



National Survey of **Early Care & Education**

*Home-Based Provider
Questionnaire (revised 11/28/11)*

Home-based Provider Questionnaire

INTRODUCTION SCRIPT

(Hello. My name is _____ and I am from NORC at the University of Chicago.) We are conducting a study about the experiences of people who look after children under age 13 in someone's home. It is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government and child-care providers better understand and support the child care services that are most needed in your area.

This interview takes about [*For Home-based providers eligible through the Household Screener:*] 20 minutes [*For Home-based providers from administrative lists:*] 35 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. 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. You should understand, however, that we would take necessary action to prevent serious harm to children, including reporting to authorities.

CATI: In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CAPI: Parts of this interview may be recorded for quality control purposes. This will not compromise the strict confidentiality of your responses. May I continue with the recording?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY->CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED ->TURN OFF RECORDING FEATURE AND CONTINUE

Web: 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. The study is designed to help the government and child care providers better understand and support the child care services that are most needed in your area.

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.

This interview takes about [*For Home-based providers eligible through the Household Screener:*] 20 minutes [*For Home-based providers from administrative lists:*] 35 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. 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.

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.

LOCATION OF CARE

/*do we have an address on file? If yes, ask A1. Else skip to A1a.*/

A1. A1_address

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

- 1 Yes ➔ (SKIP TO A1A1)
- 2 No ➔ (ASK A1a)
- 99 DK/REF/BLANK ➔ (ASK A1a)

A1a. A1a_newadd

[IF NO ADDRESS ON FILE, READ INTRO, ELSE ASK QUESTION BELOW:
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, I need to make sure I have your correct address.]

What is your correct address?

Street address

City

State

Zip

A1A1. A1A1

**THIS QUESTION CONFIRMS ELIGIBILITY. INTERVIEWER PROBE
BEFORE SELECTING "NO".**

Do you look after children under age 13 who are not your own?

1. YES→SKIP TO C1
2. NO→SKIP TO A1B2 :(CASE INELIGIBLE. TERMINATE INTERVIEW)
3. DK/REF/BLANK→ASK A1B2

A1B2. Thank you very much for your time. That is all I have. TERMINATE THE INTERVIEW AND DISPOSITION THIS CASE AS INELIGIBLE.

A1C1. A1C1_specloc

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?

1. YOUR HOME
2. CHILD'S OWN HOME
3. SOMEWHERE ELSE (SPECIFY: _____)
4. LOCATION VARIES

CARE SCHEDULE AND ROSTERING OF CHILDREN IF SMALL PROVIDER

B1. B1_numchild

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 9991. B1_numchild

B1A. 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. B1B_totchild

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
- 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).

PROGRAMMER NOTE: IF R RETURNS TO B1B AGAIN AND SAYS „NO“, PROCEED AS IF ≥ 4 CHILDREN.

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. B2_lwnames

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

PROGRAMMER NOTE: This should not appear in a grid. Each question for each child should be asked separately. Set B2a to „last week” for all of the children mentioned at B2.

B3. B3_usual

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

PROGRAMMER NOTE: set B3a to „regular (not last week)” for all children mentioned at B3.

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

ROSTER OF CHILDREN IN SMALL HOME-BASED PROGRAMS.

| B2/B3. Name/initials | 1. | 2. | 3. |
|---|--|--|--|
| 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” | 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week) | 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week) | 1 <input type="checkbox"/> Last week 2 <input type="checkbox"/> Regular (not last week) |
| B4. How old is []? B4_age | Yrs Mo S | Yrs Mo S | Yrs Mo S |
| B6. Do you and [] live in the | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

| | | | |
|---|--|--|--|
| B2/B3. Name/initials | 1. | 2. | 3. |
| same household? | | | |
| B6_samehh | | | |
| [IF B6=1, GO TO INSTRUCTION BEFORE B8. ELSE ASK B7] B7. Did you have a prior personal relationship with []'s family before you started looking after (him/her)? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →B8 3 <input type="checkbox"/> DK | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →B8 3 <input type="checkbox"/> DK | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No →B8 3 <input type="checkbox"/> DK |
| B7a. [IF YES or DK to B7] What is your personal relationship to []? B7a_persrel | 1 <input type="checkbox"/> Parent without primary legal responsibility 2 <input type="checkbox"/> Grandparent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> Family friend 5 <input type="checkbox"/> Other Specify: _____ | 1 <input type="checkbox"/> Parent without primary legal responsibility 2 <input type="checkbox"/> Grandparent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> Family friend 5 <input type="checkbox"/> Other Specify: _____ | 1 <input type="checkbox"/> Parent without primary legal responsibility 2 <input type="checkbox"/> Grandparent 3 <input type="checkbox"/> Other blood relative 4 <input type="checkbox"/> Family friend 5 <input type="checkbox"/> Other Specify: _____ |
| B7b.ii. [IF B7a= 2] So, [] is your grandchild? B7_grandchild | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| | Start time: | End time: | DK/REF |

| | | | |
|--|---|---|--------------------------------------|
| B2/B3. Name/initials | 1. | 2. | 3. |
| | Slot 1: Slot 2: | Slot 1: Slot 2: | Slot 1: Slot 2: |
| | SELECT ALL THAT APPLY: TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY NO IDENTICAL DAY | | |
| Please provide the hours last week on [NON SELECTED DAY] that you looked after [CHILD'S NAME]. For each care timeslot, enter start time and end time below. If you cared for child multiple times in the day, each session of care should be reported separately. | Start time: Slot 1: Slot 2: | End time: Slot 1: Slot 2: | DK/REF Slot 1: Slot 2: |
| | | | |
| | | | |
| | | | |
| | | | |
| (IF SPAWNED FROM HH AND DUAL ELIGIBILITY, SKIP TO INSTRUCTION BEFORE C1. ELSE IF SPAWNED BUT ELIGIBLE ONLY FOR FFFNN OR COMING FROM PROVIDER SAMPLE, AND if B2a/B3A=1 last week, ASK B8. ELSE GO TO B9.) | Start time: Slot 1: Slot 2: Hora de inicio: | End time: Slot 1: Slot 2: | DK/REF Slot 1: Slot 2: |

