

Appendix B

Household Survey

The household survey was predominantly conducted by telephone interviews. The following questionnaire is shown in telephone interview format, including interviewer instructions.

Family Child Care Homes Legislative Changes Study

HOUSEHOLD SURVEY

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department Clearance Officer, OIRM, AG Box 7630, Washington, DC 20250.

NOTE: WORDS AND PHRASES IN ALL CAPITAL LETTERS ARE INSTRUCTIONS TO THE INTERVIEWERS AND WILL NOT BE READ TO RESPONDENTS.

May I speak with (PERSON LISTED IN THE SAMPLE).

WHEN CONNECTED:

Hello, my name is _____. I'm calling from Abt Associates as part of a study of families who have children cared for in family child care homes. This study is for the U.S. Department of Agriculture's Child and Adult Care Food Program. (NAME OF FAMILY CHILD CARE HOME) is participating in this study and we would really appreciate your help as well. Your participation is voluntary and will not affect any current or future benefits from any government programs. We need less than ten minutes of your time. When we complete the interview, we'll send you a check for ten dollars as a token of our appreciation.

I'd like to ask some questions about (CHILD) and (CHILD)'s child care schedule.

A. Does (CHILD) currently attend child care at (NAME OF FAMILY CHILD CARE HOME)?

- YES 1 (SKIP TO Q.B)
- NO 2 (ASK Q.A1)
- REFUSED 7 (ASK Q.A1)
- DON'T KNOW 8 (ASK Q.A1)

A1. PROGRAMMER NOTE: CHECK TO SEE IF A SECOND CHILD FROM THE HOUSEHOLD IS LISTED AS ATTENDING THE FAMILY CHILD CARE HOME. IF (CHILD) WAS THE ONLY CHILD IN RESPONDENT'S HOUSEHOLD TO BE SELECTED FOR STUDY, THANK AND TERMINATE.

Does (CHILD2) currently attend child care at (NAME OF FAMILY CHILD CARE HOME)?

- YES 1 (CONTINUE INTERVIEW USING (CHILD2) FOR (CHILD))
- NO 2 (ASK Q.A2)
- REFUSED 7 (THANK AND TERMINATE)
- DON'T KNOW 8 (THANK AND TERMINATE)

A2. PROGRAMMER NOTE: CHECK TO SEE IF A THIRD CHILD FROM THE HOUSEHOLD IS LISTED AS ATTENDING THE FAMILY CHILD CARE HOME. IF NO OTHER CHILD IN RESPONDENT'S HOUSEHOLD WAS SELECTED FOR STUDY, THANK AND TERMINATE.

Does (CHILD3) currently attend child care at (NAME OF FAMILY CHILD CARE HOME)?

- YES 1 (CONTINUE INTERVIEW USING (CHILD3) FOR (CHILD))
- NO 2 (THANK AND TERMINATE)
- REFUSED 7 (THANK AND TERMINATE)
- DON'T KNOW 8 (THANK AND TERMINATE)

B. Does (CHILD) currently live in your household?

- YES 1 (CONTINUE)
- NO 2 (THANK AND TERMINATE)
- REFUSED 7 (THANK AND TERMINATE)
- DON'T KNOW 8 (THANK AND TERMINATE)

1. How old is (CHILD)? _____
MONTHS 1
YEARS 2

2. How many hours a day does (CHILD) usually spend at (NAME OF FAMILY CHILD CARE HOME)?

_____ (ASK Q. 2.A)
OF HOURS

VARIES/DON'T KNOW/REFUSED 1 (SKIP TO Q. 2.B)

2.A On average, how many days per week is (CHILD) there?

_____ (SKIP TO Q. 3)
OF DAYS

VARIES/DON'T KNOW/REFUSED 1 (SKIP TO Q. 2.B)

2.B About how many hours a week, in total, does (he/she) spend at (NAME OF FAMILY CHILD CARE HOME)?

- 15 or less 1
- 16 - 29 2
- 30 - 50 3
- More than 50 4

3. Do you usually send (CHILD) to child care with a meal or snack from home such as a brown bag lunch, a snack, or infant formula?

- YES 1
- NO 2 (SKIP TO Q. 4)
- REFUSED 7 (SKIP TO Q. 4)
- DON'T KNOW 8 (SKIP TO Q. 4)

3.A Why is that? CIRCLE ALL THAT APPLY.

PROVIDER DOES NOT SERVE MEAL
OR SNACK WHILE CHILD IS IN CARE ... 1

PROVIDER DOES NOT SUPPLY
INFANT FORMULA 2

PROVIDER DOES NOT SERVE
ENOUGH FOOD FOR MY CHILD 3

PROVIDER DOES NOT SERVE THE
QUALITY OF FOOD I WANT FOR
MY CHILD 4

CHILD HAS SPECIAL DIETARY NEEDS
(SUCH AS FOOD ALLERGIES OR
DIABETIC) 5

OTHER (SPECIFY) 6

4. Now I have some questions about the other people in your household.

4.A How many adults aged 18 or over, including yourself, currently live in your household?

