Home-based Provider Questionnaire 10/11/19
2019 National Survey of Early Care and Education
Home-based Provider Questionnaire

OPRE Report 2019-120

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<td><strong>Section A: Location of Care</strong></td>
<td>Confirmation of child care program address</td>
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<td></td>
<td>Update of child care program address, if necessary</td>
<td>A-1</td>
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<td></td>
<td>Current provision of care for children under age 13 at least 5 hours per week</td>
<td>A-1</td>
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</table>
| | Screener of Listed HB not currently providing care:  
  - Past provision of regular, paid care to children under age 13 who aren’t R’s own  
  - Date provider last cared for children under age 13 who aren’t R’s own  
  - Reasons for no longer providing regular, paid child care | A-2 | • Addition of HB screener to identify home-based providers that are currently in operation and also those who are not currently serving children but were in the past. For this latter set of providers, screener collects additional information for listed HB providers, including when provider last served children and the main reason for no longer providing care.  
• Addition of items measuring programming during the summer, separately for listed and unlisted HB providers |
| | Changes to program offerings made during the summer | A-3 |  |
| | Type of location provider cares for children | A-4 |  |
| **Section B. Care Schedule and Rostering of Children if Small Provider** | Number of children provider cared for last week | B-1 | • Rostering of children instructs respondents to list children using their initials only, rather than giving them the choice to enumerate children either using their names or initials, as it was done in 2012. To minimize potential duplication of listed initials, items identify each child using first initial and age in years and months.  
• Expansion of response options identifying type of prior personal relationship provider has with each child |
<p>| | Number of children provider usually cares for, but did not care for last week | B-1 |  |
| | Rostering of children, including children cared for last week and children provider usually cares for, but not last week | B-2 |  |
| | Age of each child | B-2 |  |
| | Each child’s residence is same or different than provider’s household | B-3 |  |
| | Identification of provider’s prior relationship with each child | B-3 |  |
| | Days of the week and hours provider cared for each child each day of last week | B-4 |  |</p>
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<td>Physical condition of each child that affects care</td>
<td>B-5</td>
<td>• Addition of item identifying children’s physical condition that affects provider’s care of him/her</td>
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<td></td>
<td>Emotional, developmental or behavioral condition of each child that affects care</td>
<td>B-5</td>
<td>• Item about children’s race was edited to reflect current OMB guidelines.</td>
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<tr>
<td></td>
<td>Ethnicity of each child provider cares for</td>
<td>B-5</td>
<td>• Deletion of item that identifies any discount or add-on charged for care of each child.</td>
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<td>Race of each child provider cares for</td>
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<td>Whether each child speaks a language other than English at home</td>
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<td>Language mostly spoken with each child while in care</td>
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<td></td>
<td>Help needed speaking with each child’s parents because of different languages</td>
<td>B-6</td>
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<td>Main reason for varying scheduled Date when provider first started caring for each child</td>
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<td>Number of children enrolled by age group</td>
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<td>• Replacement of item about number of additional children provider is willing and able to care for, so that it asks about current vacancies.</td>
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<td>Number of children enrolled full-time by age group</td>
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<tr>
<td>Number of children with emotional, developmental or behavioral condition that affects care</td>
<td>C-3</td>
<td></td>
<td>• Item about children’s race edited to reflect current OMB guidelines.</td>
</tr>
<tr>
<td>Number of Hispanic children</td>
<td>C-3</td>
<td></td>
<td>• Edits to wording of items that capture information about providers’ prior relationship with the families served, including expansion of response options identifying type of prior personal relationship provider has with each child</td>
</tr>
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<td>Number of children by race</td>
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<td>• Addition of item that identifies providers who are related to all children for whom they do not receive any regular payment.</td>
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<td>• Minor edits to wording of items that capture the payment rate providers charge</td>
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<td>Number of children who live in the same household as provider</td>
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<td>• Deletion of item that identifies any discount or add-on charged for care of each child.</td>
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<td>Number of children with specific prior relationships to provider</td>
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<td>Presence of prior relationship with all children without regular payment</td>
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<td>• Addition of item measuring number of children experiencing homelessness</td>
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<tr>
<td>Confirmation provider receives no regular payment for any children</td>
<td>C-7</td>
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<td>One or different rates charged to families</td>
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<td>Highest rate for full-time care for each age group</td>
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<td>Types of financial assistance provided to families</td>
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<td>Number of children who speak a language other than English at home</td>
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<td>Number of children whose parents have limited English proficiency</td>
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<td>Language(s) spoken directly with children</td>
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<td>Number of children experiencing homelessness</td>
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<td>Federal, state, or local agencies pay for care</td>
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<td>Number of children funded by different agencies or government programs</td>
<td></td>
<td>C-13</td>
<td>• EDITS TO C15</td>
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<tr>
<td>Payment arrangement from agencies or government programs</td>
<td></td>
<td>C-13</td>
<td>• Addition of multiple items related to subsidies, including past and current enrollment of children receiving subsidies; fees paid by parents receiving subsidies; whether there is a limit on enrollment of children with subsidies; whether a family has made a request for the center to accept a subsidy; and comparison of experience serving private pay versus subsidy families.</td>
</tr>
<tr>
<td>Community organization pays for care</td>
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<tr>
<td>Number of children paid for by community organizations</td>
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<td>Various types of fees paid by parents receiving subsidy</td>
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<td>Any limit to number of children with subsidies served</td>
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<td>Comparison of children under care using private pay and using subsidy</td>
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<td>Section E: Schedule</td>
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<td>• Deletion of item capturing whether respondent provides transportation to and from their care to children</td>
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<td>Daily schedule of child care services</td>
<td></td>
<td>E-1</td>
<td>• Deletion of two items capturing additional types of care provided, specifically sick care for children and full-day activities for school-age children during the summer.</td>
</tr>
<tr>
<td>Fee for late pick up</td>
<td></td>
<td>E-3</td>
<td>• Edits to items regarding comprehensive services so that information captured distinguishes (i) help provided to families to find services, (ii) provider’s payment for services; and (iii) provision of services on site.</td>
</tr>
<tr>
<td>Whether variation in weekly schedules are allowed and number of children with such variation</td>
<td></td>
<td>E-3</td>
<td>• Addition of item measuring number of children experiencing food insecurity</td>
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<tr>
<td>Whether parents are allowed to pay for varying number of hours each week and number of children with such arrangement</td>
<td></td>
<td>E-3</td>
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<td>Provider gets paid for days children do not attend</td>
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<td>Number of weeks spent providing care</td>
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<td>Care arrangement when provider is sick</td>
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<td>Month and year when provider was last unable to provide care due to illness</td>
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<td>Whether provider helps enrolled children find comprehensive services</td>
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<tr>
<td>Whether provider pays enrolled children’s comprehensive services</td>
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<td>Whether provider provides on-site comprehensive services for enrolled children</td>
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<td>Number of children experiencing food insecurity</td>
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<td>F-1</td>
<td>• Addition of item reporting whether provider had asked parents for early pick up due to the child’s behavior</td>
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<td></td>
<td>Number of children who entered program during three-month period last year</td>
<td>F-1</td>
<td>• Deletion of two items capturing additional types of care provided</td>
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<td>Whether provider stopped care due to child’s behavior last year</td>
<td>F-1</td>
<td>• Addition of item reporting whether special needs child was kept from entering the program</td>
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<td></td>
<td>Whether provider has asked for early pick up due to child’s behavior last year</td>
<td>F-1</td>
<td>• Addition of two items measuring participation in quality rating system and recent improvement in quality rating</td>
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<td>Program listed with referral agency</td>
<td>F-2</td>
<td>• Addition of items asking about opinions about use of background checks for staff working in childcare settings</td>
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<td>Whether children have been turned away due to lack of vacancies last year</td>
<td>F-2</td>
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<td>Whether children with special needs have been turned away last year</td>
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<td>Whether program has overall quality rating</td>
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<td>Whether program quality rating has improved in last two years</td>
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<td>Opinions about background checks for childcare staff</td>
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<td>Whether program has been inspected in last year</td>
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<td><strong>Section G. Care Provided</strong></td>
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<td>Time spent on various activities in a typical day</td>
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<td>• Deletion of item that captures when caregiver plans activities</td>
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<td>Any snacks or meals provided to children</td>
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<td>Children’s time spent with screens</td>
<td>G-4</td>
<td>• Revision of question about children’s screen time, including change in response options from number of days to number to hours in a day</td>
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<td>Whether provider uses a curriculum and Identification of curriculum used</td>
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<td>Provider aware of places to meet other child care providers</td>
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<td>Provider has access to resources or</td>
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<td>• Expansion of list of potential curriculum and inclusion of training for curriculum use.</td>
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<td>professional development</td>
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<td>• Addition of location of children’s physical activity.</td>
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<td>Time spent on all program activities</td>
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<td>• Addition of item measuring access to health consultant in the program.</td>
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<td>in addition to time spent with</td>
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<td>• Addition of item asking for second most important reason respondent looks after children.</td>
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<td>children</td>
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<td>• Expansion of professional development items, including additional information on coursework,</td>
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<td>format of health or safety training, separation of health and safety from other topics,</td>
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<td>professional development plan, time spent on professional development.</td>
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<td>Physical space used for child care</td>
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<td>G-8</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td></td>
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<td></td>
<td>Studies Depression Scale (CES-D7).</td>
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<tr>
<td>Location of children’s physical</td>
<td></td>
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<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<td>activity while in care</td>
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<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td>Studies Depression Scale (CES-D7).</td>
</tr>
<tr>
<td>Identification of two main reasons</td>
<td></td>
<td>G-9</td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<td>provider works with children</td>
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<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td>Studies Depression Scale (CES-D7).</td>
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<td>Main responsibility when looking</td>
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<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td>Studies Depression Scale (CES-D7).</td>
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<td>Membership in professional</td>
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<td>G-10</td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<td>organization</td>
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<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td>Studies Depression Scale (CES-D7).</td>
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<td>Access to a family support resource/</td>
<td></td>
<td>G-10</td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td></td>
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<td>Studies Depression Scale (CES-D7).</td>
</tr>
<tr>
<td>Access to a health consultant</td>
<td></td>
<td>G-10</td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
</tr>
<tr>
<td>Type of professional development</td>
<td></td>
<td>G-10</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
</tr>
<tr>
<td>caregiver has had in past 12 months</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Participation in on-line health and</td>
<td></td>
<td>G-12</td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
</tr>
<tr>
<td>safety training</td>
<td></td>
<td></td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<td></td>
<td></td>
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<td>Studies Depression Scale (CES-D7).</td>
</tr>
<tr>
<td>Topic of most recent professional</td>
<td></td>
<td>G-13</td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
</tr>
<tr>
<td>development activity, besides</td>
<td></td>
<td></td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<tr>
<td>health and safety</td>
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<td>Studies Depression Scale (CES-D7).</td>
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<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<tr>
<td>Training in working with children of</td>
<td></td>
<td>G-13</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
</tr>
<tr>
<td>different race, ethnicities, or</td>
<td></td>
<td></td>
<td>Studies Depression Scale (CES-D7).</td>
</tr>
<tr>
<td>cultures</td>
<td></td>
<td></td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<tr>
<td>Assistance with costs of professional</td>
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<td>G-14</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<tr>
<td>development</td>
<td></td>
<td></td>
<td>Studies Depression Scale (CES-D7).</td>
</tr>
<tr>
<td>Professional development plan</td>
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<tr>
<td>Parental Modernity Scale –</td>
<td></td>
<td>G-14</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
</tr>
<tr>
<td>Traditional Belief Scale</td>
<td></td>
<td></td>
<td>Studies Depression Scale (CES-D7).</td>
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<td></td>
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<td></td>
<td>• Inclusion of four items from Bridget Hamre’s instructional approach/knowledge scale.</td>
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<tr>
<td>Center for Epidemiological Studies</td>
<td></td>
<td>G-17</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<tr>
<td>Depression Scale</td>
<td></td>
<td></td>
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<td></td>
<td>G-18</td>
<td>• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological</td>
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<tr>
<td>approach/ knowledge</td>
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<td>Studies Depression Scale (CES-D7).</td>
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<td></td>
<td>• Substantive expansion to include a roster of people who helped the provider look after</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>children last week, including several characteristics for each person reported.</td>
</tr>
</tbody>
</table>

