

MIDWEST CHILD CARE RESEARCH

Parent Questionnaire

The Gallup Organization has been selected by the Midwest Child Care Research Consortium of Midwestern universities to conduct a survey on child care in your state. We are seeking your candid responses. *Gallup keeps the individual responses to all the surveys it conducts strictly confidential.* Neither the Midwest Child Care Research Consortium nor your child's caregiver will see any of your responses. Only aggregated (group) results will be reported to them. They will use these group results to improve the quality of child care for children such as yours.

In this survey, we usually ask you to evaluate the specific caregiver who cares for your child. We recognize that people who provide child care may be referred to as teacher, provider, or child caregiver. We use the terms "caregiver" throughout this survey for anyone providing child care. However, in some cases we ask you to evaluate the child care your child receives in general. If there are two or more children in your family being cared for by the same caregiver, please answer for the youngest child.

When completing this survey, please mark your responses with an "x" using a blue or black pen like this example . Do not mark outside of the response area like this example .

Use the enclosed envelope to return your completed questionnaire. When it is returned, you will be sent a gift certificate. On the next page, which will be separated from the survey pages prior to data processing, please sign the consent form and provide the name and address Gallup should use for sending you your gift certificate.

THE GALLUP ORGANIZATION

300 South 68th Street Place
Lincoln, Nebraska 68510 USA

CONSENT

We are inviting you to participate in a study of about 2,000 parents and guardians of young children who receive child care. The study is being conducted by universities in four states and state child care divisions. It is funded by the U.S. Department of Health and Human Services and the Kauffman Foundation. Participating child care providers and parents and guardians in these programs were selected at random from state lists. You are one of about 500 persons in your state being asked to tell the story of your state's child care from a parent's or guardian's point of view. We assure you that EVERY ONE of your responses will remain confidential. No answers from individuals will be shared with children's providers. Your responses are VERY important for telling the child care story in your state. Here is what we would like you to do:

1. **Sign the Consent below (there is an additional copy for your records).**
2. **Complete the Survey.**
3. **Mail the Survey in the enclosed Envelope.** Postage has already been paid.
4. **You will be mailed a \$10 Gift Certificate when your packet has been received at Gallup.**
Be sure to provide your name and address below.
5. **Check off your name on your provider's poster and/or tell your provider when you have mailed your survey.**

Thank you for helping to tell the story of child care in your state. Your answers are very important. If you have any questions about this study, please feel free to contact Dr. Helen Raikes, The Gallup Organization, 402-486-6504; Dr. Julia Torquati (University of Nebraska), 402-472-1674; Dr. JeanAnn Summers (University of Kansas), 913-321-3143; Dr. Carla Peterson (Iowa State University), 515-294-4898; or Dr. Kathy Thornburg (University of Missouri), 573-882-9998.

I have read the information about this survey and agree to participate in the survey about child care. I understand that all the information I provide on the survey is confidential and that my name will not be associated with reports about the study in any way. I can choose to withdraw from this study at any time, and also I can refuse to answer any question or part of the survey. I have been given a copy of this permission form to keep. (A second copy of this consent form for your records is included with your materials.)

Your signature

Please print NAME

ADDRESS

CITY, STATE, AND ZIP

Please include your full address so that we can send you a gift certificate. To ensure confidentiality, Gallup will keep this page separate from the survey pages.

	Not At All Important				Extremely Important
	1	2	3	4	5
	▼	▼	▼	▼	▼
i. The cost	<input type="checkbox"/>				
j. The provider is someone you know and trust	<input type="checkbox"/>				
k. Race, ethnicity, or language of the provider matches yours	<input type="checkbox"/>				
l. The provider's discipline and guidance styles match yours	<input type="checkbox"/>				
m. The provider offers stimulating activities or programs	<input type="checkbox"/>				
n. The provider emphasizes school academics, for example, reading and math skills	<input type="checkbox"/>				
o. The provider emphasizes creativity in art, music, theater and pretend play	<input type="checkbox"/>				
p. The provider accepts child care subsidy payments	<input type="checkbox"/>				
q. The provider had a reputation for good care	<input type="checkbox"/>				
r. The provider was recommended by a family member or friend	<input type="checkbox"/>				
s. The provider enrolls children with special needs	<input type="checkbox"/>				
t. Already had another child enrolled with this provider	<input type="checkbox"/>				
u. The provider accepts infants	<input type="checkbox"/>				
v. The type of provider, such as a child care center, a family child care home, or care by a relative	<input type="checkbox"/>				
w. The provider is accredited	<input type="checkbox"/>				

