

**Design Phase:  
National Study of Child Care  
Supply and Demand — 2010**

**Compendium of Measures**

**VOLUME 1: SUPPLY-SIDE MEASURES**

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## **Introduction**

This compendium is intended to identify, review, and synthesize existing survey items that measure a range of constructs that may be covered in the National Study of Child Care Supply and Demand (NSCCSD): 2010. This compendium is also designed to serve as a resource to the early and school-age care and education field.

### **Organization of Compendium**

- The compendium is organized into two parts: Supply of and Demand of early and school-age care and education. These parts correspond to the three questionnaires that have been developed for the NSCCSD: 1) a program survey instrument for center-based and regulated home-based settings; 2) a household instrument for unregulated home-based providers who care for children in their own home or the child's home; and 3) a household interview for parents of children age 13 or under. The latter survey will serve as the primary source of information about the national demand for early and school-age care and education. The two provider instruments will serve as the main sources of information about the national supply of early and school-age care and education. The surveys were developed as part of the design contract by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. The questionnaires underwent cognitive testing and a feasibility test which targeted selected topics and questions. The questionnaires may be subject to modification prior to its national fielding.
- The compendium begins with a table that summarizes the surveys reviewed for and used in the compendium and the measures found within each survey. The measures are grouped into constructs, representing broader topics or issues that may be included in the NSCCSD.
- Following the summary tables, summary templates for each measure are provided. The templates are organized by chapter. These chapters correspond to the construct found in the summary tables. Within each chapter, the measures are listed in the order they are found on the table. Within each measure, the templates are organized as follows: If a measure is available from the 1990 Profile of Child Care Settings (supply side) or the 1990 National Child Care Survey (demand side), this template is listed first. The next templates in each section are for any measures from the questionnaire drafted for the NSCCSD feasibility test. Following those templates, other templates are listed in alphabetical order by the name of the survey from which they are drawn.



## Creation of the Compendium

### Selection of Measures for the Compendium:

- Constructs and measures were identified from tasks related to the NSCCSD completed prior to the development of this document. Specifically, constructs and measures included in the compendium were identified from a review of the literature; a logic model which linked key research questions to constructs and measures; an expert panel meeting held in December 2007; discussions with the project team members, substantive consultants, and the Office of Research Planning and Evaluation (OPRE); and an analysis plan. Since the analysis plan was intended to identify research and analytic questions as well as priority areas that would guide the design of the NSCCSD, we worked closely with this document to ensure that the constructs and measures needed to address the questions in the analysis plan were included in the compendium. Special attention was placed on reviewing and identifying measures for high priority research questions in the analysis plan.

### Selection of Surveys for the Compendium:

- As a first step in developing the compendium, we began with the two 1990 studies—Profile of Child Care Settings (supply side) and the 1990 National Child Care Survey (demand side)—which serve as a basis for the 2010 NSCCSD. We then identified national, state, and local surveys from both privately and publicly funded studies. These surveys were identified from an exhaustive literature review; searches conducted on academic library search engines, public research databases (such as Research Connections), and the internet; and recommendations made by members of the expert panel, project team, substantive consultants, and OPRE. This process identified roughly 50 demand and supply surveys each. This list was then refined to focus on more recent surveys and those that were most appropriate for the NSCCSD. In addition, we were unable to locate a number of the surveys. When multiple waves of a study were available (e.g., Early Childhood Longitudinal Study-Birth Cohort; National Survey of American Families; and other national longitudinal surveys), the most recent version of the instrument was used for the compendium unless there was a substantive reason for using an instrument from an earlier wave.
- Documents produced by working groups focusing on survey development were also used to create the compendium. These documents included correspondence from OPRE on the development of child care subsidy use questions resulting from a planning meeting for the re-engineering of the Survey of Income and Program Participation (otherwise known as the DEWS study) and a white paper by Zaslow et al. (2007)<sup>1</sup> describing best practices and measures for collecting data on professional development of child care providers.

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<sup>1</sup> Zaslow, M., Halle, T., McNamara, M., Weinstein, D., & Dent, A. (2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. Washington, DC: Child Trends.

- The majority of the surveys used in the development of compendium templates are listed in the summary tables. These summary tables provide a list of surveys used or reviewed in the development of compendium templates and the measures that were included in each survey. There are a limited number of surveys that were not included in the summary tables. These surveys were not included for two reasons. First, they were not primarily child care surveys. Second, they provided information on only one measure or measures not specific to child care (e.g., demographics).

#### Selection of Templates for Compendium:

- In general, the compendium contains four to six templates per measure, each of which summarizes a particular question and the survey it was drawn from. The selection of templates for each measure occurred through a series of steps.
- First, as noted above, Child Trends researchers inventoried the surveys to identify what questions were available in each survey instrument.
- Next, Child Trends researchers reviewed the survey questions in the various survey instruments for each measure. Based on this review, Child Trends researchers chose the four to six best or most unique survey items for each measure.
  - In selecting measures, when appropriate, the 1990 Supply and Demand surveys (the Profile of Child Care Settings and the National Child Care Survey) were always included. Next, templates were created to represent a range of approaches for asking about the measure and a range of strengths and limitations.
  - In some cases, fewer than four templates were created. This happened if there was overlap in the question wording across different surveys or there were less than four surveys with questions for the measure.
  - In other cases no survey items were found for a measure. If no survey questions were found for a particular construct, a note to this effect was included.
- If appropriate, survey questions were used for multiple constructs and measures. This is noted throughout the compendium.

## Contents of Compendium Templates

Each template contains a summary of information about the study from which the item was drawn; a synopsis and evaluation of the survey question; and the wording of the survey question. The content for each template is as follows:

1. *Construct*: Refers to the broader topic or issue as referred to in the summary table.
2. *Measure*: Refers to the indicator being measured.
3. *Source*: Provides the name of the survey from which the question is drawn.
4. *Year of administration*: Refers to the year(s) the survey was administered. For repeated cross-sectional and longitudinal studies we noted the years the survey was administered. For state market rate surveys, which generally have less extensive documentation, we noted the most recent year.
5. *Survey Design*: Indicates whether the survey design was cross-sectional, repeated cross-sectional, or longitudinal.
6. *Sample*: Indicates whether the survey sample was national, multi-state, state, or local.
7. *Data Source*: “Provider survey” is checked for supply side templates and “household survey” is checked for demand side templates.
8. *Study Population Sampled (P)/Oversampled (O)*: Refers to the population sampled for the study and any subgroups that were oversampled.
9. *Study Unit of Analysis*: Specifies the unit of analysis for the study as a whole.
10. *Study Mode of Administration*: Refers to the methods with which data were collected for the study. All modes of administration used for the study are indicated.
11. *Age of Children (or Children Served) in Study*: For supply side surveys, this category refers to the age of children served by the population of child care providers sampled. For the demand side surveys, this category refers to the age of children in the population surveyed.
12. *Study Respondent*: Refers to who was surveyed in the study. All respondents surveyed in a study are included in this category.
13. *Study Languages*: Refers to which language(s) the survey instruments have been translated into.
14. *Notes Specific to Items*: The notes section specifies who was asked the questions listed in question wording if there were multiple respondents in the study as well as

which instrument the question came from if there were multiple instruments in the study. Additionally, if the survey questions listed under “Question Wording” were included in other surveys, this information is provided. When available, the results of psychometric testing are presented as well.

15. *Item Limitations and Strengths for NSCCSD*: Strengths and limitations of the survey questions are summarized here in particular with respect to their use in the NSCCSD. Many of these comments are applicable to survey development and/or for the measure more generally. Results of cognitive interviews, feasibility testing conducted as part of the design work for the NSCCSD, and other evaluative techniques are summarized here when available or appropriate.
16. *Question Wording*: The question wording as found in the survey is recorded here. Skip instructions, question numbers, and some surrounding questions were included where appropriate to assist the reader in understanding the context of the question and in being able to find the question in the survey.
  - To minimize confusion in the distinction between the supply and demand side templates, template information for studies that included both supply and demand side instruments were only summarized for the instruments appropriate for the supply or demand side (whichever was appropriate for the measure). For example, the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B) has both a provider (i.e., supply) and household (i.e., demand) survey. Templates for studies that cut across both demand and supply will only record study information specific to the supply side (survey of child care providers) if the construct and measure being summarized is on the supply side and vice versa for demand-side measures.
  - The information summarized in the templates was based on publicly available information at the time the compendium was developed. Information that could not be accessed was not included in the template.
  - Some measures are included in multiple constructs (e.g., caregiver education can be both a measure of quality and professional development). In order to limit the length of this document, templates are only provided for such measures in the construct chapter in which the measure first appears. Subsequently, a note is put in place of the templates for this measure, directing the reader to the chapter in which the templates are provided.
  - Likewise, some survey questions provide data for multiple measures (e.g., questions on number of hours in care can be used to compute total hours in care as well as primary care arrangements). In such cases, the measures for which the questions being summarized provide data are noted in the “measure” row.

## Using the Compendium

As noted above, this compendium, along with the 1990 studies of child care supply and demand, served as a starting point in development and selection of questions for use in the NSCCSD design questionnaire, and can be used in the development of other early care and education surveys. If appropriate, the questions can be pulled directly from the compendium as is. Alternatively, if the compendium has identified problems with existing items, these issues can be taken into account as questions are developed, designed, and tested. Indeed, questions with known problems were included so that these problems could be taken into account in the design of the NSCCSD. A similar process can be used for questions with specific strengths and benefits. Lastly, we anticipate that the *set* of survey items included in the compendium would be reviewed together when questions are being developed for a specific measure. This process should help identify key aspects that should be included to capture the target measures and potential pitfalls and strengths of prior work.

## Crosscutting Themes

In our review, we have noted a number of issues that cut across constructs and measures. Below is a list of issues identified in our review of the items summarized in the compendium.

- **Reference periods:** Reference periods appear across many of the questions summarized in the compendium. Reference periods are helpful in anchoring respondents' recall and responses. To improve data quality in the reporting of mundane and frequent events or behaviors that are difficult to recall as individual episodes, shorter reference periods are often used. Likewise, survey designers often use reference periods that match intervals or time periods for how events and behaviors take place or that represent meaningful landmarks for respondents. For example, we may use the academic school year to inquire about care arrangements used for school-age children or a calendar year to ask about regular doctor check-ups. Problems may arise, however, when multiple reference periods are used across questions in a survey, in particular when analysts may want to link data from questions with differing reference periods. As OPRE and others have noted, a limitation of existing datasets is the inability to link data across measures because of differing reference periods. For example, data sets that contain information on employment, school and training activities as well as care arrangements often collect these data using different reference periods. This practice precludes the ability of analysts to construct a portrait of how a family's work, school and training schedule match with their care schedules.
- **Family level measures vs. focal child measures:** To date, many of the studies that have collected data on early and school-age care and education have done so from the perspective of a randomly selected focal child. While this technique offers many advantages including reducing respondents' burden and the time and cost to administer questions, this approach does not provide a full picture of care

arrangements, the search and decision making process, and needs from the perspective of families. The expert panel and the project team have strongly recommended that data in the NSCCSD be collected from the perspective of the family, and the questionnaires drafted for the feasibility test of the NSCCSD have taken this approach.

- **Focal arrangement vs. all arrangements:** Similarly, many of the surveys reviewed for this compendium collect detailed information (e.g., stability, subsidy receipt, quality) on one care arrangement (typically the primary arrangements) for those using multiple care. (The NHES is a notable exception in that it does not collect information just on the primary arrangement.) This technique again limits the ability of analysts to construct a detailed and complete picture of care arrangements from the perspective of the child or family. (Note: The quality of care is one area for which almost all surveys collect information about for only one arrangement, thereby under-measuring quality for those in multiple arrangements.) A related problem is the ability to link follow-up data (e.g., cost, subsidy receipt) to specific care arrangements. Similar problems may exist in provider surveys where information is collected at the aggregate level about the care setting, but analysts may seek information about a specific provider or classroom.
- **Focus on maternal vs. parental caregiving and needs:** Although a growing number of studies are collecting data from the perspective of parental rather than maternal caregiving needs, there is a need for parallel data from both mothers and fathers. This includes but is not limited to: mothers' and fathers' work, school, and training schedules and income, as well data on parental preferences and the juggling of work and care schedules. Data that identify whether the care provider is a spouse or partner of the responding parent and is not a biological or adoptive parent of the reference child, and data on care by nonresidential parents are also needed. This issue is of particular importance given that a significant proportion of children live in nontraditional families and have nonresidential parents. Decisions about this issue could be guided by current policies and rules regarding eligibility status and subsidy receipt. Alternatively, the issue could be framed in way that is broad enough to compare differences in care provided by nonresidential and residential parents (and possibly within these groups by income level). Previous research, for example, suggests that low-income nonresidential parents whose partners were previously on TANF tend to provide support to their children in non-monetary ways and not through the formal child support system. In the NSCCSD design questionnaire tested in the feasibility test, information was collected for both the responding parent and his/her spouse/partner. Additionally, the questionnaire was designed to collect sufficient information to distinguish between different types of household structures and to report aid given by nonresidential parents.
- **Collecting data through event history:** OPRE and others have noted that a potential way to improve upon the existing data quality of measures available for

child care, stability, subsidy, and employment is to collect data on these topics through event history calendars. Event history calendars could provide a richer and more dynamic snapshot of these key constructs and offer several benefits. For example, a benefit of collecting child care subsidy receipt in an event history calendar format is that it may allow for a more accurate reporting over the reference period, since many families experience short spells of subsidy receipt. An additional benefit is that the event history calendar format may allow researchers to better identify exits and entries of the subsidy system, care arrangements or employment, for example. A third benefit is that data collected through event history calendars may enable researchers to track the relationship between employment spells and characteristics and childcare subsidy receipt spells, for example, in a more dynamic way than is possible through point-in-time measures.

- **Who is the respondent and who are we collecting data on:** Across the surveys, in particular the supply side surveys, data are collected from different respondents (e.g., center director vs. direct provider) for the same measure. This has important implications for the comparability of the data across care settings, data quality, and the administration of the survey. For example, as is noted in the compendium, data on the wages, educational and professional development characteristics are collected in some surveys directly from providers and in others at the aggregate level from a center director.
- **Use of key terms and definitions:** As noted in the literature review, a theme common to almost every construct covered in this compendium is the need for a common set of definitions and terminology. The lack of common definitions and terminology has hindered direct comparisons across studies and in many respects precludes the field from maximizing the information that exists in our current data infrastructure. Decisions about which terms to use could be based on study priorities including whether programs such as prekindergarten and Head Start are included. The inclusion of such programs would necessitate the use of broader labels. Likewise, the terms or labels that are used to refer to or describe informal care providers are important for data quality, as was observed in the feasibility test conducted as part of the design work for the NSCCSD. Home-based providers do not think or see themselves as “teachers,” nor do they think of themselves as running programs. Similar issues apply to school-age care program providers.

## Summary Table of Supply-Side Surveys and Measures

[illegible]



### Summary Table of Supply-Side Surveys and Measures (cont.)

[illegible]

## Summary Table of Demand-Side Surveys and Measures

[illegible]

## Summary Table of Demand-Side Surveys and Measures (cont.)

[illegible]

# Supply-Side Measures

(Pages 14 - 628)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Characteristics of care: Age of children served
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the Center-Based Programs Questionnaire and the Family Child Care Provider Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data. This item is simply stated, takes minimal time and requires little burden from respondent. However, it does not provide rich information on number of children enrolled by age.

**Question Wording:**

**Asked of Child Care Center Directors:**

**S6 Do you currently care for...**

**a) Infants and toddlers under 3 years of age**

**Yes**

**No**

**Don't know**

**Refused**

**b) children 3 years old and above who have not yet entered kindergarten or regular school**

**Yes**

**No**

**Don't know**

**Refused**

**c) school-age children, before or after kindergarten or regular school**

**Yes**

**No**

**Don't know**

**Refused**

**Asked of Family Child Care Providers:**

**Do you currently care for children other than your own children or children who live with you who are...**

**a) infants and toddlers under 3 years of age**

**Yes**

**No**

**Don't know**

**Refused**

**b) children 3 years old and above who have not yet entered kindergarten or regular school**

**Yes**

**No**

**Don't know**

**Refused**

**c) school-age children, before or after kindergarten or regular school**

**Yes**

**No**

**Don't know**

**Refused**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Age of children served
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the 24-month center director questionnaire. Providers were sampled based on their provision of services to 24-month-olds. These providers may have been serving children of other ages.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item could be improved by including a reference period and additional categories for school-aged children. The question provides aggregate-level data on the ages of children served by the respondent.
<b>Question Wording:</b>	<b>A10. How many of the children enrolled in your program are...</b> a. Younger than 1 year? _____ b. 1 or 2 years old? _____ c. 3, 4, or 5 years old? _____ d. 6 years or older? _____

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Age of children served
<b>Source:</b>	Maine Market Rate Survey
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items were asked of child care centers and are found in the State of Maine Survey of Child Care Centers and the State of Maine Survey of Family Child Care Providers.
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions ask whether the provider serves particular age groups as well as the number of full-time and part-time enrollees. This information allows researchers to disaggregate analyses by full-time and part-time care.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of child care centers:

13. For each age group, indicate whether you serve this group. If you do, indicate the actual number of children enrolled in each age group, the actual number of part-time children enrolled and your center's current full-time equivalent (FTE) enrollment; then add up each column.

