



Design Phase of the National Study of Child Care Supply and Demand (NSCCSD):

Cognitive Interview Findings Report for Home-based Provider Questionnaire

Prepared for:

Ivelisse Martinez-Beck, Ph.D.
Federal Project Officer
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Planning, Research and Evaluation

Developed by:

Marietta Bowman
A. Rupa Datta

National Opinion Research Center (NORC)
at the University of Chicago

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Executive Summary

Within the context of the Design Phase of the National Study of Child Care Supply and Demand, NORC conducted several rounds of cognitive interviews on the three instruments that were developed: a demand questionnaire for parents of children under age 13, a questionnaire for home-based providers of care to children under age 13, and a questionnaire for center-based providers of care to children under age 13. This report documents the methodology, content and findings of four rounds for cognitive testing conducted during the development of the home-based provider questionnaire. The approach taken was progressive, with some topics being tested iteratively across rounds, while other topics were tested only once. Another task on the contract, the Compendium of Measures, documented the extensive and high quality instrumentation already developed for asking providers about many aspects of child care. For that reason, cognitive testing on this instrument was focused on questions believed not to have worked well previously, as well as those that were newly developed for the Design Phase activities. This report focuses on the development and cognitive interviews conducted of the home-based provider questionnaire and the findings and recommendations that stem from those interviews.

The home-based provider segment spans a wide range of provider types, including (non-parent) relatives who may look after children in their household on a regular basis, grandparents who provide uncompensated care for their grandchildren, other family, friends or neighbors providing informal or formal care to children under age 13, as well as licensed large home-based providers.

Topics covered by the two rounds of home-based provider interviews included:

- Care schedule (hours, roster of children, payment information)
- Help with care
- Provider characteristics (demographics, employment)
- Household characteristics
- Finances (labor hours, costs)
- Market definition (type of organization/population served)
- Hours of operation, policies for schedule/fees

- Enrollment (child information)
- Admissions/marketing
- Operations (labor hours, finances)
- Care provided (activities, environment)

Various details of the tests and our ensuing recommendations are found in this report. The largest implication of the series of tests was that the breadth of this segment posed several unresolved challenges in terms of determining appropriate universes for various questions. The versions tested distinguished between large home-based providers (8 or more children cared for) and small home-based providers (fewer than 8 children cared for); and market-based vs. non-market based care. Non-market care was defined as care provided only to family members and for which no payment was received. These distinctions were inadequate to fully sort respondents into fitting skip patterns. Additional information from the feasibility test is likely necessary to fully revise the home-based provider instrument to work well for the wide variety of types of home-based care being captured in this instrument.

Another key result was that informal providers were often compensated through exchange of goods or other services or irregular gifts of cash or materials in lieu of regular cash payment for care.

Home-Based Provider Cognitive Interview Methodology

Introduction

The Design Phase of the National Study of Child Care Supply and Demand is intended to inform the implementation of the full study (NSCCSD-2010) by providing the Administration for Children & Families, Department of Health and Human Services with design options to match their research goals and budget constraints. Building on the work of the 1989-90 National Child Care Study and Profile of Child Care Settings, the NSCCSD will be able to provide a current picture of the supply and demand for child care and early education programs and fill a gap in the national understanding of the factors influencing parents' choice of care for their children. Cognitive testing was conducted as part of the development of three separate questionnaires for the NSCCSD-2010, which includes: parent/household (demand), center-based provider (supply) and home-based provider (supply). These interviews with respondents from the target population are a critical component of the survey development process.

Home-Based Provider Cognitive Interviews

Cognitive interviews of home-based providers took place in two rounds from November to December 2008. The purpose of the multiple round structure was to test questions designed specifically for small and large home-based providers. In addition to the availability to review audio recordings of the interview, a debriefing among project staff was held after each round in order to share relevant information that would inform the subsequent interview protocol. The following table indicates the schedule for each round of cognitive interviewing, including interview dates and protocol content.

Survey Type	Interview Dates	Protocol Content Areas
Home-based providers (small)	November 13-December 15	<ul style="list-style-type: none"> ▪ Care schedule (hours, roster of children, payment information) ▪ Help with care ▪ Provider characteristics (demographics, employment) ▪ Household characteristics ▪ Finances (labor hours, costs)
Home-based providers (large)	November 13-December 15	<ul style="list-style-type: none"> ▪ Market definition (type of organization/population served) ▪ Household characteristics ▪ Schedule (hours of operation, policies) ▪ Enrollment (child information) ▪ Admissions/marketing ▪ Operations (labor hours, finances) ▪ Care provided (activities, environment) ▪ Provider characteristics (demographics, employment)

Respondent Recruitment and Screening

Home-based provider interviews were conducted in Chicago and Berkeley, CA by NORC project staff trained in cognitive interview techniques. Two different approaches were used to recruit home-based providers. The first round of cognitive interviews focused on informal providers. These providers would not be included in regulated provider lists, so ads were posted online on craigslist.org. Individuals who responded were screened for eligibility and then selected based on meeting the required criteria. Later rounds included formal and informal providers. In order to identify Chicago area licensed or registered (formal) home-based providers, project staff obtained a list of family child care providers from Illinois Action for Children, the statewide child care resource and referral agencies. Action for Children provided a list of approximately thirty local providers as potential interview respondents. These individuals and organizations comprised a variety of types of providers including family child care centers, institutional child care centers and afterschool programs. Project staff contacted family child care providers to screen and recruit the participation of those who were eligible. While it was helpful to state that we'd received their information from Action for Children, many respondents, particularly family child care providers, were not interested in participating.

Interview respondents were selected not only based on specific criteria surrounding the type of services offered, but also with consideration given to the creating a diverse overall

respondent pool. In the end, ten home-based providers, both formal and informal, were recruited who fit one or more of the following criteria:

- Provider who provides school-age care
- Provider who serves multiple age groups (infant, toddler, school age)
- Provider of off-hours care (before 7am, after 6pm, weekends)
- Providers who accept subsidies

The number of children in care, location of care, and relationship to children were also considerations in recruiting respondents. There were two cancellations by small home-based providers during these interviews. Reasons for cancellations included respondents being sick and deciding they did not have enough time to participate in the study. Both of these respondents were replaced.

Interview Protocol

Home-based provider interviews were conducted at either the provider's home or NORC offices based on respondent preference. All interviews were audio recorded to ensure an accurate record of provider responses. Each interviewer administered IRB-approved informed consent and oral consent for audio recording the interview before beginning the interview. Respondents received a \$40 honorarium for their participation.

Interviewer Analyses and Report Writing

Interviewer Training

Interviewer training was conducted in May 2008 in Chicago with a conference call connection for staff in the Berkeley office and was led by an NORC Senior Survey Methodologist. In attendance were the project director, survey methodologist, project survey director and two research assistants (one located in Chicago and another in Berkeley.) The entire group received information on the basic components of cognitive interviewing, including David Mingay's four-stage approach to the human cognitive system which served as a basis for developing respondent question probes. The survey director and research assistants were trained as cognitive interviewers, which included conducting mock interviews with the Round 1 parent survey protocol

in order to become comfortable with the process and get clarification when necessary. Interviewers also had the opportunity to share experiences and ask questions during staff debriefings over the course of the four rounds of interviews.

In November 2008, the same NORC staff who conducted the parent interviews participated in a training session in preparation for the provider interviews. The purpose of this meeting was to reiterate any relevant training issues as well as to clarify the structure and format of each protocol to ensure these were appropriately administered by interviewers.

Review of Interviews

In order to inform the development of subsequent protocols, a staff debriefing was held between each round of parent cognitive interviews. In addition, two staff debriefing were held throughout the course of the provider interviews. These gave each interviewer the opportunity to summarize the topics that arose with respondents during that period as well as share experiences relevant to testing process, such as respondent selection and interviewing techniques. After each debriefing, interviewers sent annotated copies of the protocols or detailed notes to the methodologist in order to document their comments. In addition, each interview was audio-recorded and sent to an external vendor for transcription. These written transcriptions were made available to all project staff for future review and to inform the development of revised protocols as well as the final report.

Final Report

The initial report was drafted based on feedback above and review of the interviews. Project staff then reviewed the report and provided feedback on outcomes and recommendations for the questionnaire protocol. Feedback from each staff member was critical in creating a full picture of respondents' understanding of each protocol. The results were also compared across interviews to understand how subsequent protocol iterations worked in each round and determine optimum recommendations for the final survey instruments. The report is separated by round for the parent interviews and by survey type for the provider interviews.

Home-based Provider Questionnaire Report

I. Respondent Summary

Ten of the total respondents were home-based providers. These individuals were both formally licensed and informal (family, friend and neighbors) providers who cared for children at least two hours each week in either their home or the child's home. Initially, a separate questionnaire draft was developed for the small home-based provider. A revised version of the questionnaire was developed on December 5th that included items for both the small and large home-based providers. Small home-based providers defined as those who regularly cared for eight or fewer children were administered the original version prior. A third version of the provider questionnaire (also combined to include both large and small providers) was developed on December 16th. Feedback from prior interviews informed the questionnaire revisions. The findings from respondent interviews will be discussed by question sets with references to the respective versions each was included in.

Version 1 Respondents

Four respondents were administered the first version of questionnaire (small home-based). All four individuals were in Chicago. The number of children in the care of respondents ranged from one to ten. (While it was previously stated the definition of "small home-based provider" was caring for eight or fewer children, two respondents who regularly cared for ten children were administered the version 1 questionnaire. During the screening process, these respondents had indicated they cared for eight children; however during the administration of the survey it became apparent that they care for more children.) Three respondents were paid for their child care services.

Version 2 Respondents

Four respondents were administered version 2 of the home-based provider questionnaire which incorporates both small and large providers. This distinction is demonstrated into primary ways: 1) the number of children regularly cared for (which dictates how the enrollment information is collected) and 2) if the provider receives payment (which dictates if they are a

market or non-market based provider.) Two of these individuals were large home-based providers, caring for fourteen and ten children, respectively, on a regular basis. They were both licensed by the state and eligible to receive childcare subsidies. Therefore, they both were considered to be market-based providers.

The other two respondents were informal home-based providers: 1) a grandmother caring for her grandchild for free and 2) a provider caring for two different families (total of three children) in the children's homes. The former is characterized as non-market and the latter as market-based.