| B2/B3. Name/initials | 1. | 2. | 3. |
|---|--|----|----|
| <p>B8. B8_whencare Please provide the hours last week on Monday that you looked after [CHILD 1 NAME].</p> <p>For each care timeslot, enter start time and end time below. If you cared for child multiple times in the day, each session of care should be reported separately.</p> <p>Was [CHILD 2 NAME] schedule last Monday the same as another child's Monday schedule?</p> <p>Which child had the same Monday schedule? First child [NAME]</p> <p>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 2 NAME] schedule last Monday identical to [CHILD 2 NAME] schedule, or were there some differences in when or where s/he spent time last Monday?</p> <p>Thinking about [CHILD 2 NAME] schedule for last week, was any day's schedule last week identical to last Monday?</p> <p>DISPLAY CHECK BOX “DIDN’T CARE THAT</p> | <p>Período 1:</p> <p>Yes No IDK</p> <p>[CHILD 1,2,3] Identical Some differences</p> <p>SELECT ALL THAT APPLY: TUESDAY WEDNESDAY Y THURSDAY FRIDAY SATURDAY SUNDAY NO IDENTICAL DAY</p> <p>SELECT ALL THAT APPLY: TUESDAY WEDNESDAY Y</p> | | |

| B2/B3. Name/initials | 1. | 2. | 3. |
|--|---|-------------------------|-------------------------|
| <p>DAY”</p> <p>B8_1. B8_samesched</p> <p>Sometimes a child's schedule on a specific day is different from his or her regular schedule for that day of the week.</p> <p>Which days last week, if any, was [CHILD #1 NAME] schedule with you identical to her schedule with you last Monday?</p> <p>PROGRAMMER NOTE: if possible, allow for 2nd and 3rd child that week's schedule has been reported for an earlier child.</p> | <p>THURSDAY FRIDAY SATURDAY SUNDAY NO IDENTICAL DAY</p> | | |
| <p>B9. Does [] have a physical, condition that affects the way you care for (him/her)?</p> <p>B9_physical</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> |
| <p>B10. Does [] have an emotional, developmental, or behavioral condition that affects the way you care for (him/her)?</p> <p>B10_emotional</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> |
| <p>B11. Is [] Hispanic or Latino?</p> <p>B11_Hispanic</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> |

| | | | |
|---|--|--|--|
| B2/B3. Name/initials | 1. | 2. | 3. |
| B12. Which of the following is []...? Select one or more. 1 White 2 Black or African-American 3 Another Race <i>B12_race</i> | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Another race <hr/> | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Another race <hr/> | 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Another race <hr/> |
| B13. Does [] usually speak a language other than English at home? <i>B13_othlang</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B17 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B17 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B17 |
| B13b. [IF YES TO B13] What language do you mostly use when you are with []? <i>B13_langused</i> | 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other <hr/> | 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other <hr/> | 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other <hr/> |
| B13c. [IF B7A =4 or 5] Do you need the help speaking with []'s parents because you speak different languages? <i>B13_diffcomm</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| (IF B2a/B3a=1 LAST WEEK) B17. Do you look after [] regularly, that is, for at least five hours each week? IF B17=2, SKIP TO B22 <i>B17_regcare</i> | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (SKIP TO B22) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (SKIP TO B22) | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (SKIP TO B22) |
| (IF B2a/B3A=2 REGULAR, or | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |

| | | | |
|--|--|---|---|
| B2/B3. Name/initials | 1. | 2. | 3. |
| B17=1 YES) B18. Do you look after [] on the same schedule each week? <u>B18_samesched</u> | 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No |
| ((IF B2a/B3A=2 REGULAR and B18=1) B19. <u>B19_specsched</u> What is that schedule? Beginning with Monday/ Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday morning (DATE) at 6am, when do you usually look after []? DISPLAY CHECK BOX "DO NOT LOOK AFTER CHILD ON THAT DAY" | 1 <input type="checkbox"/> Su ____ to ____ ____ to ____ 2 <input type="checkbox"/> Mo ____ to ____ ____ to ____ 3 <input type="checkbox"/> Tu ____ to ____ ____ to ____ 4 <input type="checkbox"/> We ____ to ____ ____ to ____ 5 <input type="checkbox"/> Th ____ to ____ ____ to ____ 6 <input type="checkbox"/> Fr ____ to ____ ____ to ____ 1. TUESDAY 2. WEDNESDAY 3. THURSDAY 4. FRIDAY 5. SATURDAY 6. SUNDAY | 1 <input type="checkbox"/> Su ____ to ____ ____ to ____ 2 <input type="checkbox"/> Mo ____ to ____ ____ to ____ 3 <input type="checkbox"/> Tu ____ to ____ ____ to ____ 4 <input type="checkbox"/> We ____ to ____ ____ to ____ 5 <input type="checkbox"/> Th ____ to ____ ____ to ____ 6 <input type="checkbox"/> Fr ____ to ____ ____ to ____ 7 <input type="checkbox"/> Sa ____ to ____ ____ to ____ | 1 <input type="checkbox"/> Su ____ to ____ ____ to ____ 2 <input type="checkbox"/> Mo ____ to ____ ____ to ____ 3 <input type="checkbox"/> Tu ____ to ____ ____ to ____ 4 <input type="checkbox"/> We ____ to ____ ____ to ____ 5 <input type="checkbox"/> Th ____ to ____ ____ to ____ 6 <input type="checkbox"/> Fr ____ to ____ ____ to ____ 7 <input type="checkbox"/> Sa ____ to ____ ____ to ____ |
| (IF B2a/B3A=2 REGULAR, | _____ hours per | _____ hours per | _____ hours per |