OF ADULTS

4.B How many babies and children 17 or younger currently live in your household?

OF CHILDREN

5. So, the total number of people in your household is (ANSWER TO Q. 4.A PLUS ANSWER TO Q. 4.B). Is that correct? IF NOT CORRECT, RESOLVE BY RE-ASKING QUESTIONS 4.A AND 4.B.

6. IF NUMBER OF CHILDREN IN 4.B = 1, SKIP TO Q. 6.C.

Are any of the other children in your household cared for by (NAME OF FAMILY CHILD CARE HOME)? IF NEEDED: That is, in addition to (CHILD).

- YES 1 (ASK 6.A)
- NO 2 (SKIP TO Q. 6.C)
- REFUSED 7 (SKIP TO Q. 6.C)
- DON'T KNOW 8 (SKIP TO Q. 6.C)

6.A Can you tell me their ages and the average number of hours each one spends at (NAME OF FAMILY CHILD CARE HOME) per week?

AGE	HRS/WEEK

6.B Do you pay separate fees for (CHILD)'s child care or one fee to (NAME OF FAMILY CHILD CARE HOME) for all your children who go there?

- ONE FEE 1
- SEPARATE FEES 2
- NOT APPLICABLE -- GOVERNMENT PAYS 100% 3
- REFUSED 7
- DON'T KNOW 8

6.C How much do you pay (FAMILY CHILD CARE HOME) for (CHILD/all the children who go there)?

- \$ _____ per
- Hour 1
 - Day 2
 - Week 3
 - Month 4
 - OTHER (SPECIFY) 6
-

6.D Does the government pay some or all or none of the cost of (CHILD'S/your children's) care provided at (FAMILY CHILD CARE HOME)?

- SOME 1
- ALL 2
- NONE 3

7. Some child care homes get reimbursed by the U.S. Department of Agriculture's Child and Adult Care Food Program for the meals and snacks they serve to children in their care. Does (NAME OF FAMILY CHILD CARE HOME) participate in this program?

- YES 1
- NO 2
- DON'T KNOW 8

8. Were you given an application to the Child and Adult Care Food Program that asks questions about your household size and income?

- YES 1 (ASK 8.A-B)
- NO 2 (SKIP TO Q. 9)
- REFUSED 7 (SKIP TO Q. 9)
- DON'T KNOW 8 (SKIP TO Q. 9)

8.A Who gave you the application? CIRCLE ALL THAT APPLY.
IF NECESSARY, READ LIST.

- (NAME OF FAMILY CHILD CARE HOME) 1
- Your family child care provider's sponsor 2
- OTHER (SPECIFY) 6
- _____
- DON'T KNOW/DON'T RECALL 8

8.B Did you complete and turn in the application?

- YES 1 (SKIP TO Q. 9)
- NO 2 (ASK 8.C)
- REFUSED 7 (SKIP TO Q. 9)
- DON'T KNOW/DON'T RECALL 8 (SKIP TO Q. 9)

8.C Why didn't you turn in the application? DO NOT READ LIST.
CIRCLE ALL THAT APPLY.

- NEVER GOT AROUND TO IT 1
- DID NOT THINK I WAS ELIGIBLE 2
- NOT WORTH IT/BENEFIT TOO SMALL 3
- INVASION OF PRIVACY 4
- OTHER (SPECIFY) 6
- _____

9. Now I'd like to ask you a few questions about your household's participation in other government programs. Please keep in mind that everything you tell us is confidential and will have no effect on any current or future benefits.

Does anyone in your household receive food stamp benefits? You may receive these benefits as coupons, EBT cards or part of another check.

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

10. Is anyone in your household in the WIC (Women, Infants and Children's) program?

- YES 1 (ASK 10.A)
- NO 2 (SKIP TO Q. 11)
- DON'T KNOW WHAT THE WIC PROGRAM IS 3 (SKIP TO Q. 11)
- REFUSED 7 (SKIP TO Q. 11)
- DON'T KNOW IF ANYONE IS IN WIC 8 (SKIP TO Q. 11)

10.A IF CHILD'S AGE IS 5 OR OLDER, SKIP TO Q. 10.C.

Does (CHILD) participate in the WIC program?

- YES 1 (ASK 10.B)
- NO 2 (SKIP TO Q. 10.C)
- DON'T KNOW 8 (SKIP TO Q. 10.C)

- 10.B How long has (CHILD) received WIC benefits?

_____ YEARS OR _____ MONTHS

- SINCE BIRTH 10
- REFUSED 97
- DON'T KNOW 98

10.C IF NUMBER OF CHILDREN IN Q. 4.B = 1, SKIP TO Q. 11.

Do any (other) children in your household receive WIC benefits?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

11. Is anyone in your household eligible for free or reduced-price meals through the National School Lunch Program (NSLP) or School Breakfast Program (SBP)?

