Box A_S_1:

IF A1= 1 SKIP TO A1A1_M
ELSE, ASK A1a

IF ADDRESS PRELOAD NOT PRESENT, INCLUDE INTRO TEXT WITH A1A
IF A1 = DK/REF, INCLUDE INTRO TEXT WITH A1A
ELSE, OMIT INTRO TEXT

A1a.

INTRO TEXT: We are interviewing households and child care providers in various areas across the country. To make sure that your data are combined with others' in your local area, we need to make sure we have your correct address.

What is your correct address?

Street Address: _____

City: _____ State: _____ Zip: _____

A1A1_M.

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

INTERVIEWER INSTRUCTIONS: THIS QUESTION CONFIRMS ELIGIBILITY. INTERVIEWER PROBE BEFORE SELECTING "NO".

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

1. YES
2. NO
3. DK/REF

Skip Logic Box A_S_2:

IF A1A1 = 1 AND SAMPTYPE=PROV, SKIP TO A_S_3
ELSE, IF A1A1 = 2 OR 3 AND SAMPTYPE=PROV, ASK A_SCRN_2
ELSE, IF A1A1=1 AND SAMPTYPE=HHLD, SKIP TO S_S_1
ELSE, SKIP TO A1B2

A_SCRN_2.

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

1. Yes
2. No → SKIP TO A1B2

A_SCRN_3.

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

_____ Month _____ Year

SKIP TO A_S_3

A1B2.

Thank you very much for your time. That is all we have.

TERMINATE THE INTERVIEW AND DISPOSITION THIS CASE AS INELIGIBLE.

Skip Logic Box A_S_3:

IF SAMPTYPE=PROV, ASK CONSENT_LISTEDQUEX
ELSE, SKIP TO A1C1_M

CONSENT_LISTEDQUEX

Thank you for your interest in this study, which is conducted by NORC at the University of Chicago for the Administration for Children and Families, of the U.S. Department of Health and Human Services. This survey is designed to study the experiences of people who look after children under age 13 in someone's home. Your participation in this survey will help the government and child care providers better understand and support the child care services that are most needed in your area.

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

This interview takes 40 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your response private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

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

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

INTERVIEWER-ADMINISTERED

(Hello. My name is _____ and I am from NORC at the University of Chicago.) We are conducting a study about the experiences of people who look after children under age 13 in someone's home. It is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government and child-care providers better understand and support the child care services that are most needed in your area.

This interview takes about 40 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children or others, including reporting to authorities.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with the study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is MM/DD/YEAR. If you have any comments about the time required to complete this interview or any other aspect of this survey, please send them to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict privacy of your responses. These recordings will be shared only with authorized personnel associated with the study. Recordings will be maintained until we finalize our notes. May I continue with the recording?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY → CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED → TURN OFF RECORDING FEATURE AND CONTINUE

Summer Skip Logic Box S_S_1:

IF CASE WAS COMPLETE ON OR AFTER [PLACEHOLDER] THEN CHECK_S = 1
ELSE CHECK_S = 2

Summer Skip Logic Box S_S_2:

IF CHECK_S=2, SKIP TO A1C1_M
ELSE, IF CHECK_S=1 AND SAMPTYPE=PROV, ASK T1_LHB
ELSE, IF CHECK_S=1 AND SAMPTYPE=HHL, ASK T1_UHB

T1_LHB.

Many providers make changes to their programming in the summer. Compared to your school year practices, do you do any of the following in the summer?

T1_LHBa. Serve different ages of children?

1. YES
2. NO

T1_LHBb. Serve different numbers of children?

1. YES
2. NO

T1_LHBc. Charge parents different prices for care?

1. YES
2. NO

T1_LHBd. Have different staff?

1. YES
2. NO

T1_LHBe. Have different staffing practices?

1. YES
2. NO

T1_LHBf. Have different hours of care for children?

1. YES
2. NO

Skip Logic Box A_S_4:

IF ANY OF T1_LHB A - F = 1, SKIP TO T2
ELSE, GO TO A1C1_M

T1_UHB.

Many providers make changes to their programming in the summer. Compared to your school year practices, do you do any of the following in the summer?

T1_UHBa. Look after different ages of children?

1. YES
2. NO

T1_UHBb. Look after different numbers of children?

1. YES
2. NO

T1_UHBc. Receive different payments for providing care?

1. YES
2. NO

T1_UHBd. Have different hours that you look after children?

1. YES
2. NO

Skip Logic Box A_S_5:

IF ANY OF T1_UHB A - D = 1, ASK T2
ELSE, GO TO A1C1_M

T2.

On what date do your summer activities begin?

Month: _____
Day: _____
Year: _____

In answering the remainder of this questionnaire, please report your program's information as it was in the spring of 2024 before any changes for summer might have been made.

A1C1_M.

How would you describe the location where you look after children? Is it your home, the home of a child you care for, another kind of building, or does the location vary? (**SELECT ALL THAT APPLY**)

- 1 YOUR HOME
- 2 CHILD'S OWN HOME
- 3 SOMEWHERE ELSE (SPECIFY: _____)
- 4 LOCATION VARIES
- 5 Added: someone else's home
- 6 Added: not a residence LOCATION VARIES
- 7 Don't Know/Refused/No Answer

COMMENT

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

Section B. Care Schedule and Rostering of Children if Small Provider

B1.

Throughout the survey, we will use the words “looking after children,” “taking care of children,” and “providing child care” interchangeably. Next are some questions about the care you provided last week to children *who are not your own*.

Altogether, how many children did you look after last week? Please include children who live with you if you are not their custodian or guardian. Please also include children who may have been over visiting, if you were the adult responsible for their safety.

_____ Number of children
RANGE: 0-999

B1A.

In addition to the children you just mentioned, how many other children do you **usually** look after for at least five hours a week that you **did not watch last week**?

_____ Number of children
RANGE: 0-999

B1B.

Altogether, was that [SUM OF B1 AND B1A] different children you looked after last week or **usually** look after for five hours or more per week?

1. YES → SKIP TO B_S_1
2. NO

B1C.

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

Skip Logic Box B_S_1:

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

Start of B_L_1 Loop (*BL1):

REPEAT B2A_M/B3A_M - B26 FOR EACH CHILD UNTIL ALL CHILDREN HAVE BEEN ASKED ABOUT.

B2_M. *BL1

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

B3_M. *BL1

Please provide the initials of each child that you usually look after at least 5 hours per week, but that you did not look after last week.

B2_M /B3_M. Initials	1.	2.	3.
B4_M. *BL1 How old is [CHILD INITIALS]?	Years: Months:	Years: Months:	Years: Months:
B2a_M /B3a_M. *BL1 FOR EACH CHILD, IF CHILD NAME IS PROVIDED IN B2_M THEN CODE AS 1 - 'LAST WEEK'. IF CHILD NAME IS PROVIDED IN B3_M, THEN CODE AS 2 - 'REGULAR (NOT LAST WEEK)'			
These next questions are about (CHILD INITIALS)[who is (CHILD AGE)].			
B6_M. *BL1 Do you and [CHILD INITIALS/CHILD AGE] live in the same household?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
IF B6_M =1, SKIP TO B7a_M. ELSE ASK B7_M			
B7_M. *BL1 Did you have a prior personal relationship with [CHILD INITIALS/CHILD AGE]'s family before you started looking after (him/her)?	1. Yes 2. No → SKIP to B8_M 3. DK	1. Yes 2. No → SKIP to B8_M 3. DK	1. Yes 2. No → SKIP to B8_M 3. DK

B2_M /B3_M. Initials	1.	2.	3.
<p>B7a_M. *BL1 What is your personal relationship to [CHILD INITIALS/CHILD AGE]?</p>	<p>1. Parent without primary legal responsibility 2. Grandparent 6. Parent's partner/spouse/girlfriend or boyfriend 7. Aunt/Uncle 8. Cousin 3. Other blood relative 4. Family friend 9. Non-relative 5. Other Specify: _____ 10. DK/REF/NO ANSWER</p>	<p>1. Parent without primary legal responsibility 2. Grandparent 6. Parent's partner/spouse/girlfriend or boyfriend 7. Aunt/Uncle 8. Cousin 3. Other blood relative 4. Family friend 9. Non-relative 5. Other Specify: _____ 10. DK/REF/NO ANSWER</p>	<p>1. Parent without primary legal responsibility 2. Grandparent 6. Parent's partner/spouse/girlfriend or boyfriend 7. Aunt/Uncle 8. Cousin 3. Other blood relative 4. Family friend 9. Non-relative 5. Other Specify: _____ 10. DK/REF/NO ANSWER</p>
<p>IF B7A_M = 2 ASK B7B.ii_M ELSE SKIP TO B8_M</p> <hr/> <p>B7b.ii_M *BL1 So, [CHILD INITIALS/CHILD AGE] is your grandchild?</p>	<p>1. Yes 2. No</p>	<p>1. Yes 2. No</p>	<p>1. Yes 2. No</p>