| B2/B3. Name/initials | 1. | 2. | 3. |
|--|--|--|---|
| AND B18=2) B20. How many hours do you usually care for []? B20_hours | 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies | 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies | 1 <input type="checkbox"/> week 2 <input type="checkbox"/> 2 weeks 3 <input type="checkbox"/> month 4 <input type="checkbox"/> varies |
| [if B20= 4 (VARIES)] B21. Do you look after him/her based on his/her parent's work schedule, unavailability of a regular caregiver or at other times? B21_whycare | 1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times | 1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times | 1 <input type="checkbox"/> Parent's schedule 2 <input type="checkbox"/> Unavailability 3 <input type="checkbox"/> Other reasons/ times |
| B22. In what year and month did you first start looking after [] on a regular basis? If you don't remember the exact year or month when you first start looking after [] on a regular basis, please provide the age of the child when you first start looking after him/her. <input type="checkbox"/> HAVE NEVER CARED REGULARLY FOR CHILD B22_firstcare 1 Month: 1-12, Year: 1997-2011 2. Month: 0-12 and Year: 0-12 | 1 <input type="checkbox"/>  Mont h Year | 1 <input type="checkbox"/>  Mont h Year | 1 <input type="checkbox"/>  Mont h Year or 2 <input type="checkbox"/> Child's age  Mont hs Year s |
| B23. Do you usually receive | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |

| | | | |
|--|---|---|---|
| B2/B3. Name/initials | 1. | 2. | 3. |
| payment for looking after []? If b23=No/dk/ref, then skip to b25_extrapay <u>B23_payment</u> | 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No |
| B24. [IF B23=YES] How much do you charge []'s parents to look after[]? <u>B24_charge</u> | <input style="width: 20px; height: 15px; border: 1px solid black; vertical-align: middle;" type="text"/> \$ 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input style="width: 20px; height: 15px; border: 1px solid black; vertical-align: middle;" type="text"/> | <input style="width: 20px; height: 15px; border: 1px solid black; vertical-align: middle;" type="text"/> \$ 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input style="width: 20px; height: 15px; border: 1px solid black; vertical-align: middle;" type="text"/> | <input style="width: 20px; height: 15px; border: 1px solid black; vertical-align: middle;" type="text"/> \$ 1 <input type="checkbox"/> hourly 2 <input type="checkbox"/> daily 3 <input type="checkbox"/> weekly 4 <input type="checkbox"/> monthly 5 <input type="checkbox"/> other <input style="width: 20px; height: 15px; border: 1px solid black; vertical-align: middle;" type="text"/> |
| B24a. Does this amount reflect | | | |
| | 1. YES, DISCOUNT 2. YES, ADD-ON 3. NO 4. OTHER (SPECIFY:) 5. DK/REF/BLANK | | |
| <u>B24A_discount</u> | | | |
| B24B. Is the amount of the | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |

| B2/B3. Name/initials | 1. | 2. | 3. |
|--|-------------------------------|-------------------------------|-------------------------------|
| 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?" | 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No |
| B24B_payagency | | | |
| <p>[IF B24B=1]</p> <p>B24C. What person, agency or group pays you for the discount or subsidy? SELECT ALL THAT APPLY. (INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED.)</p> <p>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. CHILD CARE SUBSIDY PROGRAMS SUCH AS CCDF OR TANF (INCLUDING VOUCHER/CERTIFICATES, STATE CONTRACTS) 4. COMMUNITY ORGANIZATIONS (E.G., UNITED WAY, LOCAL CHARITIES OR OTHER SERVICES ORGANIZATIONS, NOT INCLUDING ANYTHING YOU'VE MENTIONED)</p> | | | |

| B2/B3. Name/initials | 1. | 2. | 3. |
|--|---|---|--|
| <p>EARLIER)</p> <p>5. OTHER TYPES OF GOVERNMENT FUNDED PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM</p> <p>6. OTHER FAMILY MEMBER OR INDIVIDUAL</p> <p>B24C_specagency</p> | | | |
| <p>B25. Do you (also) receive anything in exchange for looking after []? For example, does []'s family buy you groceries, provide you transportation, take care of your children or do small repair jobs for you in exchange for your caring for []?</p> <p>B25_extrapay</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> | <p>1□ Yes 2□ No</p> |
| <p>[If B25 =1}</p> <p>B26. B26_gifts</p> <p>Do you receive this on a regular basis or just occasionally?</p> | <p>1. REGULAR 2. OCCASIONAL LY 3. NEVER</p> | <p>1. REGULAR 2. OCCASIONA LY</p> | <p>1. REGULAR 2. OCCASIONAA LY</p> |

B27. B27_norelation

[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

B28. B28_servemore

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

Range: 0-999

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

ENROLLMENT

C1D. C1_preamble

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

C1. C1_groups

Next are questions about children you take care of.

Las siguientes son preguntas sobre los niños que usted cuida.

***C1A. C1_numgroups**

How many children do you look after in each of the following age groups?

***C1B.**

At this time, how many *more* children in this age group would you be willing and able to care for? Use the code 99 if you have no limits on the number of additional children you are willing and able to look after.

C1_servemore

[PROGRAMMER NOTE: SHOW GRID ON CAPI AND WEB]

| Age Group | C1A: How many children do you look after in each of the following age groups? C1_numgroups Range: 0-999 for each age group. | C1A2 How many hours do you consider full-time enrollment for this age group? C1_hrsfulltime | C1A1 How many children are currently enrolled full time in this age group? C1_numfulltime | C1B. At this time, how many <i>more</i> children in this age group would you be willing and able to care for? Use the code 999 if you have no limits on the number of additional |
|-----------|---|---|--|---|
|-----------|---|---|--|---|

| | | | | |
|---|--|--|--|--|
| | | | | children you are willing and able to look after. C1_servemore Range: 0-998 |
| Under 3 years | | ___ Hours 1 No „full-time“ status defined (skip to C1b) | | |
| 3-5 years, not yet in kinderg arten | | | | |
| School-age (kinder garten and up) | | ___ Hours 1 No „full-time“ status defined (skip to C1b) | | |
| TOTAL | | | | |

C1_ servemore

[PROGRAMMER NOTE: SHOW GRID ON CAPI AND WEB]

Range: 0-999 for the total

C1C. C1_totserve

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 → RETURN TO C1A AND CORRECT NUMBERS.

