

Questionnaire for Vermont Household Survey on Child Care and Early Learning

This questionnaire was only administered by web. This is a hard copy representation of the questions and pathing, but differs from how the questions would have appeared to respondents on-line.

A. About Your Household

NORC is conducting an important survey to learn about young children in your community and who cares for them when they are not with their parents. The study is sponsored by Building Bright Futures and the State of Vermont, and will help inform state and local efforts to improve access to quality child care for all children. Please have an adult (18 years or older) who lives in this household answer the following questions. Your information will be kept private and used only for statistical purposes. If you have any questions or would prefer to answer these questions by phone, please call toll-free at 1-800-462-1078.

A1. First, how many adults (18 years and older), including yourself live in this household?

_____ NUMBER OF ADULTS

A2. How many children between 6 and 17 years old live in this household? Please enter 0 if no children between 6 and 17 years old live in the household.

_____ NUMBER OF CHILDREN

A3. How many children under the age of 6, including babies, live in this household? Please enter 0 if no children under the age of 6 live in the household.

_____ NUMBER OF CHILDREN

➔ IF 0 GO TO A5

A4. Do any of your children under age 6 have special needs that require them to be treated differently from other children their age?

1) Yes

2) No

A5. In a typical week, how many hours did you spend working and commuting to and from work?

Please enter 0 if you do not work in a typical week.

_____ HOURS

A6. Do you regularly look after any children under age 13 who are not your own for 5 hours a week or more? Please include children you may live with as well as children from other households.

1) Yes

2) No

➔ IF NO GO TO A8

A7. Do you look after those children in a home or in a school or child-care center?

1) Home

2) School or center

3) Both

➔ IF ONLY ONE ADULT IN YOUR HOUSEHOLD, GO TO A10

A8. Not including yourself, how many other adults in your household, if any, regularly look after any children under age 13 who are not his or her own, for 5 hours a week or more? Again, please include looking after children in your own household. Please enter 0 if no other adults in the household regularly look after any children under age 13 who are not his or her own for more than 5 hours a week.

➔ IF 0 GO TO A10

A9. Do they look after children in a home or in a school or child-care center?

1) Home

2) School or center

3) Both

A10. In general, how do you feel about the quality and cost of child care and early learning available to families with children in your community? Do you feel...

1) Very satisfied

2) Somewhat satisfied

3) Somewhat dissatisfied

4) Not satisfied at all

5) No opinion

IF YOU HAVE NO CHILDREN UNDER 6 LIVING IN YOUR HOUSEHOLD STOP HERE. THANK YOU FOR YOUR PARTICIPATION!!

Child care and early learning that your household uses

B. In addition to a child's parents or legal guardians, a child may be cared for by other adults in the household, by relatives or friends outside of the household, or by a child-care professional in a center or someone's home. Next, I have some questions about the various people who care for your child/children in a typical week.

ANSWER THE FOLLOWING QUESTIONS ONLY FOR THE CHILDREN UNDER THE AGE OF SIX YOU LIST IN QUESTION B1. PLEASE ANSWER EVERY QUESTION FOR EACH CHILD YOU HAVE UNDER THE AGE OF SIX.

