

***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

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

[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 Compensation Pilot.
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.

About Your Family Child Care Home

[SHOW THIS SECTION ONLY TO PROVIDERS]

We would first like to start out by asking questions about your family child care home.

A1. What is the name of your family child care home?

A2. What is your child care license number?

A3. In what month and year did your family child care home begin operating?
_____ month _____ year

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

A4. What funding sources for child care services, other than Colorado Child Care Assistance Program (CCCAP), do you currently receive?

- a. Colorado Preschool Program (CPP)
- b. Child and Adult Food Care Program (CAFCCP)
- c. Military
- d. Head Start/Early Head Start/Early Head Start-Child Care Partnerships (EHS-CCP)
- e. Private pay from families
- f. Local Preschool program
- g. Local Child Care Subsidy (e.g., with a county(ies) such as a county Department of Human Services)
- h. Universal Preschool (UPK) Colorado
- i. Non-government community organization (e.g., United Way, local charities, or religious organizations)
- j. Other (please specify: _____)

A5. How much do you agree or disagree with each of the following statements?

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I prefer not to answer
a) My family child care home's financial situation is better than it was last year at this time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I worry about my family child care home having enough money in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) These days I can generally afford to buy the things that I need to run my family child care home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) There never seems to be enough money to buy something to improve my family child care home, beyond the bare necessities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A6. On a daily basis, how confident are you that you will have enough money to continue providing child care in your home in the long-term?

- a. not at all confident
- b. a little confident
- c. somewhat confident
- d. quite a bit confident
- e. extremely confident

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

A7. How many people helped you look after children last week?

f. _____ # of people assisting

[ASK ITEMS A8-A9 FOR EACH PERSON IDENTIFIED IN A7]

You said [# from A7] [person/persons] helped you look after children in your care last week. Next, we will ask you 2 questions about each of these assistant family child care providers.

A8. Thinking about assistant family child care provider [#1], how many hours did this person help look after the children in your care last week?

g. _____ hours worked

A9. Do you regularly pay this person to help you look after the children in your care?

h. Yes

i. No

A10. How often does your family child care home have issues related to: **(Response options: never, rarely, sometimes, often, always, not applicable)**

- a. Not enough help with caring for children/assistants?
- b. Hiring qualified help/assistant(s)?
- c. Not enough other help (e.g., cooking, buying toys or supplies)
- d. Assistant family child care provider turnover?
- e. Conflicting/confusing funding and other regulatory requirements?

[SHOW A11-A14 IF A7>0]

A11. Thinking about recruitment of help/assistant family child care providers, how many months does it usually take to fill an open position in your family child care home?

- a. Less than a week
- b. 1-2 weeks
- c. 2-3 weeks
- d. 3-4 weeks
- e. 1-2 months
- f. 2-3 months
- g. 3+ months
- h. Other (please specify:_____)
- i. I don't know
- j. I prefer not to answer

A12. In the past 12 months, have you had to accept fewer children due to not being able to find an assistant family child care provider(s)?

- a. Yes
- b. No

A13. This question is about the time you spend hiring and onboarding a new assistant family child care provider when there is an open position. How many total hours do you usually spend in each of the following activities when filling one position? An estimate is fine.

- a. Marketing, advertising, and outreach activities for open positions, such as preparing job descriptions or posting descriptions on job boards? _____ hours
- b. Screening and reviewing job application and resume materials for candidates? _____ hours

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

- c. Scheduling and conducting interviews and reference and background checks for candidates? _____ hours
- d. Preparing and making the offer of employment? _____ hours
- e. Onboarding new employees, like communication with new employee prior to start date, welcoming new hires, and role-specific training? _____ hours
- f. Providing or finding professional development/trainings to ensure new hires are qualified _____ hours

A14. Do you reduce an assistant family child care provider’s paid work hours when children are absent? (Select all that apply)

- a. Yes
- b. No
- c. Other (specify): _____
- d. I don’t know
- e. I prefer not to answer

About Children You Provide Care For

[ASK PROVIDERS ONLY]

Now we would like to ask you questions about the characteristics of children you currently care for.

D1. Altogether, how many children did you look after last week?

- a. _____ Number of children

D2. 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**?

- a. _____ Number of children

D3. At this time, for how many more children would you be willing and able to regularly provide child care?

- a. _____ Number of children

D4. How many children do you usually look after in each age group?

- a. _____ Infants (0 – 18 months)
- b. _____ Toddlers (19 months to 35 months)
- c. _____ Preschool-aged (3 to 5 years)
- _____ School-aged (5 years and older)

D5. Of all the children you usually look after, how many children attend part-time and full time?

Part-Time (less than 30 hours a week)	Full-Time (30 hours or more a week)
Number of children attending: _____	Number of children attending: _____

D6. How many children have left your family child care home in the last three months?

- a. _____ Number of children

D7. How many children have joined your family child care home in the last three months?

