



# Child-Development Supplement

## HOME-BASED CARE QUESTIONNAIRE

for

THE CHILD DEVELOPMENT SUPPLEMENT  
TO  
THE FAMILY ECONOMICS STUDY

**Name Label**

**Day Label**

**Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank You for your participation in this project!**

A1. On what date was this questionnaire completed?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

A2. How long have you been caring for the target child?

\_\_\_\_\_ (Number of months) OR \_\_\_\_\_ (Number of years)

A3. How many days per week do you care for the target child?

\_\_\_\_\_ (Number of days)

A4. How many hours per week do you care for the target child?

\_\_\_\_\_ (Number of hours)

A5. How long have you been caring for children who do not live with you?

\_\_\_\_\_ (Number of months) OR \_\_\_\_\_ (Number of years)

A6. How many days last month was the target child absent?

\_\_\_\_\_ (Number of days)

A7. Is the target child under 3 years of age?

1. Yes \_\_\_\_\_ → **Go to A12**
2. No

A8. Compared to other children his/her age, how **intellectually** competent do you feel the target child is? **(Please circle one number)**

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A9. Compared to other children (his/her) age, how **socially** competent is the target child with (his/her) peers (popular, likable, etc.) **(Please circle one number)**

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A10. Compared to other children (his/her) age, how **physically** competent is the target child, for example, in sports and outdoor games **(Please circle one number)**

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A11. These statements are about behavior problems many children have. As you read each sentence, decide which phrase best describes the target child's behavior over the last three months. **(Please circle one number for each phrase)**

	Often True ▼	Sometimes True ▼	Not True ▼
a. Has sudden changes in mood.....	1	2	3
b. Feels or complains that no one loves (him/her)...	1	2	3
c. Is rather high strung, tense and nervous.....	1	2	3
d. Cheats or tells lies.....	1	2	3
e. Is too fearful or anxious.....	1	2	3
f. Argues too much.....	1 ▼	2 ▼	3 ▼
g. Has difficulty concentrating, cannot pay attention for long.....	1	2	3

		<b>Often True</b>	<b>Sometimes True</b>	<b>Not True</b>
h.	Is easily confused, seems to be in a fog.....	1	2	3
i.	Bullies or is cruel or mean to others.....	1	2	3
j.	Does not seem to feel sorry after (he/she) misbehaves.....	1	2	3
k.	Has trouble getting along with other children.....	1	2	3
l.	Is impulsive, or acts without thinking.....	1	2	3
m.	Feels worthless or inferior.....	1	2	3
n.	Is not liked by other children.....	1	2	3
o.	Has a lot of difficulty getting (his/her) mind off certain thoughts (has obsessions).....	1	2	3
p.	Is restless or overly active, cannot sit still.....	1	2	3
q.	Is stubborn, sullen, or irritable.....	1	2	3
r.	Has a very strong temper and loses it easily.....	1	2	3
s.	Is unhappy, sad or depressed.....	1	2	3
t.	Is withdrawn, does not get involved with others ...	1	2	3
u.	Breaks things on purpose or deliberately destroys (his/her) own or other's things.....	1	2	3
v.	Clings to adults.....	1	2	3
w.	Cries too much.....	1	2	3
x.	Demands a lot of attention.....	1	2	3
y.	Is too dependent on others.....	1	2	3
z.	Feels others are out to get (him/her).....	1	2	3
aa.	Hangs around with kids who get in trouble.....	1	2	3
bb.	Is secretive, keeps things to (himself/herself).....	1	2	3
cc.	Worries too much.....	1	2	3

A12. Not including children that live with you, how many total children do you take care of on a regular basis each week? (Regular basis means on a schedule that is similar from week to week.)

\_\_\_\_\_ (Number of children)

A13. Where do you care for these children?

1. My home
2. Children's home
7. Other place (**Specify**): \_\_\_\_\_

A14. Altogether, how many people help you take care of the children during a typical week? (Include business partners, people you pay, people who help you in exchange for services such as meals, and family members who help you).

\_\_\_\_\_ (Number of helpers)

**If none, Please go to question A15**

A14a. How many hours in total would you say they help you out during a typical week?