	Do you serve this age group?		For each age group you serve...		
	If yes, please fill in the columns to the right.		# of <u>full-time</u> children enrolled (Full-time is 30 or more than 30 hours per week.)	# of <u>part-time</u> children enrolled (Part-time is less than 30 hours per week.)	Current FTE (full-time equivalent) enrollment
Infant (6 weeks to 15 months)	Yes	No			
Toddler (16 months to 33 months)	Yes	No			
Preschool (34 months to 5 years)	Yes	No			
Kindergarten	Yes	No			
School-age children	Yes	No			
	Total:		Total:	Total:	Total:

### Asked of family child care providers:

15. Please indicate which age groups you serve.

	Do you accept children in this age group into your care?	
Infant (6 weeks to 15 months)	Yes	No
Toddler (16 months to 30 months)	Yes	No
Preschool (31 months to 5 years)	Yes	No
Kindergarten	Yes	No
School-age	Yes	No

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Age of children served
<b>Source:</b>	Massachusetts School Age Cost Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items found in the 2006 School Age Cost Survey for ECC Licensed-provider Cost Survey (Centers) and the Provider Cost Survey 2006- Massachusetts Family Child Care Providers. Questions asked of centers also provide information on the number of classrooms available for each age group.</p> <p>The questions shown below vary in time frame from “in the past year” to “during the week of.”</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	The center-based items include a question that asks which age children the provider cared for all year and a question specific to a short reference period (one week). Asking both of these questions provides multiple benefits. First, the researcher can get an idea of the providers’ scope of care services. Second, the researcher can get a snapshot of what is going on during a particular week at the child care facility.

Question Wording:

## Part 3: Program (Asked of Child Care Centers)

12. Within the past year, which of the following have you provided at this site under your GCC license? (Check as many as possible.)

- Infant care (less than 15 months)
- Toddler care (15 months to 33 months)
- Preschool care (2 years 9 months up to K)
- Care for kindergarten age children (under GCC license)
- Care for school age children during the school year (Limited School Age Only)
- Care for school age children during the summer (Limited School Age only)
- Other

## Part 4: Enrollment (Asked of Child Care Centers)

21. At this site, during the week of May 1<sup>st</sup>, 2006, how many classrooms did you operate for the listed age categories? Only include information about kindergarten children if they are under your CGG-license at this site. Please fill in the table below:

	Check if your program has a classroom for the age category at this site	Number of classrooms for age category
Infants		
Infant/Toddler		
Toddlers		
Toddler/Preschool		
Preschool		
Older		
Preschool/Kindergarten		
On-site Kindergarten		
Limited School Age		
Other		
Total Number of Classrooms		

## Topic 2: Information about Your Program (asked of Family Child Care Providers)

11. Which of the following do you provide or offer? (Check as many as apply.)

- Infant care (less than 15 months)
- Toddler care (15 months to 33 months)
- Preschool care (2 years 9 months to kindergarten)
- Care for kindergarten-age children
- Care for school-age children (1<sup>st</sup> grade and up)
- Drop-in care
- Evening care
- Overnight care
- Weekend care

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Characteristics of care: Age of children served
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items found in the Teacher Instrument, the Family Child Care Instrument, or the Director Instrument.</p> <p>Similar items to the child care director question below can be found in the Three City Study (ages of children in care are categorized as: under 1 year, 1 year old, 2 years old, 3 years old, 4 years old, 5 years old, 6 to 13 years old), as well as in the NICHD Caregiver Interview – NICHD National Study of Early Care (ages of children are: &lt; 12 months, 12-19 months, 19-24 months, 25-36 months, 37-48 months, 49-60 months, &lt; 60 months), and Midwest Child Care Research Consortium Provider Survey (ages of children are: &lt; 12 months, 12-19 months, 19-24 months, 25-36 months, 37-48 months, 49-60 months, &lt; 60 months).</p>
Item Limitations and Strengths for NSCCSD:	These questions demonstrate three ways of asking how many children of various ages are in care. The age breakdowns vary by instrument. The reliability of these items could be improved by adding reference periods.

**Question Wording:**
**Asked of Child Care Providers Regarding their Class:**

>t\_a1< Think about the time and day of the week when the largest number of children are enrolled in your class. If all the children are present, how many children are in your classroom?

Probe: Not including time at the beginning or end of the day when children in your class may be combined with children from other classes.

\_\_\_ Number of Children

Don't Know

Refused

>t\_a1a\_f< How many of those children are...

a. Five years old?	Number	Don't know	Refused
b. Four years old?	Number	Don't know	Refused
c. Three years old?	Number	Don't know	Refused
d. Two years old?	Number	Don't know	Refused
e. One-year old?	Number	Don't know	Refused
f. Under one-year old?	Number	Don't know	Refused

**Asked of Family Child Care Providers:**

>a6\_1< How many children, altogether, do you take care of for pay on a regular basis each week? Please do not include your own children or children who live with you.

Probe: By your own children, we mean birth and adopted children, foster children, grandchildren, other relatives' children, and children who are not related to you but live with you half the time or more.

\_\_\_ Number of Children

Don't Know

Refused

>a6\_1abcd< How many of those children are...

a. Infants younger than 12 months old?

Number	None	Don't Know	Refused
--------	------	------------	---------

b. Toddlers from 12 to 35 months old?

Number	None	Don't Know	Refused
--------	------	------------	---------

c. Preschoolers from 3 (36 months) to 5 years (60 months) old who are not yet in kindergarten?

Number	None	Don't Know	Refused
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d. School-age children? Probe: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not in kindergarten or school.

Number	None	Don't Know	Refused
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## Asked of Child Care Directors:

<d2< How many children are currently enrolled in your program, including all sessions your program offers?

\_\_\_ Number of Children

Don't Know

Refused

>d2abcd< How many of those children are...

a. Infants younger than 12 months old?

Number      None      Don't Know      Refused

b. Toddlers from 12 to 35 months old?

Number      None      Don't Know      Refused

c. Preschoolers from 3 (36 months) to 5 years (60 months) old who are not yet in kindergarten?

Number      None      Don't Know      Refused

d. School-age children? Probe: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not in kindergarten or school.

Number      None      Don't Know      Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of Care: Age of children served
<b>Source:</b>	The National Evaluation of the 21st Century Community Learning Centers Program
<b>Year of Administration:</b>	2000-2002
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This question is unique in that it is targeted for school-aged care. A limitation of this item is that the actual of the ages of the children being served would be difficult to ascertain due to school retentions (since the question only asks about the children's grades, not their ages).

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**2. This center serves students in the following grades (CHECK ALL THAT APPLY):**

**00 \_ Kindergarten**

**01 \_ Grade 1**

**02 \_ Grade 2**

**03 \_ Grade 3**

**04 \_ Grade 4**

**05 \_ Grade 5**

**06 \_ Grade 6**

**07 \_ Grade 7**

**08 \_ Grade 8**

**09 \_ Grade 9**

**10 \_ Grade 10**

**11 \_ Grade 11**

**12 \_ Grade 12**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Age of children served
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A unique feature of this question is that it provides an opportunity to capture the full range of children's ages quickly.
<b>Question Wording:</b>	<b>4. What age range of participants does your program serve?</b>  <b>My program serves children from _____ years old to _____ years old.</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Summer care
<b>Source:</b>	Connecticut DSS Childcare Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These questions assess whether the providers offer summer care and how much summer care offered by this provider costs for full-time and part-time school-age children.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they include scenarios to assess the price of summer care. A limitation is that they do not ascertain how many weeks during the summer they provided care.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

87:

31. During school vacations on average, how many school age children do you care for? (NOTE: ANY SCHOOL VACATION WHERE YOU OFFER CARE) (ENTER UP TO 4 DIGITS)

\$E 0 9998

Don't know/Refused ..... 9999

88:

32. Suppose that during school vacation a parent needed 45 hours of care a week for a school age child. What is the typical charge PER WEEK at your facility for 45 hours of care for a school age child? (Round to nearest dollar. If there is a sliding fee scale, we are looking for the charges for a parent who does not qualify for a reduced fee.) (ENTER 6 DIGITS)

\$R 0 999997

Don't know/Refused .... 999999

89:

33. Suppose that during school vacation a parent needed 25 hours of care a week for a school age child. What is the typical charge PER WEEK at your facility for 25 hours of care for a school age child? (Round to nearest dollar. If there is a sliding fee scale, we are looking for the charges for a parent who does not qualify for a reduced fee.) (ENTER 6 DIGITS)

\$R 0 999997

Does not apply ..... 999998

Don't know/Refused ..... 999999

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Summer care
<b>Source:</b>	Massachusetts School Age Cost Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: _Group____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: _Group____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These questions assess the number of children in summer care, the cost of care for full-time or part-time work, and the age range of children served during the summer.
<b>Item Limitations and Strengths for NSCCSD:</b>	This set of questions provides detailed information. The format of questions would need to be changed from self-administered to phone interview questions for the NSCCSD.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:	SA children enrolled in:	# of children	How many SA children* were enrolled in your school-age child care program				Age range of children
			# of <u>full-week</u> * children enrolled 5 days per week		# of <u>part-week</u> ** children enrolled less than 5 days per week		
			Private paying	Subsidized	Private paying	Subsidized	
	Summer school-age program						From: To:

\* School-age = from kindergarten up to 13 years of age.

+ Private paying = the parents pay the total tuition

++ Subsidized = a child whose tuition is partly or wholly paid by the state (contracts, vouchers), or by any other third party that subsidized the tuition: (e.g., employers, private scholarships, United Way tuition assistance for a specific child)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Characteristics of care: Summer care
Source:	Denver's After-School Provider Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items assess not only whether a program offers care in the summer, but also whether care is offered exclusively during summer months and the number of days and hours that summer care is offered.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**When does (do) your program(s) operate?**

- ☐ <6 weeks
- ☐ 6-12 weeks
- ☐ 3-6 months
- ☐ 6-9 months
- ☐ Summer only
- ☐ Year round
- ☐ Summer

**How many days per week does (do) your summer program(s) operate?**

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 or 7 days

**How many hours per day are your program(s) offered?**

- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 3+ hours

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Before/after school care
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this question is that it breaks down before and after school care, allowing for distinction between centers that provide care before school, after school, or both before and after school. Including this question in the NSCCSD would allow for trend comparisons with the Profile of Child Care Settings study.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A9 Early childhood programs sometimes offer before- and after-school programs for school-age children who attend local schools. Do you have a before-school program?**

**Yes**

**No**

**Don't know**

**Refused**

**A10 Do you have an after-school program?**

**Yes**

**No**

**Don't know**

**Refused**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Before/after school care
<b>Source:</b>	Connecticut DSS Childcare Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it separates before from after school care. This item also provides information on the number of children served in before/after school care.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

82:

26. During the school year, on average, how many individual school age children do you care for before OR after school? (NOTE: COUNT ONLY CHILDREN THAT ARE THERE BEFORE OR AFTER SCHOOL – FOLLOW UP QUESTIONS COVER BEFORE ONLY OR AFTER ONLY) (ENTER UP TO 4 DIGITS)

\$E 0 9997

Does not offer either before or after school care .....9998

Don't know/Refused .....9999

83:

27. During the school year, on average, how many individual school age children do you care for before school but not after school? (ENTER UP TO 4 DIGITS)

\$E 0 9998

Don't know/Refused .....9999

84:

28. During the school year, on average, how many individual school age children do you care for after school but not before school? (ENTER UP TO 4 DIGITS)

\$E 0 9998

Don't know/Refused .....9999

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Before/after school care
<b>Source:</b>	Georgia Child Care Market Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>in-home care</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>in-home care</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>in-home provider</u>
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Item found in the Georgia 2005 Child Care Center Director Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	One limitation of this measure is that it combines before and after school care. One strength of this measure is that it is concise and provides data on a range of temporal care arrangement types including weekday, drop-in, night, and weekend. This measure might be useful as a screener.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**7. Do you provide (Check all that apply):**

- ☐ Weekday childcare (Mon-Fri, typically from 7 am to 6 pm)
- ☐ Drop-in childcare (for short periods of time as you have space available)
- ☐ Night-time or overnight childcare (typically between 6pm and 7am)
- ☐ Weekend childcare (between Friday night and Sunday night)
- ☐ Before or after-school care
- ☐ Summer care for school-aged children

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Before/after school care
<b>Source:</b>	North Carolina Market Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>full-time child care providers excluding Head Start</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>full-time child care providers excluding Head Start</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	Strengths of this question set are that they provide information on hours and enrollment, in addition to whether before/after school care is offered. Additionally, these questions separate before school care, after school care, and before and after school care.

Question Wording:

**2. BEFORE SCHOOL CARE FOR SCHOOL-AGE CHILDREN**

**2a. Did you offer before school care in January 2005? [Circle Response]**

Yes =1

No=2

**IF NO BEFORE SCHOOL CARE, GO TO QUESTION 3**

**2b. IF YES: How many hours per day do you offer before school care?**

Number of Hours \_\_\_\_\_

**2c. How many school-age children of private paying parents were enrolled in before care ONLY in January 2005? \_\_\_\_\_**

**3. AFTER SCHOOL CARE FOR SCHOOL-AGE CHILDREN**

**3a. Did you offer after school care in January 2005? [Circle Response]**

Yes =1

No=2

**IF NO BEFORE SCHOOL CARE, GO TO QUESTION 4**

**3b. IF YES: How many hours per day do you offer after school care?**

Number of Hours \_\_\_\_\_

**3c. How many school age children of private paying parents were enrolled in after school care ONLY in January 2005? \_\_\_\_\_**

**4. BEFORE AND AFTER SCHOOL CARE FOR SCHOOL-AGE CHILDREN**

**4a. Did you offer before and after school care in January 2005? [Circle Response]**

Yes =1

No=2

**IF NO BEFORE SCHOOL CARE, GO TO QUESTION 5**

**4b. IF YES: How many hours per day do you offer before and after school care?**

Number of hours \_\_\_\_\_

**4c. How many school-age children of private paying parents were enrolled in before and after school care in January 2005? \_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Characteristics of care: Before/after school care
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	The question below not only disaggregates before and after school care, it also disaggregates by the age of the school-aged child.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**17. Does your program provide (please check all that apply):**

**Programs before school starts for:**

**o 5-10 year olds**

**o 11-13 year olds**

**o 14-18 year olds**

**o No programs offered before school**

**Programs in the evening for:**

**o 5-10 year olds**

**o 11-13 year olds**

**o 14-18 year olds**

**o No programs offered in the evening**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Relationship of provider to parent
<b>Source:</b>	National Study of Child Care for Low-Income Families
<b>Year of Administration:</b>	1999-2001
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Family Child Care Provider Interview. Providers were sampled based on their provision of services to children under 9 years old. These providers may have been serving children of other ages.
<b>Item Limitations and Strengths for NSCCSD:</b>	An additional question that asks how the provider knows the parent (for those not related to the parent) might be helpful as it would shed light on non-relative relationships. This item would need to be modified for the NSCCSD as there will not be a focal child in the provider surveys.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Next I have a few questions about your relationship with (FOCUS CHILD'S PARENT) over the last three months

**E1. Are you related to (FOCUS CHILD'S PARENT)?**

Yes .....1

No .....2

**E1a. How are you related? (FOCUS CHILD'S PARENT) is caregiver's ...**

Parent .....1

Sister.....2

Aunt.....3

Cousin.....4

Other.....5

**E2. Were you friendly with (FOCUS CHILD'S PARENT) before you began providing care for (FOCUS CHILD)?**

Yes .....1

No.....2

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Geographic marker (zip code, census tract)
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the Center-Based Programs Questionnaire.
Item Limitations and Strengths for NSCCSD:	Including this item would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data. Additionally, question S5 is detailed enough to provide information for analysis by zip code, school district, or county.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**S4 Are you still located at (address from label)?**

**Yes (go to S6)**

**No**

**S5 What is your current address?**

**A. Street Address: \_\_\_\_\_**

**B. City: \_\_\_\_\_**

**C. State: \_\_\_\_\_**

**D. Zip Code: \_\_\_\_\_ - \_\_\_\_\_**

**E. If the city has changed: Are you still in (COUNTY) county?**

**Yes (go to S6)**

**No**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Geographic marker (zip code, census tract)
Source:	Massachusetts School Age Cost Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This measure would be a candidate for cognitive testing to see if it is met with resistance, especially among family providers.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it shows sensitivity to the privacy of family child care homes. If zip codes are adequate for defining the child care market, this question allows family child care providers to keep the location of their child care facility private. Despite this, family-based providers may resist providing requested information.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Asked of Centers:

Your site address:

\_\_\_\_\_ zip code: \_\_\_\_\_

Asked of Family Child Care Providers:

What is your city? \_\_\_\_\_

What is your zip code? \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Geographic marker (zip code, census tract)
Source:	Michigan Market Rate Survey
Year of Administration:	2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Group home, Nanny</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>In-home</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>in-home provider</u>
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	County borders may be too broad for analyses of the child care market.
Question Wording:	<b>2. In what county do you provide care?</b> _____



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Organizational form: For-profit/non-profit
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Question is asked of center child care providers only in the Center-Based Programs Questionnaire.</p> <p>A similar item can be found in the Massachusetts School Age Cost Survey.</p>
Item Limitations and Strengths for NSCCSD:	One limitation of this measure is that it does not define “non-profit” and “for-profit.” Some family child care providers and informal providers may not understand the distinction between these terms.
Question Wording:	<b>A16 Is your organization non-profit or for-profit?</b> <b>Non-profit</b> <b>For-profit</b> <b>Don’t know</b> <b>Refused</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Organizational form: For-profit/non-profit
Source:	Texas Market Rate Survey
Year of Administration:	2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>in-home</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>in-home</u>
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>in-home provider</u>
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Questions asked of child care centers (directors) or registered and licensed family child care providers. Similar items to the center-based for-profit questions can be found in NICHD and ECLS-B 24-month.
Item Limitations and Strengths for NSCCSD:	Item provides a definition of for-profit and non-profit, which may be helpful to informal providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of Child Care Centers:

**Q5\_1 Is your Child Care Center a for-profit or non-profit facility?**

**(If the respondent needs clarification, mention for-profit = income from child care is taxed; non-profit = taxes are not paid on income from child care – the center would be a 501.3C organization)**

☐ For-profit – go to Q5\_3

☐ Non-profit – go to Q5\_1.2

☐ Don't know

### Asked of Family Child Care Providers:

**Q5\_1 Is your child care service a for-profit or non-profit facility?**

**(If the respondent needs clarification: to become a non-profit center, one needs to fill in a lot of paper work, they would have the 510.3C status, -- Note: most probably if they don't know what it is, they are for-profit).**

☐ For-profit

☐ Non-profit

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Organizational form: For-profit/non-profit
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it clarifies the definition of “for-profit” versus “non-profit” by tying these items to a providers’ tax status.
Question Wording:	<b>a9. Does your program have a for-profit or a not-for-profit tax status?</b> 1. <b>Not-for-profit (GO TO a11)</b> 2. <b>For-profit</b> d. <b>DON'T KNOW</b> r. <b>REFUSED</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Organizational form: Sole proprietor/part of organization
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item found in the Center-Based Programs Questionnaire. Question asked of child care centers only. A similar item can be found in ECLS-B 24-month, 2005 Texas Market Rate Survey, and the Urban Institute Provider Study in Five Counties.
Item Limitations and Strengths for NSCCSD:	Definitions of the response choices might be helpful for some providers.
Question Wording:	<b>A20 Is your program part of a local chain, a national chain, or is it independently owned and operated?</b> <b>-Local chain</b> <b>-National chain</b> <b>-Independent</b> <b>-Don't know</b> <b>-Refused</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Organizational form: Sole proprietor/part of organization
<b>Source:</b>	Rhode Island Statewide Survey of Childcare Rates
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item can be found in the 2005 Louisiana Market Rate Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	Definitions of the terms used in this question (i.e. stand-alone program, multi-site organization, chain) may be helpful for some providers.
<b>Question Wording:</b>	<b>3. Does your facility operate as an independent, stand-alone program or is it a part of a multi-site organization or chain?</b> <b>a. ___Independent, stand alone program</b> <b>b. ___Part of a multi-site organization or chain</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Organizational form: Sole proprietor/part of organization
Source:	2003 Survey of South Carolina's Afterschool Service Providers
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	One strength of this item is that it included response categories that are relevant to school-aged child care/youth development programs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**2. Is your program part of a bigger organization?**

**If yes, is the larger organization a: (If no, is your program or center a:)**

- ☐ a. A community development corporation (CDC)**
- ☐ b. A youth organization (such as YMCA, Boys and Girls Club)**
- ☐ c. A recreation organization (such as recreation commission)**
- ☐ d. A public school**
- ☐ e. A private school**
- ☐ f. A church or other religious organization**
- ☐ g. A private child care facility (family, group or center)**
- ☐ h. Other (please describe) \_\_\_\_\_**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Sponsorship
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Program Questionnaire or the Family Child Care Provider Questionnaire. Similar items can be found in the ECLS-B 24-month and the NICHD studies.
<b>Item Limitations and Strengths for NSCCSD:</b>	Including this item in the NSCCSD would allow trend analysis using the Profile of Child Care Settings data. These questions also provide information not only on whether child care centers are sponsored, but also who the sponsoring organization is. Recent cognitive testing of the NSCCSD draft survey resulted in a recommendation to define “sponsorship” in interview notes. The suggested definition is, “A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.”

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of Child Care Directors:

**A17 Is your program independent or is it sponsored by another organization?**

- Independent (go to B1)
- Sponsored
- Don't know
- Refused

**A18 What organization sponsors your program?**

**Probe: Is your program sponsored by any other organizations?**

- Head Start
- Social service organization or agency
- Church or religious group
- Public school/Board of Education
- Private school, religious
- Private school, nonreligious
- College or university
- Private company or individual
- Non-government community organization
- State or local government
- Some other type of sponsoring agency (specify)
- No others
- Don't know
- Refused

### **Asked of Family Child Care Providers:**

**A27 Are you sponsored by a group that organizes family day care in your area?**

- Yes
- No
- Don't know
- Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Sponsorship
<b>Source:</b>	NICHD National Study of Early Care (SECC)
<b>Year of Administration:</b>	1991-2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items found in the Director Questionnaire Form 11D and asked of center director.</p> <p>Question is appropriate for family center and informal care providers and could be adapted to a broader range of providers.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	Question J9 assesses whether family child care providers/nannies are sponsored. However, no other forms of sponsorship are asked about.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**J8. Do you belong to any professional child care or early childhood organizations, such as the National Association for Family Day Care? (Include nanny organizations.)**

1. Yes (Specify \_\_\_\_\_)
2. No

**J9. Are you sponsored by a group that organizes family day care or nannies in your area?**

1. Yes
2. No

**J10. Do you meet regularly with other family day care providers or nannies for training or as part of a support network?**

1. Yes
2. No

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Sponsorship
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
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Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the center director telephone interview. Questions asked of child care centers only.
Item Limitations and Strengths for NSCCSD:	This set of questions provides detailed information on sponsorship; whether the sponsoring organization operates other centers; whether the sponsor provides other services; how much of the sponsoring organization's budget is made of preschool/child care services; and what the program receives from the sponsor.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>a11a<. What kind of organization or agency is your program sponsored by or affiliated with? Is it a .....

**PROBE:** Is your program affiliated with or sponsored by any other organizations?

**PPROBE:** The affiliations we are asking about here are affiliations above and beyond those you told us about earlier like Head Start/Early Head Start, private religious school/other faith-based organization, and/or employers sponsoring child care for its employees.

**INTERVIEWER: CODE TYPE OF ORGANIZATION. IF TYPE OF ORGANIZATION IS NOT OBVIOUS, PROBE BY ASKING:** What kind of organization is that?

### CODE ALL THAT APPLY

- <1> non-government community or social service agency
- <2> public school
- <3> private school, not religious school
- <4> college/university
- <5> parent cooperative
- <6> state/local government
- <7> federal government/military
- <8> some other type of agency (specify)
- <d> don't know
- <r> refused

>ta11b< IF a11a eq SOCIAL SERVICE ORGANIZATION <1>, OR OTHER <8>, ASK a11b, ELSE go to ta13

**You told me that your program is affiliated with a (fill FROM a11s NON-GOVERNMENT COMMUNITY OR SOCIAL SERVICE AGENCY/fill OTHER) organization.**

>a11b<. Does this organization operate other (fill preschools/child care centers) besides yours?

- <1> Yes
- <2> No
- <d> Don't know
- <r> Refused

>a11c<. Does this organization provide services besides (fill preschool/child care)?

- <1> Yes
- <2> No
- <d> Don't know
- <r> Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

>a11d<. How much of this organization's overall budget is made up of (fill preschool/child care) services? According to your best estimate, would you say it is ...

- <1> less than 10 percent
- <2> 10 to 50 percent, or
- <3> more than 50 percent?
- <d> don't know
- <r> refused

>a12<. Does your program receive any of the following from this organization?

	Yes	No	Don't know	Refused
a. cash funds?	1	2	3	4
b. administrative or accounting support?	1	2	3	4
c. free or discounted rent?	1	2	3	4
d. free or discounted utilities	1	2	3	4

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Accreditation
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Item found in the Center-Based Programs Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	Inclusion of this item would allow for trend analysis with the Profile of Child Care Settings data. However, this question provides data on only one type of accreditation.
<b>Question Wording:</b>	<b>F2. Is your program accredited by the National Academy of Early Childhood Programs?</b>  YES ..... 01 NO ..... 00 DON'T KNOW.. 98 REFUSED ..... 99



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Accreditation
<b>Source:</b>	Georgia Child Care Market Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>In-home care</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>In-home care</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>In-home care provider</u>
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items asked of the center director in the Georgia 2005 Child Care, Center Director Questionnaire.</p> <p>A similar item to question 19 below can be found in the 1990 Profile of Child Care Settings (PCCS). A similar item is also found in the Louisiana 2005 Child Care Market Rate Survey.</p> <p>It may be useful to verify whether the definition of accreditation is understood and facilitates data quality. It is also unclear whether lapsed accreditation would be reported within this question.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths for NSCCSD:

A strength of this question is that it defines and introduces the concept of accreditation and collects data on both current accreditation and preparation for accreditation. Additionally, this item is available for both center and family child care and it distinguishes the various accrediting agencies. The response categories for these would need to be modified if included in a national survey such as the NSCCSD.

Question Wording:

*Sometimes a childcare program goes through a review and improvement process supervised by an outside agency to become accredited by a professional organization (not the state). This is in addition to what is required for state licensing.*

19. Is your center/group home accredited?

☐ No  
☐ Yes

19b. My program is preparing to be accredited or recognized by:

☐ NAEYC (National Association for Education of Young Children)  
☐ NECPA (National Early Childhood Program Accreditation)  
☐ NAFCC (National Association for Family Child Care)  
☐ DECAL Standards of care (Bright From The Start: Georgia Department of Early Care and Learning)  
☐ DECAL Homes of Quality (Bright From The Start: Georgia Department of Early Care and Learning)

19c. My program is already accredited or recognized by:

☐ NAEYC (National Association for Education of Young Children)  
☐ NECPA (National Early Childhood Program Accreditation)  
☐ NAFCC (National Association for Family Child Care)  
☐ DECAL Standards of care (Bright From The Start: Georgia Department of Early Care and Learning)  
☐ DECAL Homes of Quality (Bright From The Start: Georgia Department of Early Care and Learning)

22. Is your childcare home accredited? ☐ No ☐ Yes

22a. My program is preparing to be accredited or recognized by:

☐ NAFCC (National Association for Family Child Care)  
☐ DECAL Homes of Quality (Bright From The Start: Georgia Department of Early Care and Learning)  
☐ Other: \_\_\_\_\_

22b. My program is already accredited or recognized by:

☐ NAFCC (National Association for Family Child Care)  
☐ DECAL Homes of Quality (Bright From The Start: Georgia Department of Early Care and Learning)  
☐ Other: \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Accreditation; Credentials
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items 4, 4a, 4b, and 4c are found in the 2005 Illinois Child Care Salary Survey for Child Care Centers Questionnaire. Item 6 is found in the Illinois Child Care Salary Survey for Family Child Care Home Providers Questionnaire. It is not specified who in the child care center is the respondent for the survey.</p> <p>In addition to collecting data on type of credential earned and accrediting body, it may be useful to collect data on the year the credential was earned.</p> <p>Survey items came from the 2005 administration of the survey.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	Questions collect data on credentials and accreditation for centers and family care providers. They collect information on current and “in progress” accreditation and the accrediting body.

**Question Wording:**

**Item found in the Child Care Centers Questionnaire:**

**4. Is your center accredited?**

1. Yes
0. No

**a. If yes, by whom?**

1. NAEYC
2. NSACA
3. NECPA
4. NACCP
5. Other (Specify \_\_\_\_\_ )

**b. If no, is the center currently pursuing accreditation?**

1. Yes
0. No

**c. If yes, (you are currently pursuing accreditation) by whom?**

1. NAEYC
2. NSACA
3. NECPA
4. NACCP
5. Other (Specify \_\_\_\_\_ )

**Item found in the Family Child Care Home Providers Questionnaire:**

**6. Which of the following credentials or accreditation, if any, have you achieved? (Check all that apply)**

1. Child Development Associate (CDA) credential
2. Child Care Professional (CCP) credential
3. Public school teaching certificate (active or expired)
4. Family child care accreditation from NAFCC
5. Other (Specify \_\_\_\_\_ )

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Accreditation
<b>Source:</b>	Maine Market Rate Survey
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the State of Maine Survey of Child Care Centers or the State of Maine Survey of Family Child Care Providers. Similar item can be found in the Massachusetts School Age Cost Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	Questions collect data on both earned accreditation and accreditation in progress. It is unclear whether all of the key terms (e.g., self study) used in this set of questions are well-understood or facilitate the response process. Response categories would need to be modified before inclusion in a national survey such as the NSCCSD.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of Child Care Centers:

**2. What is your center's accreditation status? (Check all that apply)**

1. Not accredited
2. Currently conducting NAEYC self study
3. NAEYC accredited
4. Currently conducting NSACA self study
5. NSACA accredited
6. Head Start program quality or excellence
7. Other center accreditation \_\_\_\_\_

### Asked of Family Child Care Providers:

**7. What is your Family Child Care's accreditation status? (Check all that apply)**

1. Not accredited
2. Currently conducting the NAFCC self study (National Association for Family Child Care)
3. NAFCC accredited
4. Other: Maine Quality Certificate

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Accreditation
<b>Source:</b>	Massachusetts School Age Cost Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the 2006 School Age Cost Survey for ECC Licensed-Provider Cost Survey (Centers) questionnaire. A similar item can be found in the Maine Market Rate Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	This question is specific to school-age programs. It assesses NAEYC and NSACA accreditation only.

Question Wording:

**Part 3: Program (Asked of Child Care Centers)**

**11. What is your school-age program's accreditation status at this site?**  
**(Check all that apply)**

- 1. Not accredited**
- 2. Currently conducting NAEYC self-study**
- 3. NAEYC accredited**
- 4. Currently conducting NSACA self-study**
- 5. NSACA accredited**
- 6. Other accreditation**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Accreditation
<b>Source:</b>	Urban Institute Provider Survey in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The first item comes from the Family Child Care Survey instrument. The second item comes from the Center Director Telephone Interview instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	Questions collect data on both accreditation earned and accreditation in process of being earned and allows analyst to distinguish between the two. However, no data are collected on the body from which the accreditation was earned.

**Question Wording:**

**Asked of Family Child Care Providers:**

**d1. Now I'd like to ask you a few more questions about your child care home.**

**Is your family child care home currently accredited or in the process of becoming accredited by a professional organization such as the National Association for Family Child Care or another professional association?**

**PROBE: Is your program already accredited or in the process of becoming accredited?**

- 1. Yes, accredited**
- 2. Yes, in the process of becoming accredited**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**Asked of Child Care Center Directors:**

**d1. Now I'd like to ask you a few more questions about your program.**

**Is your program currently accredited or in the process of becoming accredited by a professional organization such as the NAEYC or by (STATE)'s Department of Education?**

**PROBE: Is your program already accredited or in the process of becoming accredited?**

- 1. Yes, accredited**
- 2. Yes, in the process of becoming accredited**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Licensing
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire or the Family Child Care Provider Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analysis using the Profile of Child Care Settings and NSCCSD data. Additionally, these questions provide in-depth information about licensing, including whether the license is required, if the program had difficulty meeting licensing requirements, and how many times the program was inspected by the licensing agency. Asking providers to report whether they are required to be licensed may result in biased answers for subsequent questions regarding licensure.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of Child Care Center Directors:

**I3 Is your program required to be licensed by a child care licensing agency or accredited by the state Department of Education?**

Yes (skip to I5)

No

Don't know

Refused

**I4 Is your program licensed or accredited (even though it is not required to be licensed)?**

Yes

No (skip to I7)

Don't know (skip to I7)

Refused (skip to I7)

**I5 Have you had difficulty meeting licensing or accreditation requirements?**

Yes

No

Don't know

Refused

**I6 How many times was your program inspected by federal, state, or local licensing or accreditation authorities (during the last two years/since your program began)?**

\_\_\_ times

Don't know

Refused

### Asked of Family Child Care Providers:

**S1 Are you still licensed to provide child care or registered or certified as a child care provider?**

Yes

No

Don't know

Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Licensing
<b>Source:</b>	Common Core Survey Measures
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The common core survey is a document that compiles ideal or recommended survey items of measures of professional development, quality, and some workforce characteristics that can be collected from providers.
<b>Item Limitations and Strengths for NSCCSD:</b>	Questions address whether the provider is licensed or registered. Additionally, if the provider is not licensed/ registered, questions assess whether the provider is working towards being licensed/registered.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**LI1. [MODIFIED FROM QUINCE]** Many early care and education providers are registered or licensed by their state or local government.