6 How did you locate your child's current facility, program, or provider? (Mark an "x" in all the boxes that apply).

- Referred by a friend or relative
- Referred by a public agency (city, county, state)
- Referred by an employer
- Referred by a community agency, including a resource and referral agency
- Yellow pages or newspaper ads
- I found it myself
- Caregiver is a relative of mine
- Caregiver is a friend of mine

Other (Please specify):

7 How old was your child when he/she began care with the current facility, program, or provider? (Please be as specific as you can about both the year and month — such as 0 years, 3 months; 1 year, 0 months; 1 year, 3 months, etc.).

Years (enter 0 if less than 1 year old) Months

We would now like to ask you some questions about your current caregiver (the one who provided you this questionnaire). Answer for your youngest *child* being cared for by this caregiver, if there are two or more children in your family being cared for by her or him.

8

Now, please rate your current caregiver and the setting he or she provides for your child by indicating how much you agree or disagree with each of the following statements. Please do this by marking an “x” in one of the boxes on the 1-5 scale. Marking a “5” means you “Strongly Agree” and marking a “1” means you “Strongly Disagree” that the statement applies to your current caregiver or the setting he or she provides your child. Marking an “x” in the “4,” “3,” or “2” box indicates a middle level of agreement somewhere between the high and low points of the scale. (Please mark one “x” for each item below).

How much do you agree or disagree that each of the following applies to your current caregiver or the setting she/he provides?

Strongly Disagree Strongly Agree

	1	2	3	4	5
	▼	▼	▼	▼	▼
a. The caregiver is warm and affectionate toward my child	<input type="checkbox"/>				
b. My child is treated with respect	<input type="checkbox"/>				
c. My child is safe with this caregiver	<input type="checkbox"/>				
d. My child gets a lot of individual attention	<input type="checkbox"/>				
e. My caregiver and I share information	<input type="checkbox"/>				
f. My caregiver is open to new information and learning	<input type="checkbox"/>				
g. My caregiver shows she/he knows a lot about children and their needs	<input type="checkbox"/>				
h. The caregiver has difficulty with discipline matters and sometimes is harsh	<input type="checkbox"/>				
i. My child feels safe and secure with this caregiver	<input type="checkbox"/>				
j. My child dislikes the caregiver	<input type="checkbox"/>				
k. My caregiver is supportive of me as a parent	<input type="checkbox"/>				
l. There are a lot of creative activities going on	<input type="checkbox"/>				
m. It’s an interesting place for my child	<input type="checkbox"/>				
n. My provider is happy to see my child	<input type="checkbox"/>				
o. If I had it to do over, I would choose this caregiver again	<input type="checkbox"/>				
p. Caregiver reads or looks at picture books with my child every day	<input type="checkbox"/>				
q. This has been a good experience for my child	<input type="checkbox"/>				
r. Caregiver has a formal conference with me every year about my child’s development	<input type="checkbox"/>				
s. My child has stability in her/his child care relationships	<input type="checkbox"/>				
t. There has been too much turnover among my child’s caregivers	<input type="checkbox"/>				
u. There are too many children being cared for at the same time	<input type="checkbox"/>				
v. My caregiver gets impatient with my child	<input type="checkbox"/>				
w. The children seem out of control	<input type="checkbox"/>				
x. The conditions are dirty	<input type="checkbox"/>				
y. The children watch too much TV	<input type="checkbox"/>				
z. Every day my child and I are greeted when we arrive	<input type="checkbox"/>				
aa. I worry about bad things happening to my child in care	<input type="checkbox"/>				
bb. Dangerous things are kept out of reach	<input type="checkbox"/>				
cc. There are areas set up to encourage different forms of learning and play	<input type="checkbox"/>				
dd. The child care facility (home or center) has good indoor spaces for children	<input type="checkbox"/>				
ee. The child care facility (home or center) has good outdoor spaces for children	<input type="checkbox"/>				
ff. My child has daily access to a good supply of toys and materials	<input type="checkbox"/>				