Version 3 Respondents

Two respondents were administered version 3 of the home-based questionnaire.

Respondent 22 cared for three children (nieces and nephew) an average of 20 hours per week either in her home or in theirs. She was paid through a state subsidy program. Although she was considered market-based care, some of the questions about more formal enrollment, scheduling, etc. were a little difficult or confusing for her to respond to, particularly because the terminology often didn't fit.

Respondent 23 regularly cared for a niece and nephew who live in her household. Other household members included her mother, father and brother. Her sister (children's mother) did not live in the household. The respondent's mother has legal custody of niece and mother still has custody of nephew. The respondent shared responsibility caring for the children with other household members although she made the point that she tried to reduce the burden on her parents because they are older. On average she cares for the children a few hours, seven days a week. She did not get paid and therefore was considered non-market-based care; however she was in the process of applying to be a child care subsidy recipient. Her sister (children's mother) did give some of her food stamps each month for the kids but that seemed to be going to the entire household not just to the respondent for taking care of the children.

The following table displays characteristics of each respondent as well as the survey version they were administered.

R#	Questionnaire Type	Version	Location	Ages Served	Total Children Served	Prior relationship to children	Location of care	Paid
7	Home-based—small	1	Chicago	3, 6 yrs old	2	Y (family friend)	R home	Y
9	Home-based—small	1	Chicago	2 yrs	1	None	Child home	Y
11	Home-based—small	1	Chicago	2-12 yrs	10	Relatives/ family friends	R home	N
12	Home-based—small	1	Chicago	3-9 yrs	10	None	R home	Y
15	Home-based—small	2	Berkeley	2	1	Yes (grandchild)	R home/ child home	N
16	Home-based—large	2	Chicago	Infant-school age	14	1 child only	R home	Y
17	Home-based—large	2	Chicago	2mon-5yrs	10	None	R home	Y
19	Home-based—small	2	Berkeley	1-4 yrs	3	2: Family friend 1: none	Child home	Y
22	Home-based—small	3	Chicago	1-6 yrs	3	Yes (relatives)	R home/ child home	Y
23	Home-based—small	3	Chicago	5, 12 yrs	2	Yes (relatives)	R home	N

The questionnaire is broken into distinct topic areas that not only help to organize the question sets but also provide natural paths for skip patterns. The report is separated by these sets, providing a specific breakdown of the survey items, findings from cognitive interviews and associated recommendations. The following is a summary of those areas by question set.

The following sections indicate specific recommendations that were developed in response to provider feedback. In addition to creating distinct question paths for market versus non-market based providers and for small and large providers, we also introduced skip patterns for providers who only care for children with whom they have prior relationships and who receive payment for that care. These respondents are still considered “market-based providers” but many questions emerged as inappropriate for this group.

II. Findings and Recommendations

Location of care

M1. I'd like to confirm your home address. I have the address (ADDRESS). Is that correct? (Versions 2, 3)

1 Yes (SKIP TO M1b)

2 No (ASK M1a)

M1a. (IF M1=NO) What is your correct address? (Versions 2, 3)

Street address _____

City _____ State _____ Zip _____

M1b. Do you provide care for children under age 13 at that address? (Versions 2, 3)

1 Yes (skip to M2)

2 No

M1c. [if m1b not Yes] In what kind of building do you provide care? CODE ALL THAT APPLY FOR MULTIPLE BUILDINGS, BUT CODE ONE ONLY PER BUILDING. DO NOT READ CATEGORIES EXCEPT TO PROBE ACCURATELY. (Versions 2, 3)

- 1 Religious building
- 2 Public School
- 3 Private School
- 4 University or College
- 5 Work Place
- 6 Community Center or Municipal Building
- 7 Independent Structure (i.e., program is the sole occupant)
- 8 Commercial Structure (Version 3 only)
- 9 Home, apartment, or other residential structure
- 10 Other (specify _____)

M1b1. How would you describe the location where you provide care? Is it the home of a child you care for, or do you provide care there for some other reason? (Versions 2, 3)

M2. Approximately what percentage of the space used for child care is also used by household members for their personal use? IF NEEDED: Tell me how much of the space used for child care is part of a household's regular living space, whether or not children are present. (Versions 2, 3)

_____ %

M3. How long have you been providing care to children under age 13 in your home or theirs? (Version 3 only)

_____ Years and _____ Months

Findings:

In response to M3, both Respondents 22 and 23 stated that they had been caring for children under age 13 for more than ten years. The respondents were 21 and 25 years old, respectively, and therefore would have begun caring for these children before they were adults themselves.

Recommendation:

In order to clarify the years of experience providing child care as an adult, we recommend the following revision to M3:

Since age 18, how long have you been providing care to children under age 13 in your home or theirs?

Although respondents did not express confusion about this, we also recommend revising M1b1 due to different interpretations of intent by interviewers. The purpose of the question is to explore why the respondent has chosen that specific location to provide care (i.e., is there a relationship to that location? Benefits? etc). Physical description of the location is already recorded in item Mc1. Therefore, we recommend the following revision:

M1b1. Why did you select this location to provide care? IF NEEDED: Is it the home of a child you care for, or do you provide care there for some other reason?

Care schedule and rostering of children if small provider

R1. Let's begin with the care you provided last week to children who are not your own. Altogether, how many children did you care for last week for at least two hours? IF NECESSARY: 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. (Versions 1, 2, & 3)

_____ Number of children

IF R1 LESS THAN SIX, ASK R2. ELSE IF R1 SIX OR GREATER, SKIP TO ENROLLMENT SECTION.

R2. Please tell me the names or initials of each child that you cared for last week. RECORD NAMES IN SEPARATE ROSTER FOR SMALL PROGRAMS.

R3. Please tell me the names or initials of each child that you usually care for, but didn't care for last week. I'm interested in children you care for at least two hours per week.

R2a/R3A. INTERVIEWER: CODE WHETHER CHILD IS ROSTERED FOR CARE LAST WEEK OR REGULAR CARE NOT INCLUDING LAST WEEK.

BEGINNING WITH CHILD 1, ASK R4-R24 FOR EACH CHILD UNTIL ALL CHILDREN ASKED ABOUT.

- **R4. How old is []?**
- **R5. Is [] a boy or girl?**
- **R6. Do you and [] live in the same household?**
- **R7. Did you have a prior personal relationship with []'s family before you started caring for (him/her)?**
- **R7a. [if R7=yes] What is your personal relationship to []?**
 1. non-custodial parent
 2. grandparent

3. Other blood relative

4. family friend

5. Other (Specify: _____)

- (if R2a=1 last week) R8. Beginning with last Sunday morning (DATE) at 6am, when did you care for []?
- R9. Does [] have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)? (Versions 1 and 2)
- R9. Does [] have a physical condition that affects the way you provide care for (him/her)? (Version 3 only)
- R9a. Does [] have an emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)? (Version 3 only)
- R10. Is [] Hispanic or Latino?
- R10a. Which of the following is []...
 - 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or other Pacific Islander
 - 5 American Indian or Alaska Native
 - 6 OTHER? (SPECIFY)
- R11. Does [] speak a language other than English at home? (Version 3 only)
- R11a. [If yes to R11] What language is that? (Version 3 only)
- R11b. What language do you mostly use when you are with []? (Version 3 only)
- R11c. Do you have difficulty communicating with []'s parents because of a language barrier? (Version 3 only)
- R12. Where do you usually provide care for []? CODE ALL THAT APPLY.
- R13. (If care provided outside of child's home) How long does it take in minutes for [] to get from (his/her) home to (your home/where you care for him/her)?
- R14. (if care outside of provider's home)

- How long does it take in minutes for you to get from your home to where you care for (him/her)?
- (if R2a/R3a=1 last week) R15. Do you care for [] regularly, that is, for at least two hours each week?
- (if R2a=2 regular, or R15=1 yes) R16. Do you care for [] on a regular schedule? (Version 1 only)
- (if didn't care for child last week and regular schedule) What is your regular schedule for caring for []? (Version 1 only)
- (if R2a=2 regular, or R15=1 yes) R16. Do you care for [] on the same schedule each week? (Versions 2 and 3)
- (if didn't care for child last week and regular schedule R16=1) R17. What is that schedule? (Versions 2 and 3)
- R18 (If R16 was answered no or DK – i.e., care not same schedule each week) How many hours do you usually care for []?
- R19. (if varies) What can you tell me about when you care for []?verbatim response
- R20. When did you first start caring for [] on a regular basis?
- R21. Do you usually receive payment for caring for []?
- R22. How much do you charge to care for []?
- R23. Do you (also) receive anything in exchange for caring for []? For example, does []'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 []?
- R24. Does []'s family occasionally give you gifts or help you out even if it's not regular payment for caring for []?
- Do you usually care for any of your own children while providing care for other children? (Version 1 only)
- R25. [if r had prior personal relationship with all children served] Would you be willing and able to provide care to a child with whom you did not have a prior personal relationship? (Versions 2 and 3)
- R26. At this time, how many more children of different ages would you be willing and able to serve? (Version 2 provided age ranges; revised Version 3 allowed respondent to define age ranges.)

Findings:

Respondents reported a wide variety of care schedules in terms of number of children, hours of care provided and payment structure. In general, the questions in this section were effective in capturing this variation. Listed below is a summary of some of the different care arrangements accurately reported in the current question set:

- Respondent 9 was a nanny who only cared for one child with whom she had no previous relationship. She received a straight hourly rate (\$15/hour) with no additional benefits or exchange of services. One point she made is that the child's father works from home so is home while she is caring for her.

Respondent 9: Actually one question you could have asked would be whether or not the parents are at home at the time of the care, because the father actually works from home so he's always there. I'm never waiting for someone to come home at 5, like he's there right at 5 and I just leave. That might be a factor. When it was warmer outside if he was on a conference call we would go to the park or play outside.

She was still considered responsible for the child in this situation.