**Are you currently registered or licensed within your state?**

1. Registered
2. Licensed

If yes, what type of license do you have?: \_\_\_\_\_

3. Other

If Other, please specify: \_\_\_\_\_

4. Neither registered or licensed

**LI2. If you are not registered or licensed, are you working to obtain one of those?**

1. Currently working to become registered
2. Currently working to become licensed
3. Not working towards either at present
4. Not applicable: currently registered or licensed

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Licensing
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items are found in the 24-month child care provider interview.</p> <p>Providers were sampled based on their provision of services to 24-month-olds. These providers may have been serving children of other ages. This set of questions could be expanded to include providers serving children of different ages.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this set of questions is that it asks about licensure, as well as the number of children the provider is licensed to care for by child age.
<b>Question Wording:</b>	<b>BK135. Do you have any kind of state or community license for providing child</b>

care?

1=Yes

2=No

3=Not required

Refused

Don't know

**CI040. How many children are you licensed to care for?**

Enter zero if center is not licensed.

Enter 995 if center is exempt from licensing

Probe: How many children of any age are permitted to be at the center at one time?

Enter number of children.

Hard range 0 to 995

Refused

Don't know

**CI041BX. If CI040=0, 995, Refused or don't know, go to CI045. Else go to CI042.**

**CI042. How many 24-months-olds are you licensed to care for**

Probe: How many 24-month-old children are permitted to be at the center at one time?

Enter number of 24-month-olds

Hard range 0 to 200

Refused

Don't know



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Licensing
<b>Source:</b>	National Study of Child Care for Low-Income Families
<b>Year of Administration:</b>	1999-2001
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Providers were sampled based on their provision of services to children under 9 years old. These providers may have been serving children of other ages. Items were found in the Family Provider Survey and are specific to family child care providers.
<b>Item Limitations and Strengths for NSCCSD:</b>	These set of questions collect data on the length of time the provider has been licensed, whether the provider is required to renew his/her license, whether the licensing agency makes monitoring visits to his/her home, how frequent these visits are, whether the provider is notified in advance when licensure visits happen, and when the last licensing visit occurred.
<b>Question Wording:</b>	<b>A18. Is your home licensed as a family child care home by the state?</b>

Yes .....1  
 No.....2 Go to A19

A18a. How long have you been licensed?

\_\_\_\_\_  
 Years      Months

A18b. How often are you required to renew your license?

Yearly .....1  
 Every two years.....2  
 No re-licensing requirement.....3  
 Other (Specify).....4  
 Don't know.....5

A18c. Does the State licensing agency make monitoring visits to your home?

Yes .....1  
 No.....2

A18d. How frequently do licensing staff make monitoring visits?

More than once a year.....1  
 Once a year.....2  
 Once every two years.....3  
 On an irregular schedule.....4

A18e. Are you notified in advance about these visits?

Yes.....1  
 No.....2  
 Sometimes.....3

A18f. When was the last visit?

\_\_\_\_\_/\_\_\_\_\_  
 Month      Year

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Licensing
<b>Source:</b>	Washington State Telephone Survey of Informal Child Care
<b>Year of Administration:</b>	2001
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions provide data on a range of issues that may serve as supports or barriers to quality, including toys and equipment, home safety kits, on-sight mentors, training for licensing, and barriers to licensing.

Question Wording:

**CK1.** Next, I am going to ask some questions about things that you may not have but might make it easier for you to care for the child(ren). First, would you like to have help with transportation for the child(ren)?

**CK4.** Toys of play kits that keep children engaged?

**CK5.** Home safety kit for childproofing your home?

**CK6.** A newsletter with child care information and tips on creative activities for children?

**CK7.** The ability to meet with other who also care for children?

**CK8.** Training to become a licensed child care provider?

**CK9.** Someone to call when you are facing a problem with a child?

- 1. Yes
- 2. No
- D. DON'T KNOW**
- R. REFUSED**

**CL1.** Are you currently a licensed child care provider?

**CL2.** Are you interested in becoming a licensed child care provider?

- 1. Yes
- 2. No
- D. DON'T KNOW**
- R. REFUSED**

**CL3.** Which ONE of these would you say is the main reason that you would not be interested in becoming a licensed child care provider? Would you say...

- 1. You don't want to do this for a long time
- 2. It is too much hassle
- 3. It costs too much
- 4. No benefit to you from being licensed
- D. DON'T KNOW**
- R. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Potential competitors
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Identical questions appear in both home-based and center-based design questionnaires. However, the order of the questions is reversed from the order shown below in the center-based provider questionnaire.</p>
<b>Item Limitations and Strengths</b>	The items below are unique in that they would help researchers assess whether child

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

for NSCCSD:

care providers are attuned to the community's child care market. This information would also help researchers in determining whether providers are participating in the "arms-length market" and to identify the geographic boundaries of markets. Results from cognitive testing of these items resulted in a recommendation that home-based providers who provide free care should be skipped from these questions.

Results from a feasibility test of these items showed center directors were better able to identify and list competitors than home-based providers. Additionally, center-based respondents who did identify competitors tended to list programs that shared similar characteristics to their own program. For example, faith-based centers tended to identify other faith-based programs as competitors. Interestingly, directors in Head Start were less likely to identify competitors than directors in other center-based programs.

Question Wording:

**Asked of the home-based care providers:**

**D1. Please tell me the names of up to three programs or providers in your area that you consider to be similar to your own. IF NEEDED: You can tell me the name of the individual or the name of the program, or you can just tell me a location and type of program.**

**Name:**

**Location:**

**Name:**

**Location:**

**Name:**

**Location:**

**D2. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, a new government program, or any providers that may have stopped or reduced the care they were providing.**


**SEE A3 (PAGE 4). IF OPERATING MORE THAN 12 MONTHS, ASK D3. ELSE, SKIP TO D4.**

**Asked of center directors:**

**A18. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, or any providers that may have stopped or reduced the care they were providing.**

**A18A. Please tell me the names of up to three programs or providers in your**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

area that you consider to be similar to your own:

Name:		Location:	
Name:		Location:	
Name:		Location:	

SEE RESPONSE TO A16. IF OPERATING MORE THAN 12 MONTHS,  
ASK A19. ELSE, SKIP TO A20.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Sources of revenue
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Item found in the Center-Based Programs Questionnaire.</p> <p>A similar item can be found in the 2005 Illinois Child Care Salary and Staffing survey. In the 2005 Illinois survey, the following sources of revenue were asked about: parent fees; public funding; private donations/gifts/fundraising; corporate/employer subsidies; other.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	This question would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data. It was noted in cognitive testing results of similar items in the NSCCSD draft survey that some child care centers contain multiple programs. Questions on source of revenue, in this case, should specify which program data is being collected on.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**I9 During the last fiscal year, approximately what percentage of your program's budget was met with funds from the following sources?**

- a. Parent fees? \_\_\_\_ percent Don't know Refused
- b. Government agencies? \_\_\_\_ percent Don't know Refused
- c. Community organizations such as the United Way, local charities, or other service organizations? \_\_\_\_ percent Don't know Refused
- d. Religious organizations? \_\_\_\_ percent Don't know Refused
- e. Cash donations or fund raising? \_\_\_\_ percent Don't know Refused
- f. From any other sources (specify) \_\_\_\_ percent Don't know Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Sources of revenue
Source:	Massachusetts School Age Cost Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items found in the Provider Cost Survey 2006-Massachusetts Group Child Care Programs.</p> <p>Expense items are included in order to get an idea of the program budget.</p> <p>Questions from the Provider Cost Survey 2006-Massachusetts Group Child Care Programs and the Provider Cost Survey 2006-Massachusetts Family Child Care Providers are not specific to school-aged children.</p>
Item Limitations and Strengths for NSCCSD:	<p>A major limitation of this set of questions is that it is unclear whether providers can easily report this level of detail. Accurate reporting may require the use of records. This question may be too involved for providers to respond to on the telephone. Instructions regarding what to include or not include may also be too complex or ignored by the respondent.</p>

Question Wording:

**36. REVENUES:** Please list your revenues for your most recent completed financial reporting year for your child care program at this site. Leave any line item blank that does not apply. [If you haven't been in business for a full year, check this box ☐ and list how many months of financial information you are reporting: \_\_\_\_.]

- a. Tuition and fees paid for by parents – including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees. \_\_\_\_\_
- b. Tuitions paid by state (OCCS/EEC/DOE) (vouchers, state contracts, transportation, CPC funds.) \_\_\_\_\_
- c. Local government (Non-CPC) \_\_\_\_\_
- d. Federal \_\_\_\_\_
- e. Grant revenues (exclusive of CPC or sources listed above) \_\_\_\_\_
- f. USDA child care food program \_\_\_\_\_
- g. Investment income \_\_\_\_\_
- h. Fund raising revenues \_\_\_\_\_
- i. Cash contributions, gifts, bequests, special events \_\_\_\_\_
- j. Other \_\_\_\_\_
- TOTAL REVENUES:** (add amounts “a” through “j”) \_\_\_\_\_

37. Please list the costs for your most recent completed financial reporting year. Include expenses for all of your EEC GCC-licensed care-care programs at this site, including your EEC-licensed child care summer program, if you operate a program during the summer. Do not enter cots for DPH licensed summer program you might have or an EEC-SA licensed program you might operate at this site.

Labor costs: Please include all persons who work in this child care program at this site, either full or part time.

- a. Salaries and wages for all staff (not just teachers). (Put taxes in b.) \_\_\_\_\_
- b. Fringe benefits and payroll taxes (incl. FICA, unemployment, health insurance benefits)\* \_\_\_\_\_
- c. TOTAL LABOR COTS (sum of a. and b.) \_\_\_\_\_

Other Direct Costs:

- d. Costs of food and related goods for meals and snacks served to children (not cook's wages) \_\_\_\_\_
- e. Educational materials and expenditures, program supplies (e.g. books, supplies, field trips), program equipment including program equipment depreciation \_\_\_\_\_
- f. Office supplies and office equipment, postage, office equipment depreciation \_\_\_\_\_
- g. Telephone; printing, copying, duplicating; advertising, recruiting \_\_\_\_\_
- h. Liability insurance \_\_\_\_\_
- i. Other insurance (don't include employee health insurance here, list that in b. above. Also, do not include building insurance here.) \_\_\_\_\_
- j. Transportation of children: vehicle expenses, gas and drivers if not listed in a and b above. \_\_\_\_\_
- k. Subcontractors (fees for professional services, e.g. accountants, consultants, attorneys, auditing, payroll services; other services paid via contract, e.g. janitorial services, etc.) \_\_\_\_\_
- l. Training/Professional development expenses (e.g., trainer coming to program, fees for staff to attend courses, conferences) \_\_\_\_\_
- m. Staff mileage or travel \_\_\_\_\_
- n. Supplemental services (e.g., health screenings, speech therapy) \_\_\_\_\_
- o. Administrative allocations, overhead, indirect costs (paid to sponsoring agency or parent organization). (This is only relevant for programs that have a parent/sponsoring agency, or are parent of a larger organization, not a single stand-alone business.) \_\_\_\_\_
- p. Miscellaneous/other\*\* \_\_\_\_\_
- q. TOTAL OTHER DIRECT COTS (sum of d. through p.) \_\_\_\_\_
- r. TOTAL PROGRAM COTS (sum of Total Labor Costs and Total Other Direct Cots) \_\_\_\_\_

\*do not include reduced rates for children of staff in any of these tables

\*\* do not include facility cots here, such as rent, mortgage interest, repairs, building insurance, or utilities

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Sources of revenue
Source:	Survey of Early Head Start Programs
Year of Administration:	2005
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Early Head Start programs</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item specific to Early Head Start programs, but some of the categories could be applied to other types of child care providers.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it includes additional questions that address how subsidies are paid to Head Start programs and what the subsidies are used to pay for.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A2. Apart from any Early Head Start grants from the Administration on Children, Youth and Families that you may receive, do you receive funding for Early Head Start services from any of the following sources?**

**MARK YES OR NO FOR EACH**

	YES	NO
a. A state government grant	1	0
b. State child care subsidies or block grant	1	0
c. A county or municipal government grant	1	0
d. One or more private foundation grants	1	0
e. Grants provide by businesses	1	0
f. Fundraising activities	1	0
g. Part C funds	1	0
h. Contracts	1	0
i. Fee-for-service reimbursements	1	0
j. Some other sources (specify)	1	0

\_\_\_\_\_

**A2A. How does your Early Head Start program receive state child care subsidies?**

**MARK ALL THAT APPLY**

1. \_\_\_ Individual child payment
2. \_\_\_ Grant directly from the state program
3. \_\_\_ Some other subsidy (specify) \_\_\_\_\_

**A3. What do these funding sources pay for?**

**MARK ALL THAT APPLY**

1. \_\_\_ Additional Early Head Start enrollment slots
2. \_\_\_ New Early Head Start services
3. \_\_\_ Improvements to existing Early Head Start services
4. \_\_\_ Additional Early head Start staff
5. \_\_\_ Staff training or technical assistance
6. \_\_\_ Services for Part C children or families
7. \_\_\_ Parent activities
8. \_\_\_ Child Care
9. \_\_\_ Some other use (specify) \_\_\_\_\_
- N.A. \_\_\_ Not applicable

**A3A. How many slots?**

Number of slots \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
Measure:	Sources of revenue
Source:	Denver's After-School Provider Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items provide information on the mix of funding sources used to support an afterschool program. As questions ask what percentage of the program's revenue comes from each source, these items may be easier to answer than items that ask for exact dollar amounts.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**How many funding sources support your program?**

- ☐ 1-3
- ☐ 3-5
- ☐ 5-8
- ☐ More than 8

**What percentage of program funding comes from? (Select all that apply)**

**Colorado Child Care Assistance Program (CCCAP)**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**Donations**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**Federal Grants**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**Fee for service**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**Grants from Foundations**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**Lights on After School (LOAS)**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%



**School**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**State Grants**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**Business Sponsorship**

- ☐ None
- ☐ 1-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Sources of revenue
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys. This survey can be used in its entirety or can be adapted to meet more specific targets.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items are inclusive of funding sources targeted to school-aged care arrangements. Additionally, the items ascertain some information about the most prominent funding source, parent fees, and program budget.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

1. What are the program's funding sources? Check all that apply. If you check "federal government" or "state government," please also identify specific funding sources. If you check "local government," please write in names of specific sources. [Survey administrators: Replace general descriptions of state government sources in parentheses with names of sources specific to your state.]

- ☐ Federal government (these sources may be administered by the state)
- ☐ Child Care & Development Fund
- ☐ Temporary Assistance for Needy Families
- ☐ 21st Century Community Learning Centers
- ☐ Title I schoolwide dollars
- ☐ Title I Supplemental Services
- ☐ Workforce Investment Act
- ☐ Corporation for National and Community Service
- ☐ Office of Juvenile Justice & Delinquency Prevention
- ☐ U.S. Department of Labor
- ☐ U.S. Department of Agriculture (cooperative extension, afterschool snack, or supper program)
- ☐ Other \_\_\_\_\_
- ☐ State government
- ☐ (state department of education programs)
- ☐ (state department of human/social services programs)
- ☐ (governor's initiatives/programs)
- ☐ Other \_\_\_\_\_
- ☐ Local government (e.g., libraries, parks and recreation, county government) \_\_\_\_\_
- ☐ Private foundation(s)
- ☐ Business
- ☐ Public donation/contribution
- ☐ Student/parent fees
- ☐ Other

What is the largest source of funding from the list of checked funding sources? If two or more sources are tied for largest, please list both or all.

\_\_\_\_\_

How often must you reapply for your largest source(s) of funds?

\_\_\_\_\_

Does your program charge parent fees? \_\_\_\_ Yes \_\_\_\_ No

If yes, how are fees assessed? Check all that apply.