B2_M /B3_M. Initials	1.	2.	3.
<p>B8_M. *BL1 Please provide the hours last week on Monday that you looked after [CHILD INITIALS/CHILD AGE].</p> <p>For each care timeslot, enter start time and end time below. If you cared for the child multiple times in the day, report each session of care separately.</p> <p>DISPLAY CHECK BOX "DIDN'T CARE THAT DAY"</p> <p>B8D2_M. *BL1 Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week.</p> <p>Which days last week, if any, was [CHILD INITIALS/AGE] schedule with you identical to his/her schedule with you last Monday? (SELECT ALL THAT APPLY)</p> <p>B8C_M. *BL1 Was [CHILD 2 INITIALS/CHILD 2 AGE] schedule last Monday the same as another child's Monday schedule?</p> <p>B8C1_M. *BL1 Which child had the same Monday schedule?</p>	<p>Start time:</p> <p>Slot 1:</p> <p>Slot 2:</p> <p>End time:</p> <p>Slot 1:</p> <p>Slot 2:</p> <p>DK/REF</p> <p>Did not provide care that day</p> <p>SELECT ALL THAT APPLY:</p> <p><input type="checkbox"/>TUESDAY</p> <p><input type="checkbox"/>WEDNESDAY</p> <p><input type="checkbox"/>THURSDAY</p> <p><input type="checkbox"/>FRIDAY</p> <p><input type="checkbox"/>SATURDAY</p> <p><input type="checkbox"/>SUNDAY</p> <p><input type="checkbox"/>NO IDENTICAL DAY</p>	<p>Start time:</p> <p>Slot 1:</p> <p>Slot 2:</p> <p>End time:</p> <p>Slot 1:</p> <p>Slot 2:</p> <p>DK/REF</p> <p>Did not provide care that day</p> <p>SELECT ALL THAT APPLY:</p> <p><input type="checkbox"/>TUESDAY</p> <p><input type="checkbox"/>WEDNESDAY</p> <p><input type="checkbox"/>THURSDAY</p> <p><input type="checkbox"/>FRIDAY</p> <p><input type="checkbox"/>SATURDAY</p> <p><input type="checkbox"/>SUNDAY</p> <p><input type="checkbox"/>NO IDENTICAL DAY</p> <p>1. Yes</p> <p>2. No</p> <p>1. [INITIALS/AGE for child 1]</p>	<p>Start time:</p> <p>Slot 1:</p> <p>Slot 2:</p> <p>End time:</p> <p>Slot 1:</p> <p>Slot 2:</p> <p>DK/REF</p> <p>Did not provide care that day</p> <p>SELECT ALL THAT APPLY:</p> <p><input type="checkbox"/>TUESDAY</p> <p><input type="checkbox"/>WEDNESDAY</p> <p><input type="checkbox"/>THURSDAY</p> <p><input type="checkbox"/>FRIDAY</p> <p><input type="checkbox"/>SATURDAY</p> <p><input type="checkbox"/>SUNDAY</p> <p><input type="checkbox"/>NO IDENTICAL DAY</p> <p>1. Yes</p> <p>2. No</p> <p>1. [INITIALS/AGE for child 1]</p> <p>2. [INITIALS/AGE for child 2]</p>

B2_M /B3_M. Initials	1.	2.	3.
<p>B8C2_M. *BL1</p> <p>Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week. Was [CHILD X INITIALS/ CHILD X AGE] schedule last [DAY] identical to [CHILD X INITIALS/ CHILD X AGE]'s schedule, or were there some differences in when or where s/he spent time last [DAY]?</p>		<p>1. Identical</p> <p>2. Some differences</p>	<p>1. Identical</p> <p>2. Some differences</p>
<p>B9_M. *BL1</p> <p>Does [CHILD INITIALS/CHILD AGE] have a physical condition that affects the way you care for (him/her)?</p>	<p>1. Yes</p> <p>2. No</p>	<p>1. Yes</p> <p>2. No</p>	<p>1. Yes</p> <p>2. No</p>
<p>B10_M. *BL1</p> <p>Does [CHILD INITIALS/CHILD AGE] have an emotional, developmental, or behavioral condition that affects the way you care for (him/her)?</p>	<p>1. Yes</p> <p>2. No</p>	<p>1. Yes</p> <p>2. No</p>	<p>1. Yes</p> <p>2. No</p>
<p>B11_M. *BL1</p> <p>Is [CHILD INITIALS/CHILD AGE] Hispanic or Latino?</p>	<p>1. Yes</p> <p>2. No</p>	<p>1. Yes</p> <p>2. No</p>	<p>1. Yes</p> <p>2. No</p>
<p>B12_M. *BL1</p> <p>Which of the following is [CHILD INITIALS/CHILD AGE]...? (SELECT ONE OR MORE)</p>	<p>1. White</p> <p>2. Black or African American</p> <p>3. Asian</p> <p>4. Mixed race, another race, or you are not certain</p> <p>_____</p>	<p>1. White</p> <p>2. Black or African American</p> <p>3. Asian</p> <p>4. Mixed race, another race, or you are not certain</p> <p>_____</p>	<p>1. White</p> <p>2. Black or African American</p> <p>3. Asian</p> <p>4. Mixed race, another race, or you are not certain</p> <p>_____</p>

B2_M /B3_M. Initials	1.	2.	3.
B13_M. *BL1 Does [CHILD INITIALS/CHILD AGE] speak a language other than English at home?	1. Yes 2. No → SKIP TO B17_M	1. Yes 2. No → SKIP TO B17_M	1. Yes 2. No → SKIP TO B17_M
HB37 New 1. Do you provide care and instruction using [CHILD INITIALS/CHILD AGE]'s home language?	1. Yes 2. No 3. DK/REF	1. Yes 2. No 3. DK/REF	1. Yes 2. No 3. DK/REF
B13c_M_REVISIED. *BL1 Does [CHILD INITIALS/CHILD AGE] have a parent who needs the help of an interpreter or a child to speak with you?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
Skip Logic Box B_S_2: IF B2a_M /B3a_M =1 LAST WEEK ASK ELSE SKIP TO B18_M <hr/> B17_M. *BL1 Do you look after [CHILD INITIALS/CHILD AGE] regularly, that is, for at least five hours each week?	1. Yes 2. No → SKIP TO B22_M	1. Yes 2. No → SKIP TO B22_M	1. Yes 2. No → SKIP TO B22_M
Skip Logic Box B_S_3: IF B2a_M /B3A_M =2 REGULAR, or B17_M =1 YES ASK B18_M ELSE, SKIP TO B22_M <hr/> B18_M. *BL1 Do you look after [CHILD INITIALS/CHILD AGE] on the same schedule each week?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

B2_M /B3_M. Initials	1.	2.	3.
<p>Skip Logic Box B_S_4: IF B2a_M/B3A_M=2 REGULAR and B18_M =1, ASK B19_M ELSE, SKIP TO B22_M</p> <hr/> <p>B19_M. *BL1 What is that schedule? Beginning with Monday/ Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday morning (DATE) at 6am, when do you usually look after [CHILD INITIALS/CHILD AGE]?</p> <p>B19D2. *BL1 Is Monday's schedule the same as another day of the week? (SELECT ALL THAT APPLY)</p> <p>TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY</p>	<p>Sunday ___ to ___ ___ to ___ Monday ___ to ___ ___ to ___</p> <p>Tuesday ___ to ___ ___ to ___</p> <p>Wednesday ___ to ___ ___ to ___</p> <p>Thursday ___ to ___ ___ to ___</p> <p>Friday ___ to ___ ___ to ___</p> <p>Saturday ___ to ___ ___ to ___</p> <p>Do not look after child on that day.</p>	<p>Sunday ___ to ___ ___ to ___ Monday ___ to ___ ___ to ___</p> <p>Tuesday ___ to ___ ___ to ___</p> <p>Wednesday ___ to ___ ___ to ___</p> <p>Thursday ___ to ___ ___ to ___</p> <p>Friday ___ to ___ ___ to ___</p> <p>Saturday ___ to ___ ___ to ___</p> <p>Do not look after child on that day.</p>	<p>Sunday ___ to ___ ___ to ___ Monday ___ to ___ ___ to ___</p> <p>Tuesday ___ to ___ ___ to ___</p> <p>Wednesday ___ to ___ ___ to ___</p> <p>Thursday ___ to ___ ___ to ___</p> <p>Friday ___ to ___ ___ to ___</p> <p>Saturday ___ to ___ ___ to ___</p> <p>Do not look after child on that day.</p>

B2_M /B3_M. Initials	1.	2.	3.
<p>Skip Logic Box B_S_5: IF B2a_M /B3A_M =2 (REGULAR), AND B18_M =2, ASK B20_M ELSE SKIP TO B22_M</p> <hr/> <p>B20_M. *BL1 How many hours do you usually care for [CHILD INITIALS/CHILD AGE]?</p>	<p>_____ hours per 1. week 2. 2 weeks 3. month 4. varies</p>	<p>_____ hours per 1. week 2. 2 weeks 3. month 4. varies</p>	<p>_____ hours per 1. week 2. 2 weeks 3. month 4. varies</p>
<p>Skip Logic Box B_S_6: IF B20_M = 4 (VARIES) ASK B21 ELSE SKIP TO B22_M</p> <hr/> <p>B21. *BL1 Do you look after him/her based on his/her parent's work schedule, unavailability of a regular caregiver or at other times?</p>	<p>1. Parent's schedule 2. Unavailability 3. Other reasons/ times</p>	<p>1. Parent's schedule 2. Unavailability 3. Other reasons/ times</p>	<p>1. Parent's schedule 2. Unavailability 3. Other reasons/ times</p>
<p>B22_M. *BL1 1. Range: 1-12 (Month), 2011-2024 (Year) 2. Range: 0-12 (Month), 0-12 (Year) In what year and month did you first start looking after [CHILD INITIALS/CHILD AGE] on a regular basis? If you don't remember the exact year or month when you first started looking after [CHILD INITIALS/CHILD AGE] on a regular basis, please provide the age of the child when you first started looking after him/her.</p>	<p>1. ____ Month Year or 2. Child's age ____ Years 3. HAVE NEVER CARED REGULARLY FOR CHILD</p>	<p>1. ____ Month Year or 2. Child's age ____ Years 3. HAVE NEVER CARED REGULARLY FOR CHILD</p>	<p>1. ____ Month Year or 2. Child's age ____ Years 3. HAVE NEVER CARED REGULARLY FOR CHILD</p>
<p>B23_M. *BL1 Do you usually receive payment for looking after [CHILD INITIALS/CHILD AGE]?</p>	<p>1. Yes 2. No → SKIP TO B25_M</p>	<p>1. Yes 2. No → SKIP TO B25_M</p>	<p>1. Yes 2. No → SKIP TO B25_M</p>

