

***CO FAMILY CHILD HOME CARE COMPENSATION PILOT
HOME-BASED FOLLOW-UP SURVEY***

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

DESCRIPTIVE STUDY

Follow-up Home-based Provider and Assistant Survey

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

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

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

Your Financial Situation and Job

C1. Last week, did you have more than one job, including part-time and weekend work?

- a. Yes **(GO TO C2)**
- b. No **(GO TO C3)**
- c. I don't know **(GO TO C3)**
- d. I prefer not to answer **(GO TO C3)**

C2. **[SHOW IF C1=YES]** How many jobs did you have last week?

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

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

C3. Thinking about your job at **[INSERT FAMILY CHILD CARE HOME NAME]**, what is your role?

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

C4. When did your job with **[INSERT FAMILY CHILD CARE HOME NAME]** start?

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

C5. Including overtime, how many hours per week do you work at **[INSERT FAMILY CHILD CARE HOME NAME]**?

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

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

C6. What is your wage at **[INSERT FAMILY CHILD CARE HOME NAME]**, before taxes? Please include tips, commissions, and regular overtime pay.

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

- a. \$ _____ , _____ . _____ Amount **(RANGE: .01 to 50,000.00)**
- b. More than \$50,000

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- c. I don't know
- d. I prefer not to answer

C7. Is that:

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

C8. Just to confirm, was that...

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

C9. Which of the following benefits are available to you at **[INSERT FAMILY CHILD CARE HOME NAME]** and which ones do you participate in or use?

	Availabl e & I use this	Available but I do NOT use this	Not available at my job	I don't know	I prefer not to answer
a.) Health insurance?	1	2	3	7	8
b.) Sick days with full pay?	1	2	3	7	8
c.) Paid vacation?	1	2	3	7	8
d.) Paid holidays?	1	2	3	7	8
e.) Paid COVID leave?	1	2	3	7	8
f.) Dental benefits, including any offered at a cost to you?	1	2	3	7	8
g.) Vision insurance?	1	2	3	7	8
f.) A retirement or 401K plan?	1	2	3	7	8
g.) Discounted/free child care	1	2	3	7	8
h.) Other insurance (e.g., life insurance, disability insurance)	1	2	3	7	8
i.) Investment in flexible spending accounts or health savings accounts	1	2	3	7	8
j.) Employee wellness and mental health resources (e.g., gym memberships, counseling, and telehealth services)	1	2	3	7	8
k.) Professional development (e.g., paid training time, paid planning time,	1	2	3	7	8

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	Available & I use this	Available but I do NOT use this	Not available at my job	I don't know	I prefer not to answer
coaches)					
l.) Education stipend	1	2	3	7	8
m.) Career advancement opportunity if I earn new degree/credential	1	2	3	7	8
n.) Other/miscellaneous expense reimbursement (e.g., mileage, supplies, snacks)	1	2	3	7	8
o.) Bonus (e.g., hiring bonuses or retention bonuses)	1	2	3	7	8
p.) Other. Please specify: _____)	1	2	3	7	8

About Your Professional Background

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

- E1. **[ASK IF ASSISTANT ONLY]** How long have you worked at **[insert family child care home name]**?
- a. _____ years
 - b. I prefer not to answer
- E2. How many years of paid experience do you have working with children other than your own, who are under age 6? Please include any paid experience in a center-based setting or home-based setting (licensed or unlicensed care), work for relatives, including nannying or babysitting, or paid experience you may have from another country.
- a. _____ years of experience

Future Job Plans.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Feelings About Your Job.

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

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

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

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

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

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

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

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

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

H4. Overall, how stressed would you say you are in relation to your job?

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

[H5-H6 FOR ASSISTANTS ONLY]

H5. In the past year, have you requested a raise?

- a. Yes
- b. No
- c. I don't know

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- d. I prefer not to answer

H6. **[IF YES TO H11]** What was the response from your employer?