- Respondent 11 regularly watched nine children each week. These children were either her nieces and nephews or the children of close friends. She did not charge anyone for caring for these children. These children fell into three groups: 1) three siblings that she watched six hours/week (Tuesday and Thursday); 2) three siblings she watched 3 hours/week (Wednesday); and 3) four siblings she watched 6 hours/week (Monday). She had been watching these children regularly on and off for most of their lives (ages range from 2 to 12 years old). She did not have any problems reporting on the schedule arrangements and demographic information for each child. It appeared to be easier for her to recall specific information about the children because she had a prior relationship with one. For example, when recalling when she first began to care for a number of the children, she thought back to when they were born because she has been some of them since soon after that.

Respondent 11: [She has been caring for child] since she was born too. Since 2004...My sister couldn't take off [from work] at all with her. She went to work – she had her on Friday and she went back to work on Monday...September 2004

- Respondent 15 regularly cared for her two-year old granddaughter four days per week and between four and ten hours per day. She did not receive any payment. She noted that she might consider caring for other children not related to her but only if they were of a similar age.
- Respondent 19 regularly cared for three children on two different schedules. She watched two siblings (who she knows through her sister) four afternoons a week and occasionally on Saturdays and separately watched one child (with whom she did not have a prior relationship) one day per week for between four and eight hours.

Collecting payment information proved to be the most complicated topic in this section, particularly R22. Respondent 7 was able to easily respond to all the scheduling questions except for the payment question (R22). She cared for two children (siblings) in their home about ten hours per week. The care schedule varied each week depending on the parents' schedule. She was regularly paid but the amount varied. She was paid monthly, typically for around 48 hours, for which she received about \$350. She estimated it was about \$8-\$10 per hour but she adjusted it up or down depending on what she did with the children (i.e., more for outside activities that require expenditures.) As it reads, R22 doesn't allow for this kind of variation. In response to R22, Respondent 22 indicated that she receives one sum for caring for all three children. She was unable to break it down any further than that.

While she was not paid for providing regular care, Respondent 23 reported receiving additional assistance from the parents.

Respondent 22: I would say transportation, making sure that we have food; in addition to myself they help out, just in case I have a rough week or I don't have as much [money] based on my job.

However, she thought that it was awkward to ask items R23 and R24 separately as she felt like that was the same question.

Respondent 22: And I guess that's including the basic needs part..., transportation all into one as opposed to two separate questions. Maybe, yes, [combine the questions] because I guess it's kind of like the same question in itself and then like I said I won't be messed up...They may say "no I don't receive any gifts." So with the basic needs or the exchange of services 'no no no' and they actually do exchange services and vice versa.

Other items were identified as confusing in single interviews, such as R12, which Respondent 23 noted was redundant because the location of care had already been asked in M1.

Respondent 23: I'll say only one question was unclear, the one about where do you provide the care for the child. Maybe you could implement categories like at home, at another so there'll be like a daycare facility as opposed to asking them like where do you provide care. Because someone may think I have them in the living room in my home.

Finally, both Respondents 22 and 23 had interesting caveats to their responses to item R26. Even though they were regularly providing child care, they did not think of themselves as running a business. While each indicated a strong interest in taking care of children (combination of interest in child care and family obligation), they primarily considered children's ages and their work and other schedules when responding to this question.

Respondent 23: At this time maybe 1 or 2 [additional children]. Well if the age group is... I'll say 5 and above maybe 2. Anything other than that I wouldn't do only because children require a lot of attention and it's not the same as opposed to having an 8-year-old and a 12-year-old you know that if you tell them to sit down and watch this movie or color or play nicely...8 times out of 10 they'll be able to do something without me having to stand over their back as opposed to [her nephew who] is 5 but it's kind of like - not a hassle, but he's a handful.

Version 3 of this question allows respondents to identify the age ranges for which they would be able to care for additional children. This is an important distinction as informal respondents may cite a wider range of reasons for being able to care for additional children or not. This is in contrast to a more formal or center-based provider that may have specific licensing limits to their enrollment.

Recommendation:

In general, the care schedule and rostering of children question set seemed to be clear for respondents and accurately collect the relevant information. However, we do recommend a number of minor revisions for the purpose of clarification.

Item R12 currently has the interviewer code all responses that apply. In order to avoid confusion on care location raised by Respondent 23, we recommend revising the question to read:

R12: At what location do you usually provide care for [child]?

This will still allow respondents to state the care location in terms they are comfortable with while also clarifying that we are looking for a structure rather than a room in a home.

Based on respondent care arrangements, revisions to questions about payment are appropriate. In order to allow for variation in payment schedule, we recommend including a reference period in R22, such as:

R22: On average, how much do you receive to care for [child]? (per day, per week, per month, per year?)

Furthermore, in order to more accurately capture variation in payment for one or more children we recommend including a follow-up item similar to that in the demand survey.

R22a. How much do you receive to care for [child]? Is that amount for (CHILD) only, or for more than one child?

Although we recognize the potential redundancy of R23 and R24, we do not recommend combining the questions as per Respondent 22's suggestion. The distinction between traded services for care and occasional gifts is significant enough to warrant separate questions.

Enrollment

(The following items were included in both Versions 2 and 3 unless otherwise specified. None of these items were in Version 1.)

E1. What age groups of children do you serve? IF R SPECIFIES AN AGE GROUP INCLUDING CHILDREN OVER AND UNDER AGE 13, SPLIT THAT GROUP INTO AN UNDER AGE 13 GROUP AND ONE FOR OVER AGE 13.

(Version 2 provided age ranges; revised Version 3 allowed respondent to define age ranges.)

FOR EACH AGE GROUP IN E1, ASK E1A AND E1B.

E1a. How many children do you serve in each of these age groups in your program at this site?

E1b. At this time, how many more children in this age group would you be willing and able to serve?

E1c. That means that your program currently serves [FROM E1A: TOTAL CHILDREN UNDER AGE 13] children under age 13. Is that correct?

1 yes

2 no RETURN TO E1A AND CORRECT NUMBERS. IF CORRECTION NOT POSSIBLE,
RECORD CORRECT TOTAL HERE: _____

E1c. [If R SERVES CHILDREN 13 OR OLDER, read:] This study focuses on child care and after-school care for children under age 13. As much as possible, please focus on the children under age 13 for the remainder of this questionnaire.

E2. For these next questions, please think about the [NUMBER from E1b] children under age 13 that you regularly provide care for. How many of these children are boys?

_____ Boys

E3. About how far do most of the children you care for travel to come to you? IF NEEDED: ABOUT HOW LONG DOES IT TAKE TO GET FROM THE CHILDREN'S HOME TO YOUR LOCATION?

_____ miles

_____ minutes of travel time

E4. How many of the children have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for them? (Version 2 only)

E4. How many of the children have a physical condition that affects the way you provide care for them? (Version 3 only)

E4a. How many of the girls have an emotional, developmental or behavioral condition that affects the way you provide care for them? And of the boys? (Version 3 only)

E4a1. _____ Number of girls

E4a2. _____ Number of boys

E5. About how many of the children are of Hispanic or Latino origin?

E5a. As far as you know, how many of the children are....

a. White _____ Number of children

b. Black or African-American _____ Number of children

c. Asian _____ Number of children

d. Native Hawaiian or Other Pacific Islander _____ Number of children

e. American Indian or Alaska Native _____ Number of children

f. IF VOLUNTEERED: MIXED RACE _____ Number of children

g. OTHER: _____ Number of children

E6. Do you have any children that you usually care for...

a. 4 hours or less each week? Y N

b. 5 to 20 hours each week? Y N

c. 21 to 39 hours each week? Y N

d. 40 hours or more each week? Y N

E7. Do you live in the same household with any of the children you regularly care for? IF NEEDED: Please do not include your own children or children that you have custody of, but do include grandchildren, nieces, nephews, or unrelated children you do not have custody of. IF NEEDED: Your own children you do not have custody of should count here. (Final line added in Version 3)

1 Yes (ask E7a)

2 No (go to E8)

E7a. How many of the [NUMBER] children you regularly care for live in your household?

_____ Number of Children

E8. Are you related to any of the children you regularly care for?

1 Yes (ask E8a)

2 No (ask E8b)

E8a. How are these children related to you? DO NOT READ CATEGORIES EXCEPT TO PROBE ACCURATELY.

	Number of Children
Grandchild	_____
Niece/Nephew	_____
Child of Spouse/Partner/Boyfriend or Girlfriend	_____
Your own child you do not have custody of	_____
Cousin	_____
Other relationship (_____)	_____

E8b. Did you have personal relationships with any of the other children you care for before you began caring for them? (Version 2 only)

1 Yes

2 No

E8c. How many of the other children you care for did you have prior personal relationships with? (Version 2 only)

E8b. Did you have personal relationships with the families of any of the other children you care for before you began caring for them? (Version 3 only)

E8c. How many children's families did you have a prior personal relationship with? Please do not include any families you are related to. (Version 3 only)

E9. Do you receive payment for caring for all [NUMBER] 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 E10)

2 No (ask E9a)

E9a. How many children do you care for without receiving regular payment?

E10. How many of the children you care for do not speak English at home? IF NEEDED: What percent of the children you care for do not speak English at home?

E11a. Do you have any parents who are unable to communicate with you because of a language barrier? IF NEEDED: For example, are their parents who need the help of an interpreter or a child to speak with you? (Version 2)

1 Yes (ask E11b)

2 No (skip to E12)

E11b. How many of your families are unable to communicate with you because of a language barrier? IF NEEDED: Please tell me the percentages of families who need the help of an interpreter or a child to speak with you. (Version 2)

_____ Number of families

_____ % of children

E10a. Do you have any parents you have difficulty communicating with because of a language barrier? IF NEEDED: For example, do you need the help of an interpreter or a child to speak with parents of some of the children you care for? (Version 3 only)

1 Yes (ask E10b)

2 No (skip to E11)

E10b. How many of your families do you have difficulty communicating with because of a language barrier? IF NEEDED: Please tell me the percentages of families you need the help of an interpreter or a child to speak with. (Version 3 only)

_____ Number of families

_____ % of children

E10c. What languages do these families speak? (Version 3 only)

E10d. What languages do you speak when working directly with children? CODE ALL THAT APPLY. (Version 3 only)

1 English

2 Spanish

3 Other (specify: _____)

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK E11A.