B2_M /B3_M. Initials	1.	2.	3.
<p>B24_M. *BL1 How much do you charge [CHILD INITIALS/CHILD AGE]'s parents to look after[CHILD INITIALS/CHILD AGE]?</p>	<p>\$_____</p> <p>1. hourly 2. daily 3. weekly 4. monthly 5. other: _____ 7. Added: Bi-weekly/every 2 weeks 16. Added: Yearly 91. Added: No rate provided 96. Added: Use state/DHS subsidy rate/Medicaid 98. Added: Info provided to create an Hourly rate, not easily coded 100. Added: Rate given for child one includes this child also 6. DON'T KNOW/REFUSED /NO ANSWER</p>	<p>\$_____</p> <p>1. hourly 2. daily 3. weekly 4. monthly 5. other: _____ 7. Added: Bi-weekly/every 2 weeks 16. Added: Yearly 91. Added: No rate provided 96. Added: Use state/DHS subsidy rate/Medicaid 98. Added: Info provided to create an Hourly rate, not easily coded 100. Added: Rate given for child one includes this child also 6. DON'T KNOW/REFUSED /NO ANSWER</p>	<p>\$_____</p> <p>1. hourly 2. daily 3. weekly 4. monthly 5. other: _____ 7. Added: Bi-weekly/every 2 weeks 16. Added: Yearly 91. Added: No rate provided 96. Added: Use state/DHS subsidy rate/Medicaid 98. Added: Info provided to create an Hourly rate, not easily coded 100. Added: Rate given for child one includes this child also 6. DON'T KNOW/REFUSED/ NO ANSWER</p>
<p>B24B. *BL1 Is the amount of the payment you receive from the parent/guardian reduced because you receive payments on behalf of their child from another person, group, or public or private agency?</p>	<p>1. Yes 2. No → SKIP TO B25_M</p>	<p>1. Yes 2. No → SKIP TO B25_M</p>	<p>1. Yes 2. No → SKIP TO B25_M</p>

B2_M /B3_M. Initials	1.	2.	3.
<p>B24C_REVISIED. *BL1 What person, agency or group pays you for the discount or subsidy? (SELECT ALL THAT APPLY)</p> <p>INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED.</p>	<p>1. HEAD START, INCLUDING EARLY HEAD START 2. LOCAL GOVERNMENT (E.G, PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT]) 7. STATE GOVERNMENT CHILD CARE SUBSIDY PROGRAMS, SUCH AS CCDF OR [STATE CCDF NAME] OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS) 8. STATE GOVERNMENT PRE-KINDERGARTEN PROGRAMS, SUCH AS [STATE PRE K NAME] 4. COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES, OR RELIGIOUS ORGANIZATIONS, NOT INCLUDING ANYTHING YOU'VE</p>	<p>1. HEAD START, INCLUDING EARLY HEAD START 2. LOCAL GOVERNMENT (E.G, PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT]) 7. STATE GOVERNMENT OR CHILD CARE SUBSIDY PROGRAMS,SUCH AS CCDF OR [STATE CCDF NAME] OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS) 8. STATE GOVERNMENT PRE-KINDERGARTEN PROGRAMS, SUCH AS [STATE PRE K NAME] 4. COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES, OR RELIGIOUS ORGANIZATIONS, NOT INCLUDING ANYTHING YOU'VE</p>	<p>1. HEAD START, INCLUDING EARLY HEAD START 2. LOCAL GOVERNMENT (E.G, PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT]) 7. STATE GOVERNMENT OR CHILD CARE SUBSIDY PROGRAMS, SUCH AS CCDF OR [STATE CCDF NAME] OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS) 8. STATE GOVERNMENT PRE-KINDERGARTEN PROGRAMS, SUCH AS [STATE PRE K NAME] 4. COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES, OR RELIGIOUS ORGANIZATIONS, NOT INCLUDING ANYTHING YOU'VE</p>

B2_M /B3_M. Initials	1.	2.	3.
B25_M. *BL1 Do you (also) receive anything in exchange for looking after [CHILD INITIALS/CHILD AGE]? For example, does [CHILD INITIALS/CHILD AGE]'s family buy you groceries, provide you transportation, take care of your children or do small repair jobs for you in exchange for your caring for [CHILD INITIALS/CHILD AGE]?	1. Yes 2. No → SKIP TO END OF LOOP B_L_1 BOX	1. Yes 2. No → SKIP TO END OF LOOP B_L_1 BOX	1. Yes 2. No → SKIP TO END OF LOOP B_L_1 BOX
B26. *BL1 Do you receive this on a regular basis or just occasionally?	1. REGULAR 2. OCCASIONALLY 3. NEVER	1. REGULAR 2. OCCASIONALLY 3. NEVER	1. REGULAR 2. OCCASIONALLY 3. NEVER

End of B_L_1 Loop (*BL1):
 REPEAT B2A_M/B3A_M – B26 FOR EACH CHILD UNTIL ALL CHILDREN HAVE BEEN ASKED ABOUT.

B28.

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

Range: 0-999

Skip Logic Box B_S_7:
 IF B7_M = 1 FOR ALL CHILDREN, ASK B27
 ELSE, SKIP TO C14

B27.

Would you be willing to regularly provide child care for a child with whom you did not have a prior personal relationship?

1. Yes
2. No

Section C. Enrollment

C1D.

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

C1.

Next are questions about children you take care of.

Age Group	C1A: How many children do you look after in each of the following age groups? Range: 0-999 for each age group	C1A2 How many hours do you consider full-time enrollment for this age group?	C1A1 How many children are currently enrolled full time in this age group?	C1B. At this time, how many vacancies do you have in this age group? Use the code 999 if there are no limits on the number of additional children you are willing and able to look after. Range: 0-999
Under 3 years		___ Hours 1 No 'full-time' status defined → SKIP TO C1B		
3-5 years, not yet in kindergarten		___ Hours 1 No 'full-time' status defined → SKIP TO C1B		
School-age (kindergarten and up)		___ Hours 1 No 'full-time' status defined → SKIP TO C1B		
TOTAL Range: 0-999 for the total				

C1C.

That means that you currently look after [Total from C1A] children under age 13. Is that correct?

1. Yes → SKIP TO C4
2. No

C2_check.

The numbers do not add up, can you please try to correct the number for each age group?

1. Yes, take me back to correct →RETURN TO C1A
2. It's not possible to correct

C2_tothere.

Please enter the total here

C4.

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

_____ Number of children

Range: 0-999

C5.

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

_____ Number of children

Range: 0-999

C6.

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

_____ Number of children

-2. I don't know the exact number but at least one child

Range: 0-999

C7_M.

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

Category	Number of Children	
C7_Ma. White		-2. I don't know the exact number but at least one child
C7_Mb. Black or African-American		-2. I don't know the exact number but at least one child

Category	Number of Children	
C7_Mc. Asian		-2. I don't know the exact number but at least one child
C7_Md. Mixed race, another race, or you are not certain		-2. I don't know the exact number but at least one child

C8_M.

How many children do you usually look after

	Number
C8_Ma. 20 hours or fewer each week?	
C8_Mb. 21 to 39 hours each week?	
C8_Mc. 40 hours or more each week?	

C9.

Do you live in the same household with any of the children you regularly look after?

Please **do not include** children that you have custody of.

Please **do include**:

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

1. Yes
2. No → SKIP TO C10

C9a.

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

_____ Number of children
 Range: 0-999

C10.

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

1. Yes
2. No → SKIP TO C11_M

C10a_M.

How many of these children are your....?

Relationship	Number of Children Range: 0-999
Grandchild	
Niece/Nephew	
Child of Spouse/Partner/Boyfriend or Girlfriend	
Your own child you do not have custody of	
Cousin	
Other blood relative	
Other relationship: _____	
Added: Not a relative	
Added: Own child or own step-child with custody	
Added: Foster Child/Child in legal custody	
Added: God child	
Added: Other relative	

C10a_M_oth.

What other kind of relationship do you have with children?

Skip Logic Box C_S_1:

IF (C1a - SUM OF (C10a) < 3) ASK C10b
ELSE, GO TO C11

C10b.

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

1. Yes → SKIP TO C12
2. No

C11_M.

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

1. Yes
2. No → SKIP TO C12

C11a_M.

What is the number of children whose families you had a prior personal relationship with?
Please do not include any children you are related to.

_____ Number of children
Range: 0-999

Skip Logic Box C_S_1a:

IF (C11a_M + SUM OF C10a_M) - C1a < 3, ASK C11b
ELSE SKIP TO C12

C11b.

So are you related to or did you have a prior personal relationship with all of the children you care for?

1. Yes
2. No

C12.

Do you receive payment for looking after all [NUMBER FROM C1A/C1C] of the children you care for? Please include payments from parents and family members as well as from government agencies or other organizations.

1. Yes → SKIP TO C12C
2. No

C12a.

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

_____ Number of children
Range: 0-999

-2. I don't know the exact number but at least one child

Skip Logic Box C_S_2:

IF C12a=0, SKIP TO C12c
ELSE, ASK C_relall_nopay

C_rellall_nopay.

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

1. Yes
2. No

Skip Logic Box C_S_3:

IF C12a ≥ TOTAL FROM C1a, ASK C12b

ELSE GO TO C12c

C12b.

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

1. Yes → SKIP TO C13
2. No

C12C.

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

1. ONE RATE → ASK C12C_2_M WITH NO AGE-GROUP SPECIFIED
2. DIFFERENT RATES → ASK C12C1
3. DK/REF → ASK C12C1

C12C1.

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

C12C1a. Infants less than 12 months old?

1. Have a rate
2. No rate available

C12C1b. 2 year olds?

1. Have a rate
2. No rate available

C12C1c. 4 year olds?

1. Have a rate
2. No rate available

C12C1d. School-age children?

1. Have a rate

2. No rate available

Start of C_L_1 Loop (*CL1):

REPEAT C12C_2_M - C12C_8A FOR EACH AGE GROUP = 1 (HAVE A RATE IN C12C1)

C12C_2_M. *CL1

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

\$ _____

C12C_3. *CL1

Is that per

1. hour → SKIP TO C_affordcare
2. ½ day → SKIP TO C_affordcare
3. full day → SKIP TO C_affordcare
4. week → SKIP TO C_affordcare
5. month → SKIP TO C_affordcare
6. term/semester/quarter
7. year
8. OTHER (PLEASE SPECIFY) _____ → SKIP TO C12C_8A
 9. DK/REF/BLANK → SKIP TO END OF LOOP C_L_2
10. Added: Bi-weekly/every 2 weeks
 12. Added: Before/after school
 13. Added: After school/after care
 90. Added: No children in this age group/"none"/does not apply
 91. Added: No rate provided
 92. Added: No meaningful figure
 93. Added: All care subsidized
 94. Added: No full time care
 95. Added: Multiple rates provided
 96. Added: Use state/DHS subsidy rate/Medicaid
 97. Added: Sliding scale rate (no figure provided)
 98. Added: Info provided to create an Hourly rate, not easily code
 99. Added: No meaningful unit

Skip Logic Box C_S_4:

IF HOURS HAVE ALREADY BEEN CAPTURED FOR REPORTED TIME UNIT FOR ANOTHER AGE GROUP SKIP TO END OF C_L_1 LOOP

C12C_7A. *CL1

How many weeks is that?

