NATIONAL SURVEY OF **EARLY CARE** & **EDUCATION** | **2019**

Home-based Provider Questionnaire

December 2019, Revised December 2021

2019 National Survey of Early Care and Education Home-based Provider Questionnaire

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Contents

Questionnaire Key

Skip Patterns:

1. Simple skip patterns are identified with an arrow immediately following a response option, as in the example below:

A8A.
Is your program for profit, not for profit, or is it run by a government agency?
1. FOR PROFIT → SKIP TO A9
2. NOT FOR PROFIT
3. RUN BY A GOVERNMENT AGENCY
4. OTHER, SPECIFY: _____

2. More complex skip patterns are identified with a bordered box, as in the example below. Skip Logic Boxes are titled in **bold** and numbered using the following naming convention: [Section]_S_[Sequential count].

Skip Logic Box A_S_1:
IF A8A = 1 OR 2 ("FOR PROFIT" OR "NOT FOR PROFIT"), ASK A9
ELSE, SKIP TO A11.

Loops:

A loop is a series of questions that are asked iteratively about one or more entities, for example, a series of personal characteristics asked about each child in the household. The loop's questions appear once in the questionnaire, with skip instructions that indicate when the series starts and ends and for which entities the loop is asked. Sometimes one loop is nested within another.

1. Loop patterns are identified with a broken-line bordered box, as in the example below. All loops are bookended with a boxes designated as 'Start of...' and 'End of...' Loop. Loop boxes are titled in *italics* and numbered using the following naming convention: [Section]_L_[Sequential count].

Start of B_L_1 Loop (*BL1*):
REPEAT B1_5 – B1_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

2. All questionnaire items within a loop are identified with a truncated loop title, preceded by a '*' and formatted *in italics* with blue font. A single questionnaire item may be included in none, one, or multiple loops and will be identified accordingly in the questionnaire with zero, one, or multiple loop titles.

B1_5C. *BL1*
How many hours per week does that cover?

_____

Variable names:

Variables in public-use data files are identified throughout the questionnaire, as in the examples below. Raw variables are prefixed with a "RV:" and formatted with orange font. Derived variables are prefixed with a "DV:" and formatted with green font. For a more detailed explanation of raw and derived variables, please refer to Section 3 of the User's Guide. Raw variables are generally listed once next to the questionnaire item used as their source. Derived variables are listed next to all the questionnaire items used as sources. For example, if a derived variable uses two questionnaire items as sources (e.g. one as numerator and one as denominator), the name of that derived variable will be identified next to each of these two questionnaire items.

B6. RV: CB9_SCHDL_WKS_PER_YEAR
How many weeks per year does your program provide care for children under age 13?
_____ Number of weeks

B5c. DV: CB9_SCHDL_VARY_PAY; DV: CB9_SCHDL_FLEX_HRS
Does your program permit parents to pay for and use varying numbers of hours of care each week?
1. YES, AT THEIR CONVENIENCE
2. YES, FROM A SET OF SCHEDULE OPTIONS
3. YES, BEYOND A MINIMUM NUMBER OF HOURS
4. NO → SKIP TO B6

Ranges:

Numeric open-ended responses throughout the questionnaire, such as number of years or weeks, have a pre-assigned lower and upper limit in the computerized questionnaire to minimize error. These ranges are shown directly beneath such open-ended responses, as in the example below. Ranges are prefixed with "RANGE:" in all caps and formatted with purple font.

B5d.
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

Programmatic fills:

Some questions have customized text that is programmatically filled during computerized administration. A descriptor of the customized text is indicated, and users can tell that customized rather than generic text was visible during the interview because the text is bracketed and in CAPS. Programmatic fills within the questionnaire are contained within brackets […], as in the example below. The fill text within the brackets provides a brief description of what the fill is.

A2G9a. *AL1 *AL2
In the past 12 months, has he/she contributed $500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?
1. Yes
2. No
3. DK/REF

Overview of 2019 NSECE Questionnaire and Changes from 2012 NSECE Questionnaire

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
Section A: Location of Care	Confirmation of child care program address	A-1	• 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
	Update of child care program address, if necessary	A-1	
	Current provision of care for children under age 13 at least 5 hours per week	A-1	
	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	
	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
	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	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
	Emotional, developmental or behavioral condition of each child that affects care	B-5	• Item about children's race was edited to reflect current OMB guidelines. • Deletion of item that identifies any discount or add-on charged for care of each child.
	Ethnicity of each child provider cares for	B-5	
	Race of each child provider cares for	B-5	
	Whether each child speaks a language other than English at home	B-6	
	Language mostly spoken with each child while in care	B-6	
	Help needed speaking with each child's parents because of different languages	B-6	
	Main reason for varying scheduled	B-8	
	Date when provider first started caring for each child	B-8	
	Any payment received for care for each child	B-8	
	Rate charged for care for each child	B-9	
	Payment for each child received from other sources	B-9	
	Payment source for each child's discount or subsidy	B-9	
	Non-monetary compensation for care provided for each child	B-10	
	Frequency of non-monetary compensation for each child	B-10	
	Number of additional children provider willing and able to regularly care for	B-11	
	Willingness to care for children without a prior relationship	B-11	
Section C: Enrollment	Number of children enrolled by age group	C-1	• Replacement of item about number of additional children provider is willing and able to care for, so that it asks about current vacancies. • Item about children's race edited to reflect current OMB guidelines.
	Number of children enrolled full-time by age group	C-1	
	Number of vacancies by age group	C-1	
	Number of children with a physical condition that affects care	C-2	
	Number of children with emotional, developmental or behavioral condition that affects care	C-3	
	Number of Hispanic children	C-3	
	Number of children by race	C-3	
	Number of children by hours provider provides care	C-4	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
	Number of children who live in the same household as provider	C-4	• 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
	Number of children with specific prior relationships to provider	C-4	
	Payment received for child care	C-6	
	Number of children without regular payment	C-7	
	Presence of prior relationship with all children without regular payment	C-7	• Addition of item that identifies providers who are related to all children for whom they do not receive any regular payment.
	Confirmation provider receives no regular payment for any children	C-7	
	One or different rates charged to families	C-7	
	Any full-time rate for each age group	C-7	• Minor edits to wording of items that capture the payment rate providers charge
	Highest rate for full-time care for each age group	C-8	
	Types of financial assistance provided to families	C-9	• Deletion of item that identifies any discount or add-on charged for care of each child.
	Number of children paid for by families with no subsidies, discounts or scholarships	C-10	• Inclusion of four items that capture types of financial assistance provided to families.
	Number of children who speak a language other than English at home	C-10	
	Number of children whose parents have limited English proficiency	C-11	• Inclusion of item that captures number of children paid exclusively by their families.
	Language(s) spoken directly with children	C-11	
	Percentage of time speaking English when caring for children	C-11	• Edits to items regarding number of children whose parents have limited English proficiency.
	Number of children experiencing homelessness	C-12	
	Federal, state, or local agencies pay for care	C-12	• Addition of item measuring number of children experiencing homelessness
	Number of children funded by different agencies or government programs	C-13	
	Payment arrangement from agencies or government programs	C-13	• Addition of item asking if a community organization pays for part or all of the cost for a child
	Community organization pays for care	C-14	• EDITS TO C15
	Number of children paid for by community organizations	C-14	
	Various types of fees paid by parents receiving subsidy	C-14	
	Any limit to number of children with subsidies served	C-14	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
	Any enrollment supported by subsidy in past year	C-15	• 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. • Deletion of item capturing whether respondent provides transportation to and from their care to children
	Any family requested use of subsidies in past year	C-15	
	Comparison of children under care using private pay and using subsidy	C-15	
Section E: Schedule	Daily schedule of child care services	E-1	• 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. • 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. • Addition of item measuring number of children experiencing food insecurity
	Fee for late pick up	E-3	
	Whether variation in weekly schedules are allowed and number of children with such variation	E-3	
	Whether parents are allowed to pay for varying number of hours each week and number of children with such arrangement	E-3	
	Provider gets paid for days children do not attend	E-4	
	Number of weeks spent providing care	E-4	
	Care arrangement when provider is sick	E-4	
	Month and year when provider was last unable to provide care due to illness	E-4	
	Whether provider helps enrolled children find comprehensive services	E-5	
	Whether provider pays enrolled children's comprehensive services	E-5	
	Whether provider provides on-site comprehensive services for enrolled children	E-5	
	Number of children experiencing food insecurity	E-5	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
Section F. Admissions/ Marketing	Number of children who left program during three-month period last year	F-1	• Addition of item reporting whether provider had asked parents for early pick up due to the child's behavior
	Number of children who entered program during three-month period last year	F-1	• Deletion of two items capturing additional types of care provided
	Whether provider stopped care due to child's behavior last year	F-1	• Addition of item reporting whether special needs child was kept from entering the program.
	Whether provider has asked for early pick up due to child's behavior last year	F-1	
	Program listed with referral agency	F-2	• Addition of two items measuring participation in quality rating system and recent improvement in quality rating.
	Whether children have been turned away due to lack of vacancies last year	F-2	
	Whether children with special needs have been turned away last year	F-2	• Addition of items asking about opinions about use of background checks for staff working in childcare settings
	Whether program has overall quality rating	F-2	
	Whether program quality rating has improved in last two years	F-2	• Addition of items that identify types of inspections provider has received
	Opinions about background checks for childcare staff	F-3	
	Whether program has been inspected in last year	F-3	
Section G. Care Provided	Whether provider plans daily activities and time spent planning	G-1	• Addition of item measuring program participation in Child and Adult Care Food Program
	Time spent on various activities in a typical day	G-1	• Deletion of item that captures when caregiver plans activities
	Any snacks or meals provided to children	G-4	
	Program's participation in Child and Adult Care Food Program	G-4	• New items regarding activities with children in a typical day
	Children's time spent with screens	G-4	• Addition of various items capturing snacks or meals provided to children.
	Whether provider uses a curriculum and Identification of curriculum used	G-4	
	Received training to use curriculum	G-5	• Revision of question about children's screen time, including change in response options from number of days to number to hours in a day
	Program sponsorship	G-6	
	Any time spent with other child care providers	G-6	
	Provider aware of places to meet other child care providers	G-6	• Expansion of list of potential curriculum and inclusion of training for curriculum use.
	Provider has access to resources or professional development	G-6	
	Time spent on all program activities in addition to time spent with children	G-7	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
	Physical space used for child care	G-8	• Addition of location of children's physical activity.
	Location of children's physical activity while in care	G-8	• Addition of item measuring access to health consultant in the program.
	Identification of two main reasons provider works with children	G-9	• Addition of item asking for second most important reason respondent looks after children
	Main responsibility when looking after children	G-9	
	Membership in professional organization	G-10	• Expansion of professional development items, including additional information on coursework, format of health or safety training, separation of health and safety from other topics, professional development plan, time spent on professional development.
	Access to a family support resource/ mental health consultant/ guidance counselor	G-10	
	Access to a health consultant	G-10	
	Type of professional development caregiver has had in past 12 months	G-10	
	Participation in on-line health and safety training	G-12	
	Topic of most recent professional development activity, besides health and safety	G-13	• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological Studies Depression Scale (CES-D7)
	Training in working with children of different race, ethnicities, or cultures	G-13	• Inclusion of four items from Bridget Hamre's instructional approach/knowledge scale
	Assistance with costs of professional development	G-14	
	Professional development plan	G-14	• Replacement of Kessler Psychological Distress Scale with Center for Epidemiological Studies Depression Scale (CES-D7).
	Parental Modernity Scale – Traditional Belief Scale	G-14	
	Center for Epidemiological Studies Depression Scale	G-17	
	Bridget Hamre's instructional approach/ knowledge	G-18	• Inclusion of four items from Bridget Hamre's instructional approach/knowledge scale.
Section H. Help with Child Care	Whether any individuals assist with provision of care	H-1	• Substantive expansion to include a roster of people who helped the provider look after children last week, including several characteristics for each person reported.
	Number of people assisting provider look after children	H-1	
	Hours worked by assistant	H-2	
	Whether assistant receives any payment	H-2	• Addition of item asking how many hours last week respondent spent directly caring for children
	Wage paid to assisting caregiver	H-2	
	Educational attainment of assisting caregiver	H-2	
	Age of assisting caregiver	H-2	
	Years of paid ECE experience for assisting caregiver	H-2	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
	Any credential for assisting caregiver	H-2	
	Any professional development for assisting caregiver	H-2	
	Number of hours provider spent directly caring for children last week	H-4	
Section I. Household Characteristics	Number of people living in household	I-1	• Substantial reduction of number of items because information on household members who help with care is captured in Section H.
	Age of people living in household	I-1	
	Relationship to other household member	I-1	
	Whether children under 6 are receive care from someone outside of the household	I-1	• Addition of item that measures if provider cares for household's children under the age of 6 concurrently with looking after other children
	Number of hours children under 6 were in respondent's care while respondent looking after other children	I-1	
Section J. Provider Characteristics	Year of birth	J-1	• Wording updates to items regarding currently enrollment in degree program and postsecondary majors.
	Country of birth	J-1	
	Year moved to United States	J-2	
	Current marital status	J-3	
	Educational attainment of caregiver	J-3	• Disaggregation of question about state certification or CDA into two different items.
	Currently enrolled in degree program	J-3	
	Field of study of highest degree	J-4	
	ECE credentials	J-4	• Addition of item about experience providing different types of home-based care
	Any training in ECE outside of higher education	J-4	
	Years of ECE work experience	J-5	• Wording updates to items regarding additional work respondent does outside of childcare
	Expected additional years caring for children	J-5	
	Any work for a center, school or other organization	J-5	
	Years of ECE work experience at a center	J-5	• Update to items regarding ethnicity and racial identification to reflect current OMB guidelines.
	Prior experience in different types of home-based care	J-6	
	Any other work for pay and characteristics of that job	J-6	• Removal of two items regarding most proficient language spoken and specific language spoken other than English
	Any work for pay other than home-based care and characteristics of that job	J-8	• Inclusion of item regarding days affected by poor health.
	Ethnicity	J-8	• Addition of item regarding home ownership.
	Race	J-9	
	Any language spoken other than English	J-9	• Update of time frame for annual household income (from 2011 to 2018).
	Health insurance coverage	J-9	
	Self-rated health	J-9	