E10e. What percentage of the time do you speak English? (Version 3 only)

E11. INTERVIEWER: IF R SERVES AT LEAST ONE CHILD WITH NO PRIOR RELATIONSHIP OR RECEIVES PAYMENT FOR CARING FOR AT LEAST ONE CHILD, THEN CLASSIFY R AS 'MARKET-BASED'. OTHERWISE IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS AND RECEIVES NO PAYMENTS FOR CARING FOR THESE CHILDREN, CLASSIFY R AS 'NON-MARKET.'

1 MARKET-BASED

2 NON-MARKET

E12. Does a federal, state or local agency such as a human services agency, an education department, welfare or an employment or training program pay part or all of the cost for any of the children you care for?

1 Yes

2 No (go to E13)

E12a. How many children are paid for partially or fully by a government agency?

_____ **Number of children**

E12b. Do the agencies pay you....

1. directly for slots

2. pay you for vouchers or certificate received from parents

3. pay the parents in cash

4. some other way

E12c. For how many of these children do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The program can then turn them in for cash payment. IF NEEDED: Your best estimate is fine. (Version 2)

E12d. Some agencies contract directly with providers to provide subsidized care to needy families. Do you have a contract with a federal, state or local agency to provide subsidized care to families? (Version 2)

1 Yes

2 No (go to E13)

E12c. For how many of these children do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service or educational agency to give to a provider so that the provider can receive payment for care from the agency. The provider may also provide attendance records or other information in order to receive payment. IF NEEDED: Your best estimate is fine. (Version 3 only)

E12d. Some agencies contract directly with providers to provide subsidized care or ‘slots’ to needy families. Do you or does a family child-care network you belong to have a contract with a federal, state or local agency to provide a certain number of slots for subsidized care for low-income families? (Version 3 only)

1 Yes

2 No (go to E13)

E12e. How many children are partially or fully paid for through contracts with governmental agencies?

_____ Number of children

E12f. What agencies do you have contracts with? (Version 2 included following response options; Version 3 recorded verbatim and coded based on response options).

RECORD NAME & CODE.

1 Federal

2 State

3 Local, other than public school districts

4 Local public school district

5 Other

E13. Do you provide any transportation services to children for coming to or going from your care?

E14. Do you have any formal or informal relationships with schools or other providers used by children in your program?

1 Yes (ASK E14A)

2 No (GO TO E15)

**3 DON'T KNOW OF ANY OTHER PROVIDERS USED BY CHILDREN
(GO TO SECTION ON MARKET DEFINITION)**

E14a. What relationships do you have? CODE ALL THAT APPLY (Version 2)

- 1 provide transportation to children
- 2 provide access to resources or professional development for other providers
- 3 help parents seek providers for hours or days that program does not provide care
- 4 Other (specify) _____

E14a. What relationships do you have? CODE ALL THAT APPLY (Version 3)

- 1 provide transportation to children to or from other providers
- 2 provide access to resources or professional development for other providers
- 3 help parents seek providers for hours or days that program does not provide care
- 4 coordinate children's care
- 5 Other (specify) _____

E15. Approximately how many of children under age 13 were absent yesterday? IF NEEDED: Please tell me about the last regular school day. IF NEEDED: You can give me the percentage who were absent. Your best estimate is fine.

_____ CHILDREN or _____ % absent

E15a. Is this rate of absence about the usual, higher than usual, or lower than usual?

- 1 usual
- 2 higher than usual
- 3 lower than usual

Findings:

In E14, respondents reported a variety of relationships with other providers in terms of network and information sharing but these were not necessarily with providers used by the children. Respondent 16 indicated that she is part of a network of providers who met monthly to discuss child care strategies, resources, etc.

Respondent 16: I have an association where providers go and we talk about training, networking. The children are not involved. I may tell you ‘well I have this child that doesn’t eat, well what do you think’ and then you may help me solve that problem.

However, none of the other children in her program used these providers as is specifically asked in this question.

Respondent 23 indicated that she has relationships with the children’s school and other activity providers. As she lived in the same household as the children, she coordinated getting kids to and from activities and served as the emergency contact for the kids’ school.

Respondent 23: I guess it would be more informal. With the school I am a contact person just in case something happens. I have permission to pick up [nephew] and take him places. For some of his meetings or conferences I will attend if my sister isn’t able to come directly, basically stuff like that, stuff dealing with their school. He had a dentist appointment last week. My sister was there for an hour. She had to leave for work so I was there with her and ended up staying, so kind of childcare but not really. If it really gets dire and they have to go to the doctor which is not normal outside of their regular checkup she’ll go and she’ll be there for that.

These are informal relationships and maybe more in-depth than a formal provider would have and may not be fully captured in the current question.

Item E15 was a little awkward for informal providers who likely do not have regular enrollment for their services. Respondents 22 and 23 understood the intent of the question but did not have a regular care schedule that they care for the children, which brings up a couple of issues: 1) they might not have provided care yesterday and 2) “absent” seems to imply program enrollment which they don’t have. Furthermore, Respondent 23 lived with the children she provides care for and

therefore “absent” does not appropriately apply as they all see each other everyday even if the respondent isn’t responsible for them on a given day.

Recommendation:

We recommend revising E14 to better convey the question intent of gathering information about coordination of care between providers. The revision is as follows:

E14. Do you have any formal or informal relationship with schools or other providers used by children in your program to coordinate care or share information related to the children?

The revised information is intended to collection information about how providers work together to provide care to children. While E14 may not capture the extent of the relationship that Respondent 23 indicated she had with the school and medical providers, it does capture that some relationship further relationship did exist which is the intent of the question.

In order to consider the circumstances of informal providers who do not have standard care schedules, we recommend revising E15 to read:

E15. Approximately how many children under age 13 who were scheduled to be cared for yesterday were absent? IF NEEDED: Please tell me about the last day that you provided care how many of the children you regularly care for were not present.

Market Definition

(The following items were included in both versions 2 and 3 unless otherwise specified. None of the items were included in version 1.)

IF R IS CODED 'NON-MARKET' IN QUESTION E11 ABOVE, SKIP TO S1. IF R CODED 'MARKET-BASED' IN QUESTION E11 ABOVE, ASK M5.

M5. Please tell me the names of up to three programs or providers in your area that you consider to be similar to your own. IF NEEDED: You can tell me the name of the individual or the name of the program, or you can just tell me a location and type of program.

M5a. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, a new government program, or any providers that may have stopped or reduced the care they were providing.

SEE M3. IF OPERATING MORE THAN 12 MONTHS, ASK M9. ELSE, SKIP TO M10.

M9. [In the past 5 years/Since you've been operating here], have you made any of the following changes in service:

- 1 Expanded or reduced the ages served**
- 2 Increased or decreased the slots served in an age group**
- 3 Changed the hours of operation of the program**
- 4 Changed the way you group children by age (Version 3 only)**
- 5 Other changes to the services offered for children under age 13**

IF YES TO AT LEAST ONE OF M9, ASK M9A-M9D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED

M9b. For what age groups did you make this change? CODE ALL THAT APPLY

- 1 Infant**
- 2 Toddler**
- 3 Preschool**
- 4 School-age**

M9c. What month and year did you make that change in service?

M9d. What was the main reason you made that change in service?

M10. Think about the last time you changed the standard prices you charge parents for your program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important? (term “standard” added in Version 3)

- 1 Covering increasing costs**
- 2 Increasing profitability**
- 3 Being affordable to parents**
- 4 Matching the competition**
- 5 Changes in gov’t reimbursement rates**
- 6 Other**

Findings:

Most respondents were able to identify other providers through item M5 by thinking of those who were competitors or who shared similar characteristics. For example, informal home-based respondents identified family and friends who also care for children in their home.

Respondent 22: In ways like helping someone else out, like when [the similar providers] are at work but also you’re working too to be there – especially like when it’s like a family and you help out the parent when they’re not there and it’s like you’re also giving them educational—It’s like you’re basically teaching them... Yes, helping them with homework and playing and just kind of getting to know them as they grow older, so basically a relationship bonding with a child... Bonding and having that relationship with a child and also getting paid and having some other benefit yourself in that way.

The question seemed to work as intended. However, some respondents were a little confused by the question. Respondent 16 had some difficulty answering item M5a in terms of changes in supply.

Respondent 16: No, supply - I'm very lucky I have a full house. I have a very nice place. The supply has changed. Most of my kids are part-time, 2 or 3 days instead of full-time. I think I have 4 full-time people, the rest of them are all part-time, 2 or 3 days and maybe 4 days, and so that has changed. I'm sure there's a couple of people that have gone out of business because they can't get childcare.

She considered it all in terms of demand, particularly changes in the economic climate.

Item M9 was somewhat complicated for informal providers even if they were considered market-based because they got paid. For example, Respondent 22 reported that she had reduced the total number of children she served but did not think about that decision in terms of age groups.

Respondent 22: My cousin, she took over the 5 kids that I did have because of issues between me and my older sister, so maybe it worked out for the better that she kept them. Well I think as far as like me and my little brother and my friend it's like we all have different teaching methods, so it's just maybe some are better than [others for different children]. It was okay.

The reason for this change was because of complications with the parent (her other sister) that led to her stopping caring for the kids rather than a policy or programmatic change. None of the response options seemed to fit with that scenario.

Item M10 did not apply to some respondents' situation. Respondent 16 thought that the wording of item M10 was too complicated and needed to have it repeated. Respondent 22 received a subsidy and therefore did not set the rate that she charges for care, but rather took whatever the allotted payment amount it. As a result she had some difficulty answering this question.

Recommendation:

M5 appeared to be clear to respondents and to garner good information about other providers. We do not recommend making any changes to this item. The use of market terminology (“supply”) in M5a may be confusing for respondent. Therefore, we do not recommend changing the questions but rather allowing for a follow-up interviewer prompt to clarify collection of supply information rather than demand.

M5a. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, a new government program, or any providers that may have stopped or reduced the care they were providing. IF NEEDED: By “supply” we mean a change in those who provide childcare. Otherwise, this question seemed to work well.

In order to make M9 and M9a-d more applicable to respondent circumstances, we recommend only asking these questions to market-based providers who care for at least one unrelated child. This would be achieved by adding another component to the skip pattern before M10. Items R7a (see page 6) and E8 (see page 12) each previously record if the respondent is caring for related children. This would allow this portion of informal respondents, who are less likely to think in terms of “service”, to skip this question set. We also recommend changing the term “slots” in M92 to “children” in order to align with less formal providers.