SKIP TO END OF LOOP C_L_1 BOX

C12C_8A. *CL1

What is the weekly equivalent of that rate?

End of C_L_1 Loop (*CL1):

REPEAT C12C_2_M - C12C_8A FOR EACH AGE GROUP = 1 (HAVE A RATE IN C12C1)

C_affordcare.

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

C_affordcare_a. Sliding fee scale

3. Yes
4. No

C_affordcare-b. Scholarships

1. Yes
2. No

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

1. Yes
2. No

C_affordcare_d. Another arrangement

1. Yes
2. No → SKIP TO C_PARPAY

C_affordcare_oth.

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

VERBATIM TEXT: _____

1. Sliding fee scale
2. Scholarships
3. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation
4. Another arrangement
5. DK/REF/No Answer
6. Added: Flexible Rates/non-monetary options
7. Added: Government Program/Assistance
8. Added Other non-government assistance
9. Added: Payment plans
10. Added: None/No discounts

C_PARPAY

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

_____ Number of children

-2. I don't know the exact number but at least one child

C13.

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

_____ Number of children

Range: 0-999

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

C13_1.

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

_____ % of children

Range: 0-100

C13B_1_M.

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

_____ Number of children
Range: 0-999

IF C13=0 OR C13_1 = 0, OR IF C13 AND C13_1 = -1 (DK/REF), THEN SKIP TO C_S_5
ELSE, ASK HB37 New1a

HB37 New 1a.

For children that you serve who speak a language other than English at home, is there an adult present (you or another adult who helps you) to provide care and instruction using children's home languages?

1. Yes, there is an adult here all of the time
2. Yes, there is an adult that is here some of the time
3. No
4. DK/REF

IF HB37 New 1a = 1 OR 2, ASK C13E_M
ELSE, GO TO C_S_5

C13E_M.

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

_____ % of time

Skip Logic Box C_S_5:

C14 = 2 (RELATIONSHIP-BASED) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS
((B6_M=1 OR B7_M=1 FOR ALL CHILDREN OR (C10B OR C11B =1))
ELSE, C14 = 1 (NOT RELATIONSHIP-BASED)

Skip Logic Box C_S_6:

C17_CHK = 1 (PROXY FOR FAMILY CARE PROVIDER - FCC) IF ALL 5 OF THE FOLLOWING CONDITIONS APPLY:

(A) PROVIDER IS PAID (IF C12=1 OR C12a<(SUM OF B1 AND B1a)) (B) PROVIDER IS RELATIONSHIP-BASED (C14=2); (C) R TAKES CARE OF CHILDREN IN R'S HOME (A1C1_M=1); (D) R REGULARLY CARES FOR AT LEAST 4 CHILDREN (SUM OF (B1 and B1A) IS FOUR OR GREATER); AND (E) R CARES FOR AT LEAST 1 CHILD FOR 21 HOURS OR MORE EACH WEEK (C8_M = B >=1 or C8_M = C >=1)

ELSE, C17_CHK = 2 (NOT PROXY FOR FAMILY CARE PROVIDER - FCC)

Skip Logic Box C_S_7:

C18_CHK = 1 (LARGE PAID PROVIDER) IF (1) SUM OF B1 and B1a IS 4 OR GREATER AND (2) PROVIDER IS PAID (IF C12=1 OR C12a<(SUM OF B1 AND B1a))

ELSE, C18_CHK = 2 (NOT LARGE PAID PROVIDER)

Skip Logic Box C_S_8:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK

C_homeless_REVISED.

ELSE, SKIP TO C_S_9

C_homeless_REVISED.

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

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

Skip Logic Box C_S_9:

IF SUM OF B1 and B1a IS 3 OR LESS SKIP TO C_S_11

IF C18_CHK = 1 (LARGE PAID PROVIDER) ASK C15_M

ELSE, SKIP TO E_S_1

C15_M.

Does a federal, state or local agency or group such as a human services or education agency or department, a welfare, employment or training program pay part or all of the cost for any of the children you look after?

1. YES
2. NO → SKIP TO C_commorg

C15A_M.

Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.

	# of Children	
1. State pre-kindergarten such as [STATE PRE K NAME]		-2. I don't know the exact number but at least one child
2. Head Start, including Early Head Start	_____ < 3 years _____ 3-5 years	-2. I don't know the exact number but at least one child
3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government)		-2. I don't know the exact number but at least one child
4. Child Care subsidy programs such as CCDF or TANF, or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)	_____ < 3 years _____ 3-5 years _____ school-age (Kindergarten and up)	-2. I don't know the exact number but at least one child
5. Title I		-2. I don't know the exact number but at least one child
7. Other types of government funded programs		-2. I don't know the exact number but at least one child

C15b_M.

Do the government agencies or programs that pay you...

	YES	NO
1. contract with you for a guaranteed number of slots		
2. pay you for vouchers or subsidies for specific eligible children		

C_commorg.

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

1. YES
2. NO → SKIP TO C_S_10

C16a.

How many children are paid for by community organizations?

- _____ < 5 years
_____ School-age (kindergarten and up)

Skip Logic Box C_S_10:

IF C15A_M RESPONSE OPTION 4 (CHILD CARE SUBSIDY PROGRAMS) FOR ANY AGE GROUP > 0
OR 'I DON'T KNOW BUT AT LEAST ONE', ASK C_subfees, ELSE

IF C14=1 (NON-RELATIONSHIP BASED) AND B24C_REVISED=7 FOR ANY CHILD (CHILD CARE
SUBSIDY PROGRAMS), ASK C_subfees

ELSE, SKIP TO C_S_11

C_subfees.

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

C_subfees_a. Diaper, baby formula, snacks, or other supplies fees

1. Yes
2. No

C_subfees_b. Co-pays for child care subsidies

1. Yes
2. No

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

1. Yes
2. No

C_subfees_d. Fees or payments in addition to co-pays to make up for low subsidy
reimbursement rates

1. Yes
2. No

Skip Logic Box C_S_11:

IF (1) C18_CHK =1 (LARGE PAID PROVIDER) AND (2A) C15_M = 2 OR (2B) C15A_M RESPONSE OPTION 4 = 0 FOR ALL AGE GROUPS OR C15A_M RESPONSE OPTION 4 - DK/REF [NOTE: IF ANY AGE GROUP IS 'I DON'T KNOW BUT AT LEAST ONE' THIS CONDITION IS NOT SATISFIED' OR (2C) IF C14=1 (NON-RELATIONSHIP BASED) AND B23_M = 1 FOR ANY CHILD (PAID) AND B24C_REVISD≠7 (NO CHILD SUPPORTED BY CCDF/SUBSIDIES) FOR ANY CHILD, ASK C_subenroll ELSE, SKIP TO E_S_1

C_subenroll.

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

1. Yes
2. No

Section E. Schedule

Skip Logic Box E_S_1:

IF SUM OF B1 AND B1A \geq 4, ASK E1_M
 ELSE, SKIP TO E_S_2

E1_M.

Please provide the hours that your program was open for children last Monday.
 If there was more than one time slot you were open on Monday please list each time period separately.
 (For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)
 If last week was a holiday or vacation week, please report information for the last usual week.

E1a.

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

1. Closed on that day

E1A_1.

Were your operating hours last Monday the same as another day last week?

1. Tuesday
2. Wednesday
3. Thursday
4. Friday
5. Saturday
6. Sunday
7. **NO IDENTICAL DAYS**

FOR DAYS NOT SELECTED ON E1A_1

E1_2.

Please provide the hours that your program was open for children last Saturday.
If there was more than one time slot you were open on Saturday please list each time period separately.

(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)

If last week was a holiday or vacation week, please report information for the last usual week.

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

1. Closed on that day

Skip Logic Box E_S_2:

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

E2.

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

1. YES
2. NO

E3_REVISED.

Do you permit parents to use care on schedules that vary from week to week?

1. Yes, at their convenience
2. Yes, from a set of schedule options
3. Yes, beyond a minimum number of hours
4. No
5. DK/REF

E3f.

Are you paid for days that children are scheduled to come but do not, because of illness, vacation, or other personal reasons outside of your control?

1. YES
2. NO

E7.

How many weeks per year do you look after children other than your own who are under age 13?

_____ Number of weeks

Range: 1-52

E7a.

Do you get paid for:

E7a. Days when you are sick and unable to watch children?

1. Yes
2. No

E7b. Vacation days or summer or holiday breaks when you are not watching children

1. Yes
2. No

E10.

The last time you were sick, what arrangements did you make for the children you normally look after? (**SELECT ALL THAT APPLY**)

1. You told parents you could not look after children
2. You had someone else come to take care of the children
3. You sent the children to a different location
4. You took care of the children anyway
5. You never get sick→ SKIP TO HB38 NEW_1
6. Something Else: _____
7. DK/REF/NO ANSWER
8. Other recoded to: "You never get sick/ not sick while caring for children"
9. Added: Have assistants or other staff to take care of the children while I'm ill
10. Added: Other relatives or HH members looked after children while I was ill

E10a.

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

_____ Month _____ Year

Range: 1-12 (Month) 2005-2024 (Year)

HB38 New 1.

Do you have a written formal contract with families whose children you care for? By contract we mean a signed agreement where you specify things like what costs are included in your fees, your payment policies for days when you are absent or when a child is absent, and a schedule of planned vacation or holidays when you will be closed and not watching children.

