

Instrument 1. Provider Screener

A. Study overview and provider questions/interest

Hello, [PROVIDER NAME], my name is [INTERVIEWER NAME]. Thank you for talking with me. [TRUSTED PARTNER CONTACT] told us you might be interested in a study we are conducting. I'd like to tell you about the study, answer your questions, and give you a chance to see if this is something you would like to participate in. This call should take about 20 minutes. Is now a good time to talk?

(If no): What's a good date/time that would work for you? (*Schedule date/time to call back.*)

(If yes): Great, thanks. I want to let you know up front that we are only able to include a small number of people in this study, so it's possible that we may not be able to include you. After we talk about the study and if you are interested in participating, I will ask you some questions to learn a little bit about you and the care you offer children and families, and to see if you would be a good fit for the study. Talking with us on this call is completely up to you and voluntary. Because this is a federally funded study, I want to tell you that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number. The OMB number for this collection is 0970-0612 and the expiration date is 09/30/2024.

Let's talk about the study. We're calling this the Home-Based Child Care Practices and Experiences Study, or the HBCC P&E Study for short.

- We hope the study will help people understand the important work that people like you do in caring for and supporting children and families. You may have been called a child care provider, a caregiver, a babysitter, or something else. (*Moving forward, use the term they respond to.*) You know the most about your own experiences, and we want to learn from you. Our goal in this study is to listen to you and improve our understanding of how people like you care for children at home.
- If you are selected to participate in the study, we will ask you to do three main activities: first, to talk with us for a one-and-a-half-hour interview over the phone. Second, we will ask you to tell and show us about the care you offer children by sending us recordings of your reflections/thoughts about your day and by taking some photographs with a cell phone we will lend to you. We will have a call with you to go over how to do these activities, and then we will ask you to do each of those activities twice a week over a 4-week period. Finally, after that 4-week period, we will ask you to talk with us again for a one-and-a-half-hour interview over Zoom.
- We will also ask you to help us set up one-hour interviews with family members of up to two of the children you care for, and a half-hour interview with someone who is a source of support or knowledge for you (who we are calling community members). These interviews will be private.
- Your participation in the study is completely up to you and voluntary. We will keep your participation private, and we will only use your responses (including those from this call) for research purposes and in ways that will not reveal who you are. We will send you a short statement with more information about what your participation would mean, and we would be available at any time to answer your questions.
- If we are able to include you in the study and you participate, we will send you gift cards as a thank you and to acknowledge the effort you are taking to participate in the study. If you participate in all of the main activities I just mentioned, the total amount of the gift cards would be \$250. We will also

offer gift cards of \$50 to any family members and \$25 to any community members who decide to participate in the project.

Do you have any questions for me? Do you agree to participate in this call? Are you interested in being a part of this study?

(If no interest at all): Thank you for letting me know. If you feel comfortable, please tell me your reason for not wanting to participate. *(Try to address concerns, if still no interest.)* We understand and won't contact you further.

(If unsure): How about I check in with you in a few days once you've had a chance to think about it?

(If interested): Great! Let's move on.

B. Provider interest in formal ECE

I'm so glad you are interested in the study. As I mentioned earlier, we are only able to include a small number of people, and we have some things that we are looking for, such as people who provide at least 15 hours of care each week in their own home. We are also interested in talking with people who have some interest in doing child care as a career or may have job or volunteer experience caring for children under the age of 13. To help us see if you are a good fit for this study, let's go through these questions.

S1. Are you at least 18 years old?

(If yes: proceed. If no: not eligible.) If ineligible: Thank you for letting me know. For this study we can only talk with people who are at least 18 years old. *(End call)*

S2. During a typical week, how many hours do you spend directly caring for children who are not your own children?