2019 Category	2019 Construct	Page #s	Key changes from 2012 to 2019
	Number of days affected by poor health	J-10	
	Whether provider owns home used to care for children	J-10	
	Annual household income: Exact dollar amount	J-10	
	Annual household income: Before/after tax	J-10	
	Annual household income: Ranges	J-10	
	Percentage of household income stemming from childcare work	J-11	
Section K. Operations	Amount spent operating program	K-1	• Addition of multiple prompts for item non-response on sources and amount of income received
	Sources of income from provider's child care work	K-1	
	Types of income received: Total income received	K-2	

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:

QUEXLANG

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.

GO TO INSTRUCTION BEFORE A1.

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.

Section A. Location of Care and Screening

A1.
Our records indicate that your home address is (ADDRESS). Is that correct?

     1.   Yes
     2.   No

Skip Logic Box A_S_1:
IF A1= 1 SKIP TO A1A1_M ELSE, ASK A1a
IF ADDRESS PRELOAD NOT PRESENT, INCLUDE INTRO TEXT WITH A1A IF A1 = DK/REF, 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_M.
Do you look after children under age 13 who are not your own at least 5 hours each week?

INTERVIEWER INSTRUCTIONS: 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

Skip Logic Box A_S_2:
IF A1A1 = 1 AND SAMPTYPE=PROV, SKIP TO SKIP LOGIC BOX A_S_3 ELSE, IF A1A1 = 2 OR 3 AND SAMPTYPE=PROV, ASK A_SCRN_2 ELSE, IF A1A1=1 AND SAMPTYPE=HHLD, SKIP TO CHECK_S ELSE, SKIP 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
2. No → SKIP 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?

	Very much	**Somewhat**	**Not at all**
A. Financial reasons such as finding a new job or not enough income from providing child care			
B. Difficulties complying with regulations and requirements			
C. You didn't feel you were helping parents and children			

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.

Summer Skip Logic Box S_S_1:
IF CASE WAS COMPLETE ON OR AFTER MAY 29, 2019 THEN CHECK_S = 1
ELSE CHECK_S = 2

Summer Skip Logic Box S_S_2:
IF CHECK_S-2, SKIP TO A1C1
ELSE, IF CHECK_S=1 AND SAMPTYPE=PROV, ASK T1_LHB
ELSE, IF CHECK_S=1 AND SAMPTYPE=HHLD, ASK 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 ANY OF T1_LHB A – F = 1, SKIP 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 ANY OF T1_UHB A – F = 1, ASK T2
ELSE, GO 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_M. RV: HB9_PRGM_LOCATION; RV: HB9_PRGM_LOCATION_UL; DV: HB9_PRGM_RLTNSHP_FCC

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
5   Added: someone else's home
6   Added: not a residence LOCATION VARIES
7   Don't Know/Refused/No Answer

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. DV: HB9_ENRL_TOTAL

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: 0-999

B1A. DV: HB9_ENRL_TOTAL

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: 0-999

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 → SKIP TO SKIP LOGIC BOX B_S_1

    2.   NO

B1C.

PLEASE CLICK ON THE 'PREVIOUS' BUTTON TO CORRECT THE NUMBER OF CHILDREN WATCHED LAST WEEK OR USUALLY (BUT NOT LAST WEEK).

Skip Logic Box B_S_1:

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

Start of B_L_1 Loop (*BL1*):

REPEAT B2A/B3A – B26 FOR EACH CHILD UNTIL ALL CHILDREN HAVE BEEN ASKED ABOUT.

B2_M. *BL1

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

B3_M. *BL1

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.

B2_M /B3_M. Initials	1.	2.	3.
B4_M. *BL1* How old is [CHILD INITIALS]? DV: HB9_REGSERVE_0TO3YRS; DV: HB9_REGSERVE_3TO5YRS; DV: HB9_REGSERVE_0TO5YRS; DV: HB9_REGSERVE_SCHOOLAGE; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_ENRL_NUMCH_UNDER3_FLAG; DV: HB9_ENRL_NUMCH_UNDER3; DV: HB9_ENRL_NUMCH_3TO5_FLAG; DV: HB9_ENRL_NUMCH_3TO5; DV: HB9_ENRL_NUMCH_SA_FLAG; DV: HB9_ENRL_NUMCH_SA;	Years: Months:	Years: Months:	Years: Months:
B2a_M /B3a_M. *BL1* FOR EACH CHILD, IF CHILD NAME IS PROVIDED IN B2 THEN CODE AS 1 - 'LAST WEEK'. IF CHILD NAME IS PROVIDED IN B3, THEN CODE AS 2 -'REGULAR (NOT LAST WEEK)'			

B2_M /B3_M. Initials	1.	2.	3.
These next questions are about (child initials)[who is (child age)].			
B6_M. *BL1* Do you and [CHILD INITIALS/CHILD AGE] live in the same household? DV: HB9_ENRL_SAMEHH; DV: HB9_ENRL_FAMILY_RLTNSHP_NUMCH	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
IF B6 =1, SKIP TO INSTRUCTION BEFORE B8. ELSE ASK B7 **B7_M.** *BL1* Did you have a prior personal relationship with [CHILD INITIALS/CHILD AGE]'s family before you started looking after (him/her)? DV: HB9_ENRL_FAMILY_RLTNSHP_NUMCH; DV: HB9_PRGM_RLTNSHP	1. Yes 2. No → SKIP to B8 3. DK	1. Yes 2. No → SKIP to B8 3. DK	1. Yes 2. No → SKIP to B8 3. DK

B2_M /B3_M. Initials	1.	2.	3.
B7a_M. *BL1* What is your personal relationship to [CHILD INITIALS/CHILD AGE]? DV: HB9_PRGM_RLTNSHP	1. Parent without primary legal responsibility 2. Grandparent 6. Parent's partner/spouse/girlfriend or boyfriend 7. Aunt/Uncle 8. Cousin 3. Other blood relative 4. Family friend 9. Non-relative 5. Other Specify: _____ 10. DK/REF/NO ANSWER	1. Parent without primary legal responsibility 2. Grandparent 6. Parent's partner/spouse/girlfriend or boyfriend 7. Aunt/Uncle 8. Cousin 3. Other blood relative 4. Family friend 9. Non-relative 5. Other Specify: _____ 10. DK/REF/NO ANSWER	1. Parent without primary legal responsibility 2. Grandparent 6. Parent's partner/spouse/girlfriend or boyfriend 7. Aunt/Uncle 8. Cousin 3. Other blood relative 4. Family friend 9. Non-relative 5. Other Specify: _____ 10. DK/REF/NO ANSWER
IF B7A = 2 ASK B7Bii ELSE SKIP TO B8. **B7b.ii_M** *BL1* So, [CHILD INITIALS/CHILD AGE] is your grandchild?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

B2_M /B3_M. Initials	1.	2.	3.
B8_M. *BL1* Please provide the hours last week on Monday that you looked after [CHILD INITIALS/CHILD AGE]. For each care timeslot, enter start time and end time below. If you cared for the child multiple times in the day, report each session of care separately. DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA **DISPLAY CHECK BOX "DIDN'T CARE THAT DAY"**	Start time: Slot 1: Slot 2: End time: Slot 1: Slot 2: DK/REF Did not provide care that day	Start time: Slot 1: Slot 2: End time: Slot 1: Slot 2: DK/REF Did not provide care that day	Start time: Slot 1: Slot 2: End time: Slot 1: Slot 2: DK/REF Did not provide care that day
B8D2_M. *BL1* 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.	SELECT ALL THAT APPLY: ☐TUESDAY ☐WEDNESDAY ☐THURSDAY ☐FRIDAY ☐SATURDAY ☐SUNDAY ☐NO IDENTICAL DAY	SELECT ALL THAT APPLY: ☐TUESDAY ☐WEDNESDAY ☐THURSDAY ☐FRIDAY ☐SATURDAY ☐SUNDAY ☐NO IDENTICAL DAY	SELECT ALL THAT APPLY: ☐TUESDAY ☐WEDNESDAY ☐THURSDAY ☐FRIDAY ☐SATURDAY ☐SUNDAY ☐NO IDENTICAL DAY

B2_M /B3_M. Initials	1.	2.	3.
B8C_M. *BL1* Was [CHILD 2 INITIALS/CHILD 2 AGE] schedule **last Monday** the same as another child's Monday schedule?		1. Yes 2. No	1. Yes 2. No
B8C1_M. *BL1* Which child had the same Monday schedule?		1. [INITIALS/AGE for child 1]	1. [INITIALS/AGE for child 1] 2. [INITIALS/AGE for child 2]
B8C2_M. *BL1* 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] 1. Identical 2. Some differences	[CHILD INITIALS/CHILD AGE 3] 1. Identical 2. Some differences
B9_M. *BL1* Does [CHILD INITIALS/CHILD AGE] have a physical condition that affects the way you care for (him/her)? DV: HB9_ENRL_PHYSCNDTN_NUMCH	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
B10_M. *BL1* Does [CHILD INITIALS/CHILD AGE] have an emotional, developmental, or behavioral condition that affects the way you care for (him/her)? DV: HB9_ENRL_EMOCON_NUMCH	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