1. Yes, we have a formal contract with all families
2. Yes, we have a formal contract with some families
3. No, we do not have a formal contract with families
4. DK/REF

E13_M.

In the past 12 months, have you helped find any of the following kinds of help for children that you look after?

	YES	NO
E13a. Health screening, such as for medical, dental, vision, hearing, or speech?		
E13b_M_REVISED. Developmental assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions, or their learning)?		
E13c_M_REVISED. Services such as speech therapy, occupational or physical therapy, or other services for children with special needs available to children?		
E13d. Counseling services for children or parents?		
E13e. Social services to families such as housing assistance, food stamps, financial aid, or medical care?		

E_onsiteserv.

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

1. YES
2. NO

C_foodinsec.

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

_____ Number of children

- 2. I don't know the exact number but at least one child

Section F. Admissions/Marketing

F1_M.

During January through March of 2023, how many children did you stop looking after? Include children whose parents withdrew their children from care as well as children you didn't want to look after anymore.

Range: 0-999

F2_M.

During January through March of 2023, how many new children did you start looking after?

Range: 0-999

F3.

In the past year, have you told a parent that you wouldn't look after their child anymore because of problems with the child's behavior?

1. YES
2. NO

F_earlypickup

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

1. YES
2. NO

Skip Logic Box F_S_1:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK F4
ELSE, SKIP TO F_S_3

F4.

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

1. YES
2. NO

F9.

In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

1. Yes
2. No
3. CHILDREN ARE PLACED ON A WAITING LIST

F_sp_adm.

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

1. Yes
2. No

F_QRIS1.

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

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

IF F_QRIS1 = 1, ASK F_QRIS1a_REVISED
ELSE, SKIP TO F_S_3

F_QRIS1a_REVISED.

In the past two years, how has your rating changed?

1. It moved to a higher rating
2. It moved to a lower rating
3. It stayed at the same rating
4. I have not been re-rated in the past two years

Skip Logic Box F_S_3:

IF ANY CHILDREN ARE REPORTED IN C15A_M OR C14=1 OR B24C_REVISED = 1 OR 2 OR 5 OR 7 OR 8 FOR ANY CHILD, ASK F_INSP
ELSE, SKIP TO G1

F_INSP

In the past 12 months...

F_INSPa. has someone visited your program to make sure you were complying with health and safety requirements?

1. Yes
2. No

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

1. Yes
2. No

HB25.

Child care providers are often required to meet requirements related to children's health and safety. How difficult has it been for you to meet the following requirements (if applicable)?

HB25b. Home inspection and monitoring visit requirements

1. Very difficult
2. Difficult
3. Not very difficult
4. Not difficult at all
5. Not applicable

HB25c. Capacity, ratio, and group size requirements

1. Very difficult
2. Difficult
3. Not very difficult
4. Not difficult at all
5. Not applicable

Section G. Care Provided

G1.

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

- 1. Yes
- 2. No → SKIP TO G_CACFP

G3.

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

_____ Hours per week
 Range: 0-168

These next questions are about activities that you may plan and do with children in your care.

G_ACTIVITY.

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

[INTERVIEWER INSTRUCTION: READ ITEM]. Would you say no time, 30 minutes or less, about one hour, about two hours, or three hours or more?

	1. No time	2. 30 min or less	3. About one hour	4. About two hours	5. Three hours or more	6. Don't know/ refused
J. Learning activities done with the whole group or a small group (with 2 or more children)						
C. Learning activities one-on-one (with individual children)						
D. Activities selected/initiated by the child (e.g., time for children to explore freely)						

	1. No time	2. 30 min or less	3. About one hour	4. About two hours	5. Three hours or more	6. Don't know/ refused
E. Routine care (such as diapering, feeding, and bathroom needs)						
F. Vigorous physical activity either indoors or outdoors						
G. Singing/rhyming						
I. Book reading or sharing						

G_CACFP.

Do you participate in the Child and Adult Care Food Program?

1. Yes
2. No
3. Not eligible
4. I have not heard of the Child and Adult Care Food Program

G_SCREEN.

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

1. 1 ½ hours or more
2. 30 minutes to 1 ½ hours
3. Less than 30 minutes
4. Children do not use screens while in your care

Skip Logic Box G_S_2:

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

G3A.

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

1. Yes
2. No → SKIP TO G4

G3B_M.

What is the name of the curriculum or prepared activities you use?

1. Creative Curriculum for Infants, Toddlers, and Twos
2. High/Scope for Infants and Toddlers
3. Program for Infant/Toddler Care (PITC)
4. Creative Curriculum for Preschool
5. High/Scope for Preschoolers
6. Opening the World of Learning (OWL)
7. An approach, such as Montessori or Project Approach
8. A curriculum I developed myself (SKIP TO G4)
10. Alpha Skills
11. Abeka
12. Creative Curriculum for Family Child Care (birth through age 12)
13. Lakeshore Learning's Family Child Care Curriculum (birth through pre-K)
14. High Reach Curriculum Package for Family Child Care
15. High Scope Family Child Care Curriculum (birth through age 12)
16. Gee Whiz Digital Curriculum for Family Care Providers
17. Teaching Strategies – Family Child Care (ages 3,4,5)
18. Project Early Kindergarten for Family Child Care
19. Funshine Express
9. Another curriculum (Please specify: _____)
20. DK/REF/NO ANSWER
21. Added: High/Scope (unspecified)
22. Added: Creative Curriculum (unspecified)
23. Added: Carols Affordable Curriculum
24. Added: Mother Goose Time
25. Added: Scholastic (unspecified)
26. Added: Starfall
27. Added: Curricula dictated by host organization
28. Added: Purchased/publicly available curricula
29. Added: Activities/activity planning

G_CURRTRAIN.

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

1. Yes
2. No

G4.

Are you sponsored by an organization (for example, a church, Head Start or Catholic Charities) that organizes family child care in your area or are you part of a family child care provider network? (**SELECT ALL THAT APPLY**)

1. Yes, Sponsored by an organization
2. Yes, part of a provider network
3. Neither

HB39.

In the past 12 months, have you gotten any help with meeting health and safety requirements from an outside organization (for example, a Family Child Care network, local child care resource & referral agency, or community organization)?

1. Yes
2. Offered by organization but I have not accessed it
3. No
4. DK/REF

G5.

Do you ever meet with other people who are looking after children? You might do this to let the children spend time with other children, to spend time yourself with other adults, or to learn about how to help children grow and learn.

1. Yes → SKIP TO G_S_3
2. Yes, but not regularly → SKIP TO G_S_3
3. No

G5a.

Do you know of places where you could meet with other people who are looking after children or to learn about how to help children grow and learn?

1. Yes
2. No

Skip Logic Box G_S_3:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK G5d
ELSE, SKIP TO G7

G5d.

Do you have any formal or informal relationships with other programs or schools to share access to resources or professional development for looking after children under age 13?

1. Yes
2. No

G6_M_revised.

We understand that caring for children in their home or yours can take time outside of the hours you spend with the children, to plan your program, buy supplies, keep records, etc. Please estimate how many hours per month you spend on planning and preparation activities outside of the hours you spend with children (for example, cleaning, shopping, professional development, planning children’s activities, communicating with parents, administrative tasks, and record keeping).

Hours per month: _____

Range: 0 - 730

H_TIMECARE.

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

_____ Hours last week

HB20 New 1.

Do you use an accountant or bookkeeper to provide financial services like tax preparation, accounting, payroll management, or budgeting?

1. Yes
2. No
3. DK/REF

HB20 New 3.

In the past year, have you had one or more families more than a month behind on paying tuition/fees?

1. YES
2. NO

G6a.

Aside from bathrooms or kitchens, how many rooms do you use when you are looking after children?

_____ Number of rooms

G6b.

How many of these rooms do you use for regular living space for you and your family when the children are not there?

_____ Number of rooms

HB21 New 2.

What do you usually do if you are called away suddenly while you are responsible for the children?

1. Have substitute available
2. Adult family member helps
3. Non-adult family member helps
4. Send children home
5. Take them with me
6. This has never happened

HB21 New 4.

Are you able to take daily meal or rest breaks during the hours when you are looking after children?

1. YES
2. NO

HB29 New 1.

About how many times in the past month have you taken the children in your care outside for a walk or to play in the yard, a park, or playground?

1. Once a day or more
2. Few times a week
3. Few times a month
4. Rarely or not at all

HB29 New 2.

In the past month, how many times have you and the group of children you care for visited the library?

_____ Enter number of times

G7.

People have different reasons for taking care of other people's children.

G7a_M.

What is the main reason that you look after children?

INTERVIEWER: RECORD VERBATIM AND CODE

1. It is my personal calling or career
2. It is a step toward a related career
3. To earn money
4. To have a job that lets me work from home
5. To help children
6. To help children's parents
9. To work and take care of my children at the same time
7. OTHER (SPECIFY: _____)
8. Don't Know/REF/No ANSWER
10. Added: to own my own business/be own boss

G7b_M.

What do you see as your main responsibility when looking after children?

INTERVIEWER: RECORD VERBATIM AND CODE

1. Help their development
2. Keep them safe/ out of trouble
3. Provide them love and nurturing
4. Teach them values
5. Help them learn so they can do well in school
8. Provide children's basic needs such as meals and transportation.
9. Support children's wellbeing
6. OTHER (SPECIFY: _____)
7. DK/REF/NO ANSWER
10. Added: all categories (for responses that say "all of the above"/"everything")

Skip Logic Box G_S_4:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC) OR RECEIVE GOVERNMENT FUNDING (CHILD REPORTED IN C15A_M or B24C_REVISED = 1 or 2 or 5 or 7 or 8 FOR ANY CHILD, ASK G7C
ELSE, SKIP TO G15 Intro

G7c.

Are you a member of a professional association, such as a state or national family child care association, or a union such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters?

1. Yes
2. No

G12.

Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?

1. Yes
2. No

G_HEALTHCON.

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

1. Yes
2. No

G15 intro.

These questions are about different **types of activities** that may help you maintain or improve your skills in looking after children. In the past 12 months, have you participated in any of the following activities to help you maintain or improve your skills in looking after children?

G15a.

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

1. YES
2. NO

G15b.