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
B1. Please indicate the ages in years of your children under 6. Please list each child separately, even if more than one are the same age.						
B2. In a typical week, do you use any non-parental/non-guardian care for your <age> year old child? IF NO FOR A CHILD SKIP TO SECTION C FOR THAT CHILD.	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
UNPAID CHILD CARE BY A RELATIVE, FRIEND OF NEIGHBOR						
B3. In a typical week, do you use at least five hours of unpaid care by a relative, friend or neighbor for your <age> year old child? IF NO FOR A CHILD SKIP TO SECTION B6 FOR THAT CHILD.	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B4. How many hours per week of unpaid care do you use for your <age> year old child?	_____ Hours	_____ Hours	_____ Hours	_____ Hours	_____ Hours	_____ Hours
B5. Are any of those hours of unpaid care during evenings, weekends or overnight?	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
PAID OR UNPAID CENTER-BASED CHILD CARE						
B6. In a typical week, do you use any paid or unpaid center-based care, such as a pre-school, day care center, public pre-kindergarten, Head Start, or faith-based nursery school, for your <age> year old child? Please do not include kindergarten. IF NO FOR A CHILD SKIP TO B10 FOR THAT CHILD	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B7. How many hours per week of center-based care do you use for your <age> year old child?	_____ Hours	_____ Hours	_____ Hours	_____ Hours	_____ Hours	_____ Hours
B7a. Are any of those hours of care during evenings, weekends, overnight	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B8. How much do you pay each week for this center-based care for your <age> year old child? DON'T KNOW/REFUSED, GO TO B8a	\$_____ /week	\$_____ /week	\$_____ /week	\$_____ /week	\$_____ /week	\$_____ /week
B8a. Please give your best estimate of how much you pay each week for the center-based care of your <age> year old child?	\$_____ /week	\$_____ /week	\$_____ /week	\$_____ /week	\$_____ /week	\$_____ /week
B9. Does anyone else pay for your <age> year old child's center-based care, for example, a family member, your employer, a community organization, or a government agency?	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
PAID HOME-BASED CHILD CARE						
B10. In a typical week, do you use at least 5 hours of paid care from a home-based child care provider for your <age> year old child? Please include home-based care where the provider is paid to care for your child even if you are not making the payment. IF NO FOR A CHILD SKIP TO SECTION C FOR THAT CHILD	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B11 Did you have a personal relationship with this home-based child care provider before your <age> year old child started receiving care there? If child has more than one regular home-based provider, please describe the one who provides the most hours of care for your child.	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B12. As far as you know, how many different families does this provider provide paid child care to, including your own?	1) 1 ➡ skip to B14 2) 2-4 families 3) 5 or more families	1) 1 ➡ skip to B14 2) 2-4 families 3) 5 or more families	1) 1 ➡ skip to B14 2) 2-4 families 3) 5 or more families	1) 1 ➡ skip to B14 2) 2-4 families 3) 5 or more families	1) 1 ➡ skip to B14 2) 2-4 families 3) 5 or more families	1) 1 ➡ skip to B14 2) 2-4 families 3) 5 or more families
B13. As far as you know, is this provider licensed or registered to provide child care?	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B14. How many hours per week does your <age> year old child spend in paid home-based care?	_____ Hours	_____ Hours	_____ Hours	_____ Hours	_____ Hours	_____ Hours
B14a. Are any of those hours of paid care during evenings, weekends or overnight?	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No	1) Yes 2) No
B15. How much do you pay each week for this home-based care for your <age> year old child? DON'T KNOW/REFUSED, GO TO B8a	\$_____/week	\$_____/week	\$_____/week	\$_____/week	\$_____/week	\$_____/week
B15a. Please give your best estimate of how much you pay each week for the home-based care of your <age> year old child?	\$_____/week	\$_____/week	\$_____/week	\$_____/week	\$_____/week	\$_____/week

Child Care Options

C. Child Care Options

These next questions are about how you view different types of childcare or after-school care for <textfill in age of randomly selected child> year olds. Please think about each type of care in general, not any specific program you know of. The types of care I will ask you about are: center care, relative or friend care and family child care.

Let's start with **CENTER CARE**. Examples of center care include preschools, Head Start, a pre-kindergarten program in a school, or a child care center.

	Excellent	Good	Fair	Poor	No Opinion
How would you rate CENTER CARE...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C1. How would you rate center care on having a nurturing environment for <textfill in random age> year old children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. How would you rate center care on helping <textfill in random age> year old children be ready to learn in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. How would you rate center care for teaching <textfill in random age> year old children how to get along with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. How would you rate center care on affordability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. How would you rate center care on flexibility for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Let us continue with **RELATIVE OR FRIEND CARE**, where a relative or close family friend cares for a child in the relative's/friend's home or the child's home.

	Excellent	Good	Fair	Poor	No Opinion
How would you rate RELATIVE OR FRIEND CARE...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. How would you rate relative or friend care on having a nurturing environment for <textfill in random age> year old children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7. How would you rate relative or friend care on helping <textfill in random age> year old children be ready to learn in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. How would you rate relative or friend care for teaching <textfill in random age> year old children how to get along with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9. How would you rate relative or friend care on affordability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10. How would you rate relative or friend care on flexibility for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next let us think about **FAMILY CHILD CARE**, where an individual has a child care business in his or her own home and cares for a few or several children there.

	Excellent	Good	Fair	Poor	No Opinion
How would you rate FAMILY CHILD CARE...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11. How would you rate family child care on having a nurturing environment <textfill in random age> year old children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12. How would you rate family child care on helping <textfill in random age> year old children be ready to learn in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13. How would you rate family child care for teaching <textfill in random age> year old children how to get along with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14. How would you rate family child care on affordability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15. How would you rate family child care on flexibility for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions are about how you have searched for non-parental care providers for your children.

C16. When did you last look for someone to care for one of your children at least five hours per week?