(If provider does not provide total number of hours a week, help them add up to the total by probing on number of hours that they provide child care a day and number of days that they work a week. If 15+ hours is typical: eligible. If less than 15, not eligible. If unclear, probe for details on how this might vary, then continue going through the screener, decide at end of call if eligible or if uncertain about eligibility, make plans for a follow up call.) If clearly ineligible: Thank you for sharing this information. For this study we are interested in talking with people who typically care for children for at least 15 hours each week. However, the research team working on this study is also planning other studies about home-based child care providers, and you might be a good fit for one of those studies. Is it okay if we contact you again about possible future studies? *(Note answer, then end call.)*

S3. Where do you look after the children you care for who are not your own children? *(Only read indicators below if provider is not sure about how to answer the question.)*

1. Your home (eligible)
2. Child's own home (not eligible, assuming it's a separate home—see option 5 below)
3. Somewhere else (Specify: _____, but likely not eligible)

4. Location varies (probe on what's typical—eligible as long as “your home” is typical, or at least majority of the time)
5. Your home is also the child's home (this might occur if the provider lives in the same home as the child and their parents/guardians; probe on this—are all the children they care for also living in the same household, or only some? These cases are eligible.)

(If eligibility is unclear, probe for details, then continue going through the screener; decide if eligible at end of call or if uncertain about eligibility; make plans for a follow up call.) If clearly ineligible: Thank you for sharing this information. For this study we are interested in talking with people who typically care for children in their own home. However, the research team working on this study is also planning other studies about home-based child care providers and you might be a good fit for one of those studies. Is it okay if we contact you again about possible future studies? (Note answer, then end call.)

S4. Do you get paid for looking after any of the children you care for who are not your own children? This includes payment from families or reimbursements from state programs.

If yes: Please tell me which people, agencies, or organizations pay you. [Probe if any of the following are NOT mentioned.]

1. Do any parents or other family members of a child pay you for child care?
2. Does your state's child care subsidy program such as the Child Care and Development Fund (CCDF) or [STATE CCDF NAME] or [STATE OR OTHER AGENCY NAME] pay you?
3. Do you get payment from the Child and Adult Care Food Program (CACFP)?
4. Does any other person, agency, or group pay you? If yes, who?

S5a. In [STATE NAME], some people choose to get a license or other formal steps to take care of a group of children in their home. Others choose to take care of fewer children without a license. In the past, have you ever gone through a formal process to get licensed or [REGISTERED, CERTIFIED, AND/OR OTHER STATE-SPECIFIC TERM] to take care of children in your home?

If yes: Are you still licensed (or [OTHER TERM])?

(If they continue to talk about subsidies or CACFP per paragraph S4 or mention something else like Quality Rating and Improvement Systems [QRIS], say that now we're asking about licensing or other formal permission to provide child care.)

(If currently licensed/registered/certified, not eligible, but if unclear—for example if they are in process of getting licensed, continue going through the screener and decide at end of call or if uncertain about eligibility, make plans for a follow up call.)

(If clearly ineligible): Thank you for sharing this information. For this study we are interested in talking with people who are not currently licensed, registered, certified. However, the research team working on this study is also planning other studies about home-based child care providers, and you might be a good fit for one of those studies. Is it okay if we contact you again about possible future studies? (Note answer, then end call.)

S5b. *If never licensed/registered/certified:* **In the past, have you ever considered becoming formally licensed (or [OTHER TERM])? Is this something you're currently thinking about?**

If previously but not currently licensed/registered/certified: **Are you currently thinking about becoming licensed (or [OTHER TERM]) again?**

S6. **Have you ever worked as a teacher or assistant, or volunteered at a child care center (day care center), preschool, or other organization (such as a church, temple, or mosque) that takes care of young children? *If yes:* For how many months or years?**

If volunteer: **For about how many hours a week were you a volunteer?**

S7. **Do you have any training or education in taking care of children?**

If yes: **Please tell me specifically what kind of training or education you have:**

- 1. Do you have any college credits or coursework in child development or early childhood education?**
- 2. Do you have a Child Development Associate (CDA) credential?**
- 3. Do you have a state certification or endorsement in child development or early childhood education, or another related certification or credential? (*If yes, probe on name of credential.*)**
- 4. Do you have any other training in taking care of children? (*If yes, probe on content.*)**

(If no to all of paragraphs S4, S5b, S6, S7—not eligible.) If clearly ineligible: Thank you for sharing this information. For this study, we are interested in talking with people who have some interest in becoming licensed or [OTHER TERM] or have some previous job or volunteer experience or training in the child care field. However, the research team working on this study is also planning other studies about home-based child care providers, and you might be a good fit for one of those studies. Is it okay if we contact you again about possible future studies? *(Note answer, then end call.)*

C. Provider and child characteristics

Next, I am going to ask you some questions about yourself and about where you live. Again, all of this information is private.