The revisions would read as follows:

SEE M3. IF OPERATING MORE THAN 12 MONTHS, ASK M9. ELSE, SKIP TO M10. IF R7a=1, 2, or 3 OR E8=1, SKIP TO M10.

M9. [In the past 5 years/Since you've been operating here], have you made any of the following changes in service:

- 1 Expanded or reduced the ages served**
- 2 Increased or decreased the number of children served in an age group**
- 3 Changed the hours of operation of the program**
- 4 OMITTED**
- 5 Other changes to the services offered for children under age 13**

IF YES TO AT LEAST ONE OF M9, ASK M9A-M9D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED

In order to incorporate response of providers who do not have a set price or do not control their price (i.e., subsidy recipients), we recommend adding **"DOES NOT HAVE STANDARD PRICE/PRICE VARIES"** to M10 as an interviewer coding option. The entire revised question would read as follows:

M10. Think about the last time you changed the standard prices you charge parents for your program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important? (term "standard" added in Version 3)

- 1 Covering increasing costs**
- 2 Increasing profitability**
- 3 Being affordable to parents**
- 4 Matching the competition**
- 5 Changes in gov't reimbursement rates**
- 6 Other**
- 7 DOES NOT HAVE STANDARD PRICE/PRICE VARIES**

Schedule

(The following items were included in both Versions 2 and 3 unless otherwise specified. None of these items were in Version 1.)

S1. Beginning with Sunday, please tell me the hours last week that you cared for at least one child who is not your own.

IF R PROVIDES NON-MARKET CARE, SKIP TO S9 BELOW.

S3. What is your policy for parents who pick up children after your usual closing time?

S4. (If no policy in S3, skip to S5) How often in the last 3 months have you enforced this policy? (Version 2 only)

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 almost never

S4. (If no policy or no penalties in S3, skip to S5) In the last 3 months, when parents were late to pick up their children, how often have you enforced this policy? (Version 3 only)

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 almost never

S5. How often do parents request additional hours or days outside of what you usually provide?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never (skip to S8)

S6. Do you ever make exceptions for parents based on these requests?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never (SKIP TO S8)

S7. Do parents pay extra for these exceptions?

- 1 Yes
- 2 No

S8. Do you permit parents to use care on schedules that vary from week to week?

- 1 Yes (ask S8a)
- 2 No (Skip to S8c)
- 3 DK/REF (skip to S8c)

S8a. How many of the children in your program have variation in the number of paid hours of care each week? (Version 2 only)

_____ Number of children

S8a. How many of the children in your program have schedules that vary from week to week? (Version 3 only)

_____ Number of children

S8b. How far in advance do parents need to let you know when they will be needing care?

_____ Number of

- 1 Hours
- 2 Days
- 3 Weeks

S8c. Do you permit parents to pay for and use varying numbers of hours of care each week? (Version 3 only)

- 1 Yes, at their convenience
- 2 Yes, from a set of schedule options (ASK S8C1)
- 3 Yes, beyond a minimum number of hours (ASK s8c2)
- 4 No (Skip to S9)
- 5 DK/REF (skip to S9)

S8c1. How many schedule options do you offer? (skip to s8d) (Version 3 only)

S8c2. What is the minimum number of hours? (Version 3 only)

S8d. How many of the children in your program have variation in the number of paid hours of care each week? (Version 3 only)

S8e. How far in advance do parents need to let you know when they will be needing care? (Version 3 only) _____ Number of (Hours/Days/Weeks) (Version 3 only)

S9. [if r mentioned Saturday or Sunday care above in R8 or R17 or S1, skip to S10] Do you provide weekend care?

S10. [if R mentioned early morning or evening care above in A8 or A17, skip to S11] Do you provide care for parents after 7pm or before 6am? (Version 2 only)

S10. [if R mentioned evening care above in R8 or R17 or S1, skip to S10a] Do you provide care for parents between 7pm and 11pm? (Version 3 only)

S10a. [if R mentioned nighttime care above in R8 or R17 or S1, skip to S11] Do you provide care for parents between 11pm and 6am? (Version 3 only)

S11. How many weeks per year do you provide care [for children under age 13]? IF NEEDED: Do you provide care all 52 weeks of the year?

_____ Number of weeks (if 52, skip to S12)

S11a. Do you provide parents any help in getting alternative care for the other weeks?

S12. In the past 12 months, have you provided any of the following types of care...

- | | | |
|--|---|---|
| a. sick care for children you care for anyway | Y | N |
| b. holiday care on holidays you don't normally provide care | Y | N |
| c. full-day activities for school-age children during the summer | Y | N |

S13. In the past 12 months, have you provided any of the following types of care for children you were not already caring for:

- | | | |
|---|---|---|
| a. sick care for children who are too sick to attend their regular activities | Y | N |
| b. holiday care for children whose schools or other providers are closed | Y | N |
| c. summer hours for school-age children | Y | N |

S14. What arrangements do you make for providing child care when you are sick? PROBE FOR MOST FREQUENT ARRANGEMENT IF MORE THAN ONE APPLIES.

- 1 Tell parents they cannot bring child
- 2 Make alternative arrangements for children
- 3 Care for children anyway
- 4 Never get sick
- 5 Other: _____

S15. How often in the last three months have you raised any of the following issues with a parent as part of your child care activities...

- | | | | | |
|------------------------------------|-------|---------|--------|-------|
| 1. parenting issues? | Never | Monthly | Weekly | Daily |
| 2. payment of program fees? | Never | Monthly | Weekly | Daily |
| 3. coming late to pick up a child? | Never | Monthly | Weekly | Daily |

S16. In the last three months, how often has a parent raised any of the following issues with you as part of your child care activities...

(Never, Monthly, Weekly, Daily)(Version 2 only)

- 1. Parental concerns about something you [or an assistant] are doing with the child or group**
- 2. Parental concerns about the child's behavior**
- 3. Parental concerns about the child's development**
- 4. Parents seeking direction for how to support children's learning at home**
- 5. Parents seeking direction for how to discipline the child at home**

S16. In the last three months, how often has a parent talked with you any of the following...(Never, Monthly, Weekly, Daily)(Version 3 only)

- 1. Something you are doing with the child or group**
- 2. The child's behavior**
- 3. The child's development**
- 4. The child's health**
- 5. How parents can support children's learning at home**
- 6. How parents can discipline the child at home**
- 7. Recent family activities or events**

**S17. How much do you agree or disagree with the following statements:
(agree; neither agree nor disagree; disagree) (Version 3 only)**

- a. I really value my relationships with the parents of children I care for.**
- b. I understand what parents' schedules are like?**
- c. I'm willing to be flexible in working with parents' schedules?**
- d. Parents make valuable suggestions about caring for their children?**

S18. The following questions are about various services that children and their families might require outside of the child-care setting. Do you provide referrals to any of the following?

- a. Health screening: medical, dental, vision, hearing, or speech?**
- b. Development assessments?**
- c. Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children? (Version 3 only)**
- d. Counseling services for children or parents?**
- e. Social services to families such as housing assistance, food stamps, financial aid, or medical care.**

S18f. [if yes to s18e] In the last year, how many parents have you provided with social services assistance, including referrals?

Findings:

Respondent 16 did not clearly understand item S8. She first answered “yes” but then through the questions below it became evident that she was talking about part-time care (many of her kids have set part-time schedules, which she seemed to rely on in order to balance the load). She did let parents change those days, but asked about a week advance notice.

Respondent 16: No. Every week is the same. You’ll tell me how many days that you need and those are your days. And so every week somebody will come 2 days a week and somebody will come 3 days a week and those are your days. Now I have a placement that rotates. Some days he may come 3 days, some weeks he’ll come 2 days, but that’s fine with me, but most of my people are set days.

In response to S11/S11a, Respondent 22 did not have a set number of weeks she worked. The only weeks she didn’t work were when parents didn’t need her. She was able to estimate the number of weeks for S11 but was confused by S11a because that does not generally occur.

Respondent 22: Otherwise the parent is off, so they don't need [care].

For S17, Respondent 22 thought that more response options ("Somewhat disagree") would be helpful. Respondent 23 discussed the importance of knowing this type of information even if a provider is caring for extended family members.

Respondent 23: No, because you're basically providing the same type of care [as if you were caring for non-family members]. Now I know they live with me so I'll probably do a little bit more outside of someone's child I've got maybe for 4 or 5 hours in the day. But the information is necessary because...9 times out of 10 they are in a home setting – home daycares, and you do develop that type of bond and they get that kind of understanding to where this is my childcare provider. I know they're not related to me but I still have to respect them and do what they say versus what the kids like. I know these are not my children but you are sending them to me here. I am responsible. I do have my own set of principles or rules or whatever that they may apply to that child for their time, but no it doesn't matter.

In general providers, including informal ones, were able to respond to S18.

Recommendation:

Skip pattern for this question set currently has all non-market-based providers skipping items S3-S8e. As these are individuals who caring for relatives or not getting paid for the care they are providing, this question set does not apply to these more informal relationships. However, most often these individual are also caring for fewer than six children and therefore have already provided schedule and care information for each child in question R2-R25. Therefore, in order to avoid duplicating the collection of the previous week's schedule for these individuals, we recommend adding the following skip pattern before S1:

If R1 LESS THAN SIX, SKIP S1.

Significant revisions were made to S8 in version 3, however these new questions were not adequately tested on the final respondents because they were non-market-based providers and therefore skipped this items. These revisions stemmed from comments, such as those from Respondent 16 above. The version 3 questions (S8-S8e) will be tested in the feasibility test.

In order to account for providers who provide care when parents need it (such as Respondent 22) rather than during set hours of operation, we recommend adding a response option to S11.

**S11. How many weeks per year do you provide care [for children under age 13]? IF NEEDED:
Do you provide care all 52 weeks of the year?**

_____ **Number of weeks (if 52, skip to S12)**

IF VOLUNTEERED: Provides care whenever parents need care.

In addition we recommend adding “**not applicable**” response option to S11a to account for these situations.

Admissions/Marketing

(The following items were included in both Versions 2 and 3 unless otherwise specified. None of these items were in Version 1.)