- ☐ Sliding fee scale
- ☐ One-time payment amount: \$ \_\_\_\_\_
- ☐ Payment every \_\_\_\_ weeks in the amount of \$ \_\_\_\_\_
- ☐ Other (Please describe) \_\_\_\_\_

2. What is your annual budget? \$ \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Defining the Market</b>
<b>Measure:</b>	Sources of revenue
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This item is unique in that it includes funding sources specific to school-aged care. Additionally, this item minimizes response burden by asking for a percentage of the revenue from each source rather than a dollar amount. This item could be improved by adding funding sources targeting infants/toddlers and preschool-age children.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**SOURCES OF FUNDING:** Place an “X” next to the item(s) that describe the funding sources for your program’s budget. (Mark all that apply)

	STRENGTH OF FOCUS		
	Minor (less than 10% of program budget)	Moderate (10-30% of program budget)	Major (over 30% of program budget)
_____ 21st Century Community Learning Center Grant			
_____ Child Care Development Fund Grant			
_____ Title One Funds			
_____ Businesses			
_____ Child and Adult Food Program			
_____ Child Care Subsidy Funds			
_____ City and County Funds			
_____ Civic Organizations			
_____ Community Based Organizations			
_____ Faith Based Organizations			
_____ Foundations			
_____ Fund Raisers			
_____ Governor’s Crime Commission			
_____ Individual Contributions			
_____ Parent Fees			
_____ Parent Organizations			
_____ Support Our Students (SOS)			
_____ Temporary Assistance For Needy Families (TANF)			
_____ United Way			
_____ Workforce Development			
_____ Other State Funding (Please Specify) _____			
_____ Other Federal Funding (Please Specify) _____			
_____ Other (Please Specify) _____			

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Type of care: Before/after school
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the Center-Based Programs Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A9. Early childhood programs sometimes offer before- and after-school programs for school-age children who attend local schools. Do you have a before-school program?**

**Yes.....01**

**No.....00**

**Don't know....98**

**Refused.....99**

**A10. Do you have an after-school program?**

**Yes.....01**

**No.....00**

**Don't know....98**

**Refused.....99**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Type of care: Sick, summer, holiday
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The same question was found in the National Study of Child Care for Low-Income Families (provider survey).
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:	<b>E2. Are sick children separated from other children?</b>	
	Yes	01
	No	00
	Sometimes or depends	02
	Cares for only one child	97
	Don't know	98
	Refused	99

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Type of care: Sick, summer, holiday
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions were asked in both the home-based and center-based questionnaires.</p>
Item Limitations and Strengths for NSCCSD:	The questions below not only ask whether a provider/program offers sick, holiday, or summer care, but they also gauge whether these services were offered to children who were not already in care. Additionally, home-based providers were asked what provisions are made when the provider is ill.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Findings from a feasibility test of these items showed good variation in responses from both center directors and home-based providers.

Question Wording:

**Asked of home-based care providers:**

**E12. In the past 12 months, have you provided any of the following types of**

	Yes	No
1. Sick care for children you care for anyway	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Holiday care on holidays you don't normally provide care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Full-day activities for school-age children during the summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**E13. In the past 12 months, have you provided any of the following types of care for children you were not already caring for?**

	Yes	No
1. Sick care for children who are too sick to attend their regular activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Holiday care for children whose schools or other providers are closed	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Summer hours for school-age children	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**E14. What arrangements do you make for providing child care when you are sick? PROBE FOR MOST FREQUENT ARRANGEMENT IF MORE THAN ONE APPLIES.**

- 1 ☐ Tell parents they cannot bring child
- 2 ☐ Make alternative arrangements for children
- 3 ☐ Care for children anyway
- 4 ☐ Never get sick
- 5 ☐ Other: \_\_\_\_\_

Asked of center directors:

**B11. In the past 12 months, has your program provided any of the following types of care for children who were already attending your program: IF NEEDED: Your program may charge additional fees for these offerings, which are outside of your regular program schedule.**

	Yes	No
1. Sick care for children you care for anyway	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Holiday care on holidays you don't normally provide care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Full-day activities for school-age children during the summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**B12. In the past 12 months, has your program provided any of the following types of care for children who were not already attending your program: IF NEEDED: Your program may charge additional fees for these offerings, which are outside of your regular program schedule.**

	Yes	No
1. Sick care for children who are too sick to attend their regular activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Holiday care for children whose schools or other providers are closed	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Summer hours for school-age children	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Type of care: Sick, summer, holiday
Source:	Urban Institute Provider Survey in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item comes from the Family Child Care Provider Telephone Interview instrument. An identical item is also found in the Center Director Telephone Interview instrument of this study.
Item Limitations and Strengths for NSCCSD:	Analysts can use data from this question to calculate whether family centers provide care during summer months or not and the number of weeks during the summer the care arrangement is not in operation. This question can be easily adapted for family, friend, and neighbor care or asked of families receiving care.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

a3. For approximately how many weeks, if any, is your family child care home closed during the summer?

**PROBE:** Only include the times when your family child care home is closed for an entire week or more.

\_\_\_\_\_ Weeks

d. DON'T KNOW

r. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Type of care: Sick, summer, holiday
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items were taken from the 24-month ECLS-B provider study. These items assess how providers handle child illness. Items CS007a-CS008 are similar to items found in the Profile of Child Care Setting survey. Items CS009a-b assess administration of medications.
Item Limitations and Strengths for NSCCSD:	These questions comprehensively assess how providers handle various child illnesses.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

**CS007a. Center allows feverish children. Question text: [Do you allow parents to leave children who ...]**

**Have a feverish appearance?**

**Have severe coughs?**

**Have unusual spots or rashes?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

**CS007b. Center allows children with severe cough. Question text: [Do you allow parents to leave children who ...]**

**Have a feverish appearance?**

**Have severe coughs?**

**Have unusual spots or rashes?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

**CS007c. Center allows children with rashes. Question text: [Do you allow parents to leave children who ...]**

**Have a feverish appearance?**

**Have severe coughs?**

**Have unusual spots or rashes?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

**CS008. Center has sick area for isolation. Question text: Do you have an area where sick children can be isolated from the other children?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

**LEO51b. Allow parents to leave child with cough. Question text: Do you {allow parents to leave children who}{still provide care if {child} {and {twin}}}** ...

**{has/have} a feverish appearance?**

**{has/have} sever coughs?**

**{has/have} unusual spots or rashes?**

**1 Yes**

**2 No**

**Refused**

**Don't know**



**LEO051c. Allow parent to leave child with spots. Question text: Do you {allow parents to leave children who} {still provide care if {child} {and{twin}}}** ...  
**{has/have} a feverish appearance?**  
**{has/have} severe coughs?**  
**{has/have} unusual spots or rashes?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

**CS009a. Center administers OTC drugs. Question text: At the parent's or a physician's request do you administer ...**

**Over-the-counter medications?**

**Prescription medications?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

**CS009b. Center administers prescription drugs. Question text: [At the parent's or a physician's request do you administer ...]**

**Over-the-counter medications?**

**Prescription medications?**

**1 Yes**

**2 No**

**Refused**

**Don't know**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Type of care: Sick, summer, holiday
Source:	NICHD National Study of Early Care (SECC)
Year of Administration:	1991-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question was taken from the Child Caregiver Interview Home Version (long form) (15-, 24-, 36-month).
Item Limitations and Strengths for NSCCSD:	This question is unique in that it focuses concisely on contagious illnesses. A limitation is that it does not provide a definition for what is considered “contagious.” Additionally, it is unclear how providers would know if a child’s illness is contagious.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A13. If (target child) were sick with some kind of contagious disease, what kind of arrangement do you (or would you) make? Would you ...**

**MARK ALL THAT APPLY**

- 1) Ask parent/s to make other arrangements if the child is at all sick**
- 2) Ask parent/s to make other arrangements if the child is very sick**
- 3) Take the child, but keep him/her isolated from other children (or there are no other children)**
- 4) Take the child but not necessarily isolate him/her from other children**
- 5) Other: Specify \_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Type of care: Sick, summer, holiday
Source:	Texas Market Rate Survey
Year of Administration:	2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: _In-home_____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: _In-home_____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: _In-home provider_____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items asked of center providers and in-home providers. These items assess provision of services during summer, holidays, and for personal vacations by quantifying the number of days a provider is closed.
Item Limitations and Strengths for NSCCSD:	As providers may not have a consistent vacation schedule from year-to-year, these questions could be modified to include a reference period (e.g., “in the last year”).

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**Q2\_7.** How many days a year are you closed for national, state or religious holidays? (For example: 4<sup>th</sup> of July, Easter, New Year's Eve, Christmas, Memorial Day, Chanukah, Thanksgiving, Labor Day, President's Day, Rosh Hashanah)

Enter a value \_\_\_\_

**Q2\_8.** Do you close your day care at all during the year outside of weekends and holidays, such as for a personal vacation, closing for the summer or any other reason?

\_\_ Yes – go to Q2\_9

\_\_ No – go to G3\_1

**Q2\_9.** How many days or weeks a year are you closed for a personal vacation or other reason?

Enter a value \_\_\_\_ [Day(s)] [Weeks(s)] [Month(s)]

Relationship of provider to parent: See “Defining the Market”

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Presence/proportion of related or unrelated children
Source:	Louisiana Child Care Market Rate Survey
Year of Administration:	2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>In-home</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>In-home providers</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Other <u>In-home providers</u>
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question is simply stated and easy to understand. It is also well suited for informal providers.
Question Wording:	<b>3. For how many children do you provide care? # children</b> <b>My own children:</b> _____ <b>Other children related to me:</b> _____ <b>Other children not related to me:</b> _____ <b>Total:</b> _____

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Presence/proportion of unrelated children
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	If combined with the items that assess the total number of children in care, these questions would allow for analysis of the proportion of related children in care while a focal child is present.
Item Limitations and Strengths for NSCCSD:	These items use a reference period of time in which a focal child is in care. Though this references period is not applicable to the NSCCSD study, the question stem could be modified with a different reference period.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>T\_CP16<. During the days and times that [CHILD] is in your care, how many of your own are present?

NUMBER: \_\_\_\_\_

>T\_CP17<. During the days and times that [CHILD] is in your care, how many children (under age 14) do you care for, including [CHILD] and your own children?

CHILDREN: \_\_\_\_\_ - If cares for only focal child 9CP17=1), go to CP25

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Relationship between provider and child
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of these items is that they would allow for trend analyses using the 1990 Profile of Child Care Settings data. A limitation of item A14 is that it provides few response choices.
Question Wording:	<b>A13 (Is [CHILD]/Are any of these children) related to you?</b> <b>Yes</b> <b>No (Go to A15)</b>  <b>A14 How is (CHILD) related to you?</b> <b>Grandchild</b> <b>Nephew/Niece</b> <b>Cousin</b> <b>Brother/Sister</b> <b>Other (Specify) _____</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Relationship between provider and child
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input checked="" type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>These items were found in the 24-month Provider Interview. A similar item to Question BK006 below can be found in the Profile of Child Care Settings: Early Education and Care in 1990 (PCCS). The response categories for the PCCS measure are: Grandchild, nephew/niece, cousin, brother/sister, other (specify). A similar item to BK006 is also found in the Three City Study. The relationship options for the Three City study questions are: father, step-father, maternal partner, maternal grandmother, paternal grandmother, maternal grandfather, paternal grandfather, maternal aunt, paternal aunt, maternal uncle, paternal uncle, sibling, step-sibling, foster sibling, cousin, other relative (specify).</p>
Item Limitations and Strengths for NSCCSD:	A strength of item BK006 is that it includes multiple response options.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**BK004. Are you related to (child)(and twin)?**

**Probe: By related we mean a grandparent, sister/brother, aunt/uncle, cousin or any other person related to the child.**

**1=Yes**

**2=No**

**Refused**

**Don't know**

**BK006. How are you related to (him/her/them)?**

**1=Grandmother**

**2=Aunt**

**3=Sister**

**4=Uncle**

**5=Cousin**

**6=Grandfather**

**7=Mother**

**8=Father**

**9=Brother**

**10=Other relative (specify)**

**Refused**

**Don't know**

**BK007. How are you related to (him/her/them)?**

**Disallow don't know and refused**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Relationship between provider and child
Source:	Midwest Child Care Research Consortium Provider Survey
Year of Administration:	2000-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Full day child care providers who were licensed, registered, or receiving public child care subsidies</u>
Study Unit of Analysis::	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Full day child care providers who were licensed, registered, or receiving public child care subsidies, Head Start/Early Head Start</u>
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question is unique in that it does not take into account the provider's own children, but focuses on the number of other related children in care. Additionally, the response categories for item A9 are limited and do not explicitly include parent-child relationships.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**5. Not including your own children, are any of the children you care for related to you?**

- 1) Yes - (Continued)**
- 2) No - (Skip to “Note” before #7)**
- 3) (DK) - (Skip to “Note” before #7)**
- 4) (Refused) - (Skip to “Note” before #7)**

**6. (If code “1” in #5, ask:) Other than your children, how many are related to you? (Open ended and code actual number)**

**98 (DK)**

**99 (Refused)**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Relationship between provider and child
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1999-2001
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items assess whether each child in care is related to the provider. A limitation of these items is that they may only be appropriate for providers with few (i.e. fewer than 10) children in care.

Question Wording:

**A8. Is (NAME OF CHILD) related to you?**

**Child 1**

Yes.....1

No.....2

**Child 2**

Yes.....1

No.....2

**Child 3**

Yes.....1

No.....2

**Child 4**

Yes.....1

No.....2

**Child 5**

Yes.....1

No.....2

**Child 6**

Yes.....1

No.....2

**A9. How is child related to you?**

**Child 1**

Grandchild.....1

Nephew/Niece....2

Cousin.....3

Brother/Sister...4

Other (Specify)..96

**Child 2**

Grandchild.....1

Nephew/Niece....2

Cousin.....3

Brother/Sister...4

Other (Specify)..96

**Child 3**

Grandchild.....1

Nephew/Niece....2

Cousin.....3

Brother/Sister...4

Other (Specify)..96

**Child 4**

Grandchild.....1

Nephew/Niece....2

Cousin.....3

Brother/Sister...4

Other (Specify)..96

**Child 5**

Grandchild.....1

Nephew/Niece....2

Cousin.....3

Brother/Sister...4

Other (Specify)..96



Child 6

Grandchild.....1  
Nephew/Niece....2  
Cousin.....3  
Brother/Sister...4  
Other (Specify)..96

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Location of care (commercial, school, religions)
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Question asked of child care centers only in the Center-Based Programs Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

A1 Now, I'd like to ask a few general questions about your preschool program. In the questions I will be asking you, I will refer to all children who are not yet enrolled in kindergarten or first grade as "preschool children."

In what type of place is your program located?

Probe: Is it located in a religious building, school, work place, or in its own building?

Religious building.....01  
Public School.....02  
Private School.....03  
University or College.....04  
Work Place.....05  
Community center or  
Municipal building.....06  
Independent Structure.....07  
Other (Specify).....00  
Don't know.....98  
Refused.....99

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Location of care (commercial, school, religions)
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	All of the items shown are found in the 24-month provider interview. Providers were sampled on the basis of their serving 24-month-olds. They may have been serving children of other ages as well. A similar item was used in the NSCCSD cognitive testing questionnaire.
Item Limitations and Strengths for NSCCSD:	As part of the NSCCSD design phase, cognitive testing was done on a similar item. Results of this cognitive testing suggested that this item captures the intended information well. Some minor revisions were also suggested. First, a clarifying question should be added to ask what percentage of the space is exclusively used by the child care programs in programs located within residential structures. Second, an additional question should be added of home-based providers to find out why this location was selected for providing care.

**Question Wording:**

**Asked of Center Providers Only:**

**CI010. In what type of place or building is your program located?**

**Probe: Is it located in a religious building, school, workplace, or in its own building?**

**1=Director's home**

**2=Another home**

**3=A church, synagogue, or other place of worship**

**4=A public elementary, junior high, or high school**

**5=A private elementary, junior high, or high school**

**6=A college or university**

**7=A community center**

**8=A public library**

**9=Its own building**

**10=More than one place**

**11=Place of employment or business**

**Refused**

**Don't know**

**CI011. In what type of place or building is your program located?**

**Specify other place**

**Asked of All Providers:**

**UP026. Do you provide care for (child and twin) in the home where (he/she/they) (live/lives)?**

**1=Yes**

**2=No**

**UP028. Do you live with (child) (twin)?**

**Probe: This can include living in an in-law suite, above the garage, or in quarters attached to the house.**

**1=Yes**

**2=No**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Location of care (commercial, school, religions)
Source:	Georgia Childcare Market Rate Survey
Year of Administration:	2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item is found in the Georgia 2005 Child Care Provider Questionnaire. A similar item can be found in the Family Day Care/In-home instrument of the Louisiana Child Care Market Rate survey.
Item Limitations and Strengths for NSCCSD:	Item #2 asked of center-based providers could be improved by extending the response categories to include those used in NSCCSD cognitive testing interview (religious building; public school; private school; university or college; work place; community center or municipal building; commercial structure; independent structure; or home apartment, or other residential structure). Additionally, the home-based item could be improved by asking why this location was selected for providing care.