Section H. Help with Child Care

<p>| Whether any individuals assist with  | H-1    | • Substantive expansion to include a roster of people who helped the provider look after    |
| provision of care                    |        | children last week, including several characteristics for each person reported.            |
| Number of people assisting           | H-1    | • Substantive expansion to include a roster of people who helped the provider look after    |
| provider look after children         |        | children last week, including several characteristics for each person reported.            |
| Hours worked by assistant            | H-2    | • Substantive expansion to include a roster of people who helped the provider look after    |
| whether assistant receives any       | H-2    | children last week, including several characteristics for each person reported.            |
| payment                              |        | • Substantive expansion to include a roster of people who helped the provider look after    |
|                                       |        | children last week, including several characteristics for each person reported.            |</p>
<table>
<thead>
<tr>
<th>2019 Category</th>
<th>2019 Construct</th>
<th>Page #s</th>
<th>Key changes from 2012 to 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage paid to assisting caregiver</td>
<td>H-2</td>
<td>• Addition of item asking how many hours last week respondent spent directly caring for children</td>
<td></td>
</tr>
<tr>
<td>Educational attainment of assisting caregiver</td>
<td>H-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of assisting caregiver</td>
<td>H-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of paid ECE experience for assisting caregiver</td>
<td>H-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any credential for assisting caregiver</td>
<td>H-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any professional development for assisting caregiver</td>
<td>H-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hours provider spent directly caring for children last week</td>
<td>H-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section I. Household Characteristics</td>
<td>Number of people living in household</td>
<td>I-1</td>
<td>• Substantial reduction of number of items because information on household members who help with care is captured in Section H.</td>
</tr>
<tr>
<td>Age of people living in household</td>
<td>I-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to other household member</td>
<td>I-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whether children under 6 are receive care from someone outside of the household</td>
<td>I-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of hours children under 6 were in respondent’s care while respondent looking after other children</td>
<td>I-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section J. Provider Characteristics</td>
<td>Year of birth</td>
<td>J-1</td>
<td>• Wording updates to items regarding currently enrollment in degree program and postsecondary majors.</td>
</tr>
<tr>
<td>Country of birth</td>
<td>J-1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year moved to United States</td>
<td>J-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current marital status</td>
<td>J-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational attainment of caregiver</td>
<td>J-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently enrolled in degree program</td>
<td>J-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field of study of highest degree</td>
<td>J-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECE credentials</td>
<td>J-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any training in ECE outside of higher education</td>
<td>J-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of ECE work experience</td>
<td>J-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected additional years caring for children</td>
<td>J-5</td>
<td></td>
<td></td>
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<tr>
<td>Any work for a center, school or other organization</td>
<td>J-5</td>
<td></td>
<td></td>
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<tr>
<td>Years of ECE work experience at a center</td>
<td>J-5</td>
<td></td>
<td></td>
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<tr>
<td>Prior experience in different types of home-based care</td>
<td>J-6</td>
<td></td>
<td></td>
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<tr>
<td>Any work for a center, school or other organization</td>
<td>J-5</td>
<td></td>
<td></td>
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<tr>
<td>Years of ECE work experience at a center</td>
<td>J-5</td>
<td></td>
<td></td>
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<tr>
<td>Prior experience in different types of home-based care</td>
<td>J-6</td>
<td>• Disaggregation of question about state certification or CDA into two different items.</td>
<td></td>
</tr>
<tr>
<td>• Addition of item about experience providing different types of home-based care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Wording updates to items regarding additional work respondent does outside of childcare</td>
<td></td>
<td></td>
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<tr>
<td>• Update to items regarding ethnicity and racial identification to reflect current OMB guidelines.</td>
<td></td>
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<tr>
<td>2019 Category</td>
<td>2019 Construct</td>
<td>Page #s</td>
<td>Key changes from 2012 to 2019</td>
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<td></td>
<td>Any other work for pay and characteristics of that job</td>
<td>J-6</td>
<td>• Removal of two items regarding most proficient language spoken and specific language spoken other than English</td>
</tr>
<tr>
<td></td>
<td>Any work for pay other than home-based care and characteristics of that job</td>
<td>J-8</td>
<td></td>
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<tr>
<td>Ethnicity</td>
<td></td>
<td>J-8</td>
<td>• Inclusion of item regarding days affected by poor health.</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td>J-9</td>
<td>• Addition of item regarding home ownership.</td>
</tr>
<tr>
<td></td>
<td>Any language spoken other than English</td>
<td>J-9</td>
<td>• Update of time frame for annual household income (from 2011 to 2018).</td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td></td>
<td>J-9</td>
<td></td>
</tr>
<tr>
<td>Self-rated health</td>
<td></td>
<td>J-9</td>
<td></td>
</tr>
<tr>
<td>Number of days affected by poor health</td>
<td></td>
<td>J-10</td>
<td></td>
</tr>
<tr>
<td>Whether provider owns home used to care for children</td>
<td></td>
<td>J-10</td>
<td></td>
</tr>
<tr>
<td>Annual household income: Exact dollar amount</td>
<td></td>
<td>J-10</td>
<td></td>
</tr>
<tr>
<td>Annual household income: Before/after tax</td>
<td></td>
<td>J-10</td>
<td></td>
</tr>
<tr>
<td>Annual household income: Ranges</td>
<td></td>
<td>J-10</td>
<td></td>
</tr>
<tr>
<td>Percentage of household income stemming from childcare work</td>
<td></td>
<td>J-11</td>
<td></td>
</tr>
<tr>
<td><strong>Section K. Operations</strong></td>
<td>Amount spent operating program</td>
<td>K-1</td>
<td>• Addition of multiple prompts for item non-response on sources and amount of income received</td>
</tr>
<tr>
<td></td>
<td>Sources of income from provider’s child care work</td>
<td>K-1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Types of income received: Total income received</td>
<td>K-2</td>
<td></td>
</tr>
</tbody>
</table>
Home-based Provider Questionnaire

LANDING PAGE
Welcome to the National Survey of Early Care and Education!

You should have received a personal identification number (PIN) and a password by mail or e-mail. Please enter them in the fields below, and then click the "Continue" button.

PIN:

Password:

QUETXLANG
Please select the language in which you would like to conduct the interview.
Por favor seleccione el idioma en el que desea realizar la entrevista.

   English/Inglés
   Spanish/Español

QUITTEXT
Your session has been suspended. Please log-in again and complete the survey.
Thank you for your participation.

FOOTER
If you have any questions you can contact us at nsece-prov@norc.org or 1 (800) 487-4609.

FOOTERFI
IF NECESSARY: INTERVIEWER: IF YOU FACE ANY ISSUES ADMINISTERING THE SURVEY YOU CAN CONTACT THE NSECE FI HELPDESK AT NSECEHelpdesk@norc.org FOR NON-URGENT ASSISTANCE OR CALL 1 (877) 253-2087 FOR URGENT ASSISTANCE.

[IF SAMPTYPE = HHLD GO TO CONSENT_UNLISTED. IF SAMPTYPE = PROV GO TO CONSENT_LISTEDSCR.]

CONSENT_UNLISTED
Thank you for taking this survey, which is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. This survey is designed to study the experiences of people who look after children under age 13 in someone’s home. This information will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources.

This interview takes about 20 minutes, and your participation is voluntary. You may choose not to answer any questions you don’t wish to answer, or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty
for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization’s name or addresses will be considered private and can only be accessed for the study’s research purposes by authorized personnel associated with this study.

You can click on the 'PREVIOUS' button to go back and change your answers if needed. Clicking 'STOP' will save your responses and allow you to return to the last question you answered the next time you access the survey.

**CONSENT_LISTEDSCR**

NORC at the University of Chicago is conducting an important study for the U.S. Department of Health and Human Services (DHHS) to learn the experiences of people who look after children under age 13 in a home-based setting. This information will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources. Please take a moment to answer the following questions. Participation is voluntary and will take just a couple of minutes. Your information will be kept private and used only for statistical purposes. [IF SELF-ADMINISTERED:] If you have any questions or would prefer to answer these by phone, please call 1-800-487-4609.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 10/31/2019. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.
Section A. Location of Care and Screening

A1.

Our records indicate that your home address is (ADDRESS). Is that correct?

1 ☐ Yes ➔ (SKIP TO A1A1)
2 ☐ No ➔ (GO TO INSTRUCTION BEFORE A1a)
99 ☐ DK/REF/BLANK ➔ (GO TO INSTRUCTION BEFORE A1a)

IF "STREET ADDRESS" PRELOAD NOT PRESENT, INCLUDE INTRO TEXT WITH A1A. IF A1=99 (DK/REF/BLANK), INCLUDE INTRO TEXT WITH A1A. ELSE OMIT INTRO TEXT.

A1a.

INTRO TEXT: We are interviewing households and child care providers in various areas across the country. To make sure that your data are combined with others’ in your local area, we need to make sure we have your correct address.

What is your correct address?

Street address

City  State  Zip

A1A1.

Do you look after children under age 13 who are not your own at least 5 hours each week?

FOR INTERVIEWER ADMIN, SHOW FI INSTRUCTION IN ALL CAPS: THIS QUESTION CONFIRMS ELIGIBILITY. INTERVIEWER PROBE BEFORE SELECTING "NO".

This includes informal arrangements such as watching children for friends or family.

1 YES
2 NO
3 DK/REF

IF A1A1 =1 (YES), GO TO INSTRUCTION BEFORE CONSENT_LISTEDQUEX.
IF SAMPTYPE=PROV: IF A1A1 =2 OR 3 (NO, DK/REF/BLANK), GO TO A_SCRN_2.
IF SAMPTYPE=HHLD: IF A1A1 =1 (YES), GO TO CHECK_S; IF A1A1 =2 OR 3 (NO, DK/REF/BLANK), GO TO A1B2.
A_SCRN_2.
Have you ever been paid to regularly care for children under age 13 who were not your own? (By regularly, we mean at least 5 hours each week.)

1☐ Yes → (ask A_SCRN_3)
2☐ No → (GO TO A1B2)

A_SCRN_3.
In what month and year did you last regularly provide paid care to children under age 13 who were not your own?

_____ Month _____ Year

A_SCRN_4.
How much did the following issues contribute to your decision to stop providing regular paid care to young children?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very much</th>
<th>Somewhat</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Financial reasons such as finding a new job or not enough income</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B. Difficulties complying with regulations and requirements</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. You didn’t feel you were helping parents and children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

A1B2.

Thank you very much for your time. That is all we have. TERMINATE THE INTERVIEW AND DISPOSITION THIS CASE AS INELIGIBLE.
CONSENT_LISTEDQUEX
Thank you! We have some additional questions about your experiences looking after children under age 13 in a home-based setting. Your responses will help decision makers and local agencies obtain an accurate picture of what early care and education services are available to families across the country in order to make the most of their resources.

This survey takes about 40 minutes, and your participation is voluntary. You may choose not to answer any questions you don’t wish to answer, or end the survey at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization’s name, or addresses will be considered private and can only be accessed for the study’s research purposes by authorized personnel associated with this study.

You can click on the 'PREVIOUS' button to go back and change your answers if needed. Clicking 'STOP' will save your responses and allow you to return to the last question you answered the next time you access the survey.

CHECK_S.
WAS CASE COMPLETED ON OR AFTER MAY 29, 2019?

1 □ YES
2 □ NO

[IF CHECK_S=2, THEN SKIP TO A1C1. ]
[IF CHECK_S=1 AND SAMPTYPE=PROV GO TO T1_LHB]
[IF CHECK_S=1 AND SAMPTYPE=HHLD GO TO T1_UHB.]

T1_LHB.

Many providers make changes to their programming in the summer. Compared to your school year practices, do you do any of the following in the summer?

Serve different ages of children? 1 □ YES 2 □ NO
Serve different numbers of children? 1 □ YES 2 □ NO
Charge parents different prices for care? 1 □ YES 2 □ NO
Have different staff? 1 □ YES 2 □ NO
Have different staffing practices? 1 □ YES 2 □ NO
Have different hours of care for children? 1 □ YES 2 □ NO
[IF ‘YES’ TO ANY OF T1_LHBA-F, GO TO T2, ELSE GO TO A1C1]

T1_UHB.

Many providers make changes to their programming in the summer. Compared to your school year practices, do you do any of the following in the summer?

Look after different ages of children?  1□ YES  2□ NO
Look after different numbers of children?  1□ YES  2□ NO
Receive different payments for providing care?  1□ YES  2□ NO
Have different hours that you look after children?  1□ YES  2□ NO

[IF YES TO ANY OF T1A-F, ASK T2; OTHERWISE SKIP TO A1C1]

T2.
On what date do your summer activities begin?

Month:  __________
Day:  __________
Year:  __________

In answering the remainder of this questionnaire, please report your program’s information as it was in the spring of 2019, before any changes for summer might have been made.

A1C1.