S8a. **How many children under age 13—who are not your own children—do you currently take care of? Do you typically care for these many children?**

If not typical: **How many children do you typically take care of?**

S8b. **How many of these children are under 3 years old? How many are 3 to 5 years old (but not yet in kindergarten)? How many are 5 to 12 years old—that is, in kindergarten or older grades in school?**

(If fewer than four children or if provider is having trouble providing totaling by age group, just ask “how old are these children?” or “what are the ages of these children?” Check to ensure total number of children by age group noted)

S9a. Before you started looking after these children, did you know any of their families personally?

If yes: How many of these children did you know personally before you started looking after them? What is your personal relationship to those children? [If needed, you can ask about these possible relationships but otherwise do not read them out loud.]

- Parent without primary legal responsibility
- Foster parent
- Grandparent
- Parent’s partner/spouse/girlfriend or boyfriend
- Aunt/Uncle
- Cousin
- Other blood relative
- Family friend
- Acquaintance (someone you know and interact with in your community)
- Non-relative
- Other (Specify: _____)

S9b. Have there been times that you lived in the same household as any of these children?

If yes: For how many of these children?

S10. What languages do you speak at home?

S11. What is your racial and ethnic identity?

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

American Indian, Alaska Native, or Indigenous (Specify tribal affiliation _____)

Asian or Asian American or South Asian

Black or African American

Hispanic, Latine/o/a, Chicane/o/a, Cuban, Mexican, Puerto Rican, South American, Central American

Middle Eastern or North African

Native Hawaiian, or Pacific Islander

White

Another race/ethnicity not on this list

Prefer not to say

S12a. How long have you lived in the United States?

S12b. IF NOT BORN IN U.S. OR IF NOT CLEAR FROM PREVIOUS QUESTION: What country (or countries) are you or your family originally from?

S13. What is your gender identity?

Read out loud options IF NEEDED:

- Female
- Male
- Non-binary or another gender

S14. What is your zip code?

D. Wrap-up and next steps

If eligibility is uncertain, or if we are getting closer to recruitment goals and the study team has decided to try to balance provider characteristics:

Thank you for taking the time to talk with me. I will let you know within a week if we are able to include you in the study. At that time, we'll make sure to answer any other questions you have and confirm that you'd like to participate in the study. If you agree, then we'll schedule the first interview.

Do you have any questions for me right now? (*Answer as needed.*) Thank you again!

If clearly eligible and we want to schedule provider interview #1 immediately:

We would like to schedule the first telephone interview, which will take one and a half hours. What days and times would work best for you?

(*Schedule date and time that works for both of you: _____*)

Thank you, I look forward to talking to you then and learning more about your work! What is the best way for me to confirm this appointment and send a reminder?

(*Email address or note if can text to phone number we called them at: _____*)

(*Collect email address, if possible, it is the easiest way to confirm appointment and send consent statement.*)

We will plan to do the first interview over the phone, like we're doing for this call. Should we call you at this number? (*Confirm we should call same phone number.*)

If provider has concerns about length of phone call and the issue is limits or charges involving minutes on their cell phone plan: We understand your concern, this has come up before. We can send you an extra gift card to cover the cost of the minutes. Would that work?

Thank you! Do you have any other questions for me today? (*Answer any questions.*)

I look forward to speaking with you on [DATE] at [TIME OF INTERVIEW #1]. Please reach out to me if you have any [additional] questions! (*Confirm provider has your phone number and email address.*)