B2_M /B3_M. Initials	1.	2.	3.
B11_M. *BL1* Is [CHILD INITIALS/CHILD AGE] Hispanic or Latino? DV: HB9_ENRL_HISP_NUMCH; DV: HB9_ENRL_NHWHITE_NUMCH; DV: HB9_ENRL_NHBLACK_NUMCH; DV: HB9_ENRL_NHASIAN_NUMCH; DV: HB9_ENRL_NHOTHER_NUMCH	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
B12_M. *BL1* Which of the following is [CHILD INITIALS/CHILD AGE]…? SELECT ONE OR MORE. DV: HB9_ENRL_NHOTHER_NUMCH; DV: HB9_ENRL_NHWHITE_NUMCH; DV: HB9_ENRL_NHBLACK_NUMCH; DV: HB9_ENRL_NHASIAN_NUMCH	1. White 2. Black or African American 3. Asian 4. Mixed race, another race, or you are not certain _____	1. White 2. Black or African American 3. Asian 4. Mixed race, another race, or you are not certain _____	1. White 2. Black or African American 3. Asian 4. Mixed race, another race, or you are not certain _____
B13_M. *BL1* Does [CHILD INITIALS/CHILD AGE] speak a language other than English at home? DV: HB9_ENRL_LANG_NOENGLISH; DV: HB9_ENRL_PARENT_INTERPRETER;	1. Yes 2. No→ SKIP TO B17	1. Yes 2. No→ SKIP TO B17	1. Yes 2. No→ SKIP TO B17

B13b_M. *BL1* What language do you mostly use when you are with [CHILD INITIALS/CHILD AGE] or his or her parents?	1. English 2. Spanish 3. Other: _____ 4. DK/REF 5. Added: African dialects 6. Added: Afrikaans 7. Added: Albanian 8. Added: Amer Sign Lang 9. Added: Amharic 10. Added: Arabic 11. Added: Arapaho 12. Added: Armenian 13. Added: Athabaskan 14. Added: Azerbaijani 15. Added: Bengali 16. Added: Berber 17. Added: Bosnian 18. Added: Bulgarian 19. Added: Burmese 20. Added: Cambodian/Khmer 21. Added: Cantonese 22. Added: Cape Verdean Creole 23. Added: Chaldean 24. Added: Chamorro 25. Added: Chinese 26. Added: Chuukese 27. Added: Creole 28. Added: Croatian	1. English 2. Spanish 3. Other: _____ 4. DK/REF 5. Added: African dialects 6. Added: Afrikaans 7. Added: Albanian 8. Added: Amer Sign Lang 9. Added: Amharic 10. Added: Arabic 11. Added: Arapaho 12. Added: Armenian 13. Added: Athabaskan 14. Added: Azerbaijani 15. Added: Bengali 16. Added: Berber 17. Added: Bosnian 18. Added: Bulgarian 19. Added: Burmese 20. Added: Cambodian/Khmer 21. Added: Cantonese 22. Added: Cape Verdean Creole 23. Added: Chaldean 24. Added: Chamorro 25. Added: Chinese 26. Added: Chuukese 27. Added: Creole 28. Added: Croatian	1. English 2. Spanish 3. Other: _____ 4. DK/REF 5. Added: African dialects 6. Added: Afrikaans 7. Added: Albanian 8. Added: Amer Sign Lang 9. Added: Amharic 10. Added: Arabic 11. Added: Arapaho 12. Added: Armenian 13. Added: Athabaskan 14. Added: Azerbaijani 15. Added: Bengali 16. Added: Berber 17. Added: Bosnian 18. Added: Bulgarian 19. Added: Burmese 20. Added: Cambodian/Khmer 21. Added: Cantonese 22. Added: Cape Verdean Creole 23. Added: Chaldean 24. Added: Chamorro 25. Added: Chinese 26. Added: Chuukese 27. Added: Creole 28. Added: Croatian

	29. Added: Czech	29. Added: Czech	29. Added: Czech
	30. Added: Dakota	30. Added: Dakota	30. Added: Dakota
	31. Added: Danish	31. Added: Danish	31. Added: Danish
	32. Added: Dari	32. Added: Dari	32. Added: Dari
	33. Added: Dinka	33. Added: Dinka	33. Added: Dinka
	34. Added: Dutch	34. Added: Dutch	34. Added: Dutch
	35. Added: Dzongkha	35. Added: Dzongkha	35. Added: Dzongkha
	36. Added: Esan	36. Added: Esan	36. Added: Esan
	37. Added: Ethiopian	37. Added: Ethiopian	37. Added: Ethiopian
	38. Added: Farsi/Persian	38. Added: Farsi/Persian	38. Added: Farsi/Persian
	39. Added: Fijian	39. Added: Fijian	39. Added: Fijian
	40. Added: Filipino/Tagalog	40. Added: Filipino/Tagalog	40. Added: Filipino/Tagalog
	41. Added: Finnish	41. Added: Finnish	41. Added: Finnish
	42. Added: French	42. Added: French	42. Added: French
	43. Added: French Creole	43. Added: French Creole	43. Added: French Creole
	44. Added: Fujianese	44. Added: Fujianese	44. Added: Fujianese
	45. Added: Fulani	45. Added: Fulani	45. Added: Fulani
	46. Added: Gaelic	46. Added: Gaelic	46. Added: Gaelic
	47. Added: German	47. Added: German	47. Added: German
	48. Added: Ghanaian dialects	48. Added: Ghanaian dialects	48. Added: Ghanaian dialects
	49. Added: Greek	49. Added: Greek	49. Added: Greek
	50. Added: Guarani	50. Added: Guarani	50. Added: Guarani
	51. Added: Gujarati	51. Added: Gujarati	51. Added: Gujarati
	52. Added: Guyanese Creole	52. Added: Guyanese Creole	52. Added: Guyanese Creole
	53. Added: Haitian Creole	53. Added: Haitian Creole	53. Added: Haitian Creole
	54. Added: Hakka Chinese	54. Added: Hakka Chinese	54. Added: Hakka Chinese
	55. Added: Hawaiian	55. Added: Hawaiian	55. Added: Hawaiian
	56. Added: Hebrew	56. Added: Hebrew	56. Added: Hebrew
	57. Added: Hindi	57. Added: Hindi	57. Added: Hindi
	58. Added: Hmong	58. Added: Hmong	58. Added: Hmong

59. Added: Hopi 60. Added: Hualapai 61. Added: Hungarian 62. Added: Ibo 63. Added: Igbo 64. Added: Ilocano 65. Added: Indian dialects 66. Added: Indonesian 67. Added: Italian 68. Added: Jamaican Patois/Creole 69. Added: Japanese 70. Added: Jewish 71. Added: Kannada 72. Added: Karen 73. Added: Korean 74. Added: Kurdish 75. Added: Lakota 76. Added: Lanc-Patua 77. Added: Lao 78. Added: Latin 79. Added: Latvian 80. Added: Lebanese 81. Added: Lithuanian 82. Added: Macanese 83. Added: Macau Creole 84. Added: Mai Mai 85. Added: Mandarin 86. Added: Mandinka	59. Added: Hopi 60. Added: Hualapai 61. Added: Hungarian 62. Added: Ibo 63. Added: Igbo 64. Added: Ilocano 65. Added: Indian dialects 66. Added: Indonesian 67. Added: Italian 68. Added: Jamaican Patois/Creole 69. Added: Japanese 70. Added: Jewish 71. Added: Kannada 72. Added: Karen 73. Added: Korean 74. Added: Kurdish 75. Added: Lakota 76. Added: Lanc-Patua 77. Added: Lao 78. Added: Latin 79. Added: Latvian 80. Added: Lebanese 81. Added: Lithuanian 82. Added: Macanese 83. Added: Macau Creole 84. Added: Mai Mai 85. Added: Mandarin 86. Added: Mandinka	59. Added: Hopi 60. Added: Hualapai 61. Added: Hungarian 62. Added: Ibo 63. Added: Igbo 64. Added: Ilocano 65. Added: Indian dialects 66. Added: Indonesian 67. Added: Italian 68. Added: Jamaican Patois/Creole 69. Added: Japanese 70. Added: Jewish 71. Added: Kannada 72. Added: Karen 73. Added: Korean 74. Added: Kurdish 75. Added: Lakota 76. Added: Lanc-Patua 77. Added: Lao 78. Added: Latin 79. Added: Latvian 80. Added: Lebanese 81. Added: Lithuanian 82. Added: Macanese 83. Added: Macau Creole 84. Added: Mai Mai 85. Added: Mandarin 86. Added: Mandinka

	87. Added: Mao 88. Added: Maricopa 89. Added: Marshallese 90. Added: Micronesian 91. Added: Mien 92. Added: Mi'kmaq 93. Added: Min Chinese 94. Added: Mixtecan 95. Added: Mohawk 96. Added: Mongolian 97. Added: Nahuatl 98. Added: Navajo 99. Added: Neapolitan 100. Added: Nepali 101. Added: Nigerian 102 Added: Norwegian 103. Added: Ojibwe 104. Added: Oromo 105. Added: Pakistani 106. Added: Pali 107. Added: Papago 108. Added: Pashto 109. Added: Patois 110. Added: Pidgin 111. Added: Pimic 112. Added: Polish 113. Added: Portuguese 114. Added: Punjabi	87. Added: Mao 88. Added: Maricopa 89. Added: Marshallese 90. Added: Micronesian 91. Added: Mien 92. Added: Mi'kmaq 93. Added: Min Chinese 94. Added: Mixtecan 95. Added: Mohawk 96. Added: Mongolian 97. Added: Nahuatl 98. Added: Navajo 99. Added: Neapolitan 100. Added: Nepali 101. Added: Nigerian 102 Added: Norwegian 103. Added: Ojibwe 104. Added: Oromo 105. Added: Pakistani 106. Added: Pali 107. Added: Papago 108. Added: Pashto 109. Added: Patois 110. Added: Pidgin 111. Added: Pimic 112. Added: Polish 113. Added: Portuguese 114. Added: Punjabi	87. Added: Mao 88. Added: Maricopa 89. Added: Marshallese 90. Added: Micronesian 91. Added: Mien 92. Added: Mi'kmaq 93. Added: Min Chinese 94. Added: Mixtecan 95. Added: Mohawk 96. Added: Mongolian 97. Added: Nahuatl 98. Added: Navajo 99. Added: Neapolitan 100. Added: Nepali 101. Added: Nigerian 102 Added: Norwegian 103. Added: Ojibwe 104. Added: Oromo 105. Added: Pakistani 106. Added: Pali 107. Added: Papago 108. Added: Pashto 109. Added: Patois 110. Added: Pidgin 111. Added: Pimic 112. Added: Polish 113. Added: Portuguese 114. Added: Punjabi

115. Added: Romanian/Moldovan	115. Added: Romanian/Moldovan	115. Added: Romanian/Moldovan
116. Added: Russian	116. Added: Russian	116. Added: Russian
117. Added: Samoan	117. Added: Samoan	117. Added: Samoan
118. Added: Seneca	118. Added: Seneca	118. Added: Seneca
119. Added: Serbian	119. Added: Serbian	119. Added: Serbian
120. Added: Serbo-Croatian	120. Added: Serbo-Croatian	120. Added: Serbo-Croatian
121. Added: Sesotho	121. Added: Sesotho	121. Added: Sesotho
122. Added: Sinhala	122. Added: Sinhala	122. Added: Sinhala
123. Added: Sioux	123. Added: Sioux	123. Added: Sioux
124. Added: Slovakian	124. Added: Slovakian	124. Added: Slovakian
125. Added: Somali	125. Added: Somali	125. Added: Somali
126. Added: S American dialects	126. Added: S American dialects	126. Added: S American dialects
127. Added: Swahili	127. Added: Swahili	127. Added: Swahili
128. Added: Swedish	128. Added: Swedish	128. Added: Swedish
129. Added: Taishanese	129. Added: Taishanese	129. Added: Taishanese
130. Added: Taiwanese	130. Added: Taiwanese	130. Added: Taiwanese
131. Added: Tamil	131. Added: Tamil	131. Added: Tamil
132. Added: Telegu	132. Added: Telegu	132. Added: Telegu
133. Added: Thai	133. Added: Thai	133. Added: Thai
134. Added: Tibetan	134. Added: Tibetan	134. Added: Tibetan
135. Added: Tigrinya	135. Added: Tigrinya	135. Added: Tigrinya
136. Added: Trukese	136. Added: Trukese	136. Added: Trukese
137. Added: Turkish	137. Added: Turkish	137. Added: Turkish
138. Added: Twi	138. Added: Twi	138. Added: Twi
139. Added: Ukrainian	139. Added: Ukrainian	139. Added: Ukrainian
140. Added: Urdu	140. Added: Urdu	140. Added: Urdu
141. Added: Uto-Aztec	141. Added: Uto-Aztec	141. Added: Uto-Aztec
142. Added: Uzbek	142. Added: Uzbek	142. Added: Uzbek
143. Added: Vietnamese	143. Added: Vietnamese	143. Added: Vietnamese
144. Added: Visayan	144. Added: Visayan	144. Added: Visayan
145. Added: Winnebago	145. Added: Winnebago	145. Added: Winnebago
146. Added: Wolof	146. Added: Wolof	146. Added: Wolof
147. Added: Yiddish	147. Added: Yiddish	147. Added: Yiddish