How would you describe the location where you look after children? Is it your home, the home of a child you care for, another kind of building, or does the location vary? SELECT ALL THAT APPLY.

1□ YOUR HOME
2□ CHILD’S OWN HOME
3□ SOMEWHERE ELSE (SPECIFY: ________________________)
4□ LOCATION VARIES

COMMENT
We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.
Section B. Care Schedule and Rostering of Children if Small Provider

B1.
Throughout the survey, we will use the words “looking after children,” “taking care of children,” and “providing child care” interchangeably. Next are some questions about the care you provided last week to children who are not your own.

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

Number of children
RANGE: 0 TO 999.

B1A.
In addition to the children you just mentioned, how many other children do you usually look after for at least five hours a week that you did not watch last week?

Number of children
RANGE: 0 TO 999

B1B.
Altogether, was that [SUM OF b1 AND B1A] different children you looked after last week OR usually look after for five hours or more per week?

1 □ YES → (GO TO INSTRUCTION BEFORE B2)
2 □ NO → (GO TO B1C)

B1C.
(if B1B=2) PLEASE CLICK ON THE ‘PREVIOUS’ BUTTON TO CORRECT THE NUMBER OF CHILDREN WATCHED LAST WEEK OR USUALLY (BUT NOT LAST WEEK).

If SUM OF (B1 AND B1A) LESS THAN FOUR, ASK B2. ELSE IF SUM OF (B1 and B1A) IS FOUR OR GREATER, GO TO C1D
B2.

Please list the initials of each child that you looked after last week.

B3.

Please provide the initials of each child that you usually look after at least 5 hours per week, but that you did not look after last week.

BEGINNING WITH CHILD 1, ASK B2a/B3a-B26 FOR EACH CHILD UNTIL ALL CHILDREN ASKED ABOUT.

ROSTER OF CHILDREN IN SMALL HOME-BASED PROGRAMS.

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<td>Mos</td>
<td>Mos</td>
<td>Mos</td>
</tr>
</tbody>
</table>

B4. How old is [CHILD INITIALS]?

B2a /B3a. PROGRAMMER NOTE: PLEASE CODE WHETHER CHILD IS CARED FOR ‘LAST WEEK’ OR A ‘REGULAR CARE’. IF CHILD NAME IS PROVIDED IN B2 THEN CODED AS ‘LAST WEEK’. IF CHILD NAME IS PROVIDED IN B3, CODE IT AS ‘REGULAR’

<table>
<thead>
<tr>
<th></th>
<th>1 □ Last week</th>
<th>2 □ Regular (not last week)</th>
<th>1 □ Last week</th>
<th>2 □ Regular (not last week)</th>
<th>1 □ Last week</th>
<th>2 □ Regular (not last week)</th>
</tr>
</thead>
</table>

These next questions are about [child initials][ who is (child age)]. TEXT IN BRACKETS SHOULD APPEAR ONLY IF THERE ARE TWO CHILDREN WITH SAME INITIALS.

B6. Do you and [CHILD INITIALS/CHILD AGE] live in the same household?

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<thead>
<tr>
<th></th>
<th>1 □ Yes</th>
<th>2 □ No</th>
<th>1 □ Yes</th>
<th>2 □ No</th>
<th>1 □ Yes</th>
<th>2 □ No</th>
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<td>B2 /B3. Initials</td>
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<tr>
<td>[IF B6 =1, GO TO INSTRUCTION BEFORE B8. ELSE ASK B7]</td>
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<td><strong>B7.</strong></td>
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<tr>
<td>Did you have a prior personal relationship with [CHILD INITIALS/CHILD AGE]’s family before you started looking after (him/her)?</td>
<td>1☐ Yes</td>
<td>1☐ Yes</td>
<td>1☐ Yes</td>
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<td></td>
<td>2☐ No ➔ (B8)</td>
<td>2☐ No ➔ (B8)</td>
<td>2☐ No ➔ (B8)</td>
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<td></td>
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<tr>
<td></td>
<td>3☐ DK</td>
<td>3☐ DK</td>
<td>3☐ DK</td>
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<td><strong>B7a.</strong></td>
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<tr>
<td>[IF YES or DK to B7] What is your personal relationship to [CHILD INITIALS/CHILD AGE]?</td>
<td>1☐ Parent without primary legal responsibility</td>
<td>1☐ Parent without primary legal responsibility</td>
<td>1☐ Parent without primary legal responsibility</td>
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<td></td>
<td>2☐ Grandparent</td>
<td>2☐ Grandparent</td>
<td>2☐ Grandparent</td>
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<td></td>
<td>6☐ Parent’s partner/spouse/girlfriend or boyfriend</td>
<td>6☐ Parent’s partner/spouse/girlfriend or boyfriend</td>
<td>6☐ Parent’s partner/spouse/girlfriend or boyfriend</td>
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<tr>
<td></td>
<td>7☐ Aunt/Uncle</td>
<td>7☐ Aunt/Uncle</td>
<td>7☐ Aunt/Uncle</td>
<td></td>
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<tr>
<td></td>
<td>8☐ Cousin</td>
<td>8☐ Cousin</td>
<td>8☐ Cousin</td>
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<tr>
<td></td>
<td>3☐ Other blood relative</td>
<td>3☐ Other blood relative</td>
<td>3☐ Other blood relative</td>
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<td></td>
<td>4☐ Family friend</td>
<td>4☐ Family friend</td>
<td>4☐ Family friend</td>
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<tr>
<td></td>
<td>9☐ Non-relative</td>
<td>9☐ Non-relative</td>
<td>9☐ Non-relative</td>
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<td></td>
<td>5☐ Other</td>
<td>5☐ Other</td>
<td>5☐ Other</td>
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<td>Specify: __________</td>
<td>Specify: __________</td>
<td>Specify: __________</td>
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<td><strong>B7b.ii</strong></td>
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<tr>
<td>[IF B7a = 2] So, [CHILD INITIALS/CHILD AGE] is your grandchild?</td>
<td>1☐ Yes</td>
<td>1☐ Yes</td>
<td>1☐ Yes</td>
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<td></td>
<td>2☐ No</td>
<td>2☐ No</td>
<td>2☐ No</td>
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</table>
**B2/B3. Initials**

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
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<tbody>
<tr>
<td><strong>B8.</strong></td>
<td>Start time:</td>
<td>Start time:</td>
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<td>Slot 1:</td>
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<td>Slot 2:</td>
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<td>End time:</td>
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<td>Slot 1:</td>
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<td>Slot 2:</td>
<td>Slot 2:</td>
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<td></td>
<td>DK/REF</td>
<td>DK/REF</td>
<td>DK/REF</td>
</tr>
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</table>

**DISPLAY CHECK BOX “DIDN’T CARE THAT DAY”**

**B8D2.**

Sometimes a child’s schedule on a specific day is different from his or her regular schedule for that day of the week.

Which days last week, if any, was [CHILD INITIALS/AGE] schedule with you identical to his/her schedule with you last Monday? Please select all that apply.

<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B8C.</strong></td>
<td>SELECT ALL THAT APPLY:</td>
<td>SELECT ALL THAT APPLY:</td>
<td>SELECT ALL THAT APPLY:</td>
</tr>
<tr>
<td></td>
<td>☐ TUESDAY</td>
<td>☐ TUESDAY</td>
<td>☐ TUESDAY</td>
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<tr>
<td></td>
<td>☐ WEDNESDAY</td>
<td>☐ WEDNESDAY</td>
<td>☐ WEDNESDAY</td>
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<td>☐ THURSDAY</td>
<td>☐ THURSDAY</td>
<td>☐ THURSDAY</td>
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<td>☐ FRIDAY</td>
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<td>☐ SATURDAY</td>
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<td>☐ SUNDAY</td>
<td>☐ SUNDAY</td>
<td>☐ SUNDAY</td>
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<td></td>
<td>☐ NO IDENTICAL DAY</td>
<td>☐ NO IDENTICAL DAY</td>
<td>☐ NO IDENTICAL DAY</td>
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</table>

**B8C1.**

Was [CHILD 2 INITIALS/CHILD 2 AGE] schedule last Monday the same as another child’s Monday schedule?

<table>
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<th>1.</th>
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<tr>
<td></td>
<td>☐ Yes</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
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<td></td>
<td>☐ No</td>
<td>☐ No</td>
<td>☐ No</td>
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<tr>
<td></td>
<td>1[INITIALS/AGE for child 1]</td>
<td>☐[INITIALS/AGE for child 1]</td>
<td>☐[INITIALS/AGE for child 2]</td>
</tr>
<tr>
<td>B2/B3. Initials</td>
<td>1.</td>
<td>2.</td>
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</tbody>
</table>
| **B8C2.** Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week. Was [CHILD X INITIALS/CHILD X AGE] schedule last [DAY] identical to [CHILD X INITIALS/CHILD X AGE]’s schedule, or were there some differences in when or where s/he spent time last [DAY]?
|  | [CHILD INITIALS/CHILD AGE 2] | [CHILD INITIALS/CHILD AGE 3] |
|  | □ Identical | □ Identical |
|  | □ Some differences | □ Some differences |
| **B9.** Does [CHILD INITIALS/CHILD AGE] have a physical condition that affects the way you care for (him/her)?
| 1 □ Yes | 1 □ Yes | 1 □ Yes |
| 2 □ No | 2 □ No | 2 □ No |
| **B10.** Does [CHILD INITIALS/CHILD AGE] have an emotional, developmental, or behavioral condition that affects the way you care for (him/her)?
| 1 □ Yes | 1 □ Yes | 1 □ Yes |
| 2 □ No | 2 □ No | 2 □ No |
| **B11.** Is [CHILD INITIALS/CHILD AGE] Hispanic or Latino?
| 1 □ Yes | 1 □ Yes | 1 □ Yes |
| 2 □ No | 2 □ No | 2 □ No |
| **B12.** Which of the following is [CHILD INITIALS/CHILD AGE]…? SELECT ONE OR MORE.
<p>| 1 □ White | 1 □ White | 1 □ White |
| 2 □ Black or African American | 2 □ Black or African American |
| 3 □ Asian | 3 □ Asian |
| 4 □ Mixed race, another race, or you are not certain | 4 □ Mixed race, another race, or you are not certain |
|  |  | 3 □ Asian |
|  |  | 4 □ Mixed race, another race, or you are not certain |  |</p>
<table>
<thead>
<tr>
<th><strong>B2 /B3.</strong> Initials</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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</thead>
<tbody>
<tr>
<td><strong>B13.</strong> Does [CHILD INITIALS/CHILD AGE] speak a language other than English at home?</td>
<td>1 ☐ Yes 2 ☐ No → (B17)</td>
<td>1 ☐ Yes 2 ☐ No → (B17)</td>
<td>1 ☐ Yes 2 ☐ No → (B17)</td>
</tr>
<tr>
<td><strong>B13b.</strong> [IF YES TO B13] What language do you mostly use when you are with [CHILD INITIALS/CHILD AGE] or his or her parents?</td>
<td>1 ☐ English 2 ☐ Spanish 3 ☐ Other</td>
<td>1 ☐ English 2 ☐ Spanish 3 ☐ Other</td>
<td>1 ☐ English 2 ☐ Spanish 3 ☐ Other</td>
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<tr>
<td><strong>B13c.</strong> Do you need help speaking with [CHILD INITIALS/CHILD AGE]’s parents because you speak different languages?</td>
<td>1 ☐ Yes 2 ☐ No</td>
<td>1 ☐ Yes 2 ☐ No</td>
<td>1 ☐ Yes 2 ☐ No</td>
</tr>
<tr>
<td>(IF B2a /B3a =1 LAST WEEK) <strong>B17.</strong> Do you look after [CHILD INITIALS/CHILD AGE] regularly, that is, for at least five hours each week? IF B17 =2, SKIP TO B22</td>
<td>1 ☐ Yes 2 ☐ No → (SKIP TO B22)</td>
<td>1 ☐ Yes 2 ☐ No → (SKIP TO B22)</td>
<td>1 ☐ Yes 2 ☐ No → (SKIP TO B22)</td>
</tr>
<tr>
<td>(IF B2a /B3A =2 REGULAR, or B17 =1 YES) <strong>B18.</strong> Do you look after [CHILD INITIALS/CHILD AGE] on the same schedule each week?</td>
<td>1 ☐ Yes 2 ☐ No</td>
<td>1 ☐ Yes 2 ☐ No</td>
<td>1 ☐ Yes 2 ☐ No</td>
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<td><strong>B2/B3.</strong> Initials</td>
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<td>(IF B2a/B3a=2 REGULAR and B18 =1)</td>
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<td><strong>B19.</strong></td>
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</table>
| What is that schedule? Beginning with Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday morning (DATE) at 6am, when do you usually look after [CHILD INITIALS/CHILD AGE]?
**DISPLAY CHECK BOX “DO NOT LOOK AFTER CHILD ON THAT DAY”** | | | |
| **B19D2.** | | | |
| Is Monday’s schedule the same as another day of the week? CHECK ALL THAT APPLY | | | |
| 1. TUESDAY | | | |
| 2. WEDNESDAY | | | |
| 3. THURSDAY | | | |
| 4. FRIDAY | | | |
| 5. SATURDAY | | | |
| 6. SUNDAY | | | |
| (IF B2a/B3a =2 REGULAR, AND B18 =2) | | | |
| **B20.** | | | |
| How many hours do you usually care for [CHILD INITIALS/CHILD AGE]?
| | | |
| [if B20 = 4 (VARIRES)] | | | |
| **B21.** | | | |
| Do you look after him/her based on his/her parent’s work schedule, unavailability of a regular caregiver or at other times? | | | |

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<td>Parent’s schedule</td>
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<td>Unavailability</td>
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<td>Other reasons/ times</td>
<td>Other reasons/ times</td>
<td>Other reasons/ times</td>
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</table>
**B2/B3. Initials**

1. **B22.**
   1. Month: 1-12, Year: 1997-2018
   2. Month: 0-12 and Year: 0-12

   In what year and month did you first start looking after [CHILD INITIALS/CHILD AGE] on a regular basis? If you don’t remember the exact year or month when you first started looking after [CHILD INITIALS/CHILD AGE] on a regular basis, please provide the age of the child when you first started looking after him/her.