**Question Wording:**

**Asked of Center-Based Providers:**

**2. Where do you provide child care? (check one)**

- ☐ At a childcare center based in a church
- ☐ At a childcare program based in a school
- ☐ At a childcare center based in a business
- ☐ At a childcare center based in a community center
- ☐ At an independent childcare center
- ☐ In a licensed group home (for 7 to 18 children)
- ☐ At another type of childcare center (please specify) \_\_\_\_\_

**2b. If the childcare is school-based, please specify if:**

- ☐ The school manages/runs the childcare program (Please continue with Question #3)
- ☐ An outside organization manages/runs the childcare program (Please stop, put the questionnaire in the enclosed pre-addressed postage-paid envelope and mail back so we can update our records. We will have the organization complete the questionnaire.)

**Asked of In-Home/Family Child Care Providers:**

**2. Where do you provide child care? (Check one)**

- ☐ In your home
- ☐ At the child's home
- ☐ Other (please specify) \_\_\_\_\_

**Organizational form: Sole proprietor/part of organization:  
See “Defining the Market”**



**Organizational form: For-profit/non-profit:  
See “Defining the Market”**

**Sources of revenue: See “Defining the Market”**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	In-kind donations: Direct, indirect assistance
Source:	Massachusetts School Age Cost Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Group</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>group providers</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items were asked of child care centers in the 2006 School Age Cost Survey for ECC licensed Provider Cost Survey.</p> <p>It may be useful to cognitively test respondent use of and understanding of the term “in-kind donations”.</p>
Item Limitations and Strengths for NSCCSD:	<p>A strength of these items is that they ask about donated goods and services separately, which may aid data quality and response formation. Additionally, the item helps to define the construct “in-kind donations” for respondents. These items also gather comprehensive information on the value of donated goods and services. Two limitations of these measures are that they may be burdensome to the respondent in terms of time and they may require information the respondent does not have at his/her fingertips. It is also unclear whether respondents can provide this data within the reference period requested.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

Now let's talk about in-kind donations such as goods or services provided at a reduced rate. We want to know about these donations during the most recent completed financial reporting year (or whatever financial reporting year you are reporting). This question will ask you about donated *goods*. The next question will ask you about donated *services/labor*.

For each of the following categories, please tell us whether your SA child-care program at this site received the following goods *in-kind* (free or at a reduced cost) anytime during your most recently completed financial reporting year. Some of this information may be included in your audit. (If your program pays administrative allocation or overhead to a parent organization, do not include those expenses here – they are already included in the allocation/overhead in the costs section.)

Check “yes” (you received the donation) or “no” (you did not receive the donation) under column A or B for each category, and estimate the \$\$ value of the donation if your program received a donation in the category. Enter whole dollars only. If you cannot estimate the value, leave the estimated value blank.

Do not include labor or services donations here. List those in the next table.

	A Yes	B No	Est. Value
<b>32. Category</b>			
a. Reduced or no rent/no fee for children's space, administrative space, outdoor space			\$
b. Utilities free or at reduced rate			\$
c. Meals or snacks for children provided (incl. by parents)			\$
d. Educational expenditures provided (e.g. books, supplies, equipment, field trips)			\$
e. Financial aid, scholarships for children provided by a group or individual other than your program			\$
f. Office supplies and office equipment provided			\$
g. Telephone, printing, copying, advertising			\$
h. Liability and/or other insurance provided			\$
i. Professional development provided (e.g., fees for staff to attend courses)			\$
j. Transportation for children provided			\$
k. “Other” in-kind goods donated free or at a reduced rate			\$
<b>TOTAL IN-KIND VALUE</b>			\$

Now let's talk about in-kind donated *services* provided free or at a reduced rate. We want to know about these donations during the most recent completed financial reporting year (or whatever financial reporting year you are reporting).

For each of the following categories, please tell us whether your SA child-care program at this site received the following goods *in-kind* (free or at a reduced cost) anytime during your most recently completed financial reporting year. Some of this information may be included in your audit. (If your program pays administrative allocation or overhead to a parent organization, do not include those expenses here – they are already included in the allocation/overhead in the costs section.)

Check “yes” (you received the donation) or “no” (you did not receive the donation) under column A or B for each category, and estimate the \$\$ value of the donation if your program received a donation in the category. Enter whole dollars only. If you cannot estimate the value, leave the estimated value blank.

33. Category	A Yes	B No	Est. Value
a. Volunteers working with the children in the classroom, on field trips, or in the playground			\$
b. Accounting/bookkeeping			\$
c. Legal volunteer			\$
d. Special learning activities provided: music, art, sports, etc.			\$
e. Repairs/maintenance (labor and parts)			\$
f. Clerical			\$
g. Grant writer			\$
h. Administrative, professional, contractual & support services provided			\$
i. Professional development provider (e.g., trainer provides services at no cost or reduce cost to your program)			\$
j. Supplemental services provided (speech & language therapist, physical therapist, health services)			\$
k. “Other” in-kind services or labor donated free or at a reduced rate			\$
<b>TOTAL IN-KIND VALUE</b>			\$

37. In 2005, did you use any volunteers in your FCC program?

☐ Yes

☐ No

37a. If “yes,” how many hours per month or year did volunteers donate their time in your child care program in 2005? (Please estimate)

Per month: \_\_\_\_\_ OR per year: \_\_\_\_\_

37b. If you were to pay for the volunteer hours, how much do you estimate that you would have paid per hour?

\$ \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

38. In 2005, did any of your family members donate their time to your child care business?

☐ Yes

☐ No

38a. If “yes”, how many hours per month OR year did your family members donate their time to your child care program in 2005? (Please estimate)

per month OR  per year

38b. If you were to pay someone for this help, how much do you estimate that you would have had to pay per hour?

\$

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	In-kind donations: Direct, indirect assistance
Source:	Texas Market Rate Survey
Year of Administration:	2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question was asked of center directors from the Licensed Child Care Center Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it is concise and would not be overly burdensome to answer. A limitation is that the resulting information would be limited in depth.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**Q5\_4. Please tell me if your facility receives any of the following services for free or at a reduced cost? (multiple answers allowed)**

- 1) **Building use**
- 2) **Utilities**
- 3) **Volunteer work**
- 4) **Furniture or equipment**
- 5) **Supplies**
- 6) **None**
- 7) **Other (specify) – go to Q5\_40S**
- 8) **Don't know**



**Geographic marker (zip code, census tract): See “Defining the Market”**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Schedule
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Questions asked of child care directors were asked on the Survey Instrument for Child Care Centers. Questions asked of family child care providers were asked in the Survey Instrument for Family Child Care Homes.
Item Limitations and Strengths for NSCCSD:	A strength of these measures is that they cover earliest pick-up times and latest drop off times; how many days per week the provider was closed; the number of hours the provider cared for the child; on which day car was provided; and whether before, after, or before and after school care was provided. These items would also allow for trend analysis using the Profile of Child Care Settings and NSCCSD data.

**Question Wording:**

**Asked of Child Care Directors:**

**A6 What is the earliest time that parents can drop off their children?**

**\_\_:\_\_ AM**

**\_\_:\_\_ PM**

**Don't know**

**Refused**

**A7 How late can parents pick up their children?**

**\_\_:\_\_ AM**

**\_\_:\_\_ PM**

**Don't know**

**Refused**

**A11 How many days a week are you closed?**

**\_\_\_ days**

**None**

**Don't know**

**Refused**

**A12 Which days are you closed?**

**(Code all that apply)**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

**Saturday and Sunday**

**No other days**

**Don't know**

**Refused**

**Asked of Family Child Care Providers:**

**A10. Which days did you care for (CHILD) last week?**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

**Saturday**

**Sunday**

**Mon-Fri**

**No other days**

**A11. How many hours did you care for (CHILD) last week?**

**\_\_\_ hours**

**A12. If child is 5 or older, ask: Did you care for (CHILD) before school, after school, or both before and after school?**

**Before**

**After**

**Both**

**Not in School**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Schedule
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Items appear in both home-based and center-based questionnaires.</p>
Item Limitations and Strengths for NSCCSD:	These items capture both providers' standard schedules for child care and their flexibility in serving families with needs that fall outside of normal hours of operation. Results from cognitive testing of these items among home-based providers resulted in a recommendation to add a response category to item E11. "IF

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

**VOLUNTEERED:** Provide care whenever parents need care.” Additionally, a “N/A” response category was recommended for item E11a.

Results from a feasibility test of these items suggest that the format of the schedule items worked well for both home-based providers and center directors. The amount of details provided when asking about policies for late pick-up varied. Categorical responses may be more appropriate than an open-ended format.

Question Wording:

### Schedule

**[IF R IS A SMALL PROVIDER (ANSWERED B2-B26) SKIP E1 AND GO TO INSTRUCTIONS BELOW.]**

**E1. Beginning with Sunday, please tell me the hours last week that you cared for at least one child who is not your own.**

	Start Time		End Time	
Sunday	:	AM/PM	:	AM/PM
Sunday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM
Tuesday	:	AM/PM	:	AM/PM
Tuesday	:	AM/PM	:	AM/PM
Wednesday	:	AM/PM	:	AM/PM
Wednesday	:	AM/PM	:	AM/PM
Thursday	:	AM/PM	:	AM/PM
Thursday	:	AM/PM	:	AM/PM
Friday	:	AM/PM	:	AM/PM
Friday	:	AM/PM	:	AM/PM
Saturday	:	AM/PM	:	AM/PM
Saturday	:	AM/PM	:	AM/PM

**IF R PROVIDES NON-MARKET CARE (C14=2 NON-MARKET), SKIP TO E8 (PAGE 26).**

**E2. What is your policy for parents who pick up children after your usual closing time?**


- E3. (IF NO POLICY OR PENALTIES IN E2, SKIP TO E4) In the last 3 months, when parents were late to pick up their children, how often have you enforced this policy?**
- 1 ☐ All of the time  
 2 ☐ Most of the time  
 3 ☐ Some of the time  
 4 ☐ Almost never
- E4. How often do parents request additional hours or days outside of what you usually provide?**
- 1 ☐ Often  
 2 ☐ Sometimes  
 3 ☐ Rarely  
 4 ☐ Never → (SKIP TO E7)
- E5. Do you ever make exceptions for parents based on these requests?**
- 1 ☐ Often  
 2 ☐ Sometimes  
 3 ☐ Rarely  
 4 ☐ Never → (SKIP TO E7)
- E6. Do parents pay extra for these exceptions?**
- 1 ☐ Yes  
 2 ☐ No
- E7. Do you permit parents to use care on schedules that vary from week to week?**
- 1 ☐ Yes  
 2 ☐ No → (SKIP TO E7c)  
 3 ☐ DK/REF → (SKIP TO E7c)
- E7a. How many of the children in your program have schedules that vary from week to week?**
- Number of children
- E7b. How far in advance do parents need to let you know when they will be needing care?**
- Number of
- 1 ☐ Hours  
 2 ☐ Days  
 3 ☐ Weeks

**E7c. Do you permit parents to pay for and use varying numbers of hours of care each week?**

- 1 ☐ Yes, at their convenience (SKIP TO E7d)
- 2 ☐ Yes, from a set of schedule options → (ASK E7c1)
- 3 ☐ Yes, beyond a minimum number of hours → (SKIP E7c2)
- 4 ☐ No → (SKIP TO E8)
- 5 ☐ DK/REF → (SKIP TO E8)

**E7c1. How many schedule options do you offer?**

Options → (SKIP TO E7d)

**E7c2. What is the minimum number of hours?**

Hours

**E7d. How many of the children in your program have variation in the number of paid hours of care each week?**

Number of children

**E7e. How far in advance do parents need to let you know when they will be needing care?**

- Number of
- 1 ☐ Hours
  - 2 ☐ Days
  - 3 ☐ Weeks

**E8. [IF R MENTIONED SATURDAY OR SUNDAY CARE ABOVE IN B8 (page 6) OR B19 (page 8) OR E1, SKIP TO E9] Do you provide weekend care?**

- 1 ☐ Yes
- 2 ☐ No

**E9. [IF R MENTIONED EVENING CARE ABOVE IN B8 (p. 6) OR B19 (p.8) OR E1, SKIP TO E10] Do you provide care for parents between 7pm and 11pm?**

- 1 ☐ Yes
- 2 ☐ No

**E10. [IF R MENTIONED NIGHTTIME CARE ABOVE IN B8 (p.6) OR B19 (p.8) OR E1, SKIP TO E11] Do you provide care for parents between 11pm and 6am?**

- 1 ☐ Yes
- 2 ☐ No

**E11.** How many weeks per year do you provide care [for children under age 13]? IF NEEDED: Do you provide care all 52 weeks of the year?

Number of weeks → (IF 52, SKIP TO E12)

**E11a.** Do you provide parents any help in getting alternative care for the other weeks?

1 ☐ Yes

2 ☐ No



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Schedule
Source:	Massachusetts School Age Cost Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Group</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>Group</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of these items is that they assess maximum hours children can attend, whether the provider offers wrap-around care, the earliest and latest times a parent can drop-off/pick-up their child, how many hours per week the provider engages in direct care or related activities, and closure during summer and holidays.

Question Wording:

9) What days of the week do you usually provide your regular EEC-licensed SA child care-services at this site? (Please check)

Monday\_\_\_\_  
 Tuesday\_\_\_\_  
 Wednesday\_\_\_\_  
 Thursday\_\_\_\_  
 Friday\_\_\_\_  
 Saturday\_\_\_\_  
 Sunday\_\_\_\_

10) For this site, please check any months of the year that you operate an EEC SA-licensed program. Check even if you operate only for part of the month.

January\_\_\_\_  
 February\_\_\_\_  
 March\_\_\_\_  
 April\_\_\_\_  
 May\_\_\_\_  
 June\_\_\_\_  
 July\_\_\_\_  
 August\_\_\_\_  
 September\_\_\_\_  
 October\_\_\_\_  
 November\_\_\_\_  
 December\_\_\_\_

10B) How many weeks per year is your program closed? (If none, enter “0”).

13. How many weeks per year do you run an “after school” program at this site (i.e., provide part day care)? \_\_\_\_\_

14. How many weeks per year do you run a full day/full week SA program at this site (i.e., provide full day care)?

#### Hours of Services

7. Do you operate you program 12 months out of the year? (Check one)

\_\_ Yes  
 \_\_ No

7a. If you checked “No” in Question 7, please check the months when your program is closed for the full month:

January\_\_\_\_  
 February\_\_\_\_  
 March\_\_\_\_  
 April\_\_\_\_  
 May\_\_\_\_  
 June\_\_\_\_  
 July\_\_\_\_  
 August\_\_\_\_  
 September\_\_\_\_  
 October\_\_\_\_  
 November\_\_\_\_  
 December\_\_\_\_

8. How many weeks during the year is your program closed? \_\_\_\_

9. What time in the morning does your program typically open? \_\_:\_\_ am

10. What time does your program typically close? (Enter the time, and check either “am” or “pm”

\_\_:\_\_ \_\_am \_\_pm

We understand that your program may operate various school-age child care program at this site. We are interested in know when your Kindergarten and SA child-car programs open for the children and close for the children, during various times of the year. Please write N/A if your program does not offer any of the services or grade categories listed.

Please fill in the table below:

A. School –year & Summer Please list for Kindergarten (K) & School-age Children (SA)	B. What times does your school-age child care program typically <u>Open</u>	C. What time does your school age program typically <u>Close</u>	D. If the program closes anytime between the time that the program opens for the day, and the time that it closes for the day, <i>list the time span your program closes (e.g. the children are not in your care).</i>
<u>School-Year</u> During the school- Year, when the Children are in school. Please list this for K and SA children	K:  SA:	K:  SA:	K:  SA:
<u>School-Year</u> During the school Year, when the Schools are closed for vacation weeks	K:  SA:	K:  SA:	K:  SA:
<u>Summer</u> During the EEC- Licensed summer Program	K&SA:	K&SA:	K&SA:

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Schedule
Source:	Urban Institute Provider Survey in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Question provides data on providers schedule including day of week they operate and the earliest hour at which they accept children. No data on evening or night hours are collected. Question also provides data on total hours providers work (including preparation and shopping) and amount of vacation taken.