WEB RESPONDENTS; SHOW AN ERROR MESSAGE “Please correct the number of children you look after in each age group. If you cannot correct by age group, please enter the correct total in the total box.”

IF CORRECTION NOT POSSIBLE, RECORD CORRECT TOTAL
HERE:

C4. C4_numphys

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?

C5a. Number of CHILDREN
C5_
emogirl

Range: 0-999

C6. C6_numhispanic

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

| | |
|--|--------------------|
| | Number of children |
|--|--------------------|

Range: 0-999

C7. C7_numrace [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

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

| Category | Number of Children |
|------------------------------|--------------------|
| a. White | |
| b. Black or African-American | |
| c. Another race | |

[PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

C8. C8_carehours

How many children do you usually look after ...

| | Number |
|-----------------------------------|----------------------------|
| a. fewer than 20 hours each week? | 1 <input type="checkbox"/> |
| b. 21 to 39 hours each week? | 1 <input type="checkbox"/> |
| c. 40 hours or more each week? | 1 <input type="checkbox"/> |

C9. C9_liveinHH

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, but **do include** grandchildren, nieces, nephews, or unrelated children you do not have custody of. Your own children you do not have custody of should count here.

1 Yes ➔ (ASK C9a)

2 No ➔ (GO TO C10)

C9a. C9_numinHH

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

| | |
|--|--------------------|
| | Number of Children |
|--|--------------------|

Range: 0-999

C10. C10_related

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

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

C10a. C10_howrelated [PROGRAMMING NOTE: SHOW GRID IN CAPI AND WEB]

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

| Relationship | Number of Children |
|---|--------------------|
| Grandchild | |
| Nietos/as | |
| Niece/Nephew | |
| Child of Spouse/Partner/Boyfriend or Girlfriend | |
| Your own child you do not have custody of | |
| Cousin | |
| Other relationship _____ | |
| Other relationship _____ | |

Range: 0-999

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

C10b. C10_relatetoall

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

- 1 Yes ➔ (GO TO C12)
2 No

C11. C11_priorrel

Did you have personal relationships with the families of any of the **other** children you look after *before* you began looking after them?

- 1 Yes
2 No (SKIP TO C12)

C11a. C11_numpriorrel

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. C11_priorrelall

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. C12_payall

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. C12_freecare

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

| | |
|--|--------------------|
| | Number of Children |
|--|--------------------|

Range: 0-999

[IF C12a GREATER THAN OR EQUAL TO TOTAL FROM C1A, ASK C12B.
ELSE GO TO C14]

C12b. C12_allfree

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

C12C1. C12C1_agerate [PROGRAMMER NOTE: SHOW IN GRID IN CAPI AND WEB]

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

| | | |
|----------------------------------|-------------|-------------------|
| Infants less than 12 months old? | HAVE A RATE | NO RATE AVAILABLE |
| 2 year olds? | HAVE A RATE | NO RATE AVAILABLE |
| 4 year olds? | HAVE A RATE | NO RATE AVAILABLE |
| School-age children? | HAVE A RATE | NO RATE AVAILABLE |

ASK c12c_2 THROUGH c12c_5H FOR EACH AGE GROUP MARKED „HAVE A RATE“ IN C12C1.

C12C. C12C_onerate

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)

C12C_2. C12C2_highrate

What is the highest rate you are currently charging families for full-time care [AGE GROUP FROM C12C1], without any subsidies? [If you do not have a full-time rate, please report the rate for the greatest number of hours per week that you offer.]
\$ _____ per

C12c_3. C12c3_rateper

Is that per

- 1 hour → ASK C12C_9
- 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 C12c_3A=2 OR 3, ASK C12C_4. ELSE GO TO INSTRUCTION BEFORE C12C_5.

C12C_4. C12C_4_hourrate

How many hours is that?

IF C12C_3=4, ASK C12C_5. ELSE GO TO INSTRUCTION BEFORE C12C_6.

C12C_5. C12C_5_hourrate2

How many hours does that cover?

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

C12C_6. C12C_6_hourweekrate

How many hours per week does that cover?

C12C_6a. C12C_6a_weekrate

How many weeks is that?

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

C12C_7A. C12C_7A_weekrate2

How many weeks is that?

C12C_7B. **C12C_7B_hourweekrate2**

How many hours per week does that cover?

IF C12C_3=8, ASK C12C_8A. ELSE GO TO C12C_9.

C12C_8B. **C12C_8B_hourweekrate3**

How many hours per week does that cover?

C12C_9. **C12C_9_discount**

(Does this rate/Do these rates) reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, reduced services or hours, extra hours care, transportation)?

1. YES, DISCOUNT
2. YES, ADD-ON
3. NO
4. OTHER (SPECIFY:)
5. DK/REF/BLANK

C13. C13_noenglish

How many of the children you look after speak a language other than English at home? [IF 0, SKIP TO C13B1], [IF REF/DK, SKIP TO C13_1]

Number of children

Range: 0-999

→GO TO C13D

DK/REF/BLANK → GO TO C13_1

C13_1. **C13_1**

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

| | | |
|--|--|--|
| | | |
|--|--|--|

% of children

Range: 0-100

C13B_1. **C13B_1**

What percent of your families children have a parent who needs the help of an interpreter or a child to speak with you?"

| | | |
|--|--|--|
| | | |
|--|--|--|

 % of children

C13d. C13_langspeak

What languages do you speak when working directly with children?

SELECT ALL THAT APPLY.

1 ENGLISH

2 SPANISH

3 OTHER SPECIFY: _____

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK C13e.

C13e. C13_perceng

What percentage of the time do you speak English?

| | | |
|--|--|--|
| | | |
|--|--|--|

 %

Range: 0-100

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 → ASK C15

2 RELATIONSHIP-BASED ➔ (SKIP TO Instruction before E2)

IF C14=2 (RELATIONSHIP-BASED), SKIP TO INSTRUCTION BEFORE E2.

IF C14=1 (NOT RELATIONSHIP-BASED), ASK C15.