   - [ ] HAVE NEVER CARED REGULARLY FOR CHILD

2. **B23.**

   Do you usually receive payment for looking after [CHILD INITIALS/CHILD AGE]?  
   [If B23 =NO/DK/REF, then skip to B25]

   - [ ] Yes
   - [ ] No

3. **B24.**

   [IF B23 =YES] How much do you charge [CHILD INITIALS/CHILD AGE]’s parents to look after [CHILD INITIALS/CHILD AGE]?

   - [ ] $ hourly
   - [ ] $ daily
   - [ ] $ weekly
   - [ ] $ monthly
   - [ ] $ other

4. **B24B.**

   Is the amount of the payment you receive from the parent/guardian reduced because you receive payments on behalf of their child from another person, group, or public or private agency?”

   - [ ] Yes
   - [ ] No
**B2 /B3. Initials**

[IF B24B=1]

**B24C.**
What person, agency or group pays you for the discount or subsidy? SELECT ALL THAT APPLY. (INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED.)

1. ☐ HEAD START, INCLUDING EARLY HEAD START
2. ☐ LOCAL GOVERNMENT (E.G., PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT])
3. ☐ STATE GOVERNMENT INCLUDING STATE PRE-K SUCH AS (STATE PRE-K PROGRAM] OR CHILD CARE SUBSIDIES SUCH AS CCDF OR [STATE CCDF NAME] OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS)
4. ☐ COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES, OR RELIGIOUS ORGANIZATIONS, NOT INCLUDING ANYTHING YOU’VE MENTIONED EARLIER)
5. ☐ OTHER TYPES OF GOVERNMENT FUNDED PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM
6. ☐ OTHER FAMILY MEMBER OR INDIVIDUAL
**B25.**
Do you (also) receive anything in exchange for looking after [CHILD INITIALS/CHILD AGE]? For example, does [CHILD INITIALS/CHILD AGE]'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 [CHILD INITIALS/CHILD AGE]?

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<th>1.</th>
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<tbody>
<tr>
<td>1. Yes</td>
<td>1. Yes</td>
<td>1. Yes</td>
</tr>
<tr>
<td>2. No</td>
<td>2. No</td>
<td>2. No</td>
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</tbody>
</table>

[If B25 =1]

**B26.**
Do you receive this on a regular basis or just occasionally?

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<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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</thead>
<tbody>
<tr>
<td>1. REGULAR</td>
<td>1. REGULAR</td>
<td>1. REGULAR</td>
</tr>
<tr>
<td>2. OCCASIONALLY</td>
<td>2. OCCASIONALLY</td>
<td>2. OCCASIONALLY</td>
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<tr>
<td>3. NEVER</td>
<td>3. NEVER</td>
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</tbody>
</table>

**B28.**
At this time, for how many more children would you be willing and able to regularly provide child care?

__________
Range: 0-999

**B27.**
[IF B7 =1 FOR ALL CHILDREN] Would you be willing to regularly provide child care for a child with whom you did not have a prior personal relationship?

1. Yes
2. No

**IF SUM OF (B1 AND B1A) IS 4 OR GREATER, GO TO C1D. ELSE SKIP TO C14**
Section C. Enrollment

C1D.

This study focuses on child care and after-school care for children under age 13. As much as possible, please focus on children under age 13 for the remainder of this questionnaire.

C1.

Next are questions about children you take care of.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>C1A: How many children do you look after in each of the following age groups? Range: 0-999 for each age group</th>
<th>C1A2 How many hours do you consider full-time enrollment for this age group?</th>
<th>C1A1 How many children are currently enrolled full time in this age group?</th>
<th>C1B. At this time, how many vacancies do you have in this age group? Range: 0-999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 3 years</td>
<td></td>
<td>____ Hours</td>
<td>____ Hours</td>
<td>1☐ No ‘full-time’ status defined (skip to C1b)</td>
</tr>
<tr>
<td>3-5 years, not yet in kindergarten</td>
<td></td>
<td>____ Hours</td>
<td>____ Hours</td>
<td>1☐ No ‘full-time’ status defined (skip to C1b)</td>
</tr>
<tr>
<td>School-age (kindergarten and up)</td>
<td></td>
<td>____ Hours</td>
<td>____ Hours</td>
<td>1☐ No ‘full-time’ status defined (skip to C1b)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>____ Hours</td>
<td>____ Hours</td>
<td></td>
</tr>
</tbody>
</table>
C1C.

That means that you currently look after [FROM C1A: TOTAL CHILDREN UNDER AGE 13] children under age 13. Is that correct?

1 ☐ Yes
2 ☐ No → (GO TO C2_check.)

C2_check.

The numbers do not add up, can you please try to correct the number for each age group?

1 ☐ Yes, take me back to correct
2 ☐ It's not possible to correct → (GO TO C2_tothere)

C2_tothere.

Please enter the total here

C4.

How many of the children you look after have a physical condition that affects the way you look after them?

__________ Number of children

Range: 0-999

C5.

How many of your children have an emotional, developmental or behavioral condition that affects the way you look after them?

__________ Number of CHILDREN

Range: 0-999
C6.

Again thinking about all the children you look after regularly, about how many of the children are of Hispanic or Latino origin?

<table>
<thead>
<tr>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ I don't know the exact number but at least one child</td>
</tr>
</tbody>
</table>

Range: 0-999

C7.

As far as you know, how many of the children who are not Hispanic or Latino are....

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. White</td>
<td>□ I don't know the exact number but at least one child</td>
</tr>
<tr>
<td>b. Black or African-American</td>
<td>□ I don't know the exact number but at least one child</td>
</tr>
<tr>
<td>c. Asian</td>
<td>□ I don't know the exact number but at least one child</td>
</tr>
<tr>
<td>d. Mixed race, another race, or you are not certain</td>
<td>□ I don't know the exact number but at least one child</td>
</tr>
</tbody>
</table>

C8.

How many children do you usually look after

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 20 hours or fewer each week?</td>
</tr>
<tr>
<td>b. 21 to 39 hours each week?</td>
</tr>
<tr>
<td>c. 40 hours or more each week?</td>
</tr>
</tbody>
</table>
C9.

Do you live in the same household with any of the children you regularly look after?

Please **do not include** children that you have custody of.

Please **do include**:

- Grandchildren
- Nieces/Nephews
- Unrelated children you do not have custody of
- Your own children you do not have custody of

1  □ Yes ➔ (ASK C9a)
2  □ No ➔ (GO TO C10)

C9a.

How many of the [NUMBER FROM C1A/C1C] children you regularly look after live in your household?

Number of Children  
Range: 0-999

C10.

Are you related to any of the children you regularly look after?

1  □ Yes ➔ (ASK C10a)
2  □ No ➔ (GO TO C11)

C10a.

How many of these children are your....?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandchild</td>
<td></td>
</tr>
<tr>
<td>Niece/Nephew</td>
<td></td>
</tr>
<tr>
<td>Child of Spouse/Partner/Boyfriend or Girlfriend</td>
<td></td>
</tr>
<tr>
<td>Your own child you do not have custody of</td>
<td></td>
</tr>
<tr>
<td>Cousin</td>
<td></td>
</tr>
<tr>
<td>Other blood relative</td>
<td></td>
</tr>
<tr>
<td>Other relationship ______________________________</td>
<td></td>
</tr>
</tbody>
</table>

Range: 0-999
C10a _oth.
What other kind of relationship do you have with children?

______________________________

[IF (C1a – sum of (C10a) < 3) ASK C10b. ELSE GO TO C11]

C10b.

So are you related to ALL of the children you regularly look after?

1  □ Yes  → (GO TO C12)
2  □ No

C11.

Please think about the children you look after but are not related to. Did you have personal relationships with any of their families before you began caring for them?

1  □ Yes
2  □ No  → (SKIP TO C12)

C11a.

What is the number of children whose families you had a prior personal relationship with? Please do not include any children you are related to.

Number of Children

Range: 0-999

[IF DIFFERENCE BETWEEN “C11a + sum of (C10a)” and “C1a” < 3, GO TO C11b. IF DIFFERENCE >= 3, GO TO C12.]

C11b.

So are you related to or did you have a prior personal relationship with ALL of the children you care for?

1  □ Yes
2  □ No
**C12.**

Do you receive payment for looking after all [NUMBER FROM C1A/C1C] 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 C12C)
2. □ No → (ASK C12a)

**C12a.**

How many children do you look after without receiving regular payment?

_______ Number of Children

□ I don't know the exact number but at least one child

Range: 0-999

IF C12a=0, GO TO C12c. ELSE, ASK C_relall_nopay.

**C_relall_nopay.**

Are you related to all of the children you look after without receiving regular payment?

1. □ Yes
2. □ No

[IF C12a GREATER THAN OR EQUAL TO TOTAL FROM C1A, ASK C12B. ELSE GO TO C12c]

**C12b.**

So you do not receive regular payment for any of the children you currently look after, is that correct?

1. □ Yes → (GO TO C13)
2. □ No → (ASK c12c)

**C12C.**

Do you charge just one rate to all families, or do you have different rates?

1. □ ONE RATE → (ASK C12C_2 WITH NO AGE-GROUP SPECIFIED)
2. □ DIFFERENT RATES → (ASK C12C1)
C12C1.

Do you have a rate that you charge families for full-time (or maximum hours of) care for the following ages?

a. Infants less than 12 months old? □ HAVE A RATE □ NO RATE AVAILABLE
b. 2 year olds? □ HAVE A RATE □ NO RATE AVAILABLE
c. 4 year olds? □ HAVE A RATE □ NO RATE AVAILABLE
d. School-age children? □ HAVE A RATE □ NO RATE AVAILABLE

[ASK C12C_2 THROUGH C12C_8B FOR EACH AGE GROUP MARKED ‘HAVE A RATE’ IN C12C1.]

C12C_2.

How much are you currently charging families for full-time care [for AGE GROUP FROM C12C1]? Please do not include any subsidies or discounts. [If you do not have a full-time rate, please report the rate for the greatest number of hours per week that you offer.]

$ __________

C12C_3.

Is that per

1 □ hour → (ASK C_affordcare)
2 □ ½ day → (ASK C12C_4)
3 □ full day → (ASK C12C_4)
4 □ week → (ASK C12C_5)
5 □ month → (ASK C12C_6)
6 □ term/semester/quarter → (ASK C12C_7A)
7 □ year → (ASK C12C_7A)
8 □ OTHER (PLEASE SPECIFY) ______________________ → (ASK C12C_8A)
9 □ DK/REF/BLANK → (GO TO NEXT AGE GROUP)

[IF HOURS HAVE ALREADY BEEN CAPTURED FOR REPORTED TIME UNIT FOR ANOTHER AGE GROUP, SKIP TO C_affordcare]

[IF C12C_3=2 OR 3, ASK C12C_4. ELSE GO TO INSTRUCTION BEFORE C12C_5]

C12C_4.

How many hours is that per day?