B2_M /B3_M. Initials	1.	2.	3.
	148. Added: Yoruba 149. Added: Slovenian 150. Added: Crow 151. Added: Palauan	148. Added: Yoruba 149. Added: Slovenian 150. Added: Crow 151. Added: Palauan	148. Added: Yoruba 149. Added: Slovenian 150. Added: Crow 151. Added: Palauan
B13c_M. *BL1* Do you need help speaking with [CHILD INITIALS/CHILD AGE]'s parents because you speak different languages? DV: HB9_ENRL_PARENT_INTERPRETER	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Skip Logic Box B_S_2: IF B2a /B3a =1 LAST WEEK ASK ELSE SKIP TO B18_M			
B17_M. *BL1* Do you look after [CHILD INITIALS/CHILD AGE] regularly, that is, for at least five hours each week? DV: HB9_ENRL_TOTAL; DV: HB9_REGSERVE_0TO3YRS; DV: HB9_REGSERVE_3TO5YRS; DV: HB9_REGSERVE_0TO5YRS; DV: HB9_REGSERVE_SCHOOLAGE; DV: HB9_ENRL_NUMCH_UNDER3_FLAG; DV: HB9_ENRL_NUMCH_UNDER3; DV: HB9_ENRL_NUMCH_3TO5_FLAG; DV: HB9_ENRL_NUMCH_3TO5; DV: HB9_ENRL_NUMCH_SA_FLAG; DV: HB9_ENRL_NUMCH_SA; DV: HB9_ENRL_PAID_NUMCH; DV: HB9_ENRL_SAMEHH; DV: HB9_ENRL_HISP_NUMCH; DV: HB9_ENRL_NHWHITE_NUMCH; DV: HB9_ENRL_NHBLACK_NUMCH; DV: HB9_ENRL_NHASIAN_NUMCH; DV: HB9_ENRL_NHOTHER_NUMCH; DV: HB9_ENRL_LANG_NOENGLISH; DV: HB9_ENRL_EMOCON_NUMCH; DV:	1. Yes 2. No→ SKIP TO B22	1. Yes 2. No→ SKIP TO B22	1. Yes 2. No→ SKIP TO B22

B2_M /B3_M. Initials	1.	2.	3.
HB9_ENRL_FAMILY_RLTNSHP_NUMCH; DV: HB9_HOURS_C; DV: HB9_HRSOPEN_R_MON; DV: HB9_HRSOPEN_R_TUES; DV: HB9_HRSOPEN_R_WED; DV: HB9_HRSOPEN_R_THURS; DV: HB9_HRSOPEN_R_FRI;			
Skip Logic Box B_S_3: IF B2a /B3A =2 REGULAR, or B17_M =1 YES ASK B18_M. ELSE, SKIP TO B22_M. **B18_M.** *BL1* Do you look after [CHILD INITIALS/CHILD AGE] on the same schedule each week? DV: HB9_HOURS_C; DV: HB9_HRSOPEN_R_MON; DV: HB9_HRSOPEN_R_TUES; DV: HB9_HRSOPEN_R_WED; DV: HB9_HRSOPEN_R_THURS; DV: HB9_HRSOPEN_R_FRI	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

Skip Logic Box B_S_4: IF B2a/B3A=2 REGULAR and B18_M =1 ASK B19_M ELSE, SKIP TO B22_M. **B19_M.** *BL1* 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]? DV: HB9_HOURS_C; DV: HB9_HRSOPEN_R_MON; DV: HB9_HRSOPEN_R_TUES; DV: HB9_HRSOPEN_R_WED; DV: HB9_HRSOPEN_R_THURS; DV: HB9_HRSOPEN_R_FRI; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA	Sunday ___ to ___ ___ to ___ Monday ___ to ___ ___ to ___ Tuesday ___ to ___ ___ to ___ Wednesday ___ to ___ ___ to ___ Thursday ___ to ___ ___ to ___ Friday ___ to ___ ___ to ___ Saturday ___ to ___ ___ to ___	Sunday ___ to ___ ___ to ___ Monday ___ to ___ ___ to ___ Tuesday ___ to ___ ___ to ___ Wednesday ___ to ___ ___ to ___ Thursday ___ to ___ ___ to ___ Friday ___ to ___ ___ to ___ Saturday ___ to ___ ___ to ___	Sunday ___ to ___ ___ to ___ Monday ___ to ___ ___ to ___ Tuesday ___ to ___ ___ to ___ Wednesday ___ to ___ ___ to ___ Thursday ___ to ___ ___ to ___ Friday ___ to ___ ___ to ___ Saturday ___ to ___ ___ to ___
B19D2. *BL1* Is Monday's schedule the same as another day of the week? CHECK ALL THAT APPLY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY	Do not look after child on that day.	Do not look after child on that day.	Do not look after child on that day.

B2_M /B3_M. Initials	1.	2.	3.
DV: HB9_HRSOPEN_R_MON; DV: HB9_HRSOPEN_R_TUES; DV: HB9_HRSOPEN_R_THURS; DV: HB9_HRSOPEN_R_FRI			
Skip Logic Box B_S_5: IF B2a /B3A =2 (REGULAR), AND B18_M =2 ASK B20_M ELSE SKIP TO B22_M. **B20_M.** *BL1* How many hours do you usually care for [CHILD INITIALS/CHILD AGE]? DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA	_____ hours per 1. week 2. 2 weeks 3. month 4. varies	_____ hours per 1. week 2. 2 weeks 3. month 4. varies	_____ hours per 1. week 2. 2 weeks 3. month 4. varies
Skip Logic Box B_S_6: IF B20_M = 4 (VARIES) ASK B21 ELSE SKIP TO B22_M. **B21.** *BL1* Do you look after him/her based on his/her parent's work schedule, unavailability of a regular caregiver or at other times?	1. Parent's schedule 2. Unavailability 3. Other reasons/ times	1. Parent's schedule 2. Unavailability 3. Other reasons/ times	1. Parent's schedule 2. Unavailability 3. Other reasons/ times

B2_M /B3_M. Initials	1.	2.	3.
B22_M. *BL1* 1. Range: 1-12 (Month), 1997-2018 (Year) 2. Range: 0-12 (Month), 0-12 (Year) 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.	1. _____ Month _____ _____Year or 2. Child's age _____ Years 3. HAVE NEVER CARED REGULARLY FOR CHILD	1. _____ Month _____ _____Year or 2. Child's age _____ Years 3. HAVE NEVER CARED REGULARLY FOR CHILD	1. _____ Month _____ _____Year or 2. Child's age _____ Years 3. HAVE NEVER CARED REGULARLY FOR CHILD
B23_M. *BL1* Do you usually receive payment for looking after [CHILD INITIALS/CHILD AGE]? DV: HB9_PRGM_TYPE; DV: HB9_PRGM_PAID; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_ENRL_PAID_NUMCH;	1. Yes 2. No → SKIP TO B25	1. Yes 2. No → SKIP TO B25	1. Yes 2. No → SKIP TO B25

B2_M /B3_M. Initials	1.	2.	3.
B24_M. *BL1* How much do you charge [CHILD INITIALS/CHILD AGE]'s parents to look after[CHILD INITIALS/CHILD AGE]? DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA;	$_____ 1. hourly 2. daily 3. weekly 4. monthly 5. other: _____ 7. Added: Bi-weekly/every 2 weeks 16. Added: Yearly 91. Added: No rate provided 96. Added: Use state/DHS subsidy rate/Medicaid 98. Added: Info provided to create an Hourly rate, not easily coded 100. Added: Rate given for child one includes this child also 6. DON'T KNOW/REFUSED/NO ANSWER	$_____ 1. hourly 2. daily 3. weekly 4. monthly 5. other: _____ 7. Added: Bi-weekly/every 2 weeks 16. Added: Yearly 91. Added: No rate provided 96. Added: Use state/DHS subsidy rate/Medicaid 98. Added: Info provided to create an Hourly rate, not easily coded 100. Added: Rate given for child one includes this child also 6. DON'T KNOW/REFUSED/NO ANSWER	$_____ 1. hourly 2. daily 3. weekly 4. monthly 5. other: _____ 7. Added: Bi-weekly/every 2 weeks 16. Added: Yearly 91. Added: No rate provided 96. Added: Use state/DHS subsidy rate/Medicaid 98. Added: Info provided to create an Hourly rate, not easily coded 100. Added: Rate given for child one includes this child also 6. DON'T KNOW/REFUSED/NO ANSWER
B24B. *BL1* 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?"	1. Yes 2. No → SKIP TO B25	1. Yes 2. No → SKIP TO B25	1. Yes 2. No → SKIP TO B25

B24C. *BL1* What person, agency or group pays you for the discount or subsidy? SELECT ALL THAT APPLY. **INTERVIEWER: USE CATEGORIES TO PROBE AS NEEDED.** DV: HB9_RVNU_GOVT_NUMCH_CCSUBS	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	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	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

B2_M /B3_M. Initials	1.	2.	3.
	PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM 6. OTHER FAMILY MEMBER OR INDIVIDUAL	PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM 6. OTHER FAMILY MEMBER OR INDIVIDUAL	PROGRAMS INCLUDING THE CHILD CARE AND ADULT FOOD PROGRAM 6. OTHER FAMILY MEMBER OR INDIVIDUAL
B25_M. *BL1* 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]?	1. Yes 2. No → SKIP TO END OF LOOP B_L_1 BOX	1. Yes 2. No → SKIP TO END OF LOOP B_L_1 BOX	1. Yes 2. No → SKIP TO END OF LOOP B_L_1 BOX
B26. *BL1* Do you receive this on a regular basis or just occasionally?	1. REGULAR 2. OCCASIONALLY 3. NEVER	1. REGULAR 2. OCCASIONALLY 3. NEVER	1. REGULAR 2. OCCASIONALLY 3. NEVER

End of B_L_1 Loop (*BL1*):
REPEAT B2A/B3A – B26 FOR EACH CHILD UNTIL ALL CHILDREN HAVE BEEN ASKED ABOUT.

B28. DV: HB9_ENRL_ADDTL_VACAN

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

_____

Range: 0-999

Skip Logic Box B_S_1:
IF B7 = 1 FOR ALL CHILDREN ASK B27
ELSE SKIP TO C14

B27.

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

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.