\_\_\_\_\_ (Number of hours)

A15. How many of the children you care for are in the following age groups? (**Indicate the number of children in each category**)

**Number of Children**



- |                                 |       |
|---------------------------------|-------|
| a. Under 1 year of age.....     | _____ |
| b. 1 year old.....              | _____ |
| c. 2 years old.....             | _____ |
| d. 3 years old.....             | _____ |
| e. 4 years old.....             | _____ |
| f. 5 years old.....             | _____ |
| g. 6 years of age or older..... | _____ |

A16. How many of the children you care for are... **(Indicate the number of children in each category)**

## Number of Children



- a. White (not of Hispanic origin)..... \_\_\_\_\_
- b. Black (not of Hispanic origin)..... \_\_\_\_\_
- c. Hispanic ..... \_\_\_\_\_
- d. Asian or Pacific Islander..... \_\_\_\_\_
- e. American Indian or Alaskan Native. \_\_\_\_\_
- f. Other (**Specify**): \_\_\_\_\_

A17. How **early** can parents drop off their children/do you arrive at the child's home?

\_\_\_\_\_ : \_\_\_\_\_ **OR** \_\_\_\_\_ : \_\_\_\_\_  
**AM** **PM**

A18. How **late** can parents pick up their children/do you leave the child's home)?

\_\_\_\_\_ : \_\_\_\_\_ **OR** \_\_\_\_\_ : \_\_\_\_\_  
**AM** **PM**

A19. How many weeks during the year do you provide child care?

\_\_\_\_\_ (Number of weeks)

A20. Do you meet with parents to discuss their child's care and activities? **(Please circle one number)**

1. Yes, during drop-off or pick-up/ arrival or departure
2. Yes, At scheduled at times throughout the year
3. Yes, but not regularly
5. No

A21. Do you regularly prepare and serve meals or snacks to the child(ren) you care for?

1. Yes  
5. No —————→ **Go to item A24**  
8. Don't Know —————→ **Go to item A24**

A21a. Which meals do you serve? **(Circle all that apply)**

1. Snacks
2. Breakfast
3. Lunch
4. Dinner
7. Other **(Specify)**: \_\_\_\_\_

A22. Do you participate in the Child Care Food Program?

1. Yes
5. No \_\_\_\_\_ → **Go to Item A24**
9. Not applicable \_\_\_\_\_ → **Go to Item A24**

A23. What number or percent of children receive subsidized meals?

\_\_\_\_\_ **(Number of children)**

A24. What is the average fee parents pay?

\$\_\_\_\_\_ **(Enter average amount in dollars)**

A24a. Is that...

1. Per hour?
2. Per day?
3. Per week?
4. Every two weeks?
5. Monthly?
6. Yearly?
7. Other **(Specify)**: \_\_\_\_\_

A24b. How many children in the family does that fee include?

1. One child
2. Two children
3. Three or more children

A25. Does a federal, state or local agency such as a human services agency, an education department, welfare, or an employment or training program pay for any of the children you care for?

1. Yes
5. No \_\_\_\_\_ → **Go to item A26**
8. Don't Know \_\_\_\_\_ → **Go to item A26**



A25a. How many children are paid for by a federal, state or local agency?

\_\_\_\_\_ **(Number of children)**

A25b. Do the agencies pay you directly for slots, pay you vouchers or certificates received from parents, pay the parents in cash, or does it vary according to the child?

1. Agency pays program for slot(s)
2. Agency pays provider for voucher(s)
3. Agency pays parent(s) in cash
4. Varies by child
8. Don't Know

A25c. For how many of the children in your program do you receive payment or partial payment by means of vouchers?

\_\_\_\_\_ **(Number of children)**

A26. Are you licensed or registered to provide child care? **(Please circle one number)**

1. Licensed
2. Registered
3. Neither licensed nor registered
4. Not required to be licensed or registered
7. Other **(Specify):** \_\_\_\_\_

A27. Are you listed with a resource and referral agency?

1. Yes
5. No

A28. Are you a member of an association such as the Family Day Care Professional Association or the National Association for the Education of Young Children (NAEYC)

1. Yes
5. No

A29. Are you sponsored by a group that organizes family day care in your area?

1. Yes
5. No

Now we have just a few questions about you.

A30. Are you...

1. Male
2. Female

A31. What is your marital status?

1. Married/Living with partner
2. Divorced
3. Separated
4. Widowed
5. Never married

A32. How many of your own children are with you when you are caring for other people's children?

\_\_\_\_\_ (Number of own children)

A32a. What are the ages of your children who are at home while you take care of other people's children?