A1. During January through March of this year, how many children did you stop caring for? IF NEEDED: Include children whose parents withdrew their children from care as well as children you didn't want to care for anymore.

A1a. During January through March of this year, how many new children did you start taking care of?

A2. In the past year, have you told a parent that you won't care for a child anymore because of...

- a. problems with the child's behavior
- b. other difficulties caring for the child (Version 3 only)
- b. problems getting paid
- c. other issues with the parent
- d. needing or wanting to reduce your workload (Version 3 only)

IF R PROVIDES NON-MARKET CARE, SKIP TO CARE PROVIDED SECTION, ITEM C1.

A3. Which of the following do you do to try to find new children to care for?

- a. List your services with a resource and referral agency
- b. List your services with a family child care association (version 3 only)
- c. Ask friends and family to refer other families looking for care
- d. Ask current or recent families to refer other families looking for care
- e. Answer advertisements or other postings looking for care
- f. Post advertisements or flyers announcing openings
- g. IF VOLUNTEERED: NEVER HAVE TO ADVERTISE

A4. Which of these methods is the main way that you find new children to care for? ENTER CATEGORY FROM A3 ABOVE.

A5. Which of the following do you do to help parents understand what kind of care you offer?

- a. Talk with families who are looking for care

- b. Invite families looking for care to visit and observe
- c. Invite families looking for care to bring their children for a visit
- d. Ask current or recent families to provide verbal or written references to families looking for care
- e. Post on-line or encourage current or recent families to contribute publically available reviews
- f. Participate in quality rating systems (Version 2 only)
- f. Apply for an overall rating of quality that parents are told about (Version 3 only)
- g. Let families looking for care talk with assistants or other people who help me care for children
- h. Other (specify)

A5a. In the past 12 months, about how many families have done each of the following as part of considering you as a provider for their child?

- a. Talked with you while they are searching for care
- b. Come to visit and observe you providing care
- c. Brought their children to visit
- d. Talked with or read references from current or recent families you have cared for
- e. Talked with assistants or others who help you provide care for children
- f. Other (specify)

A6. The last time you had an opening, how long did it take you to find another child to care for?

- _____ Number of
- 1 Days (skip to A7)
 - 2 Weeks (skip to A7)
 - 3 Months (skip to A7)
 - 4 STILL HAVE OPENING (ask A6a)
 - 5 CHILD TAKEN FROM WAITING LIST (skip to A7)

A6a. How long have you had this opening so far?

- _____ Number of
- 1 Days
 - 2 Weeks
 - 3 Months

A7. 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

Findings:

Most respondents primarily identified word of mouth and informal linkages as their main sources of recruiting new families.

Respondent 22: Through family members or friends.

Respondent 16: I get most of my children from a daycare center. When my children turn 3 or 3½ they go to that daycare center and people call them all the time and they refer me for kids under 3 mainly. The babies or toddlers and it has worked out wonderful. It has helped a lot so word of mouth.

Respondent 17: They stem from either friends that I have associated with or previous parents of kids who I've kept before or repeated parents. Those are really the kids that I care for, so there's always some type of linkage to someone I know to come into the home

Recommendations:

As the respondents seemed to be clear on the intent of these questions, we do not recommend any changes to this question set.

Care provided

C1. Do you plan the daily activities of the child(ren) you care for?

1 Yes

2 No (skip to C4)

C2. When do you plan the activities of the child(ren) you care for?

1 While caring for children

2 Evenings or weekends

3 Don't make specific plans

C3. How much time do you spend each week planning children's activities?

_____ Hours per week

C4. Are you sponsored by a group (for example, a church, Head Start or Catholic Charities) that organizes family child care in your area? (Version 2 and 3)

1 Yes

2 No

C5. Do you meet on a regular basis with other child care providers for training or as part of a support network? (Version 2 and 3)

1 Yes (skip to C6)

2 Yes, but not regularly (skip to C6)

3 No

C5a. Are you aware of opportunities for child care providers to get education or training or to participate in support groups? (Version 2 and 3)

1 Yes

2 No

IF R PROVIDES NON-MARKET CARE, SKIP TO C7

C6. We understand that caring for children in their home or yours can take time outside of the hours you spend with the children, to play your program, buy supplies, keep records, etc. Please estimate how many hours you spend doing any of the following activities for the children you care for.

Activity outside of directly caring for children (Hours per year/month/week)

- Buying supplies and food for child(ren)
- Cleaning and maintaining the space
- Planning your activities with the child(ren)
- Doing record keeping, billing, administrative tasks
- Participating in education, training or professional meetings
- Communicating with parents outside of your regular program hours
- Marketing your child care services
- Other

C7. The care that a child receives can vary for many reasons. The environment they're in, the money and resources available to the person providing care, the child's own behavior, etc. If 1 means 'the best possible care there is' and 5 means 'should probably be better,' please tell me how you would rate the care you provide to children. In terms of: (Version 2 and 3)

- a. having a safe environment
- b. being loving and nurturing
- c. helping them learn so they can do well in school
- d. helping them learn how to get along with others
- e. helping them with their physical skills
- f. teaching them your values

C8. Thinking about a typical week for the child(ren) you care for, what percentage of time (does he or she/do they) spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. IF NEEDED: Just tell me the typical amount of time on this activity. (Version 2 and 3)

a. Physical activities led by an adult

b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play.

c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics]

d. Other teacher-directed group activities, such as reading aloud or storytelling/discussion

e. Activities chosen by the child.

B3a. What percentage of the time do children {in this group} spend watching educational television programs each day? (Version 1 only)

B3b. And what percentage of the time do they watch other television programs?

(Version 1 only)

C9. How often do they watch educational programs on television or DVDs?

(Version 2 and 3)

1 every day

2 2-3 times per week

3 2-4 times per month

4 very rarely

5 never

C10. How often do they watch other television or video programming? (Version 2 and 3)

1 every day

2 2-3 times per week

3 2-4 times per month

4 very rarely

5 never

C11. How often do they use computers? (Version 2 and 3)

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

C12. As part of your child care activities, how often do you have conversations with parents of children you care for on these issues? (Version 2 and 3)

- Parents' worries about getting or keeping a job
- Parents' ability to meet their children's basic needs (food, shelter, health care)
- Stress parents are feeling
- Problems parents are having in their relationships with partners or family members

Response Options: Daily, 3-4 times/week, 1-2 times/week, 1-2 times/month, every few months

C13. Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise? (Version 2 and 3; version did not include final phrase "to help you with issues that parents raise?")

- 1 Yes (ASK c13A)
- 2 No (SKIP TO C14)

C13A. Is this person located at your site or somewhere else in the community?

On-site full-time/On-site part-time/Off-site (Version 2 and 3)

C14. Do you feel you have the resources you need to address concerns raised by parents?

(Version 2 and 3)

C15. Have you felt overwhelmed by the concerns parents share with you...?

(Version 2 and 3)

1 Often

2 Occasionally

3 Rarely

4 Never

Findings:

Respondent 23 felt that C2 should have another response option, such as “before the children arrive” that would better fit her circumstances. She started each day making a plan for the children, often before they got up. None of the available response options fit that scenario.

In response to C5/C5a some home-based providers indicated that they rely on informal networks for support. Respondent 23 reported that she periodically talked with two friends who also care for family members. They expressed related issues and frustrations.

Respondent 23: I would say yes because I have a friend who is kind of in the same boat – no kids, but it’s a close family friend and I’ve know her since she was a child and we get together regularly and just talk to each other. Sometimes it’s like oh why do I have to do this, just talking.

Some respondents had previously discussed these types of relationships in response to E14a.

The C6 items caused a little confusion for informal providers. For example, Respondent 22 thought that the question asking about participating in education, training or professional meetings was asking about assisting or participating in the children’s education. As an informal provider she did not seem to consider professional development in her role as a child care provider. In addition, she interpreted the next item asking about communicating with parents outside of regular program hours as communicating about childcare. She noted that if she thought about communicating at all with the parent it would have been more because she regularly talks to her sister (the parent).

Item C6 was originally listed in Version 1 under the header “Finance”. This identical question set was moved under “Care provided” in versions 2 and 3. In version 1, these questions did not completely apply to Respondent 11 because she did not charge any fee for caring for the children. She said that she would buy extra food when she went shopping and didn’t ask the parents for money generally for outings, etc. That being said, she didn’t have any major problems answering those questions as they were asked. She estimated she only spent about 3 hours per month planning activities and an hour extra a month buying supplies or food. She did hesitate in responding to how often she communicates with parents outside of regular program hours as the parents are her siblings and close friends whom she is in regular contact even outside of childcare. Respondent 9 did not hesitate in answering the finance questions but said she did not spend any time planning or spending her own money as part of her child care responsibilities. These questions did not seem to apply to the nanny/single-child care situation. In contrast, Respondent 7 spent a number of hours each month participating in these activities and preparing for her child care job. The only exception to this was that she did not market her services at all, likely a reflection of her role as a small home-based child care provider who was taking care of children she knew through a personal connection. This may be a common trend and was successfully captured in this question set.

The wording “teaching them your values” in C7, response option “f” made some respondents uncomfortable. For example, that was the only item in that question that Respondent 16 did not rate “1” because she was not want to teach children her own values because they might conflict with the parents’ values.

Respondent 16: Teach my values? I’ll say a 2 because my values may be a little different than the parents’ value and the parents’ value are more important than my child, so yeah

C8 caused confusion for a number of respondents as they had difficulty breaking down their daily activities in this format. Respondent 16 found it easier to overlap in some of these areas (i.e., first three categories capture about 30% of total time combined.) She wasn't able to accurately break it down further than that. Other respondents had trouble remembering the categories and tended to want to give just one combined activity time. When they are offered the activities one by one, they were able to give an exact amount of time although this often added up to more than 100%. For example, Respondent 23 listed the following time frames for the listed activities: 50% physical activity; 30% creative activities; 70% teacher directed instruction; 30% other teacher-directed group activities; and 40% activities chosen by child.