Age Group	**C1A:** How many children do you look after in each of the following age groups? Range: 0-999 for each age group	**C1A2** How many hours do you consider full-time enrollment for this age group?	**C1A1** How many children are currently enrolled full time in this age group?	**C1B.** At this time, how many vacancies do you have in this age group? Use the code 999 if there are no limits on the number of additional children you are willing and able to look after. Range: 0-999
Under 3 years		___ Hours 1 No 'full-time' status defined → SKIP TO C1B		
3-5 years, not yet in kindergarten		___ Hours 1 No 'full-time' status defined → SKIP TO C1B		
School-age (kindergarten and up)		___ Hours 1 No 'full-time' status defined → SKIP TO C1B		
TOTAL Range: 0-999 for the total				

C1A. DV: HB9_REGSERVE_0TO3YRS; DV: HB9_REGSERVE_3TO5YRS; DV: HB9_REGSERVE_0TO5YRS; DV: HB9_REGSERVE_SCHOOLAGE; DV: HB9_ENRL_TOTAL; DV: HB9_ENRL_NUMCH_UNDER3_FLAG; DV: HB9_ENRL_NUMCH_UNDER3; DV:

HB9_ENRL_NUMCH_3TO5_FLAG; DV: HB9_ENRL_NUMCH_3TO5; DV:
HB9_ENRL_NUMCH_SA_FLAG; DV: HB9_ENRL_NUMCH_SA;

C1B: DV: HB9_ENRL_ADDTL_VACAN

C1C.
That means that you currently look after [Total from C1A] children under age 13.
Is that correct?

       1.   Yes → SKIP TO C4

       2.   No

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 →RETURN TO C1A

       2.   It's not possible to correct

C2_tothere.
Please enter the total here

    _____

C4. DV: HB9_ENRL_PHYSCNDTN_NUMCH
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. DV: HB9_ENRL_EMOCON_NUMCH
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. **DV: HB9_ENRL_HISP_NUMCH**
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

-2. I don't know the exact number but at least one child

    Range: 0-999

C7_M.

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

Category	Number of Children	
a. White DV: HB9_ENRL_NHWHITE_NUMCH		-2. I don't know the exact number but at least one child
b. Black or African-American DV: HB9_ENRL_NHBLACK_NUMCH		-2. I don't know the exact number but at least one child
c. Asian DV: HB9_ENRL_NHASIAN_NUMCH		-2. I don't know the exact number but at least one child
d. Mixed race, another race, or you are not certain DV: HB9_ENRL_NHOTHER_NUMCH		-2. I don't know the exact number but at least one child

C8_M.

How many children do you usually look after

	Number
a. 20 hours or fewer each week?	
b. 21 to 39 hours each week?	
c. 40 hours or more each week?	

C9. DV: HB9_ENRL_SAMEHH

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
2. No → SKIP TO C10

C9a. DV: HB9_ENRL_SAMEHH

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

_____ Number of children

Range: 0-999

C10. **DV: HB9_PRGM_RLTNSHP_FCC**

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

1. Yes
2. No → SKIP TO C11

C10a_M. DV: HB9_ENRL_FAMILY_RLTNSHP_NUMCH; DV: HB9_PRGM_RLTNSHP_FCC

How many of these children are yours?

Relationship	Number of Children Range: 0-999
Grandchild	
Niece/Nephew	
Child of Spouse/Partner/Boyfriend or Girlfriend	
Your own child you do not have custody of	
Cousin	
Other blood relative	
Other relationship: _____	
Added: Not a relative	
Added: Own child or own step-child with custody	
Added: Foster Child/Child in legal custody	
Added: God child	
Added: Other relative	

C10a_M _oth.

What other kind of relationship do you have with children?

_____

Skip Logic Box C_S_1:

IF (C1a – SUM OF (C10a) < 3) ASK C10b
ELSE, GO TO C11.

C10b. DV: HB9_PRGM_RLTNSHP

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

1. Yes → SKIP TO C12
2. No

C11_M.
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_M.
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

Skip Logic Box C_S_1:
IF (C11a + SUM OF C10a) – C1a < 3, ASK C11b
ELSE SKIP TO C12

C11b. DV: HB9_PRGM_RLTNSHP
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. DV: HB9_PRGM_RLTNSHP_FCC; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_ENRL_PAID_NUMCH; DV: HB9_PRGM_TYPE; DV: HB9_PRGM_PAID

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

C12a. **DV: HB9_PRGM_PAID; DV: HB9_PRGM_RLTNSHP_FCC; DV: HB9_ENRL_PAID_NUMCH**

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

_____ Number of children

Range: 0-999

-2. I don't know the exact number but at least one child

Skip Logic Box C_S_2:
IF C12a=0, SKIP 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

Skip Logic Box C_S_3:
IF C12a ≥ TOTAL FROM C1a, ASK C12b
ELSE< GO TO C12c.

C12b. DV: HB9_PRGM_RLTNSHP_FCC; DV: HB9_ENRL_PAID_NUMCH

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

1. Yes → SKIP TO C13
2. No

C12C. **DV: HB9_PRGM_RLTNSHP_FCC; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA**

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. DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC

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?
   1. Have a rate
   2. No rate available
b. 2 year olds?

---

1. Have a rate
2. No rate available

c. 4 year olds?
1. Have a rate
2. No rate available

d. School-age children?
1. Have a rate
2. No rate available

---

*Start of C_L_1 Loop (*CL1*):*
REPEAT C12C_2 – C12C_8B FOR EACH AGE GROUP = 1 (HAVE A RATE IN C12C1)

C12C_2_M. *CL1* DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR

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. *CL1* DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC

Is that per

1. hour→ SKIP TO C_affordcare
2. ½ day
3. full day
4. week→ SKIP TO C12C_5
5. month → SKIP TO C12C_6
6. term/semester/quarter → SKIP TO C12C_7A
7. year → SKIP TO C12C_7A
8. OTHER (PLEASE SPECIFY) _____ → SKIP TO C12C_8A
9. DK/REF/BLANK→ SKIP TO END OF LOOP C_L_2
10. Added: Bi-weekly/every 2 weeks
12. Added: Before/after school
13. Added: After school/after care
90. Added: No children in this age group/"none"/does not apply
91. Added: No rate provided
92. Added: No meaningful figure
93. Added: All care subsidized
94. Added: No full time care

---

95. Added: Multiple rates provided
96. Added: Use state/DHS subsidy rate/Medicaid
97. Added: Sliding scale rate (no figure provided)
98. Added: Info provided to create an Hourly rate, not easily code
99. Added: No meaningful unit

Skip Logic Box C_S_4:
IF HOURS HAVE ALREADY BEEN CAPTURE FOR REPORTED TIME UNIT FOR ANOTHER AGE GROUP SKIP TO C_affordcare.

C12C_4. *CL1* DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR

How many hours is that per day?

SKIP TO END OF LOOP C_L_1 BOX.

C12C_5_M. *CL1* DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC

How many hours per week does that cover?

SKIP TO END OF LOOP C_L_1 BOX.

C12C_6. *CL1* DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC

How many hours per week does that cover?

C12C_6a. *CL1* DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF

How many weeks is that?

SKIP TO END OF LOOP C_L_1 BOX.

C12C_7A. *CL1* DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC

How many weeks is that?

C12C_7B. *CL1* DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA

How many hours per week does that cover?

SKIP TO END OF LOOP C_L_1 BOX.

C12C_8A. *CL1* DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC

What is the weekly equivalent of that rate?

C12C_8B. **_CL1_ DV: HB9_CHRG_FLAG_SA; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC**
How many hours per week does that cover?

End of C_L_1 Loop (*CL1*):
REPEAT C12C_2 – C12C_8B FOR EACH AGE GROUP = 1 (HAVE A RATE IN C12C1)

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
        2. No → SKIP TO C_PARPAY

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

        VERBATIM TEXT:_____
        1. Sliding fee scale
        2. Scholarships

3. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation
4. Another arrangement
5. DK/REF/No Answer
6. Added: Flexible Rates/non-monetary options
7. Added: Government Program/Assistance
8. Added Other non-government assistance
9. Added: Payment plans
10. Added: None/No discounts

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

_____ Number of children
-2. I don't know the exact number but at least one child

C13. DV: HB9_ENRL_LANG_NOENGLISH
How many of the children you look after speak a language other than English at home?

_____ Number of children
Range: 0-999

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

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_M. DV: HB9_ENRL_PARENT_INTERPRETER
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
Range: 0-999

C13D_M.
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:
_____
4 ☐ DK/REF
5 ☐ Added: African dialects
6 ☐ Added: Afrikaans
7 ☐ Added: Albanian
8 ☐ Added: Amer Sign Lang
9 ☐ Added: Amharic
10 ☐ Added: Arabic
11 ☐ Added: Arapaho
12 ☐ Added: Armenian
13 ☐ Added: Athabaskan
14 ☐ Added: Azerbaijani
15 ☐ Added: Bengali
16 ☐ Added: Berber
17 ☐ Added: Bosnian
18 ☐ Added: Bulgarian
19 ☐ Added: Burmese
20 ☐ Added: Cambodian/Khmer
21 ☐ Added: Cantonese
22 ☐ Added: Cape Verdean Creole
23 ☐ Added: Chaldean
24 ☐ Added: Chamorro
25 ☐ Added: Chinese
26 ☐ Added: Chuukese
27 ☐ Added: Creole
28 ☐ Added: Croatian
29 ☐ Added: Czech
30 ☐ Added: Dakota
31 ☐ Added: Danish
32 ☐ Added: Dari
33 ☐ Added: Dinka
34 ☐ Added: Dutch
35 ☐ Added: Dzongkha
36 ☐ Added: Esan
37 ☐ Added: Ethiopian

38 ☐ Added: Farsi/Persian
39 ☐ Added: Fijian
40 ☐ Added: Filipino/Tagalog
41 ☐ Added: Finnish
42 ☐ Added: French
43 ☐ Added: French Creole
44 ☐ Added: Fujianese
45 ☐ Added: Fulani
46 ☐ Added: Gaelic
47 ☐ Added: German
48 ☐ Added: Ghanaian dialects
49 ☐ Added: Greek
50 ☐ Added: Guarani
51 ☐ Added: Gujarati
52 ☐ Added: Guyanese Creole
53 ☐ Added: Haitian Creole
54 ☐ Added: Hakka Chinese
55 ☐ Added: Hawaiian
56 ☐ Added: Hebrew
57 ☐ Added: Hindi
58 ☐ Added: Hmong
59 ☐ Added: Hopi
60 ☐ Added: Hualapai
61 ☐ Added: Hungarian
62 ☐ Added: Ibo
63 ☐ Added: Igbo
64 ☐ Added: Ilocano
65 ☐ Added: Indian dialects
66 ☐ Added: Indonesian
67 ☐ Added: Italian
68 ☐ Added: Jamaican Patois/Creole
69 ☐ Added: Japanese
70 ☐ Added: Jewish
71 ☐ Added: Kannada
72 ☐ Added: Karen
73 ☐ Added: Korean
74 ☐ Added: Kurdish

75 ☐ Added: Lakota
76 ☐ Added: Lanc-Patua
77 ☐ Added: Lao
78 ☐ Added: Latin
79 ☐ Added: Latvian
80 ☐ Added: Lebanese
81 ☐ Added: Lithuanian
82 ☐ Added: Macanese
83 ☐ Added: Macau Creole
84 ☐ Added: Mai Mai
85 ☐ Added: Mandarin
86 ☐ Added: Mandinka
87 ☐ Added: Mao
88 ☐ Added: Maricopa
89 ☐ Added: Marshallese
90 ☐ Added: Micronesian
91 ☐ Added: Mien
92 ☐ Added: Mi'kmaq
93 ☐ Added: Min Chinese
94 ☐ Added: Mixtecan
95 ☐ Added: Mohawk
96 ☐ Added: Mongolian
97 ☐ Added: Nahuatl
98 ☐ Added: Navajo
99 ☐ Added: Neapolitan
100 ☐ Added: Nepali
101 ☐ Added: Nigerian
102 ☐ Added: Norwegian
103 ☐ Added: Ojibwe
104 ☐ Added: Oromo
105 ☐ Added: Pakistani
106 ☐ Added: Pali
107 ☐ Added: Papago
108 ☐ Added: Pashto
109 ☐ Added: Patois
110 ☐ Added: Pidgin
111 ☐ Added: Pimic
112 ☐ Added: Polish
113 ☐ Added: Portuguese
114 ☐ Added: Punjabi

115 ☐ Added: Romanian/Moldovan	126 ☐ Added: S American dialects	138 ☐ Added: Twi
116 ☐ Added: Russian	127 ☐ Added: Swahili	139 ☐ Added: Ukrainian
117 ☐ Added: Samoan	128 ☐ Added: Swedish	140 ☐ Added: Urdu
118 ☐ Added: Seneca	129 ☐ Added: Taishanese	141 ☐ Added: Uto-Aztec
119 ☐ Added: Serbian	130 ☐ Added: Taiwanese	142 ☐ Added: Uzbek
120 ☐ Added: Serbo-Croatian	131 ☐ Added: Tamil	143 ☐ Added: Vietnamese
121 ☐ Added: Sesotho	132 ☐ Added: Telegu	144 ☐ Added: Visayan
122 ☐ Added: Sinhala	133 ☐ Added: Thai	145 ☐ Added: Winnebago
123 ☐ Added: Sioux	134 ☐ Added: Tibetan	146 ☐ Added: Wolof
124 ☐ Added: Slovakian	135 ☐ Added: Tigrinya	147 ☐ Added: Yiddish
125 ☐ Added: Somali	136 ☐ Added: Trukese	148 ☐ Added: Yoruba
	137 ☐ Added: Turkish	149 ☐ Added: Slovenian
		150 ☐ Added: Crow
		151 ☐ Added: Palauan

IF C13D_M = 1 AND 2 OR 3, ASK C13E
ELSE, GO TO SKIP LOGIC BOX C_S_5.