- 1) Year: _____ Month: _____
- 2) Never

➔ **IF NEVER SKIP TO C21 ON NEXT PAGE**

C16a. At the time, how old was the child you were seeking care for? _____ YEARS

C17. What was the main reason you were looking for care for this child at that time?

- 1) So that I could work/change in work schedule
- 2) To provide my child educational or social enrichment
- 3) To give me some relief
- 4) To fill in gaps left by my main provider or before/after school
- 5) I wasn't satisfied with care
- 6) Wanted to reduce child care expenses
- 7) Provider stopped providing care
- 8) Child no longer eligible for previous care (e.g., aged out or summer break)
- 9) Other (specify: _____)

C18. What type of care did you consider?

Unpaid home-based	Yes	No
Center-based	Yes	No
Paid home-based with someone you already knew	Yes	No
Paid home-based with someone you didn't already know	Yes	No

C19. What was the result of this search for child care?

- 1) Found care
- 2) Stayed with existing provider
- 3) Decided not to use care other than parents
- 4) Gave up search due to cost of available care
- 5) Gave up search for another reason
- 6) Other

C20. What was the main reason you made that decision?

- 1) Had no other choices
- 2) Cost
- 3) Schedule
- 4) Location
- 5) Quality of care
- 6) 'Best feeling'
- 7) Provider had space available
- 8) Other (specify: _____)

C21. How much would you say the availability of child care and early learning affects how much you work?

- 1) Very much
- 2) Somewhat
- 3) Not much
- 4) Not at all

Parental Work Activities

D. Parental Work Activities

The next set of questions asks about your/and your spouse's work schedule(s.)

D1. Do you have a spouse or partner in the household?

- 1) Yes
- 2) No

➔ IF NO GO TO D3

D2. How many hours does that person spend working and commuting to and from work in a typical week? Please enter 0 if your spouse/partner does not work in a typical week.

_____HOURS

D3. In a typical week, how many hours were you, or both you and your spouse or partner if applicable, at work or commuting at the same time?

_____HOURS

D4. Are all of these hours between 8am and 8pm Monday through Friday?

- 1) Yes
- 2) No

D5. How far in advance do you usually know what days and hours you (and your spouse or partner if applicable) 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

D6. Approximately how many days in the last 3 months did you (or your spouse or partner if applicable) have to make special arrangements at work to care for one of your children under six because a provider was sick or unavailable?

Don't count days that were holidays anyway. Please enter 0 if no days.

_____Days

D7. Approximately how many days in the last 3 months did you (or your spouse or partner if applicable) have to make special arrangements at work to care for one of your children under six for some other reason (for example, a child was sick, transportation broke down, or any other reason)?

Don't count days that were holidays anyway. Please enter 0 if no days.

_____Days

Other Information about your Family

E. Other information about your family

E1. How long has your household lived at this address?

_____ Months
 _____ Years

E1.5 What is your zip code? _____

E2. Do you have internet access at home:

On a smartphone or tablet	Yes	No
On a desktop or laptop computer	Yes	No

E3. Are you of Hispanic or Latino origin?

- 1) Yes
 2) No

E4. Which of the following are you? Please check all that apply

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

E5. What is the highest level of education that you or your spouse or partner have completed?

- 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
 8) Don't know

E6. Do your children have any relatives who live within 45 minutes of your child's home? Please include relatives on your side of the family as well as relatives of the child's other parent. Please report all relatives, even if they could not or would not provide care for a child.

- 1) Yes
 2) No

➔ IF NO GO TO E9

E7. Would any of these relatives be able to care for your child/children on a regular basis with no payment or only payment that covers transportation costs?

- 1) Yes
 2) No

E8. Would any of these relatives be able to care for your child if you were to pay them?

- 1) Yes
 2) No

E9. In what year were you born?

Year _____

E10. Are you...

- 1) Male
 2) Female

E11. What was your approximate household income, after taxes and deductions, last year? Please give your best estimate.

Please be assured that your responses to this and all other questions in this survey will not be revealed to any agency except in summary form for all study participants combined.

\$ _____

E12. Please be assured that your responses to this and all other questions in this survey will not be revealed to any agency except in summary form for all study participants combined. Which of the following categories do you think best describes your total household income after taxes from all sources last year?

- 1) \$0-\$20,000
 2) \$20,001 - \$40,000
 3) \$40,001 - \$60,000
 4) \$60,001 - \$80,000
 5) \$80,001 - \$100,000
 6) \$100,000 or more

Thank you for your participation in the survey! Your responses will help Building Bright Futures and the State of Vermont improve state and local efforts for young children.