C15. C15_fed

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 or United Way pay part or all of the cost for any of the children you look after?

- 1 YES →ASK C15A
2 NO ➔ (SKIP TO C16)

C15a. C15a_typefed [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

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 | 1 <input type="checkbox"/> | |
| 2. Head Start, including Early Head Start | 1 <input type="checkbox"/> | |
| 3. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government) | 1 <input type="checkbox"/> | |
| 4. Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts) | 1 <input type="checkbox"/> | |
| 5. Title I | 1 <input type="checkbox"/> | |
| 6. Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier) | | |
| 7. Other types of government funded programs including the Child Care and Adult Food Program | 1 <input type="checkbox"/> | |

C15b. C15_howfed [PROGRAMMER: SHOW GRID IN CAPI AND WEB]

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

| | YES | NO |
|---|----------------------------|----------------------------|
| 1. contract with you for a guaranteed number of slots | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

| | | |
|---|----------------------------|----------------------------|
| 2. pay you for vouchers or subsidies to specific eligible parents | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3. pay the parents directly | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 4. have some other payment arrangement | | |
| SPECIFY: _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

C16. C16_trans

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

- 1 Yes
 2 No

C17. C17_absent

Thinking about yesterday or the last regular day you looked after children, approximately how many of the children under age 13 you usually take care of on that day of the week were **not** with you? Your best estimate is fine

| | |
|--|----------|
| | CHILDREN |
|--|----------|

Range: 0-999

SCHEDULE

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

E1. E1_whencare

Beginning with last

Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday, **please** provide the hours last week that you looked after at least one child who is not your own. If last week was a holiday or vacation week, please report information for the last usual week.

E1a. E1a_addhours

**Was there an additional time slot you looked after children on
Monday/Tuesday/Wednesday/ Thursday/Friday/Saturday/Sunday?**

| | Start Time | AM/PM | End Time | AM/PM |
|--------|------------|-------|----------|-------|
| Monday | : | | : | AM/PM |
| Monday | : | AM/PM | : | AM/PM |

DISPLAY CHECK BOX “DID NOT LOOK AFTER CHILDREN THAT DAY”

E1A_1. E1A_1_samehours

Were there other days that week that you had the same hours of caring for children as last Monday?

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY

E1_2. E1_2_hours2

(FOR DAYS NOT SELECTED ON B1_1, ASK:) Please provide the hours that you looked after children last (DAY OF WEEK)?

DISPLAY CHECK BOX “CLOSED THAT DAY”

| |
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IF C14=2 NON-MARKET, SKIP TO E8

E2. **E2_penalty**

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. **E3_vary**

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. E3_numbervary

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

 Number of children

Range: 0-999

E3c. E3_varypay

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

- 1 Yes, at their convenience (SKIP TO E3d)
- 2 Yes, from a set of schedule options → (ASK E3D)
- 3 Yes, beyond a minimum number of hours → (SKIP E3D)
- 4 No → (SKIP TO E3F)
- 5 DK/REF → (SKIP TO E3F)

E3d. E3_numvarypay

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. E3_noshow

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

[IF R MENTIONED SATURDAY OR SUNDAY CARE ABOVE IN B8 OR B19 OR E1, SKIP TO INSTRUCTION BEFORE E5. ELSE ASK E4]

E4. E4_weekend

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

- 1 Yes
2 No

[IF R MENTIONED EVENING CARE ABOVE IN B8 OR B19 OR E1, SKIP TO INSTRUCTION BEFORE E6. ELSE ASK E5]

E5. E5_7to11

Do you look after children that you are not related with to or that you don't have custody of between 7pm and 11pm on week nights (CAPI: IF NEEDED: /WEB: for example, Sunday to Thursday)?

- 1 Yes
2 No

[IF R MENTIONED NIGHTTIME CARE ABOVE IN B8 (p.5) OR B19 (p.9) OR E1,
SKIP TO E7. ELSE ASK E6]

E6. E6_11to6

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

- 1 Yes
2 No

E7. E7_weeks

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

Number of weeks ➔ (IF 52, SKIP TO E8)

Range: 1-52

E8. E8_typecare [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

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

| | Yes | No |
|--|----------------------------|----------------------------|
| 1. sick care for children you care for anyway | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 2. full-day activities for school-age children during the summer | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

E10. E10_sick

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 INSTRUCTION BEFORE E13
6 Something Else: _____

E10a. E10_whensick

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: 2000-2012

E13. E13_referral [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

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

| | YES | NO |
|--|----------------------------|----------------------------|
| E13a. Health screening, such as for medical, dental, vision, hearing, or speech? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| E13b. Development assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| E13c. Services such as speech therapy, occupational therapy, or services for children with special needs available to children? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| E13d. Counseling services for children or parents? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| E13e. Social services to families such as housing assistance, food stamps, financial aid, or medical care? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

ADMISSIONS/MARKETING

F1. F1_stopcare

During January through March of 2011, 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. F2_newcare

During January through March of 2011, how many new children did you start looking after?

Range: 0-999

F3. F3_whystop

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

IF (C14=2 RELATIONSHIP-BASED), SKIP TO CARE PROVIDED SECTION, ITEM G1.ELSE GO TO F4

F4. F4_findnew

Do you list your services with a resource and referral agency to try to find new children to look after?

1 Yes

2 No

99 DK/REF/BLANK

F6. F6_explain [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

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

| | YES | NO |
|--|----------------------------|----------------------------|
| a. Invite families looking for care to visit and observe | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Tell parents about your overall quality rating (for example, accreditation, tiered reimbursement) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

F9. F9_reject

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

CARE PROVIDED

G1. G1_plan

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

- Yes →ASK G2
- No ➔ (SKIP TO INSTRUCTION BEFORE G3A)

G2. G2_whenplan

When do you plan the activities of the child(ren) you look after?

- While caring for children
- Time when children are not present
- Don't make specific plans

G3. G3_timeplan

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

Hours per week

Range: 0-168

IF CHILD(REN) UNDER SCHOOL AGE (B4<6 FOR AT LEAST ONE CHILD OR NON-SCHOOL-AGED CHILDREN MENTIONED IN C1A), ASK [G3_ECE]. OTHERWISE ASK [G3_SA].