**Number of Your Own Children**



- |                                 |       |
|---------------------------------|-------|
| a. Under 1 year of age.....     | _____ |
| b. 1 year old.....              | _____ |
| c. 2 years old .....            | _____ |
| d. 3 years old.....             | _____ |
| e. 4 years old .....            | _____ |
| f. 5 years old.....             | _____ |
| g. 6 years of age or older..... | _____ |

A33. Are you...

1. White (not of Hispanic origin)
2. Black (not of Hispanic origin)
3. Hispanic
4. Asian or Pacific Islander
5. American Indian or Alaskan Native
7. Other (**Specify**): \_\_\_\_\_

A34. In what year were you born?

19 \_\_ \_\_ (**Enter year**)

A35. Are you proficient in any languages other than English?

1. Yes

5. No → **Go to A37**

A35a. If yes, which languages?

\_\_\_\_\_

\_\_\_\_\_ (**Specify languages**)

A36. What language do you speak most of the time with the child(ren) you care for?

\_\_\_\_\_

\_\_\_\_\_ (**Specify languages**)

A37. What is your highest level of education?

1. Less than high school diploma

2. High school diploma or GED

3. Some college

4. Bachelor's degree

5. Master's degree

6. Doctorate degree

7. Other (**Specify**): \_\_\_\_\_

A38. Have you had any special child care or early education training?

1. Yes

5. No

A39. What kind of training have you had?(Circle all that apply)

	Yes ▼	No ▼
a. Child development associate (CDA) training	1	5
b. Nurses training or health courses	1	5
c. Training by referral or government agency	1	5
d. Child care courses or workshops	1	5
e. Child development or psychology courses in school	1	5
f. Teacher training.....	1	5
g. Other training focused on education (such as elementary education).....	1	5
h. Other training focused on social services (such as social work).....	1	5
i. Other (Specify): _____	1	5

A40. In what areas do you have **state teaching** certification?

	Yes ▼	No ▼
a. Early childhood education.....	1	5
b. Elementary education.....	1	5
c. Middle or junior high school.....	1	5
d. Secondary education.....	1	5
e. Special education.....	1	5
f. Bilingual education.....	1	5
g. Other (Specify): _____	1	5

A41. In the last year, have you received ten hours or more of additional child-related training from any of the following?

	Yes ▼	No ▼
a. A local or junior college.....	1	5
b. A resource or referral network.....	1	5
c. A government agency or program.....	1	5
d. Programs sponsored by your center.....	1	5
e. Other ( <b>Specify</b> ):_____	1	5

A42. What is your yearly income from providing child care?

\$ \_\_\_\_\_

## TIME DIARY

Now we would like to ask you about how the target child spends (his/her) time while you are caring for (him/her). Please fill out this section for the day of the week listed on the front of this booklet.

- If the child is not in your care on that day, choose the day before or the day after.
- To help us get accurate information, either fill out the information as the day progresses, or as soon as possible after the target day.

Please use **one line** for each activity and write in what the target child was doing.

- If he/she was watching TV or playing a video or computer game, please write in the name of the program or game.
- Please indicate who was doing the activity with the child and who else was in the same location (but not doing the activity with the child).
- Please indicate if the child was doing **another** activity at the same time.
- Please fill out the diary for the time the child is with you.

We thank you for your help in this - time use information is extremely valuable for our research

B1. Date diary completed for:

                            
(MM)    (DD)    (YY)

B2. What day of the week was that?

1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday

**If there are any other comments you would like to make, please use the space below.**

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**Thank you for completing this questionnaire. Your help is greatly appreciated.**

**Please place this questionnaire in the self-stamped addressed envelope provided for you and mail to the address on the envelope.**

**If you are interested in seeing the results of this study, please fill out the postcard that was enclosed with this questionnaire. Thank you again for your assistance in this important project!**

We want to send a \$20.00 honorarium to you as a token of appreciation for your time. When we receive this questionnaire, we plan to send the check to the name and address listed at the bottom of the Child Permission Form we sent to you. If either the name or the address information on that form is incorrect, please give us the correct information, below:

What is your name? \_\_\_\_\_

Where should we send your check?

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**M**

**Sample Label**

Please return in the self-addressed, stamped envelope to:

The University of Michigan  
Institute for Social Research/Survey Research Center  
P.167 (457563, 1997)  
426 Thompson Street  
Ann Arbor, MI 48106-1248  
1-800-759-7947