[IF C12C_3=4, ASK C12C_5. ELSE GO TO INSTRUCTION BEFORE C12C_6.]
**C12C_5.**
How many hours per week does that cover?

[IF C12C_3=5, ASK C12C_6, ELSE GO TO INSTRUCTION BEFORE C12C_7A.]

**C12C_6.**
How many hours per week does that cover?

**C12C_6a.**
How many weeks is that?

[IF C12C_3=6 OR 7, ASK C12C_7A. ELSE GO TO INSTRUCTION BEFORE C12C_8A.]

**C12C_7A.**
How many weeks is that?

**C12C_7B.**
How many hours per week does that cover?

[IF C12C_3=8, ASK C12C_8A. ELSE GO TO C_affordcare.]

**C12C_8A.**
What is the weekly equivalent of that rate?

**C12C_8B.**
How many hours per week does that cover?

**C_affordcare.**
Do you have any of the following to help families afford the care you offer...

a. Sliding fee scale
   1. ☐ Yes
   2. ☐ No

b. Scholarships
   1. ☐ Yes
   2. ☐ No
c. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation

1  □ Yes
2  □ No

d. Another arrangement

1  □ Yes → (ask C_affordcare_oth)_
2  □ No → (skip to C_PARPAY)

C_affordcare_oth

How else do you help families afford the care you offer?

VERBATIM TEXT: __________________________

C_PARPAY

How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?

_________ Number of children

□ I don't know the exact number but at least one child

C13.

How many of the children you look after speak a language other than English at home?

Number of children

[IF C13=DK/REF, ASK C13_1, ELSE GO TO C13B_1]

Range: 0-999

C13_1.

What percent of the children you look after speak a language other than English at home?

% of children

Range: 0-100
C13B_1.
How many of your children have a parent who needs the help of an interpreter or a child to speak with you?

[ ] [ ] number of children

C13D.
What languages do you or others speak when working directly with children or talking to their parents? SELECT ALL THAT APPLY.

1 □ ENGLISH
2 □ SPANISH
3 □ OTHER SPECIFY: ______________________________________

[IF ENGLISH AND ANY OTHER LANGUAGE SELECTED IN RESPONSE OPTIONS 2 OR 3, ASK C13E. ELSE, GO TO C14]

C13E.
What percentage of the time do you speak English when caring for children?

[ ] [ ] % of time

C14. ***
PROGRAMMER NOTE:
A) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS ((B6=1 or B7=1 FOR ALL CHILDREN OR (C10B=1 OR C11B=1)) CLASSIFY R AS RELATIONSHIP-BASED.
B) IF R CARES FOR AT LEAST ONE CHILD WITH NO PRIOR RELATIONSHIP, CLASSIFY R AS NOT RELATIONSHIP-BASED.
1 □ NOT RELATIONSHIP-BASED
2 □ RELATIONSHIP-BASED

C17_CHK.
PROGRAMMER NOTE:
CLASSIFY R AS FCC-LIKE IF (A) PROVIDER IS PAID (IF C12=1 OR C12a<(SUM OF B1 AND B1a)) (B) PROVIDER IS RELATIONSHIP-BASED (C14=2); (C) R TAKES CARE OF CHILDREN IN R’S HOME (A1C1=1); (D) R REGULARLY CARES FOR AT LEAST 4 CHILDREN (SUM OF (B1 and B1A) IS FOUR OR
GREATER); AND (E) R CARES FOR AT LEAST 1 CHILD FOR 21 HOURS OR MORE EACH WEEK (C8 = B
>=1 or C8 = C >=1). IF ALL 5 CONDITIONS APPLY:

1. ☐ PROXY FOR FAMILY CARE PROVIDER (FCC)
2. ☐ NOT PROXY FOR FAMILY CARE PROVIDER (FCC)

C18_CHK.

PROGRAMMER NOTE: CLASSIFY PROVIDER AS A PAID LARGE PROVIDER IF (1) SUM OF B1 and
B1a IS 4 OR GREATER AND (2) PROVIDER IS PAID (IF C12=1 OR C12a<(SUM OF B1 AND B1a))

1. ☐ LARGE PAID PROVIDER
2. ☐ NOT A LARGE PAID PROVIDER

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK C_homeless.
OTHERWISE, SKIP TO INSTRUCTION BEFORE C15.

C_homeless.

In the past year, has your program served any young children who were experiencing
homelessness, for example, by living in a shelter or because their families did not have a regular
place to stay? Please answer to the best of your knowledge.

1. ☐ Yes
2. ☐ No
3. ☐ Don’t know

IF SUM OF B1 and B1a IS 3 OR LESS SKIP TO INSTRUCTION BEFORE E1. IF C18_CHK = 1 (LARGE
PAID PROVIDER) ASK C15. ELSE SKIP TO INSTRUCTION BEFORE E1.

C15.

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

1. ☐ YES → (ASK C15A)
2. ☐ NO → (SKIP TO C_commorg)
### C15A.

Please report the number of children you look after, if any, who are funded by dollars from each of these agencies or government programs.

| # of Children | 
|----------------|-----------------|
| 1. State pre-kindergarten such as [STATE PRE K NAME] | □ I don't know the exact number but at least one child |
| 2. Head Start, including Early Head Start | □ I don't know the exact number but at least one child |
| 3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government) | □ I don't know the exact number but at least one child |
| 4. Child Care subsidy programs such as CCDF or TANF, or [STATE PROGRAM NAME] (including voucher/certificates, state contracts) | □ I don't know the exact number but at least one child |
| 5. Title I | □ I don't know the exact number but at least one child |
| 7. Other types of government funded programs | □ I don't know the exact number but at least one child |

### C15b.

Do the government agencies or programs that pay you...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. contract with you for a guaranteed number of slots</td>
<td>1 □</td>
</tr>
<tr>
<td>2. pay you for vouchers or subsidies for specific eligible children</td>
<td>1 □</td>
</tr>
<tr>
<td>4. have some other payment arrangement</td>
<td>1 □</td>
</tr>
</tbody>
</table>

SPECIFY: __________________________________________
**C_commorg.**

Does a community organization such as the United Way or a religious organization or charity pay part or all of the cost for any of the children you look after?

1. ☐ YES → (ASK C16A)
2. ☐ NO → (SKIP TO INSTRUCTION BEFORE C_subfees)

**C16a.**

How many children are paid for by community organizations?

___ < 5 years
___ School-age (kindergarten and up)

[IF C15A response option 4 for any age group > 0, ASK C_subfees, ELSE SKIP TO INSTRUCTION ABOVE C_subenroll.]

**C_subfees.**

Do parents receiving child care subsidies pay any of the following fees to your program?

a. Diaper, snacks, or other supplies fees
   1. ☐ Yes
   2. ☐ No

b. Co-pays for child care subsidies
   1. ☐ Yes
   2. ☐ No

c. Tuition for days or hours not covered by subsidy payment
   1. ☐ Yes
   2. ☐ No

d. Fees in addition to co-pays to make up for low subsidy reimbursement rates
   1. ☐ Yes
   2. ☐ No

**C_sublimit.**

Do you limit the number of children with child-care subsidies that you serve at any one time?

1. ☐ Yes
2. ☐ No

IF (1) C18_CHK = 1 (LARGE PAID PROVIDER) AND (2A) C15 =2 OR (2B) C15A RESPONSE OPTION 4 = 0 FOR ALL AGE GROUPS OR C15A RESPONSE OPTION 4 = DK/REF, ASK C_subenroll, ELSE SKIP TO INSTRUCTION BEFORE C_subcompare.
C_subenroll.

In the past year, have you had a child whose care was supported by child care subsidy dollars, such as [STATE PROGRAM NAME]?

1. Yes (Skip to instruction before C_subcompare)
2. No

C_asksub.

In the past year, have you had a family ask to use child care subsidies to pay for a child’s care in your program?

1. Yes
2. No

[IF C18_CHK = 1 (LARGE PAID PROVIDER ) ASK C_subcompare. ELSE GO TO INSTRUCTION BEFORE E1.]

C_subcompare.

Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently receiving child care subsidies. How would you compare the experience of serving families who pay your fees themselves with families who are participating in the subsidy system in terms of...

a. **Reliability** of payment
   - Subsidy much more
   - Subsidy somewhat more
   - Subsidy and private pay about the same
   - Private pay somewhat more
   - Private pay much more
   - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)

b. **Amount** of money your program receives for a child
   - Subsidy much more
   - Subsidy somewhat more
   - Subsidy and private pay about the same
   - Private pay somewhat more
   - Private pay much more
   - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)
c. **Paperwork** or other administrative requirements
   - Subsidy much more
   - Subsidy somewhat more
   - Subsidy and private pay about the same
   - Private pay somewhat more
   - Private pay much more
   - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)

d. **Ease of filling vacancies**
   - Subsidy much more
   - Subsidy somewhat more
   - Subsidy and private pay about the same
   - Private pay somewhat more
   - Private pay much more
   - UNAWARE OF THE SUBSIDY SYSTEM (SKIP TO SECTION E)
Section E. Schedule

IF SUM OF (B1 AND B1A) IS 4 OR GREATER, ASK E1. ELSE GO TO INSTRUCTION BEFORE E2.

E1.

Please provide the hours that your program was open for children last Monday.

If there was more than one time slot you were open on Monday please list each time period separately.

(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)

If last week was a holiday or vacation week, please report information for the last usual week.

E1a.

<table>
<thead>
<tr>
<th>Time slot 1</th>
<th>Start Time :</th>
<th>AM/PM</th>
<th>End Time :</th>
<th>AM/PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time slot 2</td>
<td>:</td>
<td>AM/PM</td>
<td>:</td>
<td>AM/PM</td>
</tr>
<tr>
<td>Time slot 3</td>
<td>:</td>
<td>AM/PM</td>
<td>:</td>
<td>AM/PM</td>
</tr>
</tbody>
</table>

DISPLAY CHECK BOX “CLOSED ON THAT DAY”
E1A_1.

Were your operating hours last Monday the same as another day last week?

1☐ TUESDAY
2☐ WEDNESDAY
3☐ THURSDAY
4☐ FRIDAY
5☐ SATURDAY
6☐ SUNDAY
7☐ NO IDENTICAL DAYS

E1_2.

[FOR DAYS NOT SELECTED ON E1A_1, ASK:]

Please provide the hours that your program was open for children last Saturday.

If there was more than one time slot you were open on Saturday please list each time period separately.

(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)

If last week was a holiday or vacation week, please report information for the last usual week.

<table>
<thead>
<tr>
<th>Time slot 1</th>
<th>Start Time</th>
<th>AM/PM</th>
<th>End Time</th>
<th>AM/PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time slot 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time slot 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISPLAY CHECK BOX “CLOSED ON THAT DAY”

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK E2 OTHERWISE, SKIP TO E10
E2.

Do you charge an extra fee if a parent is late to pick up a child after the agreed-upon time?

1 □ YES
2 □ NO

E3.

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

1 □ YES → (ASK E3a)
2 □ NO → (SKIP TO E3c)
3 □ DK/REF → (SKIP TO E3c)

E3a.

How many of the children you look after have schedules that vary from week to week?

________________ Number of children

Range: 0-999

E3c.

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

1 □ Yes, at their convenience → (ASK E3d)
2 □ Yes, from a set of schedule options → (ASK E3d)
3 □ Yes, beyond a minimum number of hours → (ASK E3d)
4 □ No → (SKIP TO E3f)
5 □ DK/REF → (SKIP TO E3f)

E3d.

How many of the children in your program have variation in the number of paid hours of care each week?

____________ Number of children

Range: 0-999
E3f.

Are you paid for days that children are scheduled to come but do not, because of illness, vacation, or other personal reasons outside of your control?

1  □ Yes
2  □ No

E7.

How many weeks per year do you look after children other than your own who are under age 13?

Number of weeks

Range: 1-52

E10.

The last time you were sick, what arrangements did you make for the children you normally look after? SELECT ALL THAT APPLY

1  □ You told parents you could not look after children
2  □ You had someone else come to take care of the children
3  □ You sent the children to a different location
4  □ You took care of the children anyway
5  □ You never get sick→(SKIP TO E13)
6  □ Something Else: ____________________________________________

E10a.

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

Month___ Year ____

Range: 1-12 for Month and Year: 2000-2019
E13.

In the past 12 months, have you helped find any of the following kinds of help for children that you look after?

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E13a.</strong> Health screening, such as for medical, dental, vision, hearing, or speech?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>E13b.</strong> Developmental assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>E13c.</strong> Services such as speech therapy, occupational therapy, or other services for children with special needs available to children?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>E13d.</strong> Counseling services for children or parents?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>E13e.</strong> Social services to families such as housing assistance, food stamps, financial aid, or medical care?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E_payservice.