Respondent 7 had some trouble responding to items B3a/B3b in regards to reporting time children spend watching education versus other television programming. (In version 1 these items were listed under "Care schedule and rostering".) There was ambiguity as to weather the intent of the questions were: "What percentage of the total time are they watching educational TV? And what percentage of the total time are they watching other TV?" or "Of their total TV time, what percentage is educational? And what percentage is other TV?" This issue was addressed by the revision of this question in subsequent versions (items C9 and C10 above) where respondents were given specific time periods as response options.

Four respondents in addition to Respondent 7 reported that children watched television programs all of whom were administered the revised version 2 and 3 questions.

Respondent	Educational programs (C9)	Other television programs (C10)
16	2-3 hours per week	0
19	Every day	0
22	2-3 times per week	2-4 time per month
23	Every day	Every day

For item C12, some informal child care providers could relate well with these questions because of their closer relationships with parents.

Respondent 22: ...Some caregivers it's the job that they do and sometimes they listen to the issues about the child, but as far as the parents they don't care, so sometimes it's good to be interactive with the parents.

We recommend some revision to this question for providers who care only for children they have prior relationships with.

At the end of the care provided section, Respondent 23 recommended asking a question about how children respond to provider and care they receive. She felt that exploring those interactions between children and providers is as important as between parents and providers.

Recommendation:

We recommend adding another response option to C2 in order to account for other times when a respondent might plan child care activities.

C2. When do you plan the activities of the child(ren) you care for?

1 While caring for children

2 When children are not present

3 Don't make specific plans

C5/C5a are intended to ask about networking between providers for professional development, recruiting or general support purposes. These items are different than the previously discussed E14 (page 17), which ask about working with other providers to coordinate care. We recommend placing this question near the earlier question about coordination of care, so that the context makes clear to respondents the distinction between the two questions.

Based on Version 1 responses to C6, we recommend clarifying the type of communication with parents (i.e., specific to child care, any type of communication, etc.) This may help to reduce confusion for respondents who have prior personal relationships with the parents of the children they care for.

We recommend revising response option “f” in C7 in order ease respondent discomfort to read “teaching them values” as seen below:

C7. The care that a child receives can vary for many reasons. The environment they're in, the money and resources available to the person providing care, the child's own behavior, etc. If 1 means 'the best possible care there is' and 5 means 'should probably be better,' please tell me how you would rate the care you provide to children. In terms of:)

- a. having a safe environment**
- b. being loving and nurturing**
- c. helping them learn so they can do well in school**
- d. helping them learn how to get along with others**
- e. helping them with their physical skills**
- f. teaching them values**

We recommend retaining the time categories that were inserted in to C9 and C10 in versions 2 and 3. This was in response to Respondent 7's confusion of items B3a and B3b from version 1. There was sufficient variability in responses to sustain the revision.

Help with Child Care

IF R NON-MARKET, SKIP TO H5 BELOW.

H1. Does anyone from outside of your household ever help you provide care while children are with you?

H2. How many different people currently help you provide care? (Version 2 and 3)

H3A. Please tell me (his/her/their) name(s). (Version 2 and 3)

ASK H3b – h3m for each person named in h3a. (Version 2 and 3)

- H3b. Is [] male or female?
- H3c. How old is []? IF NEEDED: your best guess is fine.
- H3d. Approximately how many hours per week does [] usually work?
- H3e. Is [] of Hispanic or Latino origin?
- H3f. Which of the following is []...READ CATEGORIES?
- H3g. Does [] have a 4-year college degree?
- H3h. Does [] have any training in education or child development? (Version 2 only)
- H3g1. As far as you know, has [] completed any college or university coursework in child development or early care and education? (Version 3 only)
- H3h. Does [] have any training outside of higher education in child development or early care and education? (Version 3 only)
- H3i. As far as you know, has [] received any training on working with young children in the past 12 months?
- H3j. How long has [] worked with you?
- H3k. How many years of experience does [] have working with children under age 13? Please do not count any experience raising (his/her) own children.
- H3l. How much is [] paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

- **H3m. Please tell me if [] receives any of the following benefits: READ ALL CATEGORIES**

- 1 reduced tuition at your program**
- 2 funds for (him/her) to receive training**
- 3 retirement/IRA/SEP/Keogh**
- 4 life or disability insurance**
- 5 health insurance**
- 6 paid parental leave**
- 7 other paid time off**

**H4. In the last year, have you asked a staff person who worked directly with children to leave your program because of concerns about that person's caregiving or instructional quality?
(Version 2 and 3)**

H5. These next questions are about ways that you might have sought help improving the care you provide. (Versions 2 and 3)

- a. In the past year has anyone observed you [or your assistants]?**
- b. Did you receive feedback based on these observation(s)?**
- c. Does anyone provide you with mentoring, coaching, or technical assistance?**

Findings:

In response to H1, three respondents stated they have help caring for the children from someone outside of their household. Respondents 16 and 17 each had two assistants who were paid and had paid holidays. Respondent 16 also relied on her adult son who lived in her household for extra help although she does not pay him. Respondent 11 received help from her niece.

In response to item H3m, Respondent 16 noted that her staff was eligible to receive some tuition reimbursement and other benefits through the state because they are employed by her (as a licensed home-based provider). She didn't actually provide that benefit but they are eligible. The question does not currently capture that.

Recommendation:

In regards to H3m, the intent of this question is to find out how employee benefits impact the finances of the provider. While the above scenario is interesting, it is not relevant to this intent, therefore we recommend leaving the question as is.

The other questions in this section worked well and we recommend no revisions.

Household Characteristics

Version 1:

- H1. Who are the people who usually live in your household?
- H1a. Please tell me their first names or initials. It may help you remember to begin with the youngest people in the household.

<ask questions about who lives in the household, then which of those persons is ever present. If person is 12 or older, ask if individual assists in providing care.>

Other items:

- H2. (if 16 or older): Does hmem currently work full-time, part-time or not at all?
- H3. (if 5 or older) Does hmem currently attend school?
- (if younger than 6 and not currently in school) H4. Is hmem cared for by someone outside of the household, for example, in a center-based child care program or by a relative or neighbor? About how many hours per week is child cared for by people outside of the household?
- (if 12 or older)H5. Does hmem have a special need or disability that requires help from others to complete basic daily activities such as eating, dressing, or going to the bathroom?

Versions 2 and 3:

H1a. These next questions are about your family and the other people who live in your household. Who are the people who usually live in your household? Please tell me their first names or initials. It may help you remember to begin with the youngest person in the household. IDENTIFY ALL HOUSEHOLD MEMBERS FIRST, THEN ASK QUESTIONS ABOUT EACH PERSON.

- b. How old is []? IF NEEDED: Your best guess is fine.
- c. Is [] male or female?
- d. What is your relationship to []?
- e. [if b >= 16] Does [] currently work full-time, part-time or not at all?
- f. [if b >= 16] Does [] currently attend regular school?
- g. [if b <= 7] Is [] cared for by someone outside of the household, for example, in a pre-school or by a neighbor?

- g1. [if g=yes] About how many hours each week is [] usually cared for by someone outside of the household?
- [if b >=12] Does [] have a special need or disability that requires help from others to complete basic daily activities such as eating, dressing, or bathing?
- [if b <=12] Does [] have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for him/her?

H2. Last week, was [hhmem] with you at any times when you were caring for these children?

H2a. [if hhmem age 8 or older]: Was [hhmem] assisting you in caring for children at any of those times? IF NEEDED: Please include only assistance caring for children, and not other assistance such as billing or shopping for your work as a child-care provider.

H2b. [if yes to H2a] What hours last week did [hhmem] assist you in caring for children?

H2c. [if hhmem less than 13 years old and h2a=no OR h1h=yes] Were you caring for [hhmem] during that time?

H2c. What were the hours last week that [hhmem] was in your care at the same time that you were caring for children?

Findings:

All but one respondent shared a household with other people. The following table describes those relationships:

Respondent	Other household members
7	husband and two young children
9	Two non-relative roommates
15	Husband
16	adult son
17	husband and three children
19	mother
22	mother and nephew
23	parents, niece and nephew

Respondents 15, 16, and 23 received occasional help from a household member in caring for the children they watch. Respondent 9 lived with two roommates to whom she is not related. The household characteristic questions were a bit confusing for her because while she shared space with them, they did not share any expenses. She wanted clarification on defining household members after being asked H1/H1a. She suggested revising these questions to allow for roommate or border living arrangements. Respondent 11 lived alone and Respondent 7 lived with her husband two young children; neither had any problems reporting information about their household structure and member characteristics.

Respondent 23 provided interesting reporting of household members due to the fact that the children she cared for are also part of the household. These questions worked well to collect information. The respondent's parents (who would be considered the guardians) and brother helped care for the children too. Also the older niece (age 12) helped to care for younger nephew (age 5).

FEMALE: I knew what you were getting at because she does. She does help a lot. Like with the sight words or whatever she'll help him with that, any other additional school work and then they play a lot. Even though they have a big age difference she plays a vital role in helping [her younger brother] out. She has become a productive child. She does.

While information about the two children was collected earlier in the survey it made sense to collect it here too in order to understand how they interact in the household. There was a slight duplication in special needs questions for children it was not a significant burden on the respondent to ask it again.

Recommendation:

Overall, this question set was clear for most respondents. However, in order to allow for collection of alternate household structures, we recommend revising the introduction statement to sentence to clarify the types of living situations as follows:

H1a. The next questions are about your family and the other people who live in your household, including roommates or boarders.

Beyond that we recommend no additional revisions at this time.

Provider characteristics

PC1. These next questions are about you personally. What year were you born?

PC2. In what country were you born?

PC2a. (if born outside of U.S.) In what year did you move to the U.S. to stay?

PC3. What is your current marital status?

- 1 Never married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

PC4. What is the highest educational degree you have received?

- 1 None
- 2 GED
- 3 High School Diploma
- 4 Associates Degree
- 5 Technical or Vocational Certificate
- 6 Bachelor's Degree
- 7 Graduate or Professional Degree

PC4a. How many years of schooling have you completed?

PC4b. Are you currently enrolled in a degree program? (Versions 2 and 3)

PC4. [if pc4 >=4 or pc4b=1,ask pc4c-e] Do you have a degree in...(Version 3 only)

- c. child development or early care and education?
- d. special education?
- e. elementary education?