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

- a. _____ Number of children
- D8. If your family child care home has collected information about children's races/ethnicities, please report on how many children you look after that identify as:
- a. Hispanic
 - b. Black
 - c. White
 - d. Asian
 - e. Other
 - f. Mixed Racial Background
 - g. Our center does not collect this information
- D9. About how many children you look after...(All/most, some, a few, none, I don't know, I prefer not to answer)
- a. May be struggling with food insecurity
 - b. May be struggling with housing insecurity
 - c. Receive a public subsidy reserved for lower-income families to attend your family child care home (e.g., Head Start funding, CCCAP, CPP)
Have an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), and/or receive early intervention services
- D10. 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.
- a. Yes
 - b. No
- D11. **[SHOW IF D10=YES]** How many of the children that you regularly look after live in your household? Please do not include children that you have custody of.
- a. Number of children
- D12. Are you related to any of the children that you regularly look after (e.g., your child, grandchild, niece, nephew, cousin or other blood relative)?
- a. Yes
 - b. No
- D13. **[SHOW IF D12=YES]** How many children that you regularly look after are you related to?
- a. Number of children
- D14. 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?
- a. Yes
 - b. No
- D15. **[SHOW IF D14=YES]** 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.
- a. _____ Number of children
- D16. Do you permit parents to use care on schedules that vary from week to week?
- a. Yes
 - b. No

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

c. I don't know

D17. **[SHOW IF D16=YES]** How many of the children that you look after have schedules that vary from week to week?

a. _____ number of children

D18. Do you permit parents to pay for and use varying numbers of hours of care each week?

- a. Yes, at their convenience **(ASK D19)**
- b. Yes, from a set of schedule options **(ASK D19)**
- c. Yes, beyond a minimum number of hours **(ASK D19)**
- d. No **(SKIP TO D21)**
- e. I don't know **(SKIP TO D21)**
- f. I prefer not to answer

D19. **[SHOW IF D19=A, B, OR C]** How many of the children in your care have variation in the number of paid hours of care each week?

a. _____ number of children

D20. 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?

- a. Yes
- b. No
- c. I prefer not to answer

D21. On weekends, do you look after children you are not related to or that you don't have custody of?

- a. Yes
- b. No
- c. I prefer not to answer

D22. Do you look after children that you are not related to or that you don't have custody of between 7pm and 11pm on week nights?

- a. Yes
- b. No
- c. I prefer not to answer

D23. Do you take care of children other than your own between 11pm and 6am on week nights (Monday to Friday)?

- a. Yes
- b. No
- c. I prefer not to answer

D24. The last time you were sick, what arrangements did you make for the children you normally look after? Select all that apply.

- a. You told parents you could not look after children
- b. You had someone else come to take care of the children
- c. You sent the children to a different location
- d. You took care of the children anyway
- e. You never get sick **(SKIP D25)**
- f. Something Else: _____

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

D25. When was the last time that you were unable to look after a child because you were sick?

- a. Month:
- b. Year:

About Your Professional Background

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

E1. 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

E2. How many years of experience do you have in administering or directing a family child care home or a child care or early education program that serves children younger than age 6?

- 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]**. 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.

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

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

- 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

About Your Job Demands and Supports.

The following questions are about the different responsibilities that you may have or share with other assistants or caregivers at your current job.

[FOR PROVIDERS] Please answer the following questions thinking about your family child care home.

[FOR ASSISTANTS] Please answer the following questions thinking about your position at **[insert family child care home name/child care and early education or education-related field]**.

- G1. [FOR PROVIDERS ONLY]** Rate your agreement with the following statements (**Response options: Strongly Agree, Agree Somewhat, Disagree Somewhat, Strongly Disagree, I prefer not to answer**)
- a. I often feel overwhelmed by paperwork needed to comply with different regulations and standards.
 - b. I often feel confused by the requirements needed to comply with different regulations and standards.
 - c. Many of the requirements and standards my [family child care home] complies with don't make sense to me.
 - d. Many of the requirements and standards my [family child care home] complies with are conflicting.

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

- e. Having to abide by multiple standards greatly increases my family child care home's administrative burden.
- f. I find it hard to keep track of the multiple standards my family child care home is required to abide by.

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. 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

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

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

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)
 - 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: _____)
- I5. 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
- I6. 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

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

- 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 – 99996]**
 - 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
 - g. \$4,000 to \$4,999
 - h. \$5,000 or more
 - i. I don't know
 - j. I prefer not to answer
19. 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
110. 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?

111. 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

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

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?
- Poor
 - Fair
 - Good
 - Very Good
 - Excellent
 - 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)**
- I felt that I could not shake off the blues even with help from my family or friends.
 - I had trouble keeping my mind on what I was doing.
 - I felt that everything I did was an effort.
 - My sleep was restless.
 - I felt lonely.
 - I felt sad.
 - I could not get “going.”

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

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

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]

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

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. 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]**.