Do you pay for any services for children that you look after, such as health screening, developmental assessments, services for children with special needs, or counseling?

1   Yes
2   No

E_onsiteserv.

Do you provide any health screening, developmental assessments, services for children with special needs, or counseling on-site?

1   Yes
2   No

C_foodinsec.

As far as you know, how many children that you look after sometimes don't have enough food to eat at home because there is not enough money to buy it?

_______ Number of children

☐ I don't know the exact number but at least one child
Section F. Admissions/Marketing

F1.
During January through March of 2018, how many children did you stop looking after? Include children whose parents withdrew their children from care as well as children you didn’t want to look after anymore.


Range: 0-999

F2.
During January through March of 2018, how many new children did you start looking after?


Range: 0-999

F3.
In the past year, have you told a parent that you wouldn’t look after their child anymore because of problems with the child’s behavior?

1 □ Yes
2 □ No

F_earlyphickup
In the past year, have you asked a parent to pick up a child early because of problems with the child’s behavior?

1 □ Yes
2 □ No

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK F4 OTHERWISE, SKIP TO INSTRUCTION BEFORE F_BKGD.
F4.
Do you list your services with a resource and referral agency to try to find new children to look after?

1☐ Yes
2☐ No

F9.
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

F_sp_adm.
In the past year, have you turned away a child because the child had special needs that you weren’t prepared to meet?

1 ☐ Yes
2 ☐ No

F_QRIS1.
Does your program have an overall quality rating from [NAME OF LOCAL/STATE QRIS or] a QRIS?

1 ☐ Yes
2 ☐ No
3 ☐ I don’t know
4 ☐ Not eligible for rating

[IF YES TO F_QRIS1, ASK F_QRIS1A. ELSE, SKIP TO INSTRUCTION BEFORE F_BKGD.]

F_QRIS1a.
In the past two years, have you moved from one rating to a better one?

1 ☐ Yes
2 ☐ No
F_BKGD.

We are interested in your opinions about policies that require people working in child care settings to get background checks. How much do you agree or disagree with the following statements: [Strongly Agree, Agree, Disagree, Strongly Disagree]

  a. Background checks on staff protect children.
  b. Background checks cause delays in my ability to hire new staff.
  d. Some providers are uncomfortable having to do background checks on their family members and other people who live in their household.

[F ANY CHILDREN ARE REPORTED IN C15A OR C14 =1 ASK F_INSP, ELSE SKIP TO G1.]

F_INSP

In the past 12 months...

  a. has someone visited your program to make sure you were complying with health, safety or other requirements?
     1☐ Yes  2☐ No

  b. has someone visited your program to monitor the quality of services other than meeting health and safety requirements?
     1☐ Yes  2☐ No
Section G. Care Provided

G1.

Do you plan the daily activities of the child(ren) you look after?

1: Yes → (ASK G3)
2: No → (SKIP TO INSTRUCTION BEFORE G_FOOD)

G3.

How much time do you spend each week planning children’s activities?

Hours per week

Range: 0-168

These next questions are about activities that you may plan and do with children in your care. We will ask about some activities that are only appropriate for some age groups.

[IF ANY CHILD AGE REPORTED IN B4 IS EQUAL TO OR GREATER THAN 3 YRS OLD OR IF THERE IS ANY CHILD REPORTED IN THE 3-5 YR GROUP ASK G_ACTIVITY_PK, ELSE ASK G_ACTIVITY_IT]

G_ACTIVITY_IT.

Please describe a typical day when children are in your care. Not including lunch or nap breaks, how much time is spent in the following kinds of activities throughout the day?

[READ ITEM]. Would you say no time, 30 minutes or less, about one hour, about two hours, or three hours or more?

<table>
<thead>
<tr>
<th>CLASSROOM/SETTINGS WITH INFANTS/TODDLERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>No time</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>


A. Learning activities with the whole group
### B. Learning activities done with small group (with 2 or more children)

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

### C. Learning activities one-on-one (with individual children)

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

### D. Activities selected by the child (e.g., time for children to explore freely)

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

### E. Routine care (such as diapering, feeding, and bathroom needs)

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

### F. Vigorous physical activity either indoors or outdoors

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

### G. Singing/rhyming planned in advance

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

### I. Book reading or sharing

- [ ] 1 No time
- [ ] 2 30 min or less
- [ ] 3 About one hour
- [ ] 4 About two hours
- [ ] 5 Three hours or more
- [ ] 6 Don’t know/refused

[SKIP TO G_FOOD]
Please describe a typical day when children are in your care. Not including lunch or nap breaks, how much time is spent in the following kinds of activities throughout the day?

Would you say no time, 30 minutes or less, about one hour, about two hours, or three hours or more?

**SETTINGS WITH PRESCHOOLERS (3 and 4 year-olds)**

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>1 No time</th>
<th>2 30 min or less</th>
<th>3 About one hour</th>
<th>4 About two hours</th>
<th>5 Three hours or more</th>
<th>6 Don’t know/refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Learning activities with the whole group</td>
<td></td>
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<tr>
<td>B. Learning activities done with small group (with 2 or more children)</td>
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<tr>
<td>C. Learning activities one-on-one (with individual children)</td>
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<tr>
<td>D. Activities selected by the child (e.g., time for children to explore freely)</td>
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<tr>
<td>E. Routine care (such as bathroom needs)</td>
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<tr>
<td>F. Vigorous physical activity either indoors or outdoors</td>
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<tr>
<td>G. Singing/rhyming planned in advance</td>
<td></td>
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<tr>
<td>I. Book reading or sharing</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**G_FOOD.**

What food do you provide the children in your care?

a. Snacks
   1  Yes
   2  No

b. Meals such as breakfast, lunch, or dinner
   1  Yes
   2  No

[IF G_FOODb=1, ASK G_CACFP, ELSE SKIP TO G_SCREEN.]

**G_CACFP.**

[If meals provided:] Do you participate in the Child and Adult Care Food Program?

   1  Yes
   2  No
   3  Not eligible

**G_SCREEN.**

On most days, while children are in your care, how much time do they spend doing something with a screen, such as watching TV or a movie, or working or playing a game on a computer or tablet?

   1  1 ½ hours or more
   2  30 minutes to 1 ½ hours
   3  Less than 30 minutes
   4  Children do not use screens while in your care

[IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK G3A, ELSE SKIP TO G5.]

**G3A.**

Do you use a curriculum or prepared set of learning and play activities?

   1  YES → (GO TO G3B)
   2  NO → (GO TO G4)
G3B.

What is the name of the curriculum or prepared activities you use?

1. ☐ Creative Curriculum for Infants, Toddlers, and Twos
2. ☐ High/Scope for Infants and Toddlers
3. ☐ Program for Infant/Toddler Care (PITC)
4. ☐ Creative Curriculum for Preschool
5. ☐ High/Scope for Preschoolers
6. ☐ Opening the World of Learning (OWL)
7. ☐ An approach, such as Montessori or Project Approach
8. ☐ A curriculum I developed myself (SKIP TO G4)
10. ☐ Alpha Skills
11. ☐ Abeka
12. ☐ Creative Curriculum for Family Child Care (birth through age 12)
13. ☐ Lakeshore Learning’s Family Child Care Curriculum (birth through pre-K)
14. ☐ High Reach Curriculum Package for Family Child Care
15. ☐ High Scope Family Child Care Curriculum (birth through age 12)
16. ☐ Gee Whiz Digital Curriculum for Family Care Providers
17. ☐ Teaching Strategies – Family Child Care (ages 3,4,5)
18. ☐ Project Early Kindergarten for Family Child Care
19. ☐ Funshine Express

9. ☐ Another curriculum (Please specify: _________________________)

G_CURRTRAIN.

Have you received 4 or more hours of training on how to use this curriculum?

1. ☐ YES
2. ☐ NO
G4.

Are you sponsored by an organization (for example, a church, Head Start or Catholic Charities) that organizes family child care in your area or are you part of a family child care provider network? CODE ALL THAT APPLY.

1 □ YES, SPONSORED BY AN ORGANIZATION
2 □ YES, PART OF A PROVIDER NETWORK
3 □ NEITHER

G5.

Do you ever meet with other people who are looking after children? You might do this to let the children spend time with other children, to spend time yourself with other adults, or to learn about how to help children grow and learn.

1 □ YES  → (SKIP TO INSTRUCTIONS BEFORE G5D)
2 □ YES, BUT NOT REGULARLY  → (SKIP TO INSTRUCTIONS BEFORE G5D)
3 □ NO  → (ASK G5A)

G5a.

Do you know of places where you could meet with other people who are looking after children or learn about how to help children grow and learn?

1 □ YES  
2 □ NO  

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK G5d
OTHERWISE, SKIP TO G_physact

G5d.

Do you have any formal or informal relationships with schools or programs that give you access to resources or professional development for looking after children under age 13?

1 □ Yes
2 □ No
We understand that caring for children in their home or yours can take time outside of the hours you spend with the children, to plan 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.

<table>
<thead>
<tr>
<th>Activity outside of directly caring for children</th>
<th>Hours</th>
<th>Time Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buying supplies and food for child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning and maintaining the space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning the children’s activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing record keeping, billing, or administrative tasks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participating in education, training or professional meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating with parents outside of your regular program hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing your child care services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other activity you spend time on for children you look after when you are not looking after them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many hours would you say you spend on all of these activities combined, per month?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Range: 0-168 for 3 (per week), 0-744 for 2 (per month), 0-8760 (per year)
G6a.

Aside from bathrooms or kitchens, how many rooms do you use when you are looking after children?

___________ Number of rooms

G6b.

How many of these rooms do you use for regular living space for you and your family when the children are not there?

___________ Number of rooms

G_physact.

Where do children participate in vigorous physical activity, when they are in your care?

a. In the indoor space for regular care

1 □ Yes
2 □ No

b. In your own outdoor space (e.g., backyard)

1 □ Yes
2 □ No

c. In nearby public outdoor space (e.g., public park or parking lot)

1 □ Yes
2 □ No

G7.

People have different reasons for taking care of other people’s children, which can be affected by their personal situations.
G7a.

What is the main reason that you look after children? RECORD VERBATIM AND CODE

1 □ IT IS MY PERSONAL CALLING OR CAREER
2 □ IT IS A STEP TOWARD A RELATED CAREER
3 □ TO EARN MONEY
4 □ TO HAVE A JOB THAT LETS ME WORK FROM HOME
5 □ TO HELP CHILDREN
6 □ TO HELP CHILDREN’S PARENTS
9 □ TO WORK AND TAKE CARE OF MY CHILDREN AT THE SAME TIME
7 □ OTHER (SPECIFY: _____________________________________)

G_REASON2.

What is the second most important reason that you look after children? [CATEGORIES FROM G7a]

G7b.

What do you see as your main responsibility when looking after children? RECORD VERBATIM AND CODE

1 □ HELP THEIR DEVELOPMENT
2 □ KEEP THEM SAFE/ OUT OF TROUBLE
3 □ PROVIDE THEM LOVE AND NURTURING
4 □ TEACH THEM VALUES
5 □ HELP THEM LEARN SO THEY CAN DO WELL IN SCHOOL
8 □ PROVIDE CHILDREN’S BASIC NEEDS SUCH AS MEALS AND TRANSPORTATION
9 □ SUPPORT CHILDREN’S WELLBEING
6 □ OTHER (SPECIFY: __________________________)

If C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC) OR RECEIVE GOVERNMENT FUNDING (CHILD REPORTED IN C15a or B24C = 1 - 3 or 5 FOR ANY CHILD, ASK G7C OTHERWISE, SKIP TO INSTRUCTION BEFORE G12

G7c.

Are you a member of a professional association, such as a state or national family child care association, or a union such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters?

1 □ YES
2 □ NO
G12.

Do you have access to a family support resource/mental health consultant/guidance counselor to help you with issues that parents raise?

1  □ Yes
2  □ No

G_HEALTHCON.

Do you have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

1  □ Yes
2  □ No

G15 intro.

These questions are about different types of activities that may help you maintain or improve your skills in looking after children. Later in the interview, we will ask about the topics covered. In the past 12 months, have you participated in any of the following activities to help you maintain or improve your skills in looking after children?

G15a.

(In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?) ...Had help from a home-visitor or coach

1  □ Yes
2  □ No

G15b.

(In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?) ...Gone to a workshop sponsored by a community agency or family child-care network

1  □ Yes → (ASK G15B1)
2  □ No → (G15C)

G15B1.

Did you attend a series of two or more workshops?