- YES 1
- NO 2
- DON'T KNOW WHAT THE NSLP/SBP IS 3
- REFUSED 7
- DON'T KNOW IF ANYONE IS IN
NSLP/SBP 8

12. Does anyone in your household receive benefits through the Food Distribution Program on Indian Reservations (FDPIR)?

- YES 1
- NO 2
- DON'T KNOW WHAT THE FDPIR IS 3
- REFUSED 7
- DON'T KNOW IF ANYONE IS IN
THE FDPIR 8

13. Does the government provide your housing or pay any part of what it costs to own or rent your home? (IF NECESSARY READ: For example, do you live in a government housing project or have lower rent because the government is paying part of it for you?)

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 8

14. Does anyone in the household receive payments from any of the following sources?
 READ LIST. CIRCLE ONE RESPONSE FOR EACH ITEM.

	ITEM	YES	NO	REFUSED	DON'T KNOW
	Social Security IF NEEDED: This might come in the form of a green check.	1	2	7	8
	SSI IF NEEDED: This might come in the form of a gold check.	1	2	7	8
	Unemployment compensation	1	2	7	8
	Worker's compensation	1	2	7	8
	Insurance benefits including disability	1	2	7	8
	Refugee assistance	1	2	7	8
	VA payments	1	2	7	8
	Retirement pension	1	2	7	8
	Child support or alimony	1	2	7	8
	Workfare or a job where a government program pays part or all of the wages	1	2	7	8
	AFDC, TANF, foster care payments or other government cash assistance for families with children	1	2	7	8
	General assistance, home relief or any other government welfare payment	1	2	7	8
14A	Are you covered by Medicaid or other government paid health insurance?	1	2	7	8

Our last household questions are for statistical purposes only.

15. Into which of the following categories does the total 1998 income for your household fall? Please take a moment to think about all sources of income for you and other members of your household, including money from jobs, your own business (minus expenses), welfare, pensions, alimony and child support payments, unemployment compensation, social security and cash withdrawn from savings, investments or trust accounts or received from friends and relatives.

First of all, was your total 1998 household income more or less than \$30,000 per year?

- \$30,000 OR MORE 1 (SKIP TO B)
LESS THAN \$30,000 2 (ASK A)

Now I'll read a list of more income categories; please stop me when I reach the right category for your household income.

- A. Under 5,000 per year 01
\$5,000 to under 10,000 per year 02
\$10,000 to under 15,000 per year 03
\$15,000 to under 20,000 per year 04
\$20,000 to under 25,000 per year 05
\$25,000 to under 30,000 per year 06
- B. \$30,000 to under 35,000 per year 07
\$35,000 to under 40,000 per year 08
\$40,000 to under 45,000 per year 09
\$45,000 to under 50,000 per year 10
\$50,000 to under 55,000 per year 11
\$55,000 to under 60,000 per year 12
\$60,000 to under 65,000 per year 13
\$65,000 to under 70,000 per year 14
\$70,000 to under 75,000 per year 15
\$75,000 to under 80,000 per year 16
\$80,000 or more per year 17
- REFUSED 97
DON'T KNOW 98

16. IF THE ANSWER TO QUESTION 15 IS A CATEGORY THAT CONTAINS THE INCOME LEVEL FOR THE RESPONDENT'S HOUSEHOLD SIZE, ASK THE FOLLOWING QUESTION. OTHERWISE, SKIP TO QUESTION 17.

HOUSEHOLD SIZE IS THE ANSWER TO QUESTION 4.A PLUS THE ANSWER TO QUESTION 4.B.

Is your total household income more or less than (READ AMOUNT IN INCOME COLUMN FOR RESPONDENT'S HOUSEHOLD SIZE.)

HOUSEHOLD SIZE	INCOME
2	\$20,073
3	\$25,253
4	\$30,433
5	\$35,613
6	\$40,793
7	\$45,973
8	\$51,153
9 or more	\$56,332

- MORE 1
 LESS 2
 ABOUT THE SAME 3
 REFUSED 7
 DON'T KNOW 8

17. I am going to read a list of race and ethnicity categories. Please let me know which categories best describe (CHILD). You may select more than one. READ LIST. CIRCLE ALL THAT APPLY.

- American Indian or Alaska Native 1
- Asian 2
- Black or African American 3
- Native Hawaiian or other Pacific Islander 4
- Hispanic or Latino 5
- White 6
- REFUSED 7
- DON'T KNOW 8

CLOSING: That's all the questions. Thank you very much for your help. Now I just need to make sure I have the correct mailing address for your \$10.00 check. Is it (READ ADDRESS FROM SAMPLE LISTING AND MAKE CHANGES IF NEEDED.)

ENTER CORRECT TELEPHONE NUMBER AND ADDRESS:

PHONE: () _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Would you like to receive a copy of the study results?

- YES 1
- NO 2

Thanks again. Goodbye.

DATE OF INTERVIEW: ____/____/____

INTERVIEWER NAME: _____

RECORD WHETHER INTERVIEW WAS CONDUCTED IN ENGLISH OR SPANISH:

- ENGLISH 1
- SPANISH 2

INTERVIEW WAS CONDUCTED:

- AT ABT'S TELEPHONE RESEARCH CENTER 1
- BY TELEPHONE IN THE FIELD 2
- IN PERSON 3