- e. I did not receive a raise
- f. I received a raise but not in the amount I requested
- g. I received a raise in the amount I requested
- h. I prefer not to answer

About Your Financial Situation.

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

I1. Including yourself, how many adults, aged 18 and older currently live with you? Include everyone aged 18 and older who usually lives there, meaning stays with you at least two nights a week, even if they are away from home right now.

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

I2. How many children, under the age of 18, live with you? Please include your biological, adoptive, foster, step, or other children that you are responsible for.

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

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

I3. Do any other adults or children who live in your household work for pay or are self-employed?

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

I4. **[IF I1 = 1]** In the past month, did you receive income or assistance from any of the following sources?

[IF I1 > 1] In the past month, did you or anyone in your household receive income or assistance from any of the following sources?

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

- a. A job
- b. Supplemental Security Income (SSI or Social Security Disability Insurance (SSDI))
- c. Cash assistance or welfare, such as Colorado Works or general relief, not including WIC or food stamps
- d. Colorado Child Care Assistance Program (CCCAP)

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- e. Unemployment Insurance
 - f. Worker's Compensation
 - g. Disability
 - h. Food stamps/Supplemental Nutrition Assistance Program (SNAP)/ Commodity Supplemental Food Program (CSFP) / The Emergency Food Assistance Program (TEFAP)
 - i. Women, Infants, Children (WIC)
 - j. Energy Assistance
 - k. Housing Choice voucher, also known as Section 8 or Public Housing
 - l. Veteran's Benefits
 - m. Child Support
 - n. Medicaid
 - o. Other government source (please specify: _____)
15. What type of health insurance do you currently have? Please respond even if your health insurance is not provided by your employer.
- a. Private Health Insurance through your employer
 - b. Private Health Insurance through the Health Insurance Exchange
 - c. None/Uninsured
 - d. Other (please specify: _____)
 - e. I don't know
 - f. I prefer not to answer
16. In **[PRIOR MONTH]** did you **[IF I1 + I2 > 1, INSERT "or anyone else in your household"]** receive money from any other source, such as rent from boarders, a pension, other government benefits, or any other income we have not already talked about?
- a. Yes
 - b. No
 - c. I don't know
 - d. I prefer not to answer
17. What was the total monthly income for you **[IF I1 + I2 > 1, INSERT: "and everyone else living together in your household"]** in **[PRIOR MONTH]**? Please include income from all of the sources that you just mentioned, plus any other income. Your best estimate is fine.
- a. Amount: \$ _____, _____. **[RANGE = 0 – 999996]**
 - b. I don't know
 - c. I prefer not to answer
18. **[IF I7=I prefer not to answer or I don't know]** It can be difficult to remember or report these numbers and an approximate range is fine. What was the total monthly income for **you [IF I1 + I2 > 1, INSERT: "and everyone else living together in your household"]** in **[PRIOR MONTH]**? Would you say it was...

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

- a. \$799 or less
- b. \$800 to \$1,249
- c. \$1,250 to \$1,699
- d. \$1,700 to \$2,499
- e. \$2,500 to \$3,499
- f. \$3,500 to \$3,999

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- g. \$4,000 to \$4,999
 - h. \$5,000 or more
 - i. I don't know
 - j. I prefer not to answer
- I9. Suppose that you have an emergency expense that costs \$400. Could you pay for this expense right now using cash or money in a checking/savings account, or with a credit card that you could pay off at the next statement?
- a. Yes
 - b. No
 - c. I prefer not to answer
- I10. In the last 12 months ... **(Response options: Yes, No, I prefer not to answer)**
- a. Did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?
 - b. Did you ever eat less than you felt you should because there wasn't enough money to buy food?
 - c. Were you ever hungry but didn't eat because you couldn't afford enough food?
- I11. For each statement below, indicate if it was often true, sometimes true, or never true for [you/your household]. In the last 12 months... **(Response options: Often True, Sometimes True, Never True, I prefer not to answer)**
- a. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more
 - b. (I/We) couldn't afford to eat balanced meals

Your Health and Wellbeing.