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

1. Yes
2. No

G15C.

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

1. Yes
2. No

G15D.

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

1. Yes
2. No → SKIP TO G_S_8

G15D1.

What other types of activities have you participated in the last 12 months to help you maintain or improve your skills in looking after children?

-
1. Added: Help from a home-visitor or coach
 2. Added: Workshop sponsored by a community agency or family child-care network
 3. Added: Course about caring for children at a college or university which was offered for credit
 4. Added: Workshop/classes to support child health/well-being or safety (CPR, nutrition, food safety, SIDs, etc.)
 5. Added: CDA training/classes
 6. Added: Classes or activities to promote physical health or creativity with kids (yoga for kids, gardening, crafts, etc.)
 7. Added: Professional conference on ECE topic
 8. Added: Classes/workshops sponsored by DHS or other child care organization (topic unspecified)
 9. Added: Parenting classes
 10. Added: Online classes or correspondence courses in child care (subject not specified)
 11. Added: Local provider meet-ups or talk with other experienced providers
 12. Added: Volunteering at another ECE organization/school
 13. Added: Foster parent training
 14. Added: College courses (topic not specified)
 15. Added: Reading books and magazines on childcare or articles on the internet
 16. Added: Other
 17. Added: Required training hours/CEUs
 18. Added: Visit other ECE organizations
 19. Added: Workshop on how to care for special needs children
 20. Added: Workshops, courses, classes (unspecified)

21. DK/REF

Skip Logic Box G_S_5:

IF G15C = 1, ASK G_SKILLOBS

ELSE, SKIP TO G_HS

G_SKILLOBS.

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

1. Yes
2. No

G_HS.

In the past 12 months, have you participated in a health or safety training? Please include any health and safety training, including on-line or in person trainings.

1. Yes
2. No → SKIP TO G_S_6

G_HSONLINE_REVISED.

Were your health and safety trainings...?

1. All on-line
2. All in-person
3. A mix of on-line and in-person

Skip Logic Box G_S_6:

IF ANY ITEM FROM G15A - G15D = 1, ASK G_CULTRAIN

ELSE, GO TO G_S_7

G_CULTRAIN.

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

1. YES
2. NO

G_PDASST.

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

G_PDASST_1. Specifically, did you receive assistance with direct costs such as tuition or registration fees?

1. Yes
2. No

Skip Logic Box G_S_7:

IF (1) C18_CHK =1 (LARGE PAID PROVIDER) OR (2) C14=1 (NON-RELATIONSHIP BASED) AND (2) B23_M = 1 FOR ANY CHILD (PAID) ASK G_PDPLAN,
ELSE SKIP TO G_CESD7

G_PDPLAN.

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

1. Yes
2. No

HB12 New 4.

In the last 12 months, have you had any difficulties trying to get training or education to advance your work in early care and education?

1. Yes
2. No
3. Didn't try to get training or education →SKIP TO G_CESD7

HB12 New 5.

How much do you agree with the following statements about your ability to participate in professional development and training to advance your work in early care and education (Strongly agree, agree, disagree, strongly disagree):

a. There are affordable professional development and training options for me to choose from.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE

b. There are professional development and training opportunities that are held at times and at in-person or on-line locations that are convenient for me.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE

4. STRONGLY DISAGREE

G_CESD7.

Below is a list of some of the ways you may have felt or behaved.

Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

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

Indicate how frequently the following statements apply to you.

HB40_1.

I have felt burned out from my work.

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week

6. A few times a week
7. Every day

HB40_2.

I have become more callous toward people since I took this job.

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month

5. Once a week
6. A few times a week
7. Every day

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

G_HAMRE3.

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

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

G_HAMRE4.

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

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

HB24 New 1.

In the past six months, how often have you met with or talked to parents about:

a. Their child's learning or progress towards developmental milestones?

1. Never
2. Rarely
3. Sometimes
4. Always

b. Problems their child is having while in your care?

1. Never
2. Rarely
3. Sometimes

4. Always

HB24 New 3.

Thinking about the families you serve, for how many children do you know what their families do to encourage their children's learning?

1. None
2. Some
3. Most
4. All

ABOUT THE CHILD CARE SUBSIDY PROGRAM:

IF (1) C15A_M RESPONSE OPTION 4 (CHILD CARE SUBSIDY PROGRAMS) FOR ANY AGE GROUP > 0 OR C15A_M= -2 (DON'T KNOW BUT AT LEAST 1) FOR ANY AGE GROUP, OR (2) B24C_REVISIED=7 FOR ANY CHILD OR (3) SUB_ENROLL=1, SKIP TO SUB_EXP,
 ELSE
 IF (1) C18_CHK =1 (LARGE PAID PROVIDER) OR (2) C14=1 (NON-RELATIONSHIP BASED) AND (2) B23_M = 1 FOR ANY CHILD (PAID), ASK HB23_New_2
 ELSE
 SKIP TO SECTION H

HB23_New_2.

Are you familiar with the child care subsidy program, such as [STATE PROGRAM NAME]?

1. YES
2. NO → SKIP TO SECTION H

SUB_EXP

Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently serving children supported by child care subsidies.

Please tell us how much do you agree or disagree with the following statements based on what you know or what you have experienced:

	1. Strongly agree	2. Agree	3. Disagree	4. Strongly Disagree
a. Serving children supported by subsidies is a way to keep consistent payments coming in.				
b. Working with the subsidy program is an administrative hassle.				
c. The main reason I serve, or would serve, children supported by subsidies is to help low-income families.				
d. Children supported by subsidies have more behavior problems than other children.				

Section H. Help with Child Care

H1_M.

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

1. Yes
2. No → SKIP TO SECTION I

H2_M.

How many people helped you look after children last week?

_____ # of people assisting

IF H2_M > 0 START H_L_1 Loop
IF (1) C18_CHK =1 (LARGE PAID PROVIDER) OR (2) C14=1 (NON-RELATIONSHIP BASED) AND (2) B23_M = 1 FOR ANY CHILD (PAID) OR (3) IF ANY CHILDREN ARE REPORTED IN C15A_M OR B24C_REVISED = 1 OR 2 OR 5 OR 7 OR 8 FOR ANY CHILD, SKIP TO HB19 NEW 1,
ELSE, SKIP TO SECTION I

*Start of H_L_1 Loop (*HL1):*
REPEAT H_HELPNAME - H_HELPTRAIN FOR EACH PERSON REPORTED IN H2_M.

H_HELPNAME.	H_HELPHOUR.	H_HELPPAY.	H_HELPWAGE.	H_HELPLIVE.	H_HELPED.	H_HELPAGE.	H_HELP CARE.	H_HELP CDA.	H_HELP TRAIN.
<i>*HL1</i> Please tell me the initials of each person over 12 years old who helped you care for children last week.	<i>*HL1</i> How many hours did this person help look after the children in your care last week?	<i>*HL1</i> Do you regularly pay this person to help you look after the children in your care?	<i>*HL1</i> [if yes] How much do you pay this person?	<i>*HL1</i> Does this person live in your household?	<i>*HL1</i> How much schooling has [NAME] completed?	<i>*HL1</i> How old is this person?	<i>*HL1</i> How many years has [NAME] done paid work caring for children under age 13?	<i>*HL1</i> Does [NAME] have a CDA (Child Development Associate certificate)?	<i>*HL1</i> In the last 12 months, has [NAME] received any training or education in caring for young children?
Initials 1:	_____ Hours Worked	1. Yes 2. No	\$_____ per [hour/ day/ week/ month]	1. Yes 2. No	1. High school diploma, GED, or less 2. Some college but no degree 3. 2-year college degree 4. 4-year college degree or more	_____ Age	_____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 2:	_____ Hours Worked	1. Yes 2. No	\$_____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	_____ Age	_____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 3:	_____ Hours Worked	1. Yes 2. No	\$_____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	_____ Age	_____ Years of experience	1. Yes 2. No	1. Yes 2. No

H_HELPNAME.	H_HELPHOUR.	H_HELPPAY.	H_HELPWAGE.	H_HELPLIVE.	H_HELPED.	H_HELPAGE.	H_HELP CARE.	H_HELP CDA.	H_HELP TRAIN.
<i>*HL1</i> Please tell me the initials of each person over 12 years old who helped you care for children last week.	<i>*HL1</i> How many hours did this person help look after the children in your care last week?	<i>*HL1</i> Do you regularly pay this person to help you look after the children in your care?	<i>*HL1</i> [if yes] How much do you pay this person?	<i>*HL1</i> Does this person live in your household?	<i>*HL1</i> How much schooling has [NAME] completed?	<i>*HL1</i> How old is this person?	<i>*HL1</i> How many years has [NAME] done paid work caring for children under age 13?	<i>*HL1</i> Does [NAME] have a CDA (Child Development Associate certificate)?	<i>*HL1</i> In the last 12 months, has [NAME] received any training or education in caring for young children?
Initials 4:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 5:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 6:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 7:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 8:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 9:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 10:	____ Hours Worked	1. Yes 2. No	\$____ per [hour/ day/ week/ month]	1. Yes 2. No	[select categories]	____ Age	____ Years of experience	1. Yes 2. No	1. Yes 2. No

End of H_L_1 Loop (*HL1):

REPEAT H_HELPNAME - H_HELPTRAIN FOR EACH PERSON REPORTED IN H2_M.

IF (1) C18_CHK =1 (LARGE PAID PROVIDER) OR (2) C14=1 (NON-RELATIONSHIP BASED) AND (2) B23_M = 1 FOR ANY CHILD (PAID) OR (3) IF ANY CHILDREN ARE REPORTED IN C15A_M OR B24C_REVISED = 1 OR 2 OR 5 OR 7 OR 8 FOR ANY CHILD, ASK HB19 NEW 1, ELSE, SKIP TO SECTION I

HB19 New 1.

In the past 12 months have you tried to hire a new person to help you look after the children?

1. Yes, and I did hire someone
2. Yes, but I did not hire anyone
3. No

Section I. Household Characteristics

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

I_HHM.

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

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

IF I_HHM >=1 FOR CATEGORY 'AGE 18 OR OLDER', ASK I_BKGD_REQ
ELSE, SKIP TO I_S_1

I_BKGD_REQ.

