

Instrument 6. Family Survey

[RESPONDENT WILL READ CONSENT LETTER AND SIGN OR CHECK YES TO CONSENT FORM (APPENDIX E)]

Family Survey

Your child(ren)'s home-based provider plays an important role in caring for your child(ren) and helping them reach their full potential.

This survey asks you questions about your experiences having your child(ren) in home-based care and your child's provider. It should take you about 15 minutes to complete the survey.

[IF PAPER: First, please enter the time you start this survey.

Start Time: |__|__| : |__|__| AM/PM]

.....
What is a home-based provider?

For this survey, "home-based provider" is a person who takes care of your child(ren) in a home. For you, this might be a professional caregiver (like a family child care setting) or a family member, friend, or neighbor. We will refer to the person who shared this survey with you as "your child's provider" or "your caregiver" throughout this survey.▲
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The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to learn about the experiences of home-based child care providers. Public reporting burden for this collection of information is estimated to average 15minutes including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB number for this collection is 0970-XXXX and the expiration date is XX/XX/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ashley Kopack Klein, AKopackKlein@mathematica-mpr.com, 600 Alexander Park, Suite 100, Princeton, NJ 08540; Attn: OMB-PRA 0970-XXXX.

Part I

Instructions: Write in your responses to these short answer questions about your child(ren) cared for by the home-based provider who shared this survey with you (we refer to this person as “your child’s provider”). For example, if you have 3 children cared for by your child’s provider, fill out the information for each child (Child 1, Child 2, and Child 3). There is space for up to 4 children.

Child 1

1a. What is your relationship to Child 1?

- Primary parent or guardian
- Grandparent
- Other relative
- Other non-relative

1b. Is Child 1 of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

1c. What is Child 1’s race? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Another race (please fill in): _____

1d. Child 1’s age: |__|__| years or |__|__| months

Child 2

2a. What is your relationship to Child 2?

- Primary parent or guardian
- Grandparent
- Other relative
- Other non-relative

2b. Is Child 2 of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

2c. What is Child 2’s race? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Another race (please fill in): _____

2d. Child 2’s age: |__|__| years or |__|__| months

Child 3

3a. What is your relationship to Child 3?

- Primary parent or guardian
- Grandparent
- Other relative
- Other non-relative

3b. Is Child 3 of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

3c. What is Child 3's race? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Another race (please fill in): _____

3d. Child 3's age: |__|__| years or |__|__| months

Child 4

4a. What is your relationship to Child 4?

- Primary parent or guardian
- Grandparent
- Other relative
- Other non-relative

4b. Is Child 4 of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

4c. What is Child 4's race? Check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Another race (please fill in): _____

4d. Child 4's age: |__|__| years or |__|__| months

5. What are the main language(s) you use at home with your child(ren)?

Home language 1: _____

Home language 2: _____

6. Do you or others in your household usually speak to your child(ren) in languages other than the ones listed above? (This could include the languages grandparents, siblings, or other household members speak to your child.)

- Yes
- No

Part II

[FOR REVIEWERS: Citation: Emlen, A. C., P.E. Koren, and K.H. Schultze. A Packet of Scales for Measuring Quality of Child Care from a Parent’s Point of View. Portland, OR: Regional Research Institute for Human Services, Portland State University, 2000.
<http://www.ssw.pdx.edu/focus/emlen/pgOregon.php> &
<http://www.hhs.oregonstate.edu/familypolicy/occrp/publications.html>.]

Instructions: Please think about how the following statements describe either your: child’s provider (or “caregiver”), your child’s experience with their provider, or your child’s experience in care.

As you answer each question:

- Think only about your child’s provider who shared this survey with you
- Think about all of your children cared for by this provider

Then, choose...

- **Never**
- **Rarely**
- **Sometimes**
- **Often**
- **Always**
- **Don’t know**
- **Does not apply to me**

Family Survey

	Never	Rarely	Sometimes	Often	Always	Don't know	Does not apply to me
1. My child feels safe and secure in care.	<input type="checkbox"/>						
2. The caregiver is warm and affectionate toward my child.	<input type="checkbox"/>						
3. It's a healthy place for my child.	<input type="checkbox"/>						
4. My child is treated with respect.	<input type="checkbox"/>						
5. My child is safe with this caregiver.	<input type="checkbox"/>						
6. My child gets a lot of individual attention.	<input type="checkbox"/>						
7. My caregiver and I share information.	<input type="checkbox"/>						
8. My caregiver is open to new information and learning.	<input type="checkbox"/>						
9. My caregiver shows she (he) knows a lot about children and their needs.	<input type="checkbox"/>						
10. The caregiver handles discipline matters easily without being harsh.	<input type="checkbox"/>						
11. My child likes the caregiver.	<input type="checkbox"/>						
12. My caregiver is supportive of me as a parent.	<input type="checkbox"/>						
13. There are a lot of creative activities going on.	<input type="checkbox"/>						
14. It's an interesting place for my child.	<input type="checkbox"/>						
15. My caregiver is happy to see my child.	<input type="checkbox"/>						

	Never	Rarely	Sometimes	Often	Always	Don't know	Does not apply to me
16. The caregiver makes an effort to get to know my child.	<input type="checkbox"/>						
17. The caregiver accepts my child for who she (he) is.	<input type="checkbox"/>						
18. The caregiver takes an interest in my child.	<input type="checkbox"/>						
19. My child feels accepted by the caregiver.	<input type="checkbox"/>						
20. I feel welcomed by the caregiver.	<input type="checkbox"/>						
21. My caregiver accepts the way I raise my child.	<input type="checkbox"/>						
22. My child has been happy in this arrangement.	<input type="checkbox"/>						
23. My child has been irritable since being in this arrangement.	<input type="checkbox"/>						
24. My child feels isolated and alone in care.	<input type="checkbox"/>						

Family Survey

	Never	Rarely	Sometimes	Often	Always	Don't know	Does not apply to me
25. My child is safe with this caregiver.	<input type="checkbox"/>						
26. There are too many children being cared for at the same time.	<input type="checkbox"/>						
27. The caregiver needs more help with the children.	<input type="checkbox"/>						
28. The caregiver gets impatient with my child.	<input type="checkbox"/>						
29. The children seem out of control.	<input type="checkbox"/>						
30. The children watch too much TV.	<input type="checkbox"/>						
31. I worry about bad things happening to my child in care.	<input type="checkbox"/>						
32. Dangerous things are kept out of reach.	<input type="checkbox"/>						
33. There are plenty of toys, books, pictures, and music for my child.	<input type="checkbox"/>						
34. In care, my child has many natural learning experiences.	<input type="checkbox"/>						
35. The caregiver provides activities that are just right for my child.	<input type="checkbox"/>						

[IF PAPER: Please enter the time you finished this survey.

End Time: |__|__| : |__|__| AM/PM]

Thank you for completing the family survey!