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

- J1. Overall, would you say your health is excellent, very good, good, fair, or poor?
- a. Poor
 - b. Fair
 - c. Good
 - d. Very Good
 - e. Excellent
 - f. I prefer not to answer
- J2. Below is a list of the ways you might have felt or behaved. Please check the boxes to indicate how often you have felt this way **in the past week or so. (Response options: Rarely or none of the time (<1 day), Some or a little of the time (1-2 days), Occasionally or a moderate amount of the time (3-4 days), Most or all of the time (5-7 days), I prefer not to answer)**
- a. I felt that I could not shake off the blues even with help from my family or friends.
 - b. I had trouble keeping my mind on what I was doing.
 - c. I felt that everything I did was an effort.
 - d. My sleep was restless.
 - e. I felt lonely.
 - f. I felt sad.
 - g. I could not get "going."

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- J3. During **the past 30 days**, how often did you feel... **(Response options: None of the time, A little of the time, Some of the time, Most of the time, All of the time, I prefer not to answer)**
- a. nervous?
 - b. hopeless?
 - c. restless or fidgety?
 - d. so depressed that nothing could cheer you up?
 - e. that everything was an effort?
 - f. worthless?
- J4. This next set of questions is used to assess how staff members feel about their job and their reactions to work. Please read each statement carefully and decide if you ever feel this way about your job. **(Response options: Never, A few times a year or less, Once a month or less, A few times a month, Once a week, A few times a week, Every day)**
- a. I feel emotionally drained from my work.
 - b. I feel used up at the end of the workday.
 - c. I feel fatigued when I get up in the morning and have to face another day on the job.
 - d. Working with people all day is really a strain for me.
 - e. I feel burned out from my work.
 - f. I feel frustrated by my job.
 - g. I feel I'm working too hard on my job.
 - h. Working with people directly puts too much stress on me.
 - i. I feel like I'm at the end of my rope.

A Little More About You

The final section includes questions about your personal identities and characteristics – take all questions from this module.

- K1. In what year were you born?
- a. ____ (yyyy)
 - b. I prefer not to answer
- K2. Are you...?
- a. Single, never married
 - b. Married
 - c. Separated
 - d. Divorced
 - e. Widowed
 - f. I prefer not to answer
- K3. Are you:
Select all that apply.
- a. Female
 - b. Male
 - c. Transgender, non-binary, or another gender
 - d. I prefer not to answer
- K4. Are you of Hispanic, Latino/a, or Spanish origin? Select all that apply.
- a. No, not of Hispanic, Latino/a, or Spanish origin
 - b. Yes, Mexican, Mexican American, Chicano/a
 - c. Yes, Puerto Rican
 - d. Yes, Cuban
 - e. Yes, Another Hispanic, Latino, or Spanish origin
 - f. I don't know
 - g. I prefer not to answer

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

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

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

- a. English
- b. Spanish
- c. Chinese, including Mandarin, Cantonese
- d. Vietnamese
- e. German
- f. French
- g. Russian
- h. Korean
- i. Afro-Asiatic, including Amharic and Somali
- j. Arabic
- k. Not listed (Please specify) _____
- c. I prefer not to answer

[SUBMIT SURVEY]

[HONORARIUM SCREENS]

Those are all the questions we have for you today!

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

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

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

[if Email gift code selected:]

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

Please enter your email: _____

Please confirm your email: _____

[for all respondents]

Providers and assistant providers who have completed the survey can receive 1 hour toward their annual training hours required by child care licensing. Please provide your PDIS User ID and the email you use for PDIS below.

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Your ID and email will be forwarded to PDIS within **[30 days]** of completing this survey and your PDIS training hours will be updated. Please note, completing this survey will not count towards Ongoing Professional Development hours for the Early Childhood Professional Credential (ECPC).

Please enter PDIS User ID: _____

Please enter email used for PDIS: _____

[SUBMIT]

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