1  □ Yes
2  □ No
G15C.
(In the past 12 months, have you done any of the following to improve your skills or gain new
skills in working with children?) Took a course about caring for children at a college or university
which was offered for credit

1  ☐ Yes  
2  ☐ No

G15D.
(In the past 12 months, have you done any of the following to improve your skills or gain new
skills in working with children?) Participated in another type of activity?

1  ☐ Yes  → (ASK G15D1)
2  ☐ No  → (GO TO INSTRUCTION BEFORE G_SKILLOBS)

G15D1.
What other types of activities have you participated in the last 12 months to help you maintain
or improve your skills in looking after children?

____________   __

[IF YES TO G15C, ASK G_SKILLOBS. ELSE GO TO G_HS.]

G_SKILLOBS
Did you take a college or university course in the past 12 months where you were asked to
demonstrate skills related to working with children while being observed?

1  ☐ Yes  
2  ☐ No

G_HS.
In the past 12 months, have you participated in a health or safety training?

1  ☐ Yes  
2  ☐ No  → (SKIP TO INSTRUCTION BEFORE G16)
Did you participate in any on-line health or safety trainings in the past year?

1  Yes
2  No

[IF YES TO ANY ITEM IN G15A TO G15D, ASK G16. ELSE GO TO INSTRUCTION BEFORE G_PDPLAN.]

Please think about the topics addressed in your activities to improve or gain skills in working with children. Aside from health and safety, what topic was most recently addressed in an activity you participated in? For example, working with families, preparing children to do well in school, techniques for discipline and managing children, or some other topic? (READ IF NECESSARY) [IF SELF-ADMINISTERED, RECORD VERBATIM/DO NOT SHOW CODES]

1  NO TOPICS OTHER THAN HEALTH AND SAFETY.
2  COGNITIVE DEVELOPMENT, INCLUDING EARLY READING OR MATH.
4  HELPING CHILDREN’S SOCIAL OR EMOTIONAL GROWTH, INCLUDING HOW TO BEHAVE WELL.
5  PHYSICAL DEVELOPMENT AND HEALTH.
6  HOW TO WORK WITH FAMILIES.
7  SERVING CHILDREN WITH SPECIAL PHYSICAL, EMOTIONAL OR BEHAVIORAL NEEDS.
8  WORKING WITH CHILDREN WHO SPEAK MORE THAN ONE LANGUAGE.
9  PLANNING ACTIVITIES THAT MEET THE NEEDS OF THE WHOLE CLASS.
11 WORKING WITH CHILDREN FROM DIFFERENT RACES, ETHNICITIES AND CULTURES.
10 OTHER ___________________________ Please specify what the main topic of the most recent activity you participated in to improve or gain skills in working with children was.

In the past 12 months, have you received any training on strategies for working with children of different races, ethnicities or cultures?

1  Yes
2  No
G_PDASST.

In the past 12 months, did you receive any of the following types of assistance with the costs of improving your skills looking after young children, for example, from a local or state agency, a college or university, or another organization?

1. Assistance with direct costs such as tuition or registration fees
   1 □ YES  2 □ NO

2. Help with other costs of participation such as travel or child care for your own children
   1 □ YES  2 □ NO

[IF YES TO ANY ITEM IN G15A TO G15D OR SUM OF (B1 and B1A) IS FOUR OR GREATER ASK G_PDPLAN, ELSE GO TO G17.]

G_PDPLAN.

In the past 12 months, have you developed or updated a plan for your professional development with the help of an advisor?

1 □ Yes
2 □ No

G17.

Please indicate how much you personally agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>In my opinion, children should always obey their parents. (Would you say you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STRONGLY DISAGREE</td>
<td>DISAGREE</td>
<td>NEITHER AGREE NOR DISAGREE</td>
<td>AGREE</td>
</tr>
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</tr>
<tr>
<td>B</td>
<td>In my opinion, children will not do the right thing unless they must. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>☐₁</td>
<td>☐₂</td>
<td>☐₃</td>
<td>☐₄</td>
</tr>
<tr>
<td>C</td>
<td>In my opinion, the most important thing to teach children is absolute obedience to whomever is the authority. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>☐₁</td>
<td>☐₂</td>
<td>☐₃</td>
<td>☐₄</td>
</tr>
<tr>
<td>D</td>
<td>In my opinion, a child’s ideas should be considered in family decisions. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>☐₁</td>
<td>☐₂</td>
<td>☐₃</td>
<td>☐₄</td>
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<td></td>
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<td>NEITHER AGREE NOR DISAGREE</td>
<td>AGREE</td>
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<tr>
<td><strong>E</strong></td>
<td>In my opinion, children have a right to their own point of view and should be allowed to express it. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td><strong>F</strong></td>
<td>In my opinion, children should be allowed to disagree with their parents if they feel their own ideas are better. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td><strong>G</strong></td>
<td>In my opinion, children will be bad unless they are taught what is right. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td>In my opinion, children should always obey the teacher. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
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<td>DISAGREE</td>
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<td>STRONGLY AGREE</td>
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</tr>
<tr>
<td>I</td>
<td>In my opinion, it is alright for a child to disagree with his or her own parents. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>J</td>
<td>In my opinion, parents should go along with the game when their child is pretending something. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?)</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

**G_CESD7.**

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

<table>
<thead>
<tr>
<th></th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of time (3-4 days)</th>
<th>All of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I did not feel like eating; my appetite was poor</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>2</td>
<td>I had trouble keeping my mind on what I was doing.</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td></td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
<td>Occasionally or a moderate amount of time (3-4 days)</td>
<td>All of the time (5-7 days)</td>
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<td>-------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>3. I felt depressed.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I felt that everything I did was an effort.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. My sleep was restless.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. I was sad.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I could not &quot;get going.&quot;</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

The following questions are about your beliefs about education and caregiving.

**G_HAMRE1.**

A small group of children is painting on paper at a table. One child asks if they can paint some rocks they collected earlier in the day. The best thing to do is:

1. Get the rocks and let the child paint them.
2. Tell them rocks aren’t for painting.
3. Tell them it would make too much of a mess.
4. Tell the child that is something they can do at home, not at school.

**G_HAMRE2.**

A child is crying at drop-off because she misses her mom. Which of the following is most likely to help the child in that moment:

1. Let the child sit alone for a while until she calms down.
2. Talk with the parent to figure out what happened.
3. Encourage the child’s friends to try to distract her.
4. Spend time with her until the child feels better.
G_HAMRE3.

A child hits another child. The most effective response is to:

1. Separate the children by moving the child who was hit into another center.
2. Remind the child that hands are not for hitting, then help re-engage him in an activity.
3. Ignore the behavior.
4. Tell the child’s parents about the misbehavior.

G_HAMRE4.

A child is trying to put together a puzzle that is too difficult for her. The best thing to do is:

1. Sit with her and give her hints that help her complete the puzzle.
2. Provide her a puzzle that is easier for her to complete.
3. Encourage her to keep trying it on her own.
4. Complete the puzzle for her as a demonstration.
Section H. Help with Child Care

H1.
Does anyone ever help you look after the children in your care? Please include any people you pay to help you as well as any family members or others who help you without receiving payment

1 ☐ Yes → (GO TO H2)
2 ☐ No → (SKIP TO SECTION I)

H2.
How many people helped you look after children last week?

___ # of people assisting
<table>
<thead>
<tr>
<th>H_HELPNAME.</th>
<th>H_HELPHOUR.</th>
<th>H_HELPPAY.</th>
<th>H_HELPPAY.</th>
<th>HHELPLIVE.</th>
<th>H HELPED.</th>
<th>H HELPAGE.</th>
<th>H HELPCARE.</th>
<th>H HELPCDA.</th>
<th>H HELPTRAIN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tell me the initials of each person over 12 years old who helped you care for children last week.</td>
<td>How many hours did this person help look after the children in your care last week?</td>
<td>Do you regularly pay this person to help you look after the children in your care?</td>
<td>[if yes] How much do you pay this person?</td>
<td>Does this person live in your household?</td>
<td>How much schooling has [NAME] completed?</td>
<td>How old is this person?</td>
<td>How many years has [NAME] done paid work caring for children under age 13?</td>
<td>Does [NAME] have a CDA (Child Development Associate certificate)?</td>
<td>In the last 12 months, has [NAME] received any training or education in caring for young children?</td>
</tr>
<tr>
<td>Initials 1: Hours Worked</td>
<td>1 □ Yes 2 □ No</td>
<td>$________ per [hour/day/week/month]</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ High school diploma, GED, or less 2 □ Some college but no degree 3 □ 2-year college degree 4 □ 4-year college degree or more</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
</tr>
<tr>
<td>Initials 2: Hours Worked</td>
<td>1 □ Yes 2 □ No</td>
<td>$________ per [hour/day/week/month]</td>
<td>1 □ Yes 2 □ No</td>
<td>[select categories]</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
<td>1 □ Yes 2 □ No</td>
</tr>
</tbody>
</table>
Please tell me the initials of each person over 12 years old who helped you care for children last week.

<table>
<thead>
<tr>
<th>H_HELPHOUR.</th>
<th>H_HELPPAY.</th>
<th>H_HELPWAGE.</th>
<th>H_HELPLIVE.</th>
<th>H_HELPED.</th>
<th>H_HELPAGE.</th>
<th>H_HELPCARE.</th>
<th>H_HELPCDA.</th>
<th>H_HELTRAIN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many hours did this person help look after the children in your care last week?</td>
<td>Do you regularly pay this person to help you look after the children in your care?</td>
<td>[if yes] How much do you pay this person?</td>
<td>Does this person live in your household?</td>
<td>How much schooling has [NAME] completed?</td>
<td>How old is this person?</td>
<td>How many years has [NAME] done paid work caring for children under age 13?</td>
<td>Does [NAME] have a CDA (Child Development Associate certificate)?</td>
<td>In the last 12 months, has [NAME] received any training or education in caring for young children?</td>
</tr>
</tbody>
</table>

<p>| Initials 3: _____ Hours Worked | 1 □ Yes 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes 2 □ No |
| Initials 4: _____ Hours Worked | 1 □ Yes 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes 2 □ No |
| Initials 5: _____ Hours Worked | 1 □ Yes 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes 2 □ No |
| Initials 6: _____ Hours Worked | 1 □ Yes 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes 2 □ No |
| Initials 7: _____ Hours Worked | 1 □ Yes 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes 2 □ No |
| Initials 8: _____ Hours Worked | 1 □ Yes 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes 2 □ No |</p>
<table>
<thead>
<tr>
<th><strong>H_HELPNAME.</strong></th>
<th><strong>H_HELPHOUR.</strong></th>
<th><strong>H_HELPPAY.</strong></th>
<th><strong>H_HELPPAY.</strong></th>
<th><strong>H_HELPLIVE.</strong></th>
<th><strong>H_HELPCARE.</strong></th>
<th><strong>H_HELPCDA.</strong></th>
<th><strong>H_HELPCARE.</strong></th>
<th><strong>H_HELPCDA.</strong></th>
</tr>
</thead>
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<td>Do you regularly pay this person to help you look after the children in your care?</td>
<td>[if yes] How much do you pay this person?</td>
<td>Does this person live in your household?</td>
<td>How many years has [NAME] done paid work caring for children under age 13?</td>
<td>Does [NAME] have a CDA (Child Development Associate certificate)?</td>
<td>In the last 12 months, has [NAME] received any training or education in caring for young children?</td>
<td></td>
</tr>
</tbody>
</table>

**Initials 9:**

| _____ Hours Worked | 1 □ Yes | 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes | 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes | 2 □ No | 1 □ Yes | 2 □ No |

**Initials 10:**

| _____ Hours Worked | 1 □ Yes | 2 □ No | $_______ per [hour/ day/ week/ month] | 1 □ Yes | 2 □ No | [select categories] | _____ Age | _____ Years of experience | 1 □ Yes | 2 □ No | 1 □ Yes | 2 □ No |

**H_TIMECARE.**

How many hours last week did you spend directly caring for children?

_______ Hours last week
Section I. Household Characteristics

These next questions are about your family and the other people who live in your household.

I_HHM.

Not including yourself, how many people in your household are in the following age categories:

- Under age 6
- Ages 6 through 12
- Ages 13-17
- Ages 18 – 65
- Age 66 or older

[IF I_HHM = 0 for category under age 6, go to J1. If I_HHM >= 1 for category under age 6, go to I_OUTCARE]

I_OUTCARE.

[Does the child/do all of the children] under age 6 regularly receive care from someone outside of the household, for example, in a pre-school or by a neighbor? By regularly, we mean 5 hours per week or more.