9 All things considered, how would you grade the quality of the care your child is receiving from his/her current caregiver? *(Please mark an "x" in only one of the boxes).*

- A+ Perfect
- A Excellent
- B Good
- C Fair
- D Poor
- E Bad
- F Awful

10 On average, how many hours each week is your child in care with this caregiver?

hours in care with caregiver per week

11 How much does your household usually pay weekly for your child for care with this caregiver? *(Round to whole dollars; please enter 0 if no one in your household usually pays for this program).*

\$ per week

12 Does any person or agency outside your household help pay for your child's care with this caregiver?

- Yes
- No → If "No," Skip to 14

13 *(If "Yes" in 12, please answer):* Who helps you? *(Mark an "x" in all the boxes that apply).*

- Government agency (child care subsidy)
- Private agency
- Employer
- Head Start Program
- Child support payments
- Program scholarships
- Church or faith-based organization
- Friend or relative
- Someone else *(Please specify):*

14 Including the child or children being cared for by the caregiver who gave you this questionnaire, what is the total number of children not yet in kindergarten for whom you currently pay child care fees? *(Enter 0 if that is the answer).*

total number of children not yet in kindergarten you pay child care for

15 About how much do you usually spend in total on child care per week for **all** of your children **not yet in kindergarten**? *(Round to whole dollars; please enter 0 if there is usually no weekly expenditure).*

\$ per week

16 Now, please tell us how much you agree or disagree with each of following statements about the affordability of child care. Please do this by marking an “x” in one of the boxes on the 1-5 scale. You can mark any box. Marking a “5” means you “Strongly Agree” and marking a “1” means you “Strongly Disagree” that the statement is true for you. *(Please mark one “x” for each item below).*

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
	▼	▼	▼	▼	▼
How much do you agree or disagree with each of these statements?					
a. The cost of child care has prevented me from getting the kind of care I want	<input type="checkbox"/>				
b. I would be willing to pay more than I do for the care that I have	<input type="checkbox"/>				

We would now like you to answer some more general questions about child care, including *other* care your child may currently receive.

17 In addition to the caregiver who gave you this questionnaire, how many *other* child care providers do you have at this time for the child you are referring to in this survey? Do not include occasional babysitters or persons who cared for your child so you could enjoy an evening out, but do count regular child care that you use so you can work or attend school or training.

Number of additional child care providers for this child *(enter 0 if none)*

If a number in 17 is 0 ⇒ skip to 20; otherwise continue

18 *(Answer if a number other than 0 in 17):* Please indicate the total number of usual hours per week each of the following *other* child care providers spends with your child. *(Enter 0 for those who aren’t among the other providers you counted in question 17 above)*

Child care center

Family child care home

Care by a relative

Care by a non-relative

Other *(Please specify)*

19 Among these *other* providers, how many total hours per week of care, on average, does your child receive?

Number of hours per week among *other* providers *(enter 0 if none)*

20 Since he/she began child care, how many different child care providers, including your current provider, has your child had? Do not count occasional babysitters or persons who cared for your child so that you could enjoy an evening out. Do count regular child care that you used so you could work or go to school, and only count each center once. (Consider all types of providers, including care at a child care center, a family child care home, care by a relative, and care by a non-relative) .

total number of child care providers your child has had, including current caregiver

21 Please indicate how many of the total number of child care arrangements your child has used, as reported in Question 20, fall into each of the following types of categories.