Were you required to complete a background check for family members and other people who live in the household even if they do not help look after children?

1. YES
2. NO → SKIP TO SKIP LOGIC BOX I_S_1
3. DK/REF → SKIP TO SKIP LOGIC BOX I_S_1

I_BKGD_D.

How difficult was it for you to get required background checks for family members and other people who live in the household?

1. Very difficult
2. Difficult
3. Not very difficult
4. Not difficult at all
5. Not applicable

SKIP LOGIC BOX I_S_1
IF I_HHM >= 1 FOR CATEGORY 'UNDER AGE 6' ASK I_OUTCARE
ELSE, SKIP TO SKIP LOGIC BOX I_S_1_a

I_OUTCARE.

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

1. Yes
2. No

I_HHCC.

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

_____ Number of hours

SKIP LOGIC BOX I_S_1_a

IF I_HHM >= 1 FOR CATEGORY 'UNDER AGE 6' or 'AGES 6 THROUGH 12', ASK HB_CC_ASST

ELSE, SKIP TO J1

HB_CC_ASST.

Do any government programs help you pay for child care for your children under 13? These government programs might include: a state child care subsidy program, the Head Start program, a local public school district, or your state's public pre-kindergarten program.

1. YES
2. NO

Section J. Provider Characteristics

J1.

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

Range: 1911-2006

J2.

In what country were you born?

Country List:

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

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

IF J2 ≠ UNITED STATES, ASK J2A
ELSE, SKIP TO J_GI

J2a.

In what year did you move to the U.S. to stay?

Range: 1911-2024

J_GI.

You may select more than one answer. Are you:

1. Male
2. Female
3. Transgender, non-binary, or another gender

J3.

What is your current marital status?

1. Never married, not living with a partner
2. Married or living with a partner
3. Separated
4. Divorced
5. Widowed

J4.

What is the highest grade or level of schooling that you have ever completed?

INTERVIEWER INSTRUCTIONS: READ IF NECESSARY

1. 8th GRADE OR LESS
2. 9th-12th GRADE NO DIPLOMA
3. HIGH SCHOOL GRADUATE OR GED COMPLETED
4. SOME COLLEGE CREDIT BUT NO DEGREE
5. ASSOCIATE DEGREE (AA, AS)
6. BACHELOR'S DEGREE (BA, BS, AB)
7. GRADUATE OR PROFESSIONAL DEGREE

IF J4 = 3 -7, ASK J5_M
ELSE, SKIP TO J_S_2

J5_M.

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

1. Yes
2. No

Skip Logic Box J_S_1:

IF J4 = 3 AND J5_M=2, SKIP TO J_S_2

ELSE, ASK J5A_M

J5a_M.

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

- | | |
|--|---------|
| 1. ELEMENTARY EDUCATION | 13.1202 |
| 2. SPECIAL EDUCATION | 13.1001 |
| 3. CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES | 42.2703 |
| 4. EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE | 13.1210 |
| 8. CHILD CARE MANAGEMENT | 13.0414 |
| 6. NURSING, REGISTERED NURSE | 51.3801 |
| 7. BUSINESS, GENERAL COMMERCE | 52.0101 |
| 5. OTHER: _____ | 97.0001 |
| Added: Undeclared/undecided/basic courses | 98.0001 |
| Added: None/ Not applicable | 99.0001 |

J_LOANS.

Do you currently have student loan debt or owe any money used to pay for your own education? Please include any loans on which you are a co-signer that were used to pay for your education beyond high school (including student loans, home equity loans, or credit cards paid off over time).

1. YES
2. NO → SKIP TO J_S_2
3. DK/REF → SKIP TO J_S_2

J_LOAN_AMT.

Thinking specifically about the money that you owe for your own education, please tell us the total amount that you currently owe on these loans. Your best guess is fine.

1. Less than \$10,000
2. \$10,000 - \$19,999
3. \$20,000 - \$29,999
4. \$30,000 - \$49,999
5. \$50,000 or above

Skip Logic Box J_S_2:

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

ELSE, SKIP TO J12

J_CDA.

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

1. Yes
2. No

J_CERT.

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

1. Yes
2. No

J9.

Do you have some form of certification as a special education teacher or elementary school teacher?

1. Yes
2. No

J10.

Do you have any training *outside of higher education* in child development or early care and education?

1. Yes
2. No

J12.

How long have you been caring for children under age 13, not including raising any of your own children?

_____ Years and _____ Months
Range: 0-99 for year and 0-12 for month

J13_M.

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

_____ Number of years
Range: 0-99

HB12 NEW2-New2

How much do you agree or disagree: Thinking ahead to three years from now, I am very likely to be working in early care and education or caring for children.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree

Skip Logic Box J_S_3:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK J13A1
ELSE, SKIP TO J12C

J13a1.

Have you ever worked as an employee of a center, school or other organization serving children under age 13?

- 1. Yes
- 2. No → SKIP TO J12b

J12a.

How many years did you care for children under age 13 as an employee of a center or other organization serving children?

_____ Years and _____ Months
Range: 0-99 (Year) 0-11 (Month)

J12b.

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

- a. unpaid care to a relative for at least five hours weekly
 - 1. Yes
 - 2. No

- b. paid care for a family you had a prior relationship with, at least five hours weekly
 - 1. Yes
 - 2. No

- c. paid care for families you had no prior relationship with, at least five hours weekly
 - 1. Yes
 - 2. No

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

1. Yes
2. No

SKIP TO J14

J12c.

In the past ten years, have you ever provided paid care for families you had no prior relationship with, at least five hours weekly?

1. Yes
2. No

J14.

Do you do any work for pay (in addition to caring for these children)? Please include work in your own or a family business.

1. Yes
2. No → SKIP TO J17

J15.

What kind of work do you do (in addition to looking after these children)? Please list the job that you do for the most hours each week in addition to looking after these children.

Job/Usual duties: _____

J15A_M.

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

_____ Hours worked

Range: 0-168

J15A_1.

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

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

J15B.

About how much are you paid at that job?

RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

\$ _____

1. per hour
2. per day
3. per week
4. per year
5. Other: _____
6. DK/REF/NO ANSWER
7. Added: Per Month
8. Added: Bi-weekly
9. Added: Varies/depends
10. Added: Commission
11. Added: Hourly plus tips (sometimes daily amount in verbatim)
12. Added: Per job/piece
13. Added: Minimum wage
14. Added: Reported by unit in foreign currency
15. Added: General income source not figure provided (e.g., salary, rental income, etc.)
16. Added: No pay

J15C.

How long have you had that job?

_____ Years and _____ Months

Range: 0-99 (Year) 0-11 (Month)

SKIP TO J19

J17.

Have you ever worked for pay other than caring for children in your own home or in theirs?

1. Yes
2. No → SKIP TO J19

J18.

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

J18a. When did you last work at that job?

_____ Years and _____ Months

Range: 0-99 (Year) 0-11 (Month)

IF J18a IS CALCULATED TO BE < 5 YEARS AGO FROM DATE OF INTERVIEW, ASK J18b ELSE, SKIP TO J19

J18b. About how many hours did you usually work at that job each week when you stopped working there?

Range: 0-168

J18c. About how much were you paid at that job?

- _____
1. per hour
 2. per day
 3. Per week
 4. Per year
 5. Other: _____
 6. DON'T KNOW/REFUSED/NO ANSWER
 7. Added: Per Month
 8. Added: Bi-weekly
 9. Added: Varies/depends
 10. Added: Commission
 11. Added: Hourly plus tips (sometimes daily amount in verbatim)
 12. Added: Per job/piece
 13. Added: Minimum wage
 14. Added: Reported by unit in foreign currency per hour
 15. Added: General income source not figure provided (e.g., salary, rental income, etc.)
 16. Added: No pay

J19_M.

What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino

J20_M.

What is your race? (**SELECT ONE OR MORE**)

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

J21a_M.

Do you speak any languages other than English?

1. Yes
2. No

J21c_M.

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

- 1 PRIVATE HEALTH INSURANCE PLAN FROM YOUR OWN EMPLOYER
- 2 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- 3 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT, A HEALTH INSURANCE EXCHANGE, OR COMMUNITY PROGRAM
- 4 PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S EMPLOYMENT
- 5 MEDICAID
- 6 MEDICARE
- 7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
- 8 NO COVERAGE OF ANY TYPE
- 9 OTHER (SPECIFY)
- 10 Added: Private Health Insurance plan through parents
- 11 Added: Private Health Insurance Source unspecified
- 12 Added: Health Insurance through Union, College/University, or Church
- 13 Added: Supplemental Insurance Plan
- 14 Added: Charity care, Local clinic, Sliding scale, etc.
- 15 Added: Privately purchased limited coverage plan
- 16 Added: Coverage from another (possibly prior) employer (includes cobra)
- 17 Added: Other state/local public health insurance
- 18 Added: Indian Health Service
- 19 Added: Means-based private health insurance
- 20 DK/REF/NO ANSWER MEDICARE

J22.

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

1. Excellent
2. Very good
3. Fair
4. Poor

J_POORHLTH.

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

_____ Days

HB13

HB13a. Do you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? DO NOT include WIC, the School Lunch Program, or assistance from food banks.

1. YES
2. NO

IF I_HHM_UNDER6 > 0, ASK HB13b ELSE SKIP TO HB41_1

HB13b. Do you or any member of this household participate in the WIC program, meaning the Women, Infants and Children supplemental nutrition program?

1. YES
2. NO

HB41_1.

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?

1. YES
2. NO

J_OWNHOME.

Do you own the home where you care for children?

1. Yes
2. No

J23_M.

Approximately what (was your total household income /will your total household income be) in 2023? Please include your income from looking after children, and the wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

_____ Dollars

Range: 0-9999999

IF DK/REF, SKIP TO J23b_M

J23a.

(Was/Is) that before or after taxes and deductions?

1. Before taxes or deductions
2. After taxes or deductions

SKIP TO J24_M

J23b_M.