C13E_M.
What percentage of the time do you speak English when caring for children?

_____ % of time

Skip Logic Box C_S_5:
C14 = 2 (RELATIONSHIP-BASED) IF R CARES ONLY FOR CHILDREN WITH PRIOR RELATIONSHIPS
((B6=1 OR B7=1 FOR ALL CHILDREN OR (C10B OR C11B =1))
ELSE, C14 = 1 (NOT RELATIONSHIP-BASED).

Skip Logic Box C_S_6:
C17_CHK = 1 (PROXY FOR FAMILY CARE PROVIDER - FCC) IF ALL 5 OF THE FOLLOWING
CONDITIONS APPLY:

(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).

ELSE, C17_CHK = 2 (NOT PROXY FOR FAMILY CARE PROVIDER – FCC)

Skip Logic Box C_S_7:
C18_CHK = 1 (LARGE PAID 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))
ELSE, C18_CHK = 2 (NOT LARGE PAID PROVIDER).

C_homeless. RV: HB9_ENRL_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

C15_M.

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
2. NO → SKIP TO C_commorg

C15A_M. DV: HB9_RVNU_GOVT_NUMCH_CCSUBS

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]		-2. I don't know the exact number but at least one child
2.	Head Start, including Early Head Start	_____ < 3 years _____ 3-5 years	-2. 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)		-2. 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)	_____ < 3 years _____ 3-5 years _____school-age (Kindergarten and up)	-2. I don't know the exact number but at least one child
5. Title I		-2. I don't know the exact number but at least one child
7. Other types of government funded programs		-2. I don't know the exact number but at least one child

C15b_M.

Do the government agencies or programs that pay you…

	YES	NO
1. contract with you for a guaranteed number of slots		
2. pay you for vouchers or subsidies for specific eligible children		

4. have some other payment arrangement
SPECIFY: _____
  1. Added: Unspecified, government
  2. Added: Unspecified, non-government
  3. Added: Unspecified government funding; payment direct to provider
  4. Added: Unspecified funding; payment direct to provider
  5. Added: TITLE I
  6. Added: CACFP
  7. Added: TANF
  8. Added: No other payment specified
  9. Added: Other income source - not government (e.g., parents co-pay, parent fees, etc.)		

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
2. NO → SKIP TO SKIP LOGIC BOX C_S_10

C16a.

How many children are paid for by community organizations?

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

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

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 SKIP LOGIC BOX C_S_12
      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

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 SKIP LOGIC BOX E_S_1

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 SKIP LOGIC BOX E_S_1

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 SKIP LOGIC BOX E_S_1

Section E. Schedule

E1_M. DV: HB9_HOURS_C; DV: HB9_HRSOPEN_R_MON; DV: HB9_HRSOPEN_R_TUES; DV: HB9_HRSOPEN_R_WED; DV: HB9_HRSOPEN_R_THURS; DV: HB9_HRSOPEN_R_FRI; DV: HB9_CHRG_RATE_INF_TC; DV: HB9_CHRG_FLAG_INF; DV: HB9_CHRG_RATE_2YR_TC; DV: HB9_CHRG_FLAG_2YR; DV: HB9_CHRG_RATE_4YR_TC; DV: HB9_CHRG_FLAG_4YR; DV: HB9_CHRG_RATE_SA_TC; DV: HB9_CHRG_FLAG_SA;

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.

	Start Time			End Time	
Time slot 1	:	AM/PM		:	AM/PM
Time slot 2	:	AM/PM		:	AM/PM
Time slot 3	:	AM/PM		:	AM/PM

1. 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

FOR DAYS NOT SELECTED ON E1A_1

E1_2.

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.

	Start Time			End Time	
Time slot 1	:	AM/PM		:	AM/PM
Time slot 2	:	AM/PM		:	AM/PM
Time slot 3	:	AM/PM		:	AM/PM

     1. Closed on that day

Skip Logic Box E_S_2:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK E2

ELSE, SKIP TO E10.

E2. RV: HB9_CHRG_LATEPICKUP

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. RV: HB9_SCHDL_VARY

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

     1. YES

     2. NO → 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. RV: HB9_SCHDL_VARY_PAY_L

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

1. Yes, at their convenience
2. Yes, from a set of schedule options
3. Yes, beyond a minimum number of hours
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. RV: HB9_CHRG_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

E7. RV: HB9_SCHDL_WEEKS_PER_YEAR; DV: HB9_PRGM_INCOME_OTHER; DV: HB9_PRGM_INCOME_PAYMENTS; DV: HB9_PRGM_INCOME_PRNTS; DV: HB9_PRGM_INCOME_RMBRSMNTS

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. RV: HB9_E10_SICK_X_R (X=1-10 Arrangement)

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: _____

7. DK/REF/NO ANSWER

8. Other recoded to: "You never get sick/ not sick while caring for children"

9. Added: Have assistants or other staff to take care of the children while I'm ill

10. Added: Other relatives or HH members looked after children while I was ill

E10a. RV: HB9_E10_WHENSICK_YR; RV: HB9_E10_WHENSICK_MTH

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

_____ Month _____ Year

Range: 1-12 (Month) 2000-2019 (Year)

E13_M.

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? RV: HB9_SRVC_HEALTH_SCRN		
E13b_M. Developmental assessments (checking whether the child is on-track with regard to their physical, emotional or social conditions)? RV: HB9_SRVC_DEV_ASSESS		
E13c_M. Services such as speech therapy, occupational therapy, or other services for children with special needs available to children? RV: HB9_SRVC_THERAPY		
E13d. Counseling services for children or parents? RV: HB9_SRVC_COUNSEL		
E13e. Social services to families such as housing assistance, food stamps, financial aid, or medical care? RV: HB9_SRVC_SOC_SRVC		

E_payservice. RV: HB9_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. RV: HB9_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. DV: HB9_ENRL_FOODINSEC_PRCNT

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
-2. I don't know the exact number but at least one child

Section F. Admissions/Marketing

F1_M. RV: HB9_ENRL_STOP_CARE

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_M. RV: HB9_ENRL_NEW_CARE

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

_____

Range: 0-999

F3. RV: HB9_ENRL_DENY_BEHAVIOR

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_earlypickup RV: HB9_ENRL_EARLY_PICKUP

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

Skip Logic Box F_S_1:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK F4

ELSE, SKIP TO SKIP LOGIC BOX F_S_2.

F4. RV: HB9_ENRL_LIST_PRGM

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. RV: HB9_ENRL_DENY_SPACE

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. RV: HB9_F_QRIS1_R
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 F_QRIS1 = 1, ASK F_QRIS1a,
ELSE, SKIP TO SKIP LOGIC BOX F_S_2

F_QRIS1a. RV: HB9_F_QRIS1A_R
In the past two years, have you moved from one rating to a better one?

1. Yes
2. No

Skip Logic Box F_S_2:
IF ANY CHILDREN ARE REPORTED IN C15A OR B24C = 1 or 2 or 3 or 5 FOR ANY CHILD
OR SAMPSRCE = LISTED, SHOW OPTION A FOR F_BKGD.

AND IF SUM OF B1 + B1A > 6 AND SAMPSRCE = LISTED, SHOW OPTION B FOR F_BKGD.

AND IF ANY CHILDREN ARE REPORTED IN C15A OR B24C = 1 or 2 or 3 or 5 FOR ANY CHILD OR
SAMPSRCE = LISTED OR C17_CHK = 1 (FCC-LIKE), SHOW OPTION D FOR F_BKGD

IF ALL 3 PREVIOUS OPTIONS (A, B, AND D) = FALSE, SKIP TO SKIP LOGIC BOX F_S_3
F_INSP

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.

Skip Logic Box F_S_3:
IF 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. RV: HB9_WORK_PLAN

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

1. Yes
2. No → SKIP TO G_FOOD

G3. RV: HB9_WORK_PLAN_TIME

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.

Skip Logic Box G_S_1:

IF ANY CHILD AGE REPORTED IN B4 IS ≥ 3 YEARS OLD OR IF THERE IS ANY CHILD REPORTED IN THE 3-5 YEAR AGE GROUP IN C1A, SKIP TO G_ACITIVITY_PK

ELSE, ASK G_ACTIVITY_IT

G_ACTIVITY_IT.

Please describe a <u>typical day when children are in your care</u>. 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?

CLASSROOM/SETTINGS WITH INFANTS/TODDLERS

	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
A. Learning activities with the whole group RV: HB9_G_ACTIVITY_IT_A						
B. Learning activities done with small group (with 2 or more children) RV: HB9_G_ACTIVITY_IT_B						

	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) RV: HB9_G_ACTIVITY_IT_C						
D. Activities selected by the child (e.g., time for children to explore freely) RV: HB9_G_ACTIVITY_IT_D						
E. Routine care (such as diapering, feeding, and bathroom needs) RV: HB9_G_ACTIVITY_IT_E						
F. Vigorous physical activity either indoors or outdoors RV: HB9_G_ACTIVITY_IT_F						
G. Singing/rhyming planned in advance RV: HB9_G_ACTIVITY_IT_G						
I. Book reading or sharing RV: HB9_G_ACTIVITY_IT_I						

SKIP TO G_FOOD

G_ACTIVITY_PK.
Please describe a <u>typical day</u> 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)

	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
A. Learning activities with the whole group RV: HB9_G_ACTIVITY_PK_A						
B. Learning activities done with small group (with 2 or more children) RV: HB9_G_ACTIVITY_PK_B						
C. Learning activities one-on-one (with individual children) RV: HB9_G_ACTIVITY_PK_C						
D. Activities selected by the child (e.g., time for children to explore freely) RV: HB9_G_ACTIVITY_PK_D						
E. Routine care (such as bathroom needs) RV: HB9_G_ACTIVITY_PK_E						
F. Vigorous physical activity either indoors or outdoors RV: HB9_G_ACTIVITY_PK_F						
G. Singing/rhyming planned in advance RV: HB9_G_ACTIVITY_PK_G						
I. Book reading or sharing RV: HB9_G_ACTIVITY_PK_I						

G_FOOD.

What food do you provide the children in your care?