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.

G3_ECE. G3_ECE_activity [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

How many days last week did you do any of the following as a planned activity with the children younger than kindergarten age? Please enter 0 if you did not do these things with children any day last week, or if they were done, but they had not been planned.

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

- A. Learning activities that you planned for child(ren) such as learning letters and reading or numbers and counting _____ DAYS
- B. Free time for children to read or explore on their own _____ DAYS
- C. Vigorous activity in games that you organize and supervise _____ DAYS
- D. Vigorous activity that the children select and do without direct supervision ____-
-DAYS
- E. Singing and movement planned in advance _____ DAYS
- F. Helping children with basic needs such as eating,
toileting/diapering, or getting dressed. _____ DAYS

IF CARE FOR SCHOOL-AGED CHILD(REN) (B4>6 OR SCHOOL AGE GROUPS MENTIONED IN C1), ASK [G3_SA] ELSE GO TO _INSTRUCTION ABOVE G3A__.

[SA].

G3_SA. **G3_SA_activity** [PROGRAMMER NOTE: SHOW GRID IN
CAPI AND WEB]

How many days last week did you do any of the following as a planned activity with the children kindergarten age or older? Please enter 0 if you did not do these things with children any day last week, or if they were done, but they had not been planned. If last week was a holiday or vacation week, please report information for the last usual week.

- A. Learning activities that you planned for child(ren) such as learning reading, math or science _____ DAYS
- B. Free time for children to do homework or read on their own _____ DAYS
- C. Vigorous activity in games that you organize and supervise _____ DAYS
- D. Vigorous activity that the children select and do without direct supervision ____-
-DAYS
- E Free time for social activities or socializing with other children _____ DAYS
- _____

IF CARE FOR SCHOOL-AGED CHILD(REN) (B4>6 OR SCHOOL AGE GROUPS MENTIONED IN C1), ASK [G3_SA] ELSE GO TO _INSTRUCTION ABOVE G3A__.

[SA].

G3_SA. **G3_SA_activity** [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

IF C14=2 (RELATIONSHIP-BASED) GO TO G5. ELSE, ASK G3A.

G3A. **G3A_curriculum**

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

1. YES → GO TO G3B.
2. NO → GO TO G4

G3B. **G3B_currname**

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
9. Another curriculum (Please specify: _____)

G4. **G4_sponsor**

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?

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

G5. G5_meet

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 G6)
- 2 YES, BUT NOT REGULARLY → (SKIP TO G6)
- 3 NO → ASK G5A

G5a. G5_education

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 (SKIP TO G7)
- 2 NO (SKIP TO G7)

IF (C14=2 RELATIONSHIP-BASED), SKIP TO G7. ELSE ASK G5d.

G5d. G5_othprovide

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

G6. G6_outside [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

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.

| Activity outside of directly caring for children | Hours | Time Unit |
|---|--------------|---|
| Buying supplies and food for child(ren) | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month |

| | | |
|--|--|--|
| | | <input type="checkbox"/> 3 per week |
| Cleaning and maintaining the space | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Planning your activities with the child(ren) | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Doing record keeping, billing, administrative tasks | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Participating in education, training or professional meetings | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Communicating with parents outside of your regular program hours | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Marketing your child care services | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| Any other activity you spend time on for children you look after Cualquier otra actividad a la que dedica tiempo para los niños que cuida | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| How many hours would you say you spend on all of these activities combined, per month? | | |

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

G6a. G6a_numrooms

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

G6b. G6b_liverooms

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

G7. G7_intro

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

G7a. G7_whycare

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
7. OTHER (SPECIFY: _____)

G7b. G7_main

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
6. OTHER (SPECIFY: _____)

IF C14=2 (RELATIONSHIP-BASED), GO TO G9. ELSE ASK G7C.

G7c. G7c_member

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

G9. G9_dvd

While the children you are taking care of are with you, how often do they use something with a screen, such as a TV, computer or electronic game?

- 1 Every day
2 2-3 times per week
3 2-4 times per month
4 Once a month or less
5 Never

G12. G12_support

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

G15. 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?

- 1 Yes
2 No

a. **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

b. **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?) ...Went to a workshop sponsored by a community agency or family child-care network

- 1 Yes→ASKG15B1

No →G15C

G15B1. G15B1

Was that a single workshop or a series of several sessions?

1. SINGLE WORKSHOP
2. WORKSHOP SERIES

C. 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

- Yes
- No

D. 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?

- Yes →ASK G15D1
- No →G16

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 any item in G15A TO G15D, ASK G16. ELSE GO TO G17.

G16.

What would you say was the main topic of the most recent activity you participated in to improve or gain skills in working with children?

(INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED. CODE ONE ONLY.)

[PROGRAMMER NOTE: WEB VERSION SHOULD BE OPEN ENDED AND NOT DISPLAY CATEGORIES]

1. HOW TO MAINTAIN A SAFE AND HEALTHY ENVIRONMENT IN YOUR HOME

2. HELPING CHILDREN BE READY FOR SCHOOL OR IMPROVE THEIR SCHOOL PERFORMANCE
3. HELPING CHILDREN IMPROVE THEIR BEHAVIOR AND SELF-CONTROL
4. HOW TO COMMUNICATE WELL WITH CHILDREN'S PARENTS AND ASSIST WITH ANY FAMILY PROBLEMS
5. PROVIDING HELP FOR CHILDREN WITH SPECIAL PHYSICAL, DEVELOPMENTAL, EMOTIONAL OR BEHAVIORAL NEEDS
6. PROVIDING HELP FOR CHILDREN WHO DO NOT SPEAK ENGLISH AS THEIR FIRST LANGUAGE

IF YES TO G15A TO G15D, ASK G16A. ELSE GO TO G17.