[if pcr>=2] f. In the past 12 months, how many credits have you earned for college coursework focusing on child development, education or early childhood?

(version 3 only)

Pc4g. Do you have some form of certification to teach young children? (version 3 only)

PC4h. Do you have some form of certification as a special education teacher or elementary school teacher? (Version 3 only)

Pc4i. Do you have any training outside of higher education in child development or early care and education? (Version 3 only)

PC4j. In the past 12 months, how many total hours of child care-related training would you say you received? In your total, include all sources of training. These range from videotapes, the internet, and study materials to study groups, professional meetings, and conferences. Please answer in terms of actual hours of time spent. (Version 3 only)

PC5a. How long have you been caring for children under age 13, not including raising any of your own children? (Versions 2 and 3)

PC5b. How many of those years did you care for children under age 13 as an employee of a center or other organization serving children? (Versions 2 and 3)

PC6. Do you do any work for pay in addition to caring for these children? IF NECESSARY: PLEASE INCLUDE WORK IN YOUR OWN BUSINESS OR IN A FAMILY BUSINESS WHETHER OR NOT YOU ARE PAID.

PC7. What kind of work do you do (in addition to caring for these children)? RECORD JOB OR EMPLOYER NAME IN TABLE BELOW. IF NECESSARY, What is your title or the name of your job? PROBE: Is there other work that you do, for example in your own business or in a family business, whether or not you are paid?

WHEN UP TO 4 JOBS HAVE BEEN ROSTERED, ASK:

- **PC7A. About how many hours do you usually work at that job each week?**
- **PC7B. About how much are you paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)**
- **PC7C. How long have you had that job/worked for that employer?**

Pc8. Beginning with 6am on Sunday morning, please tell me the hours that you worked at any job last week other than caring for the children you've already told me about.

PC9. [If not currently working other than child care] Have you ever worked for pay other than caring for children in your own home or in theirs?

1 Yes

2 No (skip to PC12)

PC10. [If pC9=yes and R has children under age 13] Were you working at the time that you got pregnant with your oldest child?

1 Yes (ask PC10a)

2 No (skip to PC11)

PC10a. What was that job that you had (when you got pregnant with your oldest child)?

PC10b. When did you last work at that job? Month ____ Year _____

PC10c. About how many hours did you usually work at that job each week when you stopped working there? _____

PC10d. About how much were you paid at that job?

\$_____ per Unit of time _____

SKIP TO PC12.

PC11. [If pC9=yes and R has no children under age 13]

PC11a. What was the last job that you had? _____

PC11b. When did you last work at that job? Month _____ Year _____

PC11c. About how many hours did you usually work at that job each week when you stopped working there? _____

PC11d. About how much were you paid at that job?

\$ _____ per Unit of time _____

PC12. Are you of Hispanic or Latino descent? (Versions 2 and 3)

PC13. Which of the following are you? (Versions 2 and 3)

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or Pacific Islander
- 5 American Indian or Alaska Native
- 6 OTHER

PC14. What language do you feel most comfortable speaking? (Versions 2 and 3)

- 1 English
- 2 Spanish
- 3 Other (_____)

PC14a. Do you speak any other languages? (Versions 2 and 3)

PC14b. What else do you speak? (Versions 2 and 3)

- 1 English
- 2 Spanish
- 3 Other (_____)

PC15. Approximately what was your total household income in 2008? Please include income from wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.(Versions 2 and 3)

PC15a. Was that before or after taxes and deductions? (Version 3 only)

1 before taxes or deductions

2 after taxes or deductions

SKIP TO PC16.

PC15b. I understand that it can be difficult to remember or report these numbers. I wonder if you can tell me an approximate range. Please stop me when I read the category that you think best describes your total household income in 2008 before taxes or deductions. (Versions 2 and 3)

1 0 to \$7,500

2 \$7,501 to \$15,000

3 \$15,001 to \$22,500

4 \$22,501 to \$30,000

5 \$30,001 to \$45,000

6 \$45,001 or more

PC16. How many more years do you expect to care for children at your home or theirs?

(Versions 2 and 3)

Findings:

Two respondents reported working another job full-time in addition to their work as child care providers and three reported working another job part-time. One respondent was a full-time student in addition working as a child care provider and another respondent was a part-time student.

Educational level questions, particularly PC4 (version 1), did not allow for information about current continuing education or topic area of degree. Respondent 9 is a full-time graduate student.

Collecting information on this may inform her individual career attainment goals (i.e., if she plans on being a nanny as a career). The respondent reported that this was her first nanny job; while the questionnaire asked when she began caring for child it doesn't find out about previous experience which might inform career aspirations/plans as well. Version 3 of this question was revised to collect more specific information about degree attainment in the child development and education fields.

Respondent 16 made the point that her bachelor's degree is in early childhood and this wasn't captured in the Version 2 education questions (PC4, PC4a, PC4b). For example, if the respondent is currently working on completing a degree in one of these specific areas (child development, special education or elementary education) this information would not be captured as the question currently reads and may be significant to their overall professional development and career path.

In addition, Respondent 9 did not have a job other than as a nanny due to her full-time school schedule. The questions related to other work (PC7) didn't allow for that option. While she was not making any money for attending school, it did influence her schedule and the hours she may be available to work as a child care provider. The questions didn't collect school schedule or work.

Respondent 16 had a hard time answering item PC15. She originally only reported what she had left over at the end of the year after expenses. She thought it would have been better to ask for gross income versus net income.

Respondent 11 worked a full-time job in addition to providing child care. She did not have any problems reporting information about her current job and work schedule. Similarly, Respondent 7 worked a full-time job and a part-time job in addition to her child care work and did not have any problems reporting that information.

Recommendation:

Overall, the provider characteristics items worked well. Additional items were added to the PC4 series in version 3 (PC4c-PC4j) in order to address some of the educational level questions. These revisions worked well with subsequent respondents and will be more thoroughly tested during the feasibility test. In order to collect further information about current education coursework, we recommend asking what type of program the respondent is currently enrolled in (follow up to PC4b above) as well as including time spend attending school or in classes in alongside the weekly employment. The purpose of collecting information on current educational enrollment is two-fold: 1) to find out how respondents current coursework may relate to or advance their work as childcare providers and 2) to understand how their class schedules interact with their employment schedules, as childcare providers or in any other jobs. Therefore, in order to incorporate the feedback that item PC7 did not adequately capture the influence of current coursework, we recommend the following additions:

(If PC4b=1)

PC4b_1. What type of degree program are you enrolled in?

PC4b_2. About how many hours do you usually attend classes each week?

Pc8. Beginning with 6am on Sunday morning, please tell me the hours that you attended any classes or worked at any job last week other than caring for the children you've already told me about.

In order to clarify the request for “total household income” in PC15 we recommend adding an interviewer prompt at the end of the question.

PC15. Approximately what was your total household income in 2008? Please include income from wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had. IF NEEDED: We are interested in your gross annual income before expenses.

Operations

[These items were in both versions 2 and 3 unless otherwise specified. None of these items were in version 1.]

Instruction O1_1: SEE M3 (PAGE 1). IF PROVIDER HAS BEEN PROVIDING CARE FOR AT LEAST 12 MONTHS, GO TO INSTRUCTION O2_2. ELSE IF PROVIDER IS NEW, SKIP TO END.

INSTRUCTION O1_2: IF PROVIDER CURRENTLY NOT PAID FOR CARE, ASK O2. ELSE GO TO O3.

O2. You mentioned that you are not currently being paid for the care you provide. At any time during 2008 were you paid to provide care to children under 13?

1 Yes

2 No (skip to END)

O3. The following questions will help us understand the finances of child care providers like yourself. I will be asking about your 2008 finances, since some of these numbers may be easiest to think about on an annual basis.

You mentioned before that you occasionally pay other adults to help you with caring for children.

O3a. During 2008, how many different people did you pay to regularly help you care for children. IF NEEDED: By regularly, I mean at least two hours each week.

_____ Number of assistants

O3b. About how much did you pay to (this assistant/all [NUMBER] of these assistants) during 2008? IF NEEDED: Your best guess will be fine.

_____ Dollars paid to assistants in 2008

O4. Altogether, how much did you spend to care for children during 2008, for example, on food, equipment, supplies, wages for assistants, or payments for other services? IF NEEDED: Your best guess will be fine.

\$ _____

05. Altogether, how much did you earn for caring for children during 2008, before subtracting out expenses?

IF NEEDED: Your best guess will be fine.

\$ _____

IF DK/REF, ASK 05a.

05A. Approximately how much of your household income in 2008 came from your work taking care of children?

1 Almost all

2 More than half

3 About half

4 Less than half

5 Very little

06. The following is a list of types of income that people who care for children might receive. Please tell me how much you received in 2008, if any, from each of the following categories. (dollars per year/month/week)

a. Tuition or Fee paid by parents (including late fees, field trips, diapers, transportation, registration, etc.)

b. Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts)

c. Payments from other groups (charity, employers, churches)

d. Reimbursement from the Child and Adult Care Food Program (USDA)

e. Other

07. I have two questions that will help me know if you might appear on publicly available lists of child-care providers that we are using for this study. (Version 3 only)

a. Are you listed with a local resources and referral agency?

b. Are you licensed, registered, or certified as a child care provider by your State?

08. Finally, if you could make one suggestion for how to improve the care received by children under 13 today, what would it be? (Version 3 only)

Findings:

In general, respondents were able to provide the financial information without problems. There were a variety of different income scenarios. Almost all the revenue for Respondent 16 came from parent tuition and fees with the exception of reimbursement from the USDA food program. In contrast, Respondent 22 received almost no revenue from parents and almost entirely through subsidy reimbursement (i.e., Action for Children) for which she did not regularly charge parents the co-payment. Respondent 17 was a combination, receiving over 80% of her revenue from government subsidy reimbursement, including Action for Children and USDA food program.

Respondent 16 first included USDA food reimbursement in the total of line O6b for reimbursements from government agencies rather than below in item O6d. This had to be changed when we got to item O6d.

Recommendations:

In order to prevent respondents from including USDA food reimbursement in their responses prior to line O6d, we recommend reversing the order so that food reimbursement is asked before other revenues from government agencies:

Other than that, these questions were not problematic for respondents and we do not recommend any revisions.