> a. Snacks
> RV: HB9_G_FOOD_SNACKS
>
> > 1. Yes
> > 2. No
>
> b. Meals such as breakfast, lunch, or dinner
> RV: HB9_G_FOOD_MEALS
>
> > 1. Yes
> > 2. No

IF G_FOOD_b=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. RV: HB9_G_SCREEN

On most days, while children are in your care, how much time do theyspend 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

Skip Logic Box G_S_2:

IF C14=1 (NOT RELATIONSHIP-BASED) OR C17_CHK=1 (PROXY FOR FCC), ASK G3A

ELSE, SKIP TO G5.

G3A. RV: HB9_WORK_CRCLM

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

> 1. Yes
> 2. No → SKIP TO G4

G3B_M.
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: _____)
20. DK/REF/NO ANSWER
21. Added: High/Scope (unspecified)
22. Added: Creative Curriculum (unspecified)
23. Added: Carols Affordable Curriculum
24. Added: Mother Goose Time
25. Added: Scholastic (unspecified)
26. Added: Starfall
27. Added: Curricula dictated by host organization
28. Added: Purchased/publicly available curricula
29. Added: Activities/activity planning

G_CURRTRAIN. RV: HB9_G_CURRTRAIN
Have you received 4 or more hours of training on how to use this curriculum?

1. Yes
2. No

G4. RV: HB9_PRGM_SPONSOR_L

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. RV: HB9_PROFDEV_MEET_OTHERS

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 SKIP LOGIC BOX G_S_3
2. Yes, but not regularly → SKIP TO SKIP LOGIC BOX G_S_3
3. No

G5a. RV: HB9_PROFDEV_LEARN_OTHERS

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

Skip Logic Box G_S_3:

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

ELSE, SKIP TO G_physact.

G5d. RV: HB9_PROFDEV_RLTNSHP

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_M. DV: HB9_OUTSIDE_HRS_TC

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 Range: 0-168 (per week), 0-744 (per month), 0-8760 (per year)	Time Unit
Buying supplies and food for child(ren)		1. per year 2. per month 3. per week
Cleaning and maintaining the space		1. per year 2. per month 3. per week
Planning the children's activities		1. per year 2. per month 3. per week
Doing record keeping, billing, or administrative tasks		1. per year 2. per month 3. per week
Participating in education, training or professional meetings		1. per year 2. per month 3. per week
Communicating with parents outside of your regular program hours		1. per year 2. per month 3. per week
Marketing your child care services		1. per year 2. per month 3. per week
Any other activity you spend time on for children you look after when you are not looking after them.		1. per year 2. per month 3. per week
How many hours would you say you spend on all of these activities combined, per month?		

G6a. RV: HB9_PRGM_ROOMS_NUM

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

_____ Number of rooms

G6b. RV: HB9_PRGM_ROOMS_LIVING

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
RV: HB9_G_PHYSACT_INDOOR

1. Yes
2. No

b. In your own outdoor space (e.g., backyard)
RV: HB9_G_PHYSACT_OWNOUTDOOR

1. Yes
2. No

c. In nearby public outdoor space (e.g., public park or parking lot)
RV: HB9_G_PHYSACT_PUBOUTDOOR

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_M. RV: HB9_CAREER_REASON

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: _____)
8. Don't Know/REF/No ANSWER
10. Added: to own my own business/be own boss

G_REASON2. RV: HB9_CAREER_REASON2

What is the second most important reason that you look after children?

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: _____)
8. Don't Know/REF/No ANSWER
10. Added: to own my own business/be own boss

G7b_M. RV: HB9_G7_MAIN_CODE_M_R

What do you see as your main responsibility when looking after children?

INTERVIEWER: 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: _____)
7. DK/REF/NO ANSWER
10. Added: all categories (for responses that say "all of the above"/"everything")

Skip Logic Box G_S_4:
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
ELSE, SKIP TO G12

G7c. RV: HB9_CAREER_PROFASSOC
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. RV: HB9_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

G_HEALTHCON. RV: HB9_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. RV: HB9_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. RV: HB9_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
2. No → SKIP TO G15C

G15B1_M. RV: HB9_G15B1_M
Did you attend a series of two or more workshops?

1. Yes
2. No

G15C. RV: HB9_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. RV: HB9_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
2. No → SKIP TO SKIP LOGIC BOX G_S_5

G15D1. RV: HB9_G15D1_R

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?

_____

1. Added: Help from a home-visitor or coach
2. Added: Workshop sponsored by a community agency or family child-care network
3. Added: Course about caring for children at a college or university which was offered for credit
4. Added: Workshop/classes to support child health/well-being or safety (CPR, nutrition, food safety, SIDs, etc.)
5. Added: CDA training/classes
6. Added: Classes or activities to promote physical health or creativity with kids (yoga for kids, gardening, crafts, etc.)
7. Added: Professional conference on ECE topic
8. Added: Classes/workshops sponsored by DHS or other child care organization (topic unspecified)
9. Added: Parenting classes
10. Added: Online classes or correspondence courses in child care (subject not specified)
11. Added: Local provider meet-ups or talk with other experienced providers
12. Added: Volunteering at another ECE organization/school
13. Added: Foster parent training
14. Added: College courses (topic not specified)
15. Added: Reading books and magazines on childcare or articles on the internet
16. Added: Other
17. Added: Required training hours/CEUs
18. Added: Visit other ECE organizations
19. Added: Workshop on how to care for special needs children
20. Added: Workshops, courses, classes (unspecified)
21. DK/REF

Skip Logic Box G_S_5:
IF G15C = 1, ASK G_SKILLOBS
ELSE, SKIP TO G_HS

G_SKILLOBS. RV: HB9_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. RV: HB9_G_HS

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

1. Yes
2. No → SKIP TO SKIP LOGIC BOX G_S_6

G_HSONLINE. RV: HB9_G_HSONLINE

Did you participate in any on-line health or safety trainings in the past year?

1. Yes
2. No

Skip Logic Box G_S_6:

IF ANY ITEM FROM G15A – G15D = 1, ASK G16

ELSE, GO TO SKIP LOGIC BOX G_S_7

G16_M.

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.
3. HELPING CHILDREN'S SOCIAL OR EMOTIONAL GROWTH, INCLUDING HOW TO BEHAVE WELL.
4. PHYSICAL DEVELOPMENT AND HEALTH.
5. HOW TO WORK WITH FAMILIES.
6. SERVING CHILDREN WITH SPECIAL PHYSICAL, EMOTIONAL OR BEHAVIORAL NEEDS.
7. WORKING WITH CHILDREN WHO SPEAK MORE THAN ONE LANGUAGE.
8. PLANNING ACTIVITIES THAT MEET THE NEEDS OF THE WHOLE CLASS.
9. 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.)
11. DK/REF/NO ANSWER
12. Added: Helping children be ready for school or improve their school performance
13. Added: Multi-topic geared to certification, accreditation, standards/QRIS
14. Added: Multi-topic geared to general skills (includes Developmentally Appropriate Practice)
15. Added: Degree preparation
16. Added: Child Protection: Abuse prevention, reporting
17. Added: Program management and leadership
18. Added: Specific curriculum or teaching methods/technology [note high prevalence of specific topic workshops in ECE training conferences]
19. Added: Child/classroom monitoring and assessment
20. Added: Art, music, dance, expression
21. Added: Response about type of training, sponsorship or source of support, rather than content

---

G_CULTTRAIN. RV: HB9_G_CULTTRAIN

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
RV: HB9_G_PDASST_1

        1. Yes

        2. No

    2. Help with other costs of participation such as travel or child care for your own children
RV: HB9_G_PDASST_2

        1. Yes

        2. No

Skip Logic Box G_S_7:

IF ANY ITEM FROM G15A – G15D = 1 OR IF THE SUM OF B1 AND B1A ≥ 4, ASK G_PDPLAN
ELSE, SKIP TO G17.

G_PDPLAN. RV: HB9_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. DV: HB9_PMS_T_IMP; DV: HB9_PMS_T_IMP_FLAG; DV: HB9_PMS_P_IMP; DV: HB9_PMS_P_IMP_FLAG; DV: HB9_PMS_TTL_IMP; DV: HB9_PMS_TTL_IMP_FLAG

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

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	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?) RV: HB9_G17A					
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?) RV: HB9_G17B					
C	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?) RV: HB9_G17C					

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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?) RV: HB9_G17D					
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?) RV: HB9_G17E					
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?) RV: HB9_G17F					

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	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 RV: HB9_G17G					
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?) RV: HB9_G17H					
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?) RV: HB9_G17I					

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	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?) RV: HB9_G17R					

G_CESD7. DV: HB9_CESD7_TOT; DV: HB9_CESD7_CUT; DV: HB9_CESD7_IMP_FLAG

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.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
1. I did not feel like eating; my appetite was poor RV: HB9_G_CESD7_1				
2. I had trouble keeping my mind on what I was doing. RV: HB9_G_CESD7_2				
3. I felt depressed. RV: HB9_G_CESD7_3				
4. I felt that everything I did was an effort.				

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
RV: HB9_G_CESD7_4				
7. My sleep was restless. RV: HB9_G_CESD7_7				
8. I was sad. RV: HB9_G_CESD7_8				
10. I could not "get going." RV: HB9_G_CESD7_10				

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

G_HAMRE1. RV: HB9_G_HAMRE1; DV: HB9_INTERACTIONS_TOT
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. RV: HB9_G_HAMRE2; DV: HB9_INTERACTIONS_TOT
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. RV: HB9_G_HAMRE3; DV: HB9_INTERACTIONS_TOT
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. RV: HB9_G_HAMRE4; DV: HB9_INTERACTIONS_TOT
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_M. RV: HB9_H1_HELP

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
      2．No → SKIP TO SECTION I

H2_M. RV: HB9_H2_NUMHELP

How many people helped you look after children last week?

      _____# of people assisting

Start of H_L_1 Loop (*HL1*):
REPEAT H_HELPNAME – H_HELPTRAIN FOR EACH PERSON REPORTED IN H2_M.

H_HELPNAME.	H_HELPHOUR.	H_HELPPAY.	H_HELPWAGE.	H_HELPLIVE.	H_HELPED.	H_HELPAGE.	H_HELPCARE.	H_HELPCDA.	H_HELPTRAIN.
*HL1 Please tell me the initials of each person over 12 years old who helped you care for children last week.	*HL1 How many hours did this person help look after the children in your care last week?	*HL1 Do you regularly pay this person to help you look after the children in your care?	*HL1 [if yes] How much do you pay this person?	*HL1 Does this person live in your household?	*HL1 How much schooling has [NAME] completed?	*HL1 How old is this person?	*HL1 How many years has [NAME] done paid work caring for children under age 13?	*HL1 Does [NAME] have a CDA (Child Development Associate certificate)?	*HL1 In the last 12 months, has [NAME] received any training or education in caring for young children?
Initials 1:	_____ Hours Worked	1. Yes 2. No	$_____ per [hour/ day/ week/ month]	1. Yes 2. No	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	_____ Age	_____ Years of experience	1. Yes 2. No	1. Yes 2. No
Initials 2:	_____ 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 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	1. Yes 2. No

H_HELPNAME. *HL1 Please tell me the initials of each person over 12 years old who helped you care for children last week.	H_HELPHOUR. *HL1 How many hours did this person help look after the children in your care last week?	H_HELPPAY. *HL1 Do you regularly pay this person to help you look after the children in your care?	H_HELPWAGE. *HL1 [if yes] How much do you pay this person?	H_HELPLIVE. *HL1 Does this person live in your household?	H_HELPED. *HL1 How much schooling has [NAME] completed?	H_HELPAGE. *HL1 How old is this person?	H_HELPCARE. *HL1 How many years has [NAME] done paid work caring for children under age 13?	H_HELPCDA. *HL1 Does [NAME] have a CDA (Child Development Associate certificate)?	H_HELPTRAIN. *HL1 In the last 12 months, has [NAME] received any training or education in caring for young children?
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	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	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	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	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	1. Yes 2. No
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. DV: HB9_I1NUM

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

Under age 6	_____	RV: HB9_I_HHM_UNDER6
Ages 6 through 12	_____	RV: HB9_I_HHM_6TO12
Ages 13-17	_____	RV: HB9_I_HHM_13TO17
Ages 18 – 65	_____	RV: HB9_I_HHM_18TO65
Age 66 or older	_____	RV: HB9_I_HHM_66OROLDER

IF I_HHM >= 1 FOR CATEORY 'UNDER AGE 6', ASK I_OUTCARE
ELSE, SKIP TO J1.