G17.

| | | STRONGLY DISAGREE | DISAGREE | NEITHE R AGREE NOR DISAGR EE | AGRE E | STRONGLY AGREE |
|---|---|----------------------|----------|---|-----------|-------------------|
| A | In my opinion, children should always obey their parents. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | 1 | 2 | 3 | 4 | 5 |
| B | 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?) | | | | | |
| C | In my opinion, the most important thing to teach children is absolute obedience to whomever is the authority. | | | | | |
| D | 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?) | | | | | |
| E | 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?) | | | | | |
| F | 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?) | | | | | |
| G | 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?) | | | | | |
| H | In my opinion, children should always obey the teacher. (Would you say you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree?) | | | | | |
| I | 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?) | | | | | |
| J | 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?) | | | | | |

G20. [PROGRAMMER NOTE: SHOW IN GRID IN CAPI AND WEB]

We'd like to know how people taking care of children feel about life. During the **past 30 days**, how often did you feel?

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. G20_sad ...so sad that nothing could cheer you up? Would you say... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. G20_nervous (During the past 30 days , how often did you feel)...nervous? (Would you say...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

| | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| c. G20_restless (During the past 30 days , how often did you feel).....restless or fidgety? (Would you say...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. G20_hopeless (During the past 30 days , how often did you feel).....hopeless? (Would you say...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. G20_effort (During the past 30 days , how often did you feel).....that everything was an effort? (Would you say...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. G20_worthless (During the past 30 days , how often did you feel).....worthless? (Would you say...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

HELP WITH CHILD CARE

IF (C14=2 RELATIONSHIP-BASED), SKIP TO I1A BELOW. ELSE ASK H1.

H1. H1_help

Does anyone from outside of your household ever help you look after children who are not your own while those children are with you?

1 Yes → GO TO H2

2 No → SKIP TO I1A

H2. H2_numhelp

How many different people currently help you look after children?

IF 0, SKIP TO SECTION I Range: 0-10

H3_1. [PROGRAMMER NOTE: SHOW IN GRID IN CAPI AND WEB]

(Does this person/How many of these people) have:

a. H3_2yrdegree a 2-year college degree? _____

b. H3_4yrdegree a 4-year college degree? _____

c. H3_statecert state certification in education or child development?

d. H3_experience 5 or more years experience working with children under age 13 (other than raising their own children)? _____

H3_2. [PROGRAMMER NOTE: SHOW IN GRID IN CAPI AND WEB]

How many work:

a. H3_2_30hrsweek 30 or more hours per week? _____

b. H3_2_10hrsweek 10 or fewer hours per week? _____

H3_3. H3_3_highwage

What is the highest wage that you pay [this person/any of these people]?

Amount __ per

1 hour

2 day

3 week

4 month

5 year

6 other _____

HOUSEHOLD CHARACTERISTICS

ASK I1a.-I1l.ii FOR RELATIVES, PARTNERS OF RELATIVES, AND CHILDREN OF PARTNERS OF RELATIVES. If r cares only for co-resident children (B6=yes for all children and C9a=C1a_total), skip to j1.

I1a. I1_HHmembers

These next questions are about your family and the other people who live in your household. Excluding roommates, boarders, or other non-relatives, who are the people who usually live in your household? Please provide their first names or initials. Please begin with the youngest person in the household.

IDENTIFY ALL HOUSEHOLD MEMBERS FIRST, THEN ASK QUESTIONS ABOUT EACH PERSON.

Not including yourself, how many other people live in your household?

| | | | | | |
|----------------------------|--|--|--|---|--|
| I1a. Name /initials | I1b. How old is []? IF NEEDED: Your best guess is fine. I1_hage Range; 0-99 | I1d. What is your relationship to []? I1_relation | | I1f. [IF I1b IS LESS THAN OR EQUAL TO 7 YEARS] Is [] regularly cared for by someone outside of the household, for example, in a pre-school or by a neighbor? I1_care | I1h. [IF I1b IS GREATER THAN OR EQUAL TO 8 YEARS OLD] Does [] ever help you look after children? Please include only help caring for children, and not other help such as billing or shopping for your work looking after children. I1_supervise |
| 1. | | 1 SPOUSE /PARTNER 2 PARENT OR PARENT-IN-LAW 3 CHILD 4 SIBLING OR SIBLING-IN-LAW 5 OTHER RELATIVE 6 NON-RELATIVE | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |

| | | | | | | |
|-----------|--|---|--|---|---|---|
| 2. | | 1 | | 1 <input type="checkbox"/> Full-time 2 <input type="checkbox"/> Part-time 3 <input type="checkbox"/> Not at all | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| | | 2 | | | | |

I1l. I1_watchkid

[Aside from helping you when you are looking after children], does [] look after children under age 13 who are not his/her own? .

- 1 YES → ASK I1L.I
2 NO ➔ (SKIP TO instruction above i2 below)

I1l.i. I1_samekid

Are any of those the same children that you regularly look after?"

- 1 YES
2 NO

If RELATIONSHIP-BASED,

ASK I2.-I2D ONLY FOR HH MEMBERS OVER AGE 8 AND I1H = 1(Yes).

If NON-RELATIONSHIP_BASED, ask I2 for all hh members with i1h=yes or i1b < 13.
Else skip to J1.

I2. I2_withyou

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

- 1 Yes ➔ ASK I2b if I1b greater than or equal to 13. If I1b<13 skip to I2d
2 No ➔ (SKIP TO J1)

I2b. I2_whenassist

[if i1h = yes] How many hours last week did [hhmem] assist you in looking after children?

_____ Number of hours

I2d. I2_whencare

[IF HHMEM LESS THAN 13 YEARS OLD AND (i1h=no)] How many hours last week was [hhmem] in your care at the same time that you were looking after other children?

_____ Number of hours

PROVIDER CHARACTERISTICS

J1. J1_born

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

Range: 1911-1993

J2. J2_country

In what country were you born?

J2a. J2_move

(IF BORN OUTSIDE OF THE U.S.) In what year did you move to the U.S. to stay?