1. □ Yes
2. □ No

I_HHCC.

How many hours last week were you caring for at least one of your household’s children under 6 at the same time that you were looking after other children?

__________ Number of hours
Section J. Provider Characteristics

J1.

These next questions are about you personally. In what year were you born?

Range: 1911-2000

J2.

In what country were you born?

Country List:
1. Please select
2. Afghanistan
3. Akrotiri
4. Albania
5. Algeria
6. American Samoa
7. Andorra
8. Angola
9. Anguilla
10. Antarctica
11. Antigua and Barbuda
12. Argentina
13. Armenia
14. Aruba
15. Ashmore& Cartier Islands
16. Australia
17. Austria
18. Azerbaijan
19. Bahamas
20. Bahrain
21. Bangladesh
22. Barbados
23. Bassas da India
24. Belarus
25. Belgium
26. Belize
27. Benin
28. Bermuda
29. Bhutan
30. Bolivia
31. Bosnia and Herzegovina
32. Botswana
33. Bouvet Island
34. Brazil
35. British Indian Ocean Territory
36. British Virgin Islands
37. Brunei
38. Bulgaria
39. Burkina Faso
40. Burma
41. Burundi
42. Cambodia
43. Cameroon
44. Canada
45. Cape Verde
46. Cayman Islands
47. Central African Republic
48. Chad
49. Chile
50. China
51. Christmas Island
52. Clipperton Island
53. Cocos (Keeling) Islands
54. Colombia
55. Comoros
56. Congo
57. Cook Islands
58. Coral Sea Islands
59. Costa Rica
60. Cote d'ivoire
61. Croatia
62. Cuba
63. Cyprus
64. Czech Republic
65. Denmark
66. Dhekelia
67. Djibouti
68. Dominica
69. Dominican Republic
70. Ecuador
71. Egypt
72. El Salvador
73. Equatorial Guinea
74. Eritrea
75. Estonia
76. Ethiopia
77. Europa Island
78. Falkland Islands (Islas Malvinas)
79. Faroe Islands
80. Fiji
81. Finland
82. France
83. French Guiana
84. French Polynesia
85. French Southern & Antarctic Lands
86. Gabon
87. Gambia
88. Gaza Strip
89. Georgia
90. Germany
91. Ghana
92. Gibraltar
93. Glorioso Islands
94. Greece
95. Greenland
96. Grenada
97. Guadeloupe
98. Guam
99. Guatemala
100. Guernsey
101. Guinea
102. Guinea-Bissau
103. Guyana
104. Haiti
105. Heard Isl. & McDonald Islands
106. Holy See (Vatican City)
107. Honduras
108. Hong Kong
109. Hungary
110. Iceland
111. India
112. Indonesia
113. Iran
114. Iraq
115. Ireland
J2a. (IF BORN OUTSIDE OF THE U.S.) In what year did you move to the U.S. to stay?

____________________

Range: 1911-2019
J3.

What is your current marital status?

1 □ Never married, not living with a partner
2 □ Married or living with a partner
3 □ Separated
4 □ Divorced
5 □ Widowed

J4.

What is the highest grade or level of schooling that you have ever completed?

(READ IF NECESSARY)

1 □ 8th GRADE OR LESS
2 □ 9th-12th GRADE NO DIPLOMA
3 □ HIGH SCHOOL GRADUATE OR GED COMPLETED
4 □ SOME COLLEGE CREDIT BUT NO DEGREE
5 □ ASSOCIATE DEGREE (AA, AS)
6 □ BACHELOR'S DEGREE (BA, BS, AB)
7 □ GRADUATE OR PROFESSIONAL DEGREE

[IF J4=3-7, ASK J5. ELSE, GO TO INSTRUCTION BEFORE J_CDA.]

J5.

Are you currently enrolled in a degree program at a college or university?

1 □ Yes
2 □ No

J5a.

What was your major for the highest degree you have or have studied for?

1 □ ELEMENTARY EDUCATION
2 □ SPECIAL EDUCATION
3 □ CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES
4 □ EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE
5 □ CHILD CARE MANAGEMENT
6 □ NURSING, REGISTERED NURSE
7 □ BUSINESS, GENERAL COMMERCE
8 □ OTHER ________________________________
J_CDA.

Do you have a Child Development Associate (CDA) certificate?

1  □ Yes
2  □ No

J_CERT.

Do you have a state certification or endorsement for early care and education?

1  □ Yes
2  □ No

J9.

Do you have some form of certification as a special education teacher or elementary school teacher?

1  □ Yes
2  □ No

J10.

Do you have any training outside of higher education in child development or early care and education?

1  □ Yes
2  □ No

J12.

How long have you been caring for children under age 13, not including raising any of your own children?

[ ] Years and [ ] Months

Range: 0-99 for year and 0-12 for month
J13.

How many more years do you expect to provide paid care to children who are not your own, whether at your home or theirs?

Number of years

Range: 0-99

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK J13a1
OTHERWISE, SKIP TO J14

J13a1.

Have you ever worked as an employee of a center, school or other organization serving children under age 13?

1 □ Yes
2 □ No → (SKIP TO J12b)

J12a.

How many years did you care for children under age 13 as an employee of a center or other organization serving children?

______ Years and ________ Months

Range: 0-99 for year and 0-12 for month

J12b.

There are many types of home-based care for children. Which of the following have you provided at any time in the past ten years?

a. unpaid care to a relative for at least five hours weekly
   1 □ Yes  2 □ No

b. paid care for a family you had a prior relationship with, at least five hours weekly
   1 □ Yes  2 □ No

c. paid care for families you had no prior relationship with, at least five hours weekly
   1 □ Yes  2 □ No

d. licensed or regulated child care, including license-exempt care
   1 □ Yes  2 □ No
J14.

Do you do any work for pay (in addition to caring for these children)? Please include work in your own or a family business.

1 □ Yes → (ASK J15)
2 □ No → (SKIP TO J17)

J15.

What kind of work do you do (in addition to looking after these children)? Please list the job that you do for the most hours each week in addition to looking after these children.

Job/Usual duties: __________________________________________________

J15A.

About how many hours do you usually work each week in that job?

________ Hours worked

Range: 0-168

J15A_1.

How far in advance do you usually know what days and hours you will need to work?

1 □ one week or less
2 □ between 1 and 2 weeks
3 □ between 3 and 4 weeks
4 □ 4 weeks or more

J15B.

About how much are you paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

$________

1 □ per hour
2 □ per day
3 □ per week
4 □ per year
5 □ other: ___________
J15C.

How long have you had that job?

[ ] Years and [ ] Months

Range: 0-99 for year and 0-12 for month

[SKIP TO J19.]

J17.

[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 → (ASK J18)
2. □ NO → (SKIP TO J19)

J18.

What was the last job that you had before caring for children at home?


J18a.

When did you last work at that job?

[ ] Month [ ] Year

Range: 0-99 for year and 0-12 for month

[IF J18a LT 5 YEARS AGO, ASK J18b, else skip to J19.]

J18b.

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


Range: 0-168
J18c.

About how much were you paid at that job?

1 □ per hour  
2 □ per day  
3 □ per week  
4 □ per year  
5 □ other: ___________

J19.

What is your ethnicity?

1 □ Hispanic or Latino  
2 □ Not Hispanic or Latino

J20.

What is your race? (Select one or more.)

5 □ American Indian or Alaska Native  
3 □ Asian  
2 □ Black or African American  
4 □ Native Hawaiian or Other Pacific Islander  
1 □ White

J21a.

Do you speak any languages other than English?

1 □ Yes  
2 □ No

J21c.

What kind of health insurance or health care coverage do you have for yourself? Please check all that apply]

1 □ PRIVATE HEALTH INSURANCE PLAN FROM YOUR OWN EMPLOYER  
2 □ PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY  
3 □ PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT, A HEALTH INSURANCE EXCHANGE, OR COMMUNITY PROGRAM  
4 □ PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER’S EMPLOYMENT
J22.

Overall, would you say your health is excellent, very good, fair, or poor?
1  ☐ EXCELLENT
2  ☐ VERY GOOD
3  ☐ FAIR
4  ☐ POOR

J_POORHLTH.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

______ Days

J_OWNHOME.

Do you own the home where you care for children?

1  ☐ Yes
2  ☐ No

J23.

Approximately what was your total household income in 2018? Please include your income from looking after children, and the wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

[ ] Dollars \( \rightarrow \) (ASK J23A)

Range: 0-9999999

IF DK/REF, ASK J23b.
**J23a.**

Was that before or after taxes and deductions?

1. □ BEFORE TAXES OR DEDUCTIONS → (SKIP TO J24)
2. □ AFTER TAXES OR DEDUCTIONS → (SKIP TO J24)

**J23b.**

Please be assured that your responses to this and all other questions in this survey will not be revealed to any person or agency except in summary form for all study participants combined. The information we are asking for will help document the costs and benefits of home-based early care and education for families and providers. Would you say your total household income in 2018 before taxes or deductions was...

1. □ less than $15,000
2. □ $15,001 to $25,000
3. □ $25,001 to $35,000
4. □ $35,001 to $50,000
5. □ $50,001 to $65,000
6. □ $65,001 or more

**J24.**

Approximately how much of your household income in 2018 came from your work taking care of children?

1. □ All
2. □ Almost all
3. □ More than half
4. □ About half
5. □ Less than half
6. □ Very little
7. □ None
Section K. Operations

INSTRUCTION K1B: IF PROVIDER NOT PAID FOR CARE IN 2018 (J24 =none), SKIP TO END. ELSE GO TO K4.

K4.

Altogether, how much (did) you spend to look after children during 2018, for example, on food, equipment, supplies, or payments for other services? Do not include any wages you paid for assistants who helped you care for children. Your best guess will be fine.

1□ Under $250
2□ $251 to $750
3□ $751 to $1,500
4□ More than $1,500

K5.

The following is a list of types of income that people who care for children might receive. Please indicate how much you received in 2018, if any, from each of the following categories for caring for children.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Payments by parents (including late fees, field trips, diapers, transportation, registration, etc.)</td>
<td>□ 1 per year □ 2 per month □ 3 per week</td>
</tr>
<tr>
<td>a2. IF K5_a IS MISSING, ASK, You didn’t specify an amount for payments by parents (including late fees, field trips, diapers, transportation, registration, etc.). Did you receive any income from this source in 2018?</td>
<td>□ 1 Yes □ 2 No</td>
</tr>
<tr>
<td>b. Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA))</td>
<td>□ 1 per year □ 2 per month □ 3 per week</td>
</tr>
<tr>
<td>b2. IF K5_b IS MISSING, ASK, You didn’t specify an amount for Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA)). Did you receive any income from this source in 2018?</td>
<td>□ 1 Yes □ 2 No</td>
</tr>
<tr>
<td>c. Payments from other individuals or groups (family members, charity, employers, churches)</td>
<td>□ 1 per year □ 2 per month □ 3 per week</td>
</tr>
<tr>
<td><strong>Type of Income</strong></td>
<td><strong>Dollars</strong></td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>c2. IF K5_c IS MISSING, ASK, &quot;You didn’t specify an amount for Payments from other individuals or groups (family members, charity, employers, churches). Did you receive any income from this source in 2018?</td>
<td>☐ 1 Yes ☐ 2 No</td>
</tr>
<tr>
<td>d. Other types of income</td>
<td>☐ 1 per year ☐ 2 per month ☐ 3 per week</td>
</tr>
<tr>
<td>d2. IF K5_d IS MISSING, ASK, You didn’t specify an amount for Other types of income. Did you receive any income from this source in 2018?</td>
<td>☐ 1 Yes ☐ 2 No</td>
</tr>
<tr>
<td>e. IF SUM CAN BE CALCULATED k5_a-d, ASK: That means that you received about [TOTAL] for caring for children under age 13 last year, is that correct?</td>
<td>☐ Yes (GO TO END) ☐ No (GO TO f)</td>
</tr>
<tr>
<td>f. (if NO to e OR IF NO SUM CALCULATED FOR k5_e, ASK): About how much would you say you received altogether in 2018 for looking after children under age 13?</td>
<td>$___________</td>
</tr>
</tbody>
</table>
| g. IF K5_f MISSING, ASK: Understanding the financial challenges and opportunities of providing home-based care is critical to better understanding the true cost that families and providers pay to care for children. Please indicate which of the following best describes the amount you received altogether in 2018 for looking after children under age 13. | 1☐ Under $2500  
2☐ $2501 to $7500  
3☐ $7501 to $10,500  
4☐ More than $10,500 |

END. Thank you for taking the time to complete this survey. CLICK NEXT TO END THE SURVEY