I_OUTCARE. RV: HB9_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. RV: HB9_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. RV: HB9_CHAR_YEAR_BORN_L; RV: HB9_CHAR_YEAR_BORN_UL; DV: HB9_CHAR_FIRSTYRUS_L; DV: HB9_CHAR_FIRSTYRUS_UL

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

_____

Range: 1911-2000

J2. RV: HB9_CHAR_COUNTRY_BORN

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
116. Isle of Man
117. Israel
118. Italy
119. Jamaica
120. Jan Mayen
121. Japan
122. Jersey
123. Jordan
124. Juan de Nova Island
125. Kazakhstan
126. Kenya

127. Kiribati
128. North Korea
129. South Korea
130. Kuwait
131. Kyrgyzstan
132. Laos
133. Latvia
134. Lebanon
135. Lesotho
136. Liberia
137. Libya
138. Liechtenstein
139. Lithuania
140. Luxembourg
141. Macau
142. Macedonia
143. Madagascar
144. Malawi
145. Malaysia
146. Maldives
147. Mali
148. Malta
149. Marshall Islands
150. Martinique
151. Mauritania
152. Mauritius
153. Mayotte
154. Mexico
155. Micronesia, Federated States of
156. Moldova
157. Monaco
158. Mongolia
159. Montserrat
160. Morocco
161. Mozambique
162. Namibia
163. Nauru
164. Navassa Island
165. Nepal
166. Netherlands
167. Netherlands Antilles
168. New Caledonia
169. New Zealand
170. Nicaragua
171. Niger

172. Nigeria
173. Niue
174. Norfolk Island
175. Northern Mariana Islands
176. Norway
177. Oman
178. Pakistan
179. Palau
180. Panama
181. Papua New Guinea
182. Paracel Islands
183. Paraguay
184. Peru
185. Philippines
186. Pitcairn Islands
187. Poland
188. Portugal
189. Puerto Rico
190. Qatar
191. Reunion
192. Romania
193. Russia
194. Rwanda
195. Saint Helena
196. Saint Kitts and Nevis
197. Saint Lucia
198. St Pierre & Miquelon
199. St Vincent & the Grenadines
200. Samoa
201. San Marino
202. Sao Tome and Principe
203. Saudi Arabia
204. Senegal
205. Serbia and Montenegro
206. Seychelles
207. Sierra Leone
208. Singapore
209. Slovakia
210. Slovenia
211. Solomon Islands
212. Somalia
213. South Africa
214. S. Georgia & S Sandwich Islands

215. Spain
216. Spratly Islands
217. Sri Lanka
218. Sudan
219. Suriname
220. Svalbard
221. Swaziland
222. Sweden
223. Switzerland
224. Syria
225. Taiwan
226. Tajikistan
227. Tanzania
228. Thailand
229. Timor-Leste
230. Togo
231. Tokelau
232. Tonga
233. Trinidad and Tobago
234. Tromelin Island
235. Tunisia
236. Turkey
237. Turkmenistan
238. Turks & Caicos Islands
239. Tuvalu
240. Uganda
241. Ukraine
242. United Arab Emirates
243. United Kingdom
244. United States
245. Uruguay
246. Uzbekistan
247. Vanuatu
248. Venezuela
249. Vietnam
250. Virgin Islands
251. Wake Island
252. Wallis and Futuna
253. West Bank
254. Western Sahara
255. Yemen
256. Zambia
257. Zimbabwe
258. DON'T KNOW/REFUSED/NO ANSWER

IF J2 ≠ UNITED STATES, ASK J2A

ELSE, SKIP TO J3

J2a. DV: HB9_CHAR_FIRSTYRUS_L; DV: HB9_CHAR_FIRSTYRUS_UL

In what year did you move to the U.S. to stay?

_____

Range: 1911-2019

J3. RV: HB9_CHAR_MARITAL

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. RV: HB9_CAREER_EDUC

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, SKIP TO SKIP LOGIC BOX J_S_2

J5_M. RV: HB9_CHAR_EDUC_ENROLL

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

1. Yes
2. No

Skip Logic Box J_S_1:
IF J4 = 3 AND J5=2, SKIP TO J_CDA
ELSE, ASK J5A.

J5a_M. RV: HB9_CHAR_EDUC_MAJOR_L

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

1.	ELEMENTARY EDUCATION	13.1202
2.	SPECIAL EDUCATION	13.1001
3.	CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES	42.2703
4.	EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE	13.1210
8.	CHILD CARE MANAGEMENT	13.0414
6.	NURSING, REGISTERED NURSE	51.3801
7.	BUSINESS, GENERAL COMMERCE	52.0101

5.   OTHER: _____   97.0001
     Added: Undeclared/undecided/basic courses   98.0001
     Added: None/ Not applicable   99.0001

J_CDA. RV: HB9_CHAR_CERT_CDA_L; DV: HB9_CHAR_CERT
Do you have a Child Development Associate (CDA) certificate?

1.   Yes
2.   No

J_CERT. RV: HB9_CHAR_CERT_ECE_L; DV: HB9_CHAR_CERT
Do you have a state certification or endorsement for early care and education?

1.   Yes
2.   No

J9. RV: HB9_CHAR_CERT_SPED_L
Do you have some form of certification as a special education teacher or elementary school teacher?

1.   Yes
2.   No

J10. RV: HB9_CHAR_TRAINING
Do you have any training *outside of higher education* in child development or early care and education?

1.   Yes
2.   No

J12. RV: HB9_CAREER_EXPERIENCE
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_M. RV: HB9_CHAR_FUTURE
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

J13a1. RV: HB9_CHAR_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.

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 (Year) 0-12 (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. RV: HB9_CHAR_OTHJOB

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
  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_M. RV: HB9_CHAR_OTHJOB_HOURS

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

_____ Hours worked
Range: 0-168

J15A_1. RV: HB9_CHAR_OTHJOB_NOTICE

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: _____
6. DK/REF/NO ANSWER
7. Added: Per Month
8. Added: Bi-weekly
9. Added: Varies/depends
10. Added: Commission
11. Added: Hourly plus tips (sometimes daily amount in verbatim)
12. Added: Per job/piece
13. Added: Minimum wage
14. Added: Reported by unit in foreign currency
15. Added: General income source not figure provided (e.g., salary, rental income, etc.)
16. Added: No pay

J15C. RV: HB9_CHAR_OTHJOB_TENURE

How long have you had that job?

_____ Years and _____ Months

Range: 0-99 (Year) 0-12 (Month)

SKIP TO J19

J17. RV: HB9_CHAR_OTHJOB_EVER

Have you ever worked for pay other than caring for children in your own home or in theirs?

1. Yes
2. No → SKIP TO J19

J18.

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

_____

J18a. RV: HB9_J18B_WHENLASTMTH_RR; RV: HB9_J18B_WHENLASTYR_RR

When did you last work at that job?

_____ Years and _____ Months

Range: 0-99 (Year) 0-12 (Month)

IF J18a IS CALCULATED TO BE < 5 YEARS AGO FROM DATE OF INTERVIEW, 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. DV: HB9_CHAR_LASTJOB_PAY_TC

About how much were you paid at that job?

_____

1. per hour
2. per day
3. per week
4. per year
5. other: _____
6. DON'T KNOW/REFUSED/NO ANSWER
7. Added: Per Month
8. Added: Bi-weekly

9. Added: Varies/depends
10. Added: Commission
11. Added: Hourly plus tips (sometimes daily amount in verbatim)
12. Added: Per job/piece
13. Added: Minimum wage
14. Added: Reported by unit in foreign currency per hour
15. Added: General income source not figure provided (e.g., salary, rental income, etc.)
16. Added: No pay

J19_M. RV: HB9_CHAR_HISP

What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino

J20_M. RV: HB9_CHAR_RACE

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_M. RV: HB9_J21_ROTHLANG

Do you speak any languages other than English?

1. Yes
2. No

J21c_M. RV: HB9_CHAR_HEALTH_INSRNCE

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
5 MEDICAID
6 MEDICARE
7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
8 NO COVERAGE OF ANY TYPE
9 OTHER (SPECIFY)
10 Added: Private Health Insurance plan through parents
11 Added: Private Health Insurance Source unspecified
12 Added: Health Insurance through Union, College/University, or Church

13 Added: Supplemental Insurance Plan

14 Added: Charity care, Local clinic, Sliding scale, etc.

15 Added: Privately purchased limited coverage plan

16 Added: Coverage from another (possibly prior) employer (includes cobra)

17 Added: Other state/local public health insurance

18 Added: Indian Health Service

19 Added: Means-based private health insurance

20 DK/REF/NO ANSWER MEDICARE

J22. RV: HB9_CHAR_HEALTH_SCALE

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

1. Excellent
2. Very good
3. Fair
4. Poor

J_POORHLTH. RV: HB9_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. RV: HB9_J_OWNHOME

Do you own the home where you care for children?

1. Yes
2. No

J23_M. RV: HB9_CHAR_HHINCOME_CAT

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

Range: 0-9999999

IF DK/REF, SKIP TO J23b.

J23a.

Was that before or after taxes and deductions?

1. Before taxes or deductions
2. After taxes or deductions

SKIP TO J24.

J23b_M.

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_M. RV: HB9_CHAR_HHINCOME_WORK

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

Skip Logic Box K_S_1:

IF PROVIDER J24=None (NOT PAID FOR CARE IN 2018) (J24 =none), SKIP TO END.

ELSE, GO TO K4_M.

K4_M. RV: HB9_PRGM_COSTS

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_M. DV: HB9_PRGM_INCOME; DV: HB9_PRGM_INCOME_OTHER; DV: HB9_PRGM_INCOME_PAYMENTS; DV: HB9_PRGM_INCOME_PRNTS; DV: HB9_PRGM_INCOME_RMBRSMNTS

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.

Type of Income	Dollars	
a. Payments **by parents** (including late fees, field trips, diapers, transportation, registration, etc.)		1. per year 2. per month 3. per week
IF K5_a = DK/REF ASK K5_a2 ELSE SKIP TO K5_b. **a2.** 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?		1. Yes 2. No
b Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts, Child and Adult Care Food Program (USDA)		1. per year 2. per month 3. per week
IF K5_b = DK/REF ASK K5_b2 ELSE SKIP TO K5_c. **b2.** 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?		1. Yes 2. No

Type of Income	Dollars	
		1. per year 2. per month 3. per week
IF K5_c = DK/REF ASK K5_c2 ELSE SKIP TO K5_d. **c2.** 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?		1. Yes 2. No
d. Other types of income		1. per year 2. per month 3. per week
IF K5_d = DK/REF ASK K5_d2 ELSE SKIP TO SKIP LOGIC BOX K_S_2. **d2.** You didn't specify an amount for Other types of income. Did you receive any income from this source in 2018?		1. Yes 2. No
Skip Logic Box K_S_2: IF SUM OF K5_a – K5_d can be calculated ask K5_e ELSE, SKIP TO SKIP LOGIC BOX K_S_3. **e.** That means that you received about [TOTAL] for caring for children under age 13 last year, is that correct?		1. Yes → SKIP TO END 2. No
Skip Logic Box K_S_3: IF K5_e =2 OR IF NO SUM CALCULATED FOR K5_e ASK K5_f ELSE SKIP TO END. **f.** About how much would you say you received altogether in 2018 for looking after children under age 13?	$_____	

Type of Income	Dollars	

F K5_f = DK/REF ASK K5_g
ELSE SKIP TO END.
 	
g. 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