**Question Wording:**

**a1. I'd like to begin with a few more questions about the care you provide to children under age five, not including any children of your own. Although I understand that you may describe yourself differently, the computer survey is set up to refer to you as a family child care provider.**

**Which days of the week, if any, is your family child care home closed?**

**PROBE: Include weekend days.**

**PROBE: Include days of the week that you are usually not available to care for children. Do not include special closings for holidays, illnesses, or vacations.**

**PROBE: By your own children we mean birth and adopted children, foster children, grandchildren, other relative's children, and children who are not related to you, but live with you half the time or more.**

**CODE ALL THAT APPLY**

- 0. Not closed on any days**
- 1. Monday**
- 2. Tuesday**
- 3. Wednesday**
- 4. Thursday**
- 5. Friday**
- 6. Saturday**
- 7. Sunday**
- d. DON'T KNOW**
- r. REFUSED**

**a2. What is the earliest time that parents can usually drop off their children?**

**PROBE: Excluding special circumstances.**

**PROBE: What is the earliest time that children can come to your home?**

**\_\_ \_\_ : \_\_ \_\_ TIME**

- 1. AM**
- 2. PM**
- 3. Open 24 hours (GO TO a2b)**
- d. DON'T KNOW**
- r. REFUSED**

**a2b. Besides the hours that you are available to care for children, about how many hours per week, if any, do you usually spend on other work for your family child care home, such as shopping for materials or supplies for the children or planning or preparing activities?**

**\_\_\_\_\_ Hours per week**

- d. DON'T KNOW**
- r. REFUSED**

**a3a. For approximately how many weeks during the rest of the year, if any, are you closed for vacation, winter holiday, or spring break?**

**PROBE: Only include the times when your family child care home is closed for an entire week or more.**

**\_\_\_\_\_ Weeks**

- d. DON'T KNOW**
- r. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Types of Care Elements</b>
Measure:	Schedule
Source:	Denver's After-School Provider Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items provide information on the number of weeks the program operates as well as the number of days and hours before-school, after-school, and summer care are offered.

Question Wording:

**When does (do) your program(s) operate?**

- ☐ <6 weeks
- ☐ 6-12 weeks
- ☐ 3-6 months
- ☐ 6-9 months
- ☐ Summer only
- ☐ Year round

**When are your program(s) offered?**

☐ *After-school*

**How many days per week does (do) your after-school program(s) operate?**

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 or 7 days

**How many hours per day are your program(s) offered?**

- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 3+ hours

☐ *Before-school*

**How many days per week does (do) your before-school program(s) operate?**

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 or 7 days

**How many hours per day are your program(s) offered?**

- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 3+ hours

☐ *Summer*

**How many days per week does (do) your summer program(s) operate?**

- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 or 7 days

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

How many hours per day are your program(s) offered?

- ☐ 1 hour
- ☐ 2 hours
- ☐ 3 hours
- ☐ 3+ hours
- ☐ Non-school days (holiday breaks, weekends, etc.)



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Services offered
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
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Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions asked in the center-based questionnaire only.</p>
Item Limitations and Strengths for NSCCSD:	The questions listed below ask about a range of different services that might be offered by a center or that a center might provide referrals for. These questions also gauge whether services are offered through partnerships with other programs/schools.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

A feasibility test of these items found good variation in response with both center directors and home-based providers.

Question Wording:

**D13. The following questions are about various services that children and their families might require in addition to your program's basic offerings.**

D13a. Are any of the following available to children on-site at your program, including by another organization that is located at your site? Health screening: medical, dental, vision, hearing, or speech?	1 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
D13b. Are development assessments available to children on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
D13c. Are therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
D13d. Are counseling services for children or parents available on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
D13e. Are any of the following available to children on-site at your program? Social services to parents such as housing assistance, food stamps, financial aid, or medical care. IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No

D13f. [IF YES TO D13e\_1 or D13e\_2] In the last year, how many parents has your program provided with social services assistance, including referrals?

\_\_\_\_\_ Number of parents

**C14. Does your program have any formal or informal relationship with schools or other providers used by children in your program to coordinate care or share information related to the children?**

1 ☐ Yes → (ASK C14A)

2 ☐ No → (GO TO C15)

**C14a. What relationships does your program have? CODE ALL THAT APPLY**

1 ☐ provide transportation to children

2 ☐ provide access to resources or professional development for other providers

3 ☐ help parents seek providers for hours or days that program does not provide are

4 ☐ Other (specify) \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Services offered
Source:	Massachusetts School Age Cost Survey
Year of Administration:	2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Group</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>Group</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item #18 is found in the 2006 School-Age Cost Survey for ECC Licensed-Providers. A similar question was asked of child care centers only in the Provider Cost Survey 2006-Massachusetts Group Child Care Settings.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it asks about a broad array of services (e.g., health, mental health, developmental assessments, and social services /support services). A limitation of this item is that “available to the children in your program” is a vague statement. This question could be improved by asking whether each of the listed services were paid for by the program, provided by the center, or made available via referral or visiting consultants.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

18.) Does your program pay to provide any of the following at this site, or are any of the following available to the children in your program? (Check as many as apply)

Paid for  
by your program

Available  
to children

1. Health screening: medical, dental,  
Vision, hearing, speech

2. Developmental assessment

3. Counseling services for children  
and/or parents

4. Social services to parents such as  
Referrals for housing assistance,  
Food stamps, financial aid, or  
medical care

5. Transportation services for  
children (This does not include  
field trips)

6. Meals and/or snacks for  
children in program

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Services offered
Source:	NICHD National Study of Early Care (SECC)
Year of Administration:	1991-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question was asked of centers only in the Form 11 D of the NICHD Caregiver Interview – Director Questionnaire (Long Form) 15-, 24-, 36-month. Providers were selected for this sample if they were serving a child in the NICHD study. Provider may also be serving children of other ages.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it asks about a broad array of services. This item could be improved by asking an additional question that assesses how often each of these services are offered.

Question Wording:

**A6. Which of the following services does the center provide:**

- 1) Full-day care (children can attend at least 6 hours/day)**
- 2) Part-day care (children can attend less than 6 hours/day)**
- 3) After-school care**
- 4) Before-school care**
- 5) Night care (after 7 pm)**
- 6) Weekend care**
- 7) Sick child care (isolation room)**
- 8) Parent programs**
- 9) Social services**
- 10) Health care (examinations)**
- 11) Extracurricular enrichment opportunities (e.g., gymnastics, music)**
- 12) Special services for children with special needs (e.g., speech therapy, physiotherapy)**
- 13) In-service training for staff**
- 14) Developmental testing of children**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Services offered
Source:	Chapin Hall's Out of School Time Program Questionnaire
Year of Administration:	2007
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This survey targets organizations serving youth 13 to 18 years old.
Item Limitations and Strengths for NSCCSD:	One strength of these items is that they not only assess what activities a program provides, they also operationalize these activities and provide an opportunity for the respondent to specify whether the activities are offered during the school year and/or summer.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Program Activities: “For the next question, I will describe out of school time activities for youth between ages 13 and 18. For each of these activities, please tell me whether \_\_\_\_\_ (fill in agency/site name) offers these activities during the school year and/or during the summer?” (Check all that apply)

Activity	Activity Description	School Year (check if offered)	Summer	Both	Not Offered
Academic activities	homework help, tutoring, academic preparation for high school/college, college tours, college courses				
Cultural enrichment activities	visual art, performance art, music				
Sports and athletic activities	teams, training, coaching, education, participation in physical sports				
Life skills activities	budgeting skills, nutrition programs, independent living activities				
Career development activities	internships, junior achievement, career day/fair, workplace tours, corporate mentorship, job shadowing, career day/fair, career talks, job placement, career advising, job or soft-skills training				
Technology activities	computer programming, robotics programs, web-design				
Health maintenance activities	substance abuse prevention, pregnancy prevention, physical health education, DARE				
Violence prevention activities	bullying prevention, peer jury, gang intervention, crime prevention				
Religious/Spiritual activities	religious education, youth group				

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Community service and citizenship activities</b>	<b>civic engagement, debate, volunteering, student government, student newspaper</b>				
<b>Supervised free time</b>	<b>drop-in, safe-haven</b>				
<b>Mentoring activities</b>	<b>one-to-one matching with adults or older youth, matching with younger youth (teen is mentor), big brothers/big sisters</b>				

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Services offered
Source:	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys.
Item Limitations and Strengths for NSCCSD:	These items capture the components, purpose, and mission of school-age care/youth development programs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**4. What are the program components? Check all that apply.**

- ☐ Academic enrichment (curriculum-driven)
- ☐ Homework help
- ☐ Tutoring
- ☐ Cultural enrichment
- ☐ Arts and crafts
- ☐ Recreation/sports
- ☐ Dance
- ☐ Music
- ☐ Theater/drama
- ☐ Technology/video
- ☐ Mentoring
- ☐ Family life education/teen pregnancy prevention
- ☐ Drug/alcohol/tobacco prevention
- ☐ Community service
- ☐ Mental wellness/counseling
- ☐ Parental involvement
- ☐ Religious/spiritual education
- ☐ Life skills
- ☐ Violence prevention
- ☐ Health/nutrition education
- ☐ Leadership skills
- ☐ Career
- ☐ College preparation
- ☐ Other \_\_\_\_\_

**What is/are the purpose(s) of the program? Check all that apply.**

- ☐ Provide recreation
- ☐ Improve academic skills
- ☐ Provide cultural enrichment
- ☐ Provide adult supervision while parents are working
- ☐ Prevent risky behavior
- ☐ Other \_\_\_\_\_

**Of the above, what is the most important purpose as defined in your mission?**

\_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Types of Care Elements</b>
Measure:	Services offered
Source:	North Carolina Center for Afterschool Programs Survey
Year of Administration:	2003-2004
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	One strength of these items is that they capture a comprehensive portrait of the services offered as well as the emphasis and goals of a program. These items could be easily adapted for inclusion in surveys of home-based providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### TYPES OF SERVICES AND ACTIVITIES PROVIDED

Place an "X" next to the item(s) that describe the type of services and activities provided in your program. For each item you mark below, please place another mark in the columns to the right identified as strength of focus. (Mark All That Apply.)

	STRENGTH OF FOCUS		
	Minor	Moderate	Major
	(less than 10% of program)	(10-30% of program)	(over 30% of program)
<input type="checkbox"/> Arts and Crafts			
<input type="checkbox"/> Career Planning and Preparation			
<input type="checkbox"/> Core Subject Classes			
<input type="checkbox"/> Math			
<input type="checkbox"/> Science			
<input type="checkbox"/> Language Arts			
<input type="checkbox"/> Other (Please Specify)			
_____			
<input type="checkbox"/> Cultural Enrichment			
<input type="checkbox"/> Health/ Preventive Education			
<input type="checkbox"/> Homework Assistance			
<input type="checkbox"/> Individual Tutoring			
<input type="checkbox"/> Life Skills and/or Character Education			
<input type="checkbox"/> Mentoring			
<input type="checkbox"/> Recreation/ Physical Activity			
<input type="checkbox"/> Service Projects/Service Learning			
<input type="checkbox"/> Snacks and Meals			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Other (Please Specify)			
_____			

1. Indicate the extent to which the management and staff of this Center consider each of the following to be an objective or goal of their program. Indicate whether each is (1) a major objective, (2) a minor objective, or (3) not an objective of this Center:

- A ☐ Provide a safe environment for kids after school
- B ☐ Help kids to improve academic performance (e.g., grades, test scores)
- C ☐ Help kids to develop socially
- D ☐ Provide cultural opportunities for kids
- E ☐ Provide recreational activities for kids
- F ☐ Help parents and/or other adults with literacy or other skills (e.g., parenting)
- G ☐ Other (describe)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Services offered
Source:	Evaluation of the TASC After-School Program – Survey of Site Coordinators
Year of Administration:	1998-2003
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, afterschool services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the afterschool project.
Item Limitations and Strengths for NSCCSD:	This item addresses the subject matters of primary focus in programs targeting school-aged children.

Question Wording:

**Program Activities and Schedule**

**10. Which program areas do you consider to be PRIMARY focus area(s) for your program (i.e., most or all students participate in activities in these areas for most or all of the year)?**

**(Please circle no more than three.)**

- a. Academic/cognitive/literacy development**
- b. Artistic development**
- c. Cultural awareness and exploration**
- d. Physical fitness/athletic development/recreation**
- e. Health/well-being/life skills development**
- f. Civic engagement/community service**
- g. Career exploration/development**
- h. Other (Specify): \_\_\_\_\_**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Physical facilities
Source:	Washington State Telephone Survey of Informal Child Care
Year of Administration:	2001
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>These questions collect data on whether the provider perceives the care facility to have a problem with space (inside and outside) and with having enough toys and activities. While these questions are easy to administer across various types of care settings they do not provide direct data on the amount or quality of physical space or toys and equipment. The expert panel and substantive consultants from the NSCCSD design team viewed these items as high priority for inclusion in the NSCCSD survey.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**CM7I. Next, I'm going to read a list of things that people sometimes mention as problems when providing child care. For each one, please tell me whether or not it is a problem for you.**

**CM7. The first one is not having enough space. Is this a problem for you?**

- 1. Yes**
- 2. No (GO TO CM8)**
- D. DON'T KNOW (GO TO CM8)**
- R. REFUSED (GO TO CM8)**

**CM7A. Would you say not enough inside space, outside space, or both?**

- 1. Inside space**
- 2. Outside space**
- 3. Both inside and outside space**
- D. DON'T KNOW**
- R. REFUSED**

**CM8. The next one is not having enough toys or things to do. Is this a problem for you?**

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Physical facilities
Source:	Study of Promising After-School Programs – Director Survey
Year of Administration:	2002-2005
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This item offers a unique way of assessing what types of facility space a program offers. It also provides a sense of the quality/adequacy of space used for different activities.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Please complete the following two grids regarding space and materials that are available to your program. Circle ONE number for each statement.

Space	Space is not available	Limited space	Adequate space
a. Art room	01_	02_	03_
b. Science lab	01_	02_	03_
c. Computer lab	01_	02_	03_
d. Classroom	01_	02_	03_
e. Music room	01_	02_	03_
f. Cafeteria	01_	02_	03_
g. Kitchen	01_	02_	03_
h. Gym	01_	02_	03_
i. Auditorium	01_	02_	03_
j. Library	01_	02_	03_
k. Playground or outdoor activity space	01_	02_	03_
l. Nursing area or infirmary for sick children	01_	02_	03_
m. Office space for staff planning	01_	02_	03_
n. Storage space	01_	02_	03_
o. Space where I can meet privately with parents or children/youth	01_	02_	03_
p. Other (specify)_____	01_	02_	03_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Physical Facilities
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Item found in the 48-month, Provider Interview Questionnaire.</p> <p>Providers were sampled because they served children who were approximately 4 years old at survey administration; however, they were asked questions about all children they served from infant to school-age.</p>
Item Limitations and Strengths for NSCCSD:	This question captures whether or not different learning areas/centers are available in the child care facility. However, no information on the quality of these learning areas/centers is captured. Additionally, the data captured from this self-report question may not be as valid as observational data.

Question Wording:

**LE025a-j**

**Does your classroom have the following interest areas or centers for activities?**

**This is a long list and you may or may not have all these things.**

- a. Reading area with books**
- b. Listening center**
- c. Writing center or area**
- d. Pocket chart or flannel board**
- e. Math area with manipulatives (for example, things for children to count, measure, compare, or sort)**
- f. Area for playing with puzzles and blocks (for example, Legos)**
- g. Water or sand table**
- h. Dramatic play area or corner**
- i. Art area**
- j. Private area for one or two children to be alone**

**YES.....1**

**NO.....2**

**REFUSED.....RF**

**DON'T KNOW .....DK**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Affiliation/eligibility status
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the Center-Based Program Questionnaire or the Family Child Care Provider Questionnaire. Similar items can be found in the ECLS-B 24-month and the NICHD study.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it would allow for trend analysis using the Profile of Child Care Settings and the NSCCSD data. One recommendation from the cognitive testing of a similar item for the NSCCSD draft survey was to include a statement that defines “sponsor”. The following interviewer note was suggested, “A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.”