Range: 1911-2011

J3. J3_marry

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. J4_education

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

(READ IF NECESSARY)

- 1 8th GRADE OR LESS →SKIP TO J8
- 2 9th-12th GRADE NO DIPLOMA→SKIP TO J8
- 3 HIGH SCHOOL GRADUATE OR GED COMPLETED→SKIP TO J8
- 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 C14=2 (RELATIONSHIP-BASED) , SKIP TO J12.

J5. J5_degree

Are you currently enrolled in a degree program?

1 Yes

2 No

J5a. J5a_major

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

1 ELEMENTARY EDUCATION

2 SPECIAL EDUCATION

3 CHILD DEVELOPMENT OR PSYCHOLOGY

4 EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE

5 OTHER _____

J7. J7_credits

[IF J4 GREATER THAN OR EQUAL TO 4 (some college)] In the past 12 months, how many credits have you earned for college coursework focusing on child development, education or early childhood?

Number of credits

Range: 0-99

J8. J8_cert

Do you have a state certification or endorsement for early care and education/school-age care, such as a certificate from the state or a Child Development Associate (CDA) certificate?

1 YES

2 NO

J9. J9_specialed

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

- 1 YES
2 NO

J10. J10_addltrain

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

- 1 YES
2 NO

J12. J12_yearcare

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. J13_future

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

Number of years

Range: 0-99

IF R RELATIONSHIP-BASED (C14=2) , SKIP TO J14

J13a1. J13a1_everchildcare

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 J14)

J12a. J12_yearemp

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

J14. J14_addtlwork

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. J15_typework

What kind of work do you do (in addition to looking after these children)? If you have more than one job, please report the one where you work the most hours. What is your title or name of your job? (CATI/CAPI PROBE: Is there other work that you do, for example in your own business or in a family business, whether or not you are paid?) (WEB: Please list up to four jobs that you do for the most hours each week in addition to looking after these children.)

Job/Usual duties: _____

J15A. J15_hours

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

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. J15_paid

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. J15_length

How long have you had that job?

Years and

Months

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

SKIP TO J19.

J17. J17_everwork

[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.

J18a. J18_lastjob

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

J18b. J18b_whenlast

When did you last work at that job?

| | |
|----------------------------|---------------------------|
| <input type="text"/> Month | <input type="text"/> Year |
|----------------------------|---------------------------|

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

IF J18B LT 5 YEARS, ASK J18c, else skip to J19.

J18c. J18_hourslast

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

Range: 0-168

J18d. J18_paylast

About how much were you paid at that job?

| | | |
|--|--|---|
| <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
|--|--|---|

1 per hour

- 2 per day
3 per week

4 per year
5 other: _____

J19. J19_Rhispanic

Are you of Hispanic or Latino descent?

- 1 YES
2 NO

J20. J20_Rrace

Which of the following are you? Please select one or more.

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 (IF VOLUNTEERED:) OTHER

J21. J21_Rlang

What language do you feel most comfortable speaking?

- 1 ENGLISH
2 SPANISH
3 OTHER: _____

J21a. J21_Rothlang

Do you speak any other languages?

- 1 YES → ASK J21B
2 NO → SKIP TO J21c

J21b. J21_Rspeclang

What else do you speak?

- 1 ENGLISH
2 SPANISH
3 OTHER: _____

J21c. J21c_healthins

What kind of health insurance or health care coverage do you have for yourself? (CAPI: CODE ALL MENTIONS, USE CATEGORIES TO PROBE AS NEEDED). [WEB: Please check all that apply]

- 1 PRIVATE HEALTH INSURANCE PLAN FROM YOUR OWN OR YOUR SPOUSE'S EMPLOYER
- 2 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- 3 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM
- 4 PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S EMPLOYMENT
- 5 MEDICAID
- 6 MEDICARE
- 7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
- 8 NO COVERAGE OF ANY TYPE.....
- 9 OTHER (SPECIFY)

J22. J22_Rhealth

Overall, would you say your health is excellent, very good, fair, or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 FAIR
- 4 POOR

J23. J23_HHincome

Approximately what (was/will be) your total household income in 2011? Please include income from looking after children, 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 → ASK J23A

Range: 0-9999999

IF DK/REF, ASK J23b.

J23a. J23_inctax

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. J23_2008inc

It can be difficult to remember or report these numbers and an approximate range is ok. Would you say your total household income in 2011 before taxes or deductions (is/will be)...

- 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. J24_childinc

Approximately how much of your household income in 2011 (came/will come) from your work taking care of children?

- 1 All
- 2 Almost all
- 2 More than half
- 3 About half
- 4 Less than half
- 5 Very little
- 6 None

Operations

INSTRUCTION K1B: IF PROVIDER NOT PAID FOR CARE IN 2011 (J24=none), SKIP TO END. ELSE GO TO K4.

K4. K4_spend

Altogether, how much (did/will) you spend to look after children during 2011, for example, on food, equipment, supplies, wages for assistants, or payments for other services? Your best guess will be fine.

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

K5. K5_inctype [PROGRAMMER NOTE: SHOW GRID IN CAPI AND WEB]

The following is a list of types of income that people who care for children might receive. Please indicate how much you (will receive altogether/received in 2011), if any, from each of the following categories for caring for children.

La siguiente lista contiene distintos tipos de ingresos que podrían recibir las personas que cuidan de niños. Indique cuánto (recibirá en total/recibió en el 2011), si corresponde, de cada una de las siguientes categorías por el cuidado de niños.

| Type of Income | Dollars | |
|---|---------|--|
| a. Payments <i>by parents</i> (including late fees, field trips, diapers, transportation, registration, etc.) | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| b. Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA)) | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| c. Payments from other individuals or groups (family members, charity, employers, churches) | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| d. Other types of income | | <input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week |
| e. That means that you received about [TOTAL] for caring for children under age 13 last year, is that | | <input type="checkbox"/> Yes <input type="checkbox"/> No (GO TO |

| | | |
|--|---------------|----|
| correct? | | g) |
| f. (if NO to e): About how much would you say you (received/will receive altogether) in 2011 for looking after children under age 13? | \$ _____ – | |

END. Thank you for taking the time to complete this survey. We know people who look after children have a lot to do and we appreciate you making this effort.