Child care center

Family child care home

Care by a relative

Care by a non-relative

Other (*Please specify*)

22 How responsible is your current caregiver for teaching each of the following behaviors or skills to your child when he/she is old enough to learn them? Again, please mark an “x” in one of the boxes on the 1-5 scale. Marking a “5” means you feel the program is “Extremely Responsible” and marking a “1” means you feel they are “Not At All Responsible” for teaching the behavior or skill when your child is old enough to learn it. Marking an “x” in the “4,” “3,” or “2” box indicates intermediate agreement somewhere between the high and low points of the scale. (*Please mark one “x” for each item below*).

	Not At All Responsible		Extremely Responsible		
	1	2	3	4	5
How responsible is your current caregiver for teaching these behaviors or skills to your child when he/she is old enough to learn them?	▼	▼	▼	▼	▼
a. How to get along with others	<input type="checkbox"/>				
b. The letters of the alphabet or to count to 10	<input type="checkbox"/>				
c. To be self-confident	<input type="checkbox"/>				
d. To be able to communicate needs, wants and thoughts	<input type="checkbox"/>				

We now have some questions about you.

23 What is your relationship to the child referred to in this survey? (*Please mark an “x” in only one of the boxes*).

Child’s Mother

Child’s Father

Child’s Stepmother

Child’s Stepfather

Child’s Legal Guardian or Foster Parent

Child’s Extended Family Member (*Please specify*)

Other (*Please specify*)

24 Who drops off and picks up your child at your current child care provider on a regular basis? (*Mark an “x” in all the boxes that apply*).

Child’s Mother

Child’s Father

Child’s Stepmother

Child’s Stepfather

Child’s Legal Guardian or Foster Parent

Child’s Extended Family Member (*Please specify*)

Other (*Please specify*)

25 Who selected your current child care provider? (Mark an "x" in all the boxes that apply).

- Child's Mother
- Child's Father
- Child's Stepmother
- Child's Stepfather
- Child's Legal Guardian or Foster Parent
- Child's Extended Family Member (Please specify)
- Other (Please specify)

26 Who attends child care parent meetings held by your current provider? (Mark an "x" in all the boxes that apply).

- Child's Mother
- Child's Father
- Child's Stepmother
- Child's Stepfather
- Child's Legal Guardian or Foster Parent
- Child's Extended Family Member (Please specify)
- Other (Please specify)
- My Caregiver Does Not Provide Child Care Parent Meetings
- No One Attends

27 Has your child been identified as having any developmental problems or special needs?

- Yes
- No ➔ **If "No," Skip to 29**
- Don't Know ➔ **If "Don't Know," Skip to 29**

28 (If "Yes" in 27, please answer): Is this child getting help from early intervention or special education programs, or any other agency that helps children with special needs?

- Yes
- No
- Don't Know

29 What is the highest level of education that you have completed? (Please mark an "x" in only one of the boxes).

- Less than a high school diploma
- High school diploma or GED
- Some training or education beyond high school
- 2-year college degree
- 4-year college degree
- Graduate school classes
- Graduate school degree

30 Which of the following employment categories currently applies to you? (Please mark an "x" in only one of the boxes that most closely describes your situation).

- Work at home part-time for pay
- Work at home full-time for pay
- Employed outside the home part-time for pay
- Employed outside the home full-time for pay
- Not employed ➔ **Skip to 33**

31 (If employed for pay, please answer this question): How many hours do you usually work for pay each week?

number of hours per week usually work for pay

32 (If employed for pay, please answer these questions): Please indicate whether or not each of the following statements about your work situation is true or not. (Please mark one "x" for each item).

	True ▼	Not True ▼
a. I work a regular day shift	<input type="checkbox"/>	<input type="checkbox"/>
b. I work a regular weekend or evening shift	<input type="checkbox"/>	<input type="checkbox"/>
c. My work schedule keeps changing	<input type="checkbox"/>	<input type="checkbox"/>

33 To what extent are the following questions about child care true for you? Please answer on a 1–5 scale with "5" meaning "Almost Always True" and "1" meaning "Almost Never True." A "4," "3," or "2" means flexibility somewhere between these extremes. (Please mark an "x" in only one box for each item).

How true for you are each of the following statements?	Almost Never True			Almost Always True	
	1 ▼	2 ▼	3 ▼	4 ▼	5 ▼
a. My shift and work schedule cause extra stress for me and my child	<input type="checkbox"/>				
b. In my work schedule, I have enough flexibility to handle family needs	<input type="checkbox"/>				
c. My caregiver is willing to work with me about my work schedule	<input type="checkbox"/>				
d. I rely on my caregiver to be flexible about my hours	<input type="checkbox"/>				
e. I have someone I can share home and care responsibilities with	<input type="checkbox"/>				
f. I am on my own in raising my child	<input type="checkbox"/>				
g. My evening or weekend work schedule limits my child care choices	<input type="checkbox"/>				
h. There are good choices for child care where I live	<input type="checkbox"/>				
i. I have had difficulty finding the child care I want	<input type="checkbox"/>				
j. Getting to child care is a long commute for me	<input type="checkbox"/>				

34 Including yourself, how many adults (persons 18 and older) live in your household?

total number of adults in household

35 Who are the adults who live in the household with the child referred to in this survey? (Mark an "x" in all the boxes that apply).

Child's Mother
 Child's Father
 Child's Stepmother
 Child's Stepfather
 Child's Legal Guardian or Foster Parent
 Other (Please specify)

36 Including the child you have been referring to in this survey, how many children younger than 18 live in your household?

total number of children under 18 in household

37 Please mark an "x" in the box next to the category below that contains your total annual household income from all sources and household members before taxes. (Mark an "x" in one box only)

<input type="checkbox"/> Under \$11,610	<input type="checkbox"/> \$26,691 - \$29,730
<input type="checkbox"/> \$11,611 - \$14,630	<input type="checkbox"/> \$29,731 - \$39,999
<input type="checkbox"/> \$14,631 - \$17,650	<input type="checkbox"/> \$40,000 - \$49,999
<input type="checkbox"/> \$17,651 - \$20,670	<input type="checkbox"/> \$50,000 - \$74,999
<input type="checkbox"/> \$20,671 - \$23,723	<input type="checkbox"/> \$75,000 or more
<input type="checkbox"/> \$23,724 - \$26,690	

This last group of questions are about government subsidies and other child care benefits you might receive.

38 Do you currently receive government child care subsidies?

- Yes ➔ **If “Yes,” Skip to 41**
- No

39 (If “No” in 38, please answer this question): Are you financially eligible for a government child care subsidy?

- Yes
- No ➔ **If “No,” Skip to 46**
- Don’t Know ➔ **If “Don’t Know,” Skip to 46**

40 (If “Yes” in 39, please answer the following): Please indicate for each of the following if it is a reason for not using subsidies. Marking an “x” in the “yes” box means it is a reason why you don’t use subsidies, while marking an “x” in the “no” box means it is not a reason why you don’t use subsidies. (Please mark one “x” for each item).

Please indicate which are, and which are not, reasons why you do not use subsidies.

	Yes ▼	No ▼
a. Unemployed, laid-off, or ill temporarily	<input type="checkbox"/>	<input type="checkbox"/>
b. I don’t know how to apply	<input type="checkbox"/>	<input type="checkbox"/>
c. It is too difficult to apply	<input type="checkbox"/>	<input type="checkbox"/>
d. I don’t want to mess with the hassle	<input type="checkbox"/>	<input type="checkbox"/>
e. I’d probably just lose them soon anyway	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Please specify) <input style="width: 400px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED QUESTION 40 ➔ SKIP TO 46

41 (If “Yes” in 38, receive a subsidy, please answer this question): For how long have you been receiving government child care subsidies for any child in your family, either continuously or off and on? (Mark an “x” in one box only)

- Less than 1 year
- 1 year up to 2 years
- 2 years up to 3 years
- 3 years or longer

42 (If “Yes” in 38, receive a subsidy, please answer the following): Please indicate whether or not each of the following statements are true for you. (Please mark one “x” for each item).

	True ▼	Not True ▼
a. Child care subsidies are a tremendous boost to our family’s ability to work and make a living	<input type="checkbox"/>	<input type="checkbox"/>
b. Child care subsidies are easy to apply for	<input type="checkbox"/>	<input type="checkbox"/>
c. Child care subsidies are easy to keep	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel that I have more child care choices because of the subsidies	<input type="checkbox"/>	<input type="checkbox"/>
e. Even though my child’s care is paid for by subsidies, I feel my child is treated as well as all the other children at the child care facility	<input type="checkbox"/>	<input type="checkbox"/>
f. Some child care providers I have approached will not care for my child because the payment comes through subsidies	<input type="checkbox"/>	<input type="checkbox"/>
g. I do not have as many choices for child care because of subsidies	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel my child did not have access to the highest quality care because my child care payments are through subsidies	<input type="checkbox"/>	<input type="checkbox"/>
i. My caseworker cares about my family and works with me to help cover our child care needs	<input type="checkbox"/>	<input type="checkbox"/>

43 (If “Yes” in 38, receive a subsidy, please answer this question): Over all of your years of receiving child care subsidies, have you ever had a period of interrupted or lost subsidy payment, even though you needed or wanted to keep your child with a provider? (For example, some people have interrupted subsidy due to their own or a child’s illness, getting laid-off, or having employment hours change).

- Yes
- No ➔ If “No,” Skip to 46

44 (If “Yes” in 38, receive a subsidy, and 43, please answer this question): How many times has this happened to you?

total number of times have had interrupted or lost subsidy payments

45 (If “Yes” in 38, receive a subsidy, and 43, please answer the following): For each item below, please indicate by marking the “yes” or “no” box with an “x” if it was something that happened to you at any time when you had interrupted or lost subsidy payments. (Please mark one “x” for each item).

- | | Yes
▼ | No
▼ |
|---|--------------------------|--------------------------|
| a. I had to take my child out of child care, but I was able to get him/her back in | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I had to take my child out of child care, and I was not able to get him/her back into that program; had to find a new provider | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The child care provider kept my child at no cost or reduced cost | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I covered the cost of child care to keep my child with the same provider | <input type="checkbox"/> | <input type="checkbox"/> |
| e. We went to part-time | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Nothing changed | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (Please specify) <input style="width: 500px; height: 20px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

46 (ALL PARENTS PLEASE ANSWER THIS QUESTION): Please indicate whether or not each of the following statements is true for you. (Please mark one “x” for each item).

- | | True
▼ | Not True
▼ |
|--|--------------------------|--------------------------|
| a. Claim a federal income tax credit for child care expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Receive or qualify for the Earned Income Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use a plan through an employer that allows you to purchase child care with before-tax dollars | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Employer pays for some child-care expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Spouse or partner’s employer pays for some child care expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Child care expenses were reduced because of a discount, bargain rate, sliding scale, scholarship, or general program subsidy by church, child care provider, employer or agency | <input type="checkbox"/> | <input type="checkbox"/> |

Request for continuing the survey by telephone.

47 Would you be willing to be contacted again for an in-depth, telephone interview about child care? It will take about an hour and you would be paid an additional stipend. This is a qualitative interview, which means you can tell your own child care story and can talk about many things related to child care in your own way. Many people find this kind of interview fun.

- Yes (Please provide your daytime and evening telephone numbers below)
- No

48 (If “yes” in 47, please provide):

() -

Daytime Telephone Number, including Area Code.

() -

Evening Telephone Number, including Area Code.

Thank you very much for taking the time to answer these questions. This study will provide important information about children’s child care experiences. We appreciate your help!
The Gallup Organization and Midwest Child Care Research Consortium