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of Child Care Directors:

**A17 Is your program independent or is it sponsored by another organization?**

Independent (go to B1)

Sponsored

Don't know

Refused

**A18 What organization sponsors your program?**

**Probe: Is your program sponsored by any other organizations?**

Head Start

Social service organization or agency

Church or religious group

Public school/Board of Education

Private school, religious

Private school, nonreligious

College or university

Private company or individual

Non-government community organization

State or local government

Some other type of sponsoring agency (specify)

No others

Don't know

Refused

### Asked of Family Child Care Providers:

**A27 Are you sponsored by a group that organizes family day care in your area?**

Yes

No

Don't know

Refused



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Affiliation/eligibility status
Source:	Rhode Island Statewide Survey of Childcare Rates
Year of Administration:	2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it is concise. Limitations of this measure are that its response choices are limited to church, school, or neither and that it does not define "affiliated". In the NSCCSD cognitive testing process, it was noted that center-based providers sometimes get confused about the distinction between affiliation and sponsorship.
Question Wording:	<b>4. Is your facility affiliated with a church or school?</b> <b>a. ____ Church</b> <b>b. ____ School</b> <b>c. ____ Neither</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Type of Care Elements</b>
Measure:	Affiliation/eligibility status
Source:	Texas Market Rate Survey
Year of Administration:	2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>In-home</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>In-home</u>
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question was asked of child care centers only in the licensed child care center questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it allows for multiple responses. This item could be improved by clarifying what is meant by “associated with.”
Question Wording:	<b>Q5_3. Is your child care facility associated with ...? (multiple answers allowed)</b> 1) <b>A church or other religious organization</b> 2) <b>A community-based organization such as a neighborhood center</b> 3) <b>A YMCA/YWCA</b> 4) <b>A public school</b> 5) <b>A private or parochial school</b> 6) <b>A military institution</b> 7) <b>None of the above</b> 8) <b>Other – go to Q5_30S</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Affiliation/eligibility status
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items asked of center directors below were found in the Child Care Providers and the Subsidy System Center Director telephone interview.</p> <p>Items asked of family child care providers were asked in the family child care instrument.</p>
Item Limitations and Strengths for NSCCSD:	<p>A strength of these items is that they provide comprehensive info about affiliations. Questions asked of family child care providers provide data on membership in professional organizations and affiliation for child care providers. Some questions are written for family care providers but could be easily adapted for a broad range of care settings. Adding clarifying language to define terms such as “affiliation” and “sponsor” may improve data quality.</p>

Question Wording:

Asked of Center Directors

**a3. Does your program receive any funding, direction, or support from Head Start or Early Head Start?**

- 1. Yes
- 0. No (GO TO a4)
- d. DON'T KNOW (GO TO a4)
- r. REFUSED (GO TO a4)

**a3a. Please tell me about the nature of your (center/preschool)'s affiliation with Head Start or Early Head Start. Is your (center/preschool) operated by a Head Start grantee or delegate agency, does it receive funding from a Head Start grantee or delegate agency, or does it have some other kind of affiliation with Head Start?**

- 1. Operated by a Head Start/EHS grantee/delegate
- 2. Receives funding from HS/EHS grantee/delegate
- 3. Some other kind of affiliation with HS/EHS
- d. DON'T KNOW
- r. REFUSED

**a4. Does your program offer a discount to employees of certain companies?**

- 1. Yes
- 2. No
- d. DON'T KNOW
- r. REFUSED

**a5. Is your program affiliated in any other way with an employer that sponsors a (preschool/child care center) for its employees or that contracts with you to provide these services?**

- 1. Yes
- 0. No
- d. DON'T KNOW
- r. REFUSED

**a6. Does your program receive any of the following from that employer...**

- a. Cash funding?
- b. Administrative or accounting support?
- c. Free or discounted rent?
- d. Free or discounted utilities?
  - 1. Yes
  - 0. No
  - d. DON'T KNOW
  - r. REFUSED

**a7. Is your program affiliated with a private religious school, church, synagogue, temple, mosque, or other faith-based organization or group? PROBE: Is this affiliation with a private religious school for children in kindergarten and/or higher grades?**

- 1. Yes, affiliated with private religious school
- 2. Yes, affiliated with a church, synagogue, temple, mosque
- 0. No (GO TO a9)
- d. DON'T KNOW (GO TO a9)
- r. REFUSED (GO TO a9)

**a7a. Is your program housed in space that belongs to that (private religious school/faith based organization)?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**ta8. IF a7=1, GO TO a9 ELSE ASK a8**

**a8. Does your program receive any of the following from that organization...**

- a. Cash funding?**
- b. Administrative or accounting support?**
- c. Free or discounted rent?**
- d. Free or discounted utilities?**

**a9. Does your program have a for-profit or a not-for-profit tax status?**

- 1. Not-for-profit (GO TO a11)**
- 2. For-profit**
- e. DON'T KNOW**
- r. REFUSED**

**a10. Is your program part of...**

- 1. A local or regional chain (GO TO ta13)**
- 2. A national chain, or is it (GO TO ta13)**
- 3. Not part of a chain?**
- e. DON'T KNOW**
- r. REFUSED**

**a11. Some (preschool/child care) programs are affiliated with, sponsored by, or part of another organization. For example, they may be part of a local community organization such as a community action agency. Is your (fill preschool/center) affiliated with, sponsored by, or part of any other non faith based organization or agency that provides direction or oversight to your program (FILL IF a3=0 AND a5=0 AND a7=0 or are you independent)?**

- 1. Affiliated with/sponsored by/part of another organization (GO TO a11a)**
- 2. Independent/Not affiliated with any other organization (GO TO ta13)**
- d. DON'T KNOW**
- 0. REFUSED**

a11a. What kind of organization or agency is your program sponsored by or affiliated with? Is it a .....

PROBE: Is your program affiliated with or sponsored by any other organization?

PROBE: The affiliations we are asking about here are affiliations above and beyond those you told us about earlier like Head Start/Early Head Start, private religious school/other faith-based organization, and/or employers sponsoring child care for its employees.

INTERVIEW: CODE TYPE OF ORGANIZATION. IF TYPE OF ORGANIZATION IS NOT OBVIOUS, PROBE BY ASKING: What kind of organization is that?

Code all that apply

1. Non-government community or social service agency
2. Public school
3. Private school, not religious
4. College/university
5. Parent cooperative
6. State/local government
7. Federal government/military
8. Some other type of agency (specify)
- d. Don't know
- r. Refused

ta11b. IF a11a=1 OR 8, ASK a11b, ELSE GO TO ta13. You told me that your program is affiliated with a (FILL a11a) organization.

1. Yes
0. No
- d. DON'T KNOW
- r. REFUSED

a11c. Does this organization provide services besides (preschool/child care)?

1. Yes
0. No (GO TO a12)
- d. DON'T KNOW (GO TO a12)
- d. REFUSED (GO TO a12)

a11d. How much of this organization's overall budget is made up of (preschool/child care) services? According to your best estimate, would you say it is...

1. Less than 10 percent,
2. 10 to 50 percent, or
3. More than 50 percent?
- d. DON'T KNOW
- r. REFUSED

a12. Does your program receive any of the following from this organization?

- a. Cash funding?
- b. Administrative or accounting support?
- c. Free or discounted rent?
- d. Free or discounted utilities?

ta13. IF a7=0; d; or r; ASK a13, ELSE GO TO a14

**a13. Is your program housed in a building that belongs to a church, temple, synagogue, mosque, or other faith-based organization?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**a13a. Do you receive free or discounted rent from that organization?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**a13b. Do you receive free or discounted utilities from that organization?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**a14. Does your program provide religious instruction or include organized prayers or worship services?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**Asked of Family Child Care Providers:**

**a12. Are you a member of a national, state, or local professional association of family child care providers or people who work with young children?**

**PROBE: For example, the National Association for the Education of Young Children, the National Association for Family Child Care, or a similar state or local organization?**

- 1. Yes (GO TO a12a)**
- 0. No (GO TO a15)**
- d. DON'T KNOW (GO TO a15)**
- r. REFUSED (GO TO a15)**

**a12a. How many professional associations for people who work with young children do you belong to? Is it one to five or more than five?**

**PROBE: National, state or local associations for family child care providers or people who work with young children.**

- 1. One to five associations**
- 2. More than five associations**
- d. DON'T KNOW**
- r. REFUSED**

**a12c. (Is the association/Are any of the associations) a local association of mainly family child care providers?**

**PROBE: Or a local chapter of a state or national association whose members are mainly child care providers?**

- 1. Yes (GO TO ta12d)**
- 0. No (GO TO a14abcd)**
- d. DON'T KNOW (GO TO a15)**
- r. REFUSED (GO TO a15)**

**a13abcd. In the past three months, have you done any of the following things through (ASSOCIATIONS LISTED IN a12d or a12b)...**

**PROBE: In the past three months through (ASSOCIATIONS LISTED IN a12d or a12b).**

- a. Received a newsletter?**
- b. Attended a meeting with other family child care providers?**
- c. Received training?**
- d. Received technical support or help with paperwork for licensing, (vouchers/certificates), or the Child and Adult Care Food Program?**
  - 1. Yes**
  - 0. No**
- m d. DON'T KNOW**
- r. REFUSED**

**a15. Some family child care providers have a business relationship with a family child care network or other organization that organizes and supports a group of child care providers. These types of affiliations usually involve a contract with the network or sponsoring organization and often help provide child care services for a specific group of children and families. Is your family child care home part of, sponsored by, or affiliated with this type of network or is your family child care home independent?**

**INTERVIEWER: IF A PROVIDER HAS A BUSINESS RELATIONSHIP WITH A FAMILY CHILD CARE NETWORK THROUGH A PROFESSIONAL ASSOCIATION MENTIONED PREVIOUSLY, INCLUDE IT HERE.**

**INTERVIEWER: CONTRACTS THAT COVER ONLY THE CHILD AND ADULT CARE FOOD PROGRAM DO NOT COUNT AS AN AFFILIATION WITH A NETWORK.**

- 1. Affiliated with/sponsored by an organization or network (GO TO a15a)**
- 2. Independent (GO TO a17\_1)**
- d. DON'T KNOW**
- REFUSED**



**Policy environment: This is an analytical measure**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Contextual Variables</b>
Measure:	Characteristics of local population
Source:	North Carolina Center for Afterschool Programs Survey
Year of Administration:	2003-2004
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	An advantage to this item is that it takes minimal time to administer and provides straightforward categorical data that would be easy to analyze. A limitation of this item is that it would not provide nuanced information about the geographic area in which the children being served live.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

The type of area where you work. (Please select only 1 area.)

- ☐ Rural area
- ☐ Small city
- ☐ Large city/Urban area

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Contextual Variables</b>
Measure:	Characteristics of local population
Source:	2003 Survey of South Carolina's Afterschool Service Providers
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	One strength of this item is that it provides objective definitions for each of the response categories. It also provides respondents with an opportunity to select more than one type of geographic area. Though providing the opportunity to select multiple response options may result in more accurate data, it may also make data analysis more challenging. An additional question that asks for the primary geographic area served could simplify data without sacrificing data accuracy.

Question Wording:

**3. What kind of geographic area does your facility or facilities serve? (If more than one, check all that apply.)**

\_\_\_\_ **a. Urban Areas within City Limits (places with a population of 50,000 people or more in an area of less than 2 square miles, and a population density of at least 1,000 people per square mile; generally considered to be incorporated cities.)**

\_\_\_\_ **b. Suburban (places with a population of 2,500 or more persons but fewer than 50,000; these are the areas that surround urban areas and have a population density of at least 500 people per square mile; generally considered as extended cities – places inside the city limits but whose environment remains primarily rural. Outside city limits but dependent upon the city.)**

\_\_\_\_ **c. Incorporated Small Town (places with a population of 2,500 or more persons but fewer than 50,000, these areas stand alone from urban areas and are generally considered small towns.)**

\_\_\_\_ **d. Rural (places with a population of less than 2,500 people or locations “not in a place,” these places are generally considered to be areas with mostly farmland and are more than 10 miles from the nearest urban area or urban cluster. Country.)**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Race/ethnicity of child
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the 24-month, center director questionnaire or child care provider interview. Providers were sampled based on their provision of services to 24-month-olds. These providers may have been serving children of other ages. A similar item was found in the Study of Promising After-School Programs – Directors Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Question provides disaggregated data on the number and percentage of children a provider cares for by racial/ethnic category. This question could be improved by providing a clear reference category (e.g., currently, in last month, etc.)</p> <p>Additionally, a limitation of this item is that it does not allow a provider to select multiple racial/ethnic categories for the same child.</p> <p>Cognitive testing of a similar item from the NSCCSD found it is helpful to add a phrase such as “as far as you know” when asking providers, and in particular home-based providers, about children’s racial ethnicity.</p>

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Asked in the Child Care Provider Interview:

OC030a. Not including (CHILD) [and (TWIN)], how many of the other children that you care for at the same time as (CHILD) [and (TWIN)] are...

1. Asian
2. Native Hawaiian and Pacific Islander
3. Hispanic, regardless of race
4. Black, not of Hispanic origin
5. White, not of Hispanic origin
6. American Indian or Native Alaskan
7. Some other race (SPECIFY)

ENTER NUMBER \_\_\_\_\_

HARD RANGE 0-50

REFUSED

DON'T KNOW

Asked in the Center Director Questionnaire:

A11. Approximately what number OR percentage of the children enrolled in your program belong to the following racial-ethnic groups? (Please write number OR percentage on each line. You do not need to report both. Enter 0 if your center has not children of that racial-ethnic group. The number column should sum to total center enrollment. This total should match the total recorded in question A9. The total of the percentage column should add to 100%.

	<u>NUMBER</u>	<u>PERCENT</u>
a. White, non-Hispanic	_____	_____
b. Black, non-Hispanic	_____	_____
c. Hispanic, regardless of race	_____	_____
d. American Indian or Alaskan Native	_____	_____
e. Asian	_____	_____
f. Native Hawaiian or Pacific Islander	_____	_____
g. Other (Please specify)	_____	_____
h. TOTAL	_____	<u>100%</u>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children in Care</b>
<b>Measure:</b>	Race/ethnicity of child
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>A strength of this item is that it includes a response category for multiracial. A limitation is that it may be challenging to answer accurately as the number of children served may change frequently. This question could be improved by adding a reference period to the stem (e.g., in the last week). Additionally, the multiracial category could be expanded to allow providers to specify which racial/ethnicity combinations are represented.</p> <p>Cognitive testing of a similar item from the NSCCSD found it is helpful to add a phrase such as “as far as you know” when asking providers, and in particular home-based providers, about children’s racial ethnicity.</p>



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**Race/ethnic groups served.**

**Give number of children served daily. (For example: 20 Hispanic)**

- ☐ **American Indian**
- ☐ **Asian or Pacific Islander**
- ☐ **Black**
- ☐ **Hispanic**
- ☐ **White**
- ☐ **Multiracial**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children in Care</b>
<b>Measure:</b>	Low-income children
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Population Sampled (P)/ Oversample (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Family Child Care Provider Questionnaire. Questions can be used for a broad range of care settings.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it would allow for trend analyses using data from the Profile of Child Care Settings and the NSCCSD. Though this measure does not provide an indication of the number of children who are from low-income families, it does provide information on the number of families served who are receiving public assistance which can be used as a rough indicator for low-income. Data from this question together with data from the total children served can be used to compute a rough estimate of total number of children served who are from low-income families. One concern with the item is whether providers/directors will know whether families are receiving public assistance. Another concern is that

**Measures Compendium for the National Study of Child Care Supply and Demand: 2010**

	many low-income families are not, at any given time, receiving public assistance. Thus, this question would provide a very conservative estimate.
Question Wording:	<b>C13. How many of the children you care for have parents who receive public assistance?</b>  _____ Children  Don't Know..... 98 Refused.....99

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children in Care</b>
Measure:	Low-income children
Source:	Survey of Early Head Start Programs
Year of Administration:	2005
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Early Head Start providers</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question is specific to Early Head Start/Head Start programs but could be easily adapted to a broader range of care settings.
Item Limitations and Strengths for NSCCSD:	Though this question does not assess whether children are from low-income families, it does provide an indication of the proportion of families receiving welfare/TANF which can be used as rough proxy for low-income. Data from this question together with data from the total children served can be used to compute a rough estimate of total number of children served who are from low-income families. One concern with these items is whether providers/directors will know whether families are receiving welfare payments. Another concern is that many low-income families are not, at any given time, receiving welfare payments. Thus, this question would provide a very conservative estimate.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**B4. Early Head Start programs face many challenges in serving high need or high risk families. We would like to know more about the needs of the enrolled families you serve and how many of them have high needs or are at high risk. Rather than collecting specific information to provide exact figures, please provide your *best estimate* of the proportion of families who fit each of the following categories:**

**B4D. Anyone in family receives welfare payments (cash assistance or TANF).....**

**Percentage of Families**

- ☐ **<10 percent**
- ☐ **11 to 25 percent**
- ☐ **26 to 50 percent**
- ☐ **51 to 75 percent**
- ☐ **76 percent or more**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
Measure:	Low-income children
Source:	Urban Institute Provider Study
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Population Sampled (P)/ Oversample (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These questions were asked of center directors. The items were taken from the Child Care Providers and the Subsidy System Center Director telephone interview.
Item Limitations and Strengths for NSCCSD:	A strength of this question is that it defines “low-income”. However, its definition is a “rough” income amount and does not match federal poverty definitions, which vary according to family size. This set of items also allows the respondent to provide aggregate estimates for the proportion of children served that are from low-income families. Data from this question together with data from the total children served measure can be used to compute a rough estimate of total number of children served who are low-income. One concern with these items is whether providers/directors will know the income of the families they serve. With minor adaptations this question could be used to across a range of settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**e2. Does your program serve any children who live in low-income families? By low-income we mean families with annual incomes around \$30,000 or less.**

- 1. Yes (GO TO e2a)**
- 0. No (GO TO e3)**
- d. DON'T KNOW**
- r. REFUSED**

**e2a