Please be assured that your responses to this and all other questions in this survey will not be revealed to any person or agency except in summary form for all study participants combined. The information we are asking for will help document the costs and benefits of home-based early care and education for families and providers. Would you say your total household income in 2023 before taxes or deductions (was/will be)...

1. less than \$15,000
2. \$15,001 to \$25,000
3. \$25,001 to \$35,000
4. \$35,001 to \$50,000
5. \$50,001 to \$65,000
6. \$65,001 or more

J24_M.

Approximately how much of your household income in 2023 (came/has come) from your work taking care of children?

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

Section K. Operations

Skip Logic Box K_S_1:

IF PROVIDER J24_M=None (NOT PAID FOR CARE IN 2023) (J24_M =NONE), SKIP TO END
ELSE, GO TO K4_M

K4_M.

Altogether, how much (did/will) you spend to look after children during 2023, for example, on food, equipment, supplies, or payments for other services? Do not include any wages you paid for assistants who helped you care for children. Your best guess will be fine.

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

K5_M.

The following is a list of types of income that people who care for children might receive. Please indicate how much you (received/will receive) in 2023, if any, from each of the following categories for caring for children.

Type of Income	Dollars	
a. Payments by parents (including late fees, field trips, diapers, transportation, registration, etc.)		<ol style="list-style-type: none"> 1. per year 2. per month 3. per week
IF K5_a = DK/REF ASK K5_a2 ELSE SKIP TO K5_b		<ol style="list-style-type: none"> 1. Yes 2. No
a2. You didn't specify an amount for payments by parents (including late fees, field trips, diapers, transportation, registration, etc.). (Did/Will) you receive any income from this source in 2023?		

Type of Income	Dollars	
b Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA))		1. per year 2. per month 3. per week
IF K5_b = DK/REF ASK K5_b2 ELSE SKIP TO K5_c <hr/> b2. You didn't specify an amount for reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA). (Did/Will) you receive any income from this source in 2023?		1. Yes 2. No
c. Payments from other individuals or groups (family members, charity, employers, churches)		1. per year 2. per month 3. per week
IF K5_c = DK/REF ASK K5_c2 ELSE SKIP TO K5_d <hr/> c2. You didn't specify an amount for payments from other individuals or groups (family members, charity, employers, churches). (Did/Will) you receive any income from this source in 2023?		1. Yes 2. No
d. Other types of income		1. per year 2. per month 3. per week
IF K5_d = DK/REF ASK K5_d2 ELSE SKIP TO K_S_2 <hr/> D2. You didn't specify an amount for other types of income. (Did/Will) you receive any income from this source in 2023?		1. Yes 2. No

Type of Income	Dollars	
<p>Skip Logic Box K_S_2: IF SUM OF K5_a - K5_d can be calculated ask K5_e ELSE, SKIP TO K_S_3</p> <hr/> <p>e. That means that you (received/will receive) about [TOTAL] for caring for children under age 13 (last year/in 2023), is that correct?</p>		<p>1. Yes → SKIP TO END 2. No</p>
<p>Skip Logic Box K_S_3: IF K5_e =2 OR IF NO SUM CALCULATED FOR K5_e ASK K5_f ELSE SKIP TO END</p> <hr/> <p>f. About how much would you say you (received/will receive) altogether in 2023 for looking after children under age 13?</p>	\$ _____	
<p>F K5_f = DK/REF ASK K5_g ELSE SKIP TO END</p> <hr/> <p>g. Understanding the financial challenges and opportunities of providing home-based care is critical to better understanding the true cost that families and providers pay to care for children. Please indicate which of the following best describes the amount you (received/will receive) altogether in 2023 for looking after children under age 13.</p> <ol style="list-style-type: none"> 1. Under \$2500 2. \$2501 to \$7500 3. \$7501 to \$10,500 4. More than \$10,500 		

Section L: Consent to access administrative records

(INTERVIEWER ADMINISTERED) We are asking your permission to search state or national employment records, college attendance or professional development records, or state data on licensing and/or subsidies. We would give data administrators basic information that identifies you and your program and request that information be sent to the Administration for Children and Families, of the U.S. Department of Health and Human Services or its contractors, for study purposes only. Do we have your permission to do so?

1. Yes → GO TO L6
2. No → GO TO L3

L3. (SUGGESTED SCRIPT) We are asking to link your responses to these data from other sources to better understand how much education and training helps individuals succeed in the field and some of the reasons why people leave the child care field and where they go.

IF NEEDED: State or local government program records can provide additional information about how often child care providers leave early care and education jobs and what kinds of jobs they move to. We would search for additional jobs that you have now or may have in the future.

IF NEEDED: Records on college attendance and participation in professional development and certification can tell us how much education and/or training help individuals succeed in child care and early education or in other kinds of jobs. We would search, for example, registries that track educational credentials, or databases that employers use to confirm college and university degrees held by job applicants to learn what kinds of certifications or degrees you have earned or professional development activities you have undertaken.

IF NEEDED: Licensing data and/or state data on child care subsidies helps us understand how state early care and education policies influence the likelihood of home-based providers to offer care in different parts of the country or under different conditions.

NORC requests your permission to search these data sources. We would not provide the state agency or data administrators with any of the answers you've provided today, other than your name and the name of your program and enough information to find you in the records.

All information about you and your program will be considered private and used for study purposes only. Your name, as well as the name of your program, will not be used in reporting the study results. Only authorized personnel associated with this study will be granted access to this identifying information on a need-to-know basis. The information will be reported as statistics to the U.S. Department of Health and Human Services as part of the results of this study.

1. Yes → GO TO L6
2. No → GO TO HBX_INCENTIVE

L6. I need to collect some information from you in order to search for your information in the administrative records. Please confirm...

Full Name	[RESPONDENT NAME]
Business Name	[BUSINESS NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Business Address	[BUSINESS ADDRESS 1]
	[BUSINESS ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP
Respondent Address (if different)	[BUSINESS ADDRESS 1]
	[BUSINESS ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

(SELF-ADMINISTERED) We are asking your permission to search state or national employment records, college attendance or professional development records, or state data on licensing and/or subsidies. We would give data administrators basic information that identifies you and your program and request that information be sent to the Administration for Children and Families, of the U.S. Department of Health and Human Services or its contractors, for study purposes only. Do we have your permission to do so?

1. Yes à GO TO H4
2. No à GO TO H3

H3. We are asking to link your responses to these data from other sources to better understand how much education and training helps individuals succeed in the field and some of the reasons why people leave the child care field and where they go.

NORC requests your permission to search these data sources. We would not provide the state agency or data administrators with any of the answers you've provided today, other than your name and the name of your program and enough information to find you in the records.

All information about you and your program will be considered private and used for study purposes only. Your name, as well as the name of your program, will not be used in reporting the study results. Only authorized personnel associated with this study will be granted access to this identifying information on a need-to-know basis. The information will be reported as statistics to the U.S. Department of Health and Human Services as part of the results of this study.

1. Yes à GO TO L6

2. No à GO TO HBX_INCENTIVE

[THIS SCREEN WILL OFFER THE OPTION TO GET ANSWERS TO ADDITIONAL QUESTIONS BY CLICKING A LINK. THE TEXT BELOW WILL APPEAR THERE]

Why are you interested in accessing state or local government program records?

State or local government program records can provide additional information about how often child care providers leave early care and education jobs and what kinds of jobs they move to. We would search for additional jobs that you have now or may have in the future.

Why are you interested in accessing my college attendance or professional development records?

Records on college attendance and participation in professional development and certification can tell us how much education and/or training help individuals succeed in child care and early education or in other kinds of jobs. We would search, for example, registries that track educational credentials, or databases that employers use to confirm college and university degrees held by job applicants to learn what kinds of certifications or degrees you have earned or professional development activities you have undertaken.

What will you do with information about licensing and/or subsidies?

Licensing data and/or state data on child care subsidies helps us understand how state early care and education policies influence the likelihood of home-based providers to offer care in different parts of the country or under different conditions.

H4. Please confirm or update the following information:

Full Name	[RESPONDENT NAME]
Business Name	[BUSINESS NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Business Address	[BUSINESS ADDRESS 1]
	[BUSINESS ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP
Respondent Address (if different)	[BUSINESS ADDRESS 1]
	[BUSINESS ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.

HBX_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, you may choose to have a \$[15/20] electronic gift code sent by email or have a \$[15/20] gift card mailed to you. Please select your preferred option below and provide the necessary contact information. Please make sure to enter your email or mailing address correctly to ensure delivery.

- 1. By Email → SKIP TO HBX_INC_EMAIL
- 2. By Mail → SKIP TO HBX_INC_MAIL
- 3 Neither → SKIP TO HBX_CNTCT_UPD

HBX_INC_EMAIL

[SELF-ADMINISTERED:] Please enter your email address: (*Required)

[INTERVIEWER-ADMINISTERED:] Please tell me the email address where you would like the gift code sent.

Email address* : _____

SKIP TO FUTURE CONTACT INFORMATION

HBX_INC_MAIL

[SELF-ADMINISTERED:] Please enter your mailing address: (*Required)

[INTERVIEWER-ADMINISTERED:] Please tell me your full name and the address where you would like the gift card sent.

Full Name* : _____
 Address 1* : _____
 Address 2: _____
 City* : _____
 State* : _____
 Zip* : _____

Future Contact Information

We may follow up with caregivers again in the future and would like for you to continue participating. If a future study is conducted, you can decide whether you wish to participate or not at that time. We may also contact you in the future if we need to clarify one of your interview responses.

[SELF-ADMINISTERED:] Please update your contact information below.

[INTERVIEWER ADMINISTERED:] I'd like to confirm that we have the best contact information for you on file.

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

Full Name	[RESPONDENT NAME]
-----------	-------------------

Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Home Address	[RESPONDENT ADDRESS 1]
	[RESPONDENT ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

[IF CELL PHONE SELECTED:] NORC at the University of Chicago or the U.S. Department of Health and Human Services may wish to text you about your participation in the National Survey of Early Care and Education (NSECE). We will only use your phone number to facilitate your cooperation with this study and will not share, sell, or otherwise use this number. Standard messaging and data rates may apply. You will be able to opt out of receiving text messages at any time. Do we have your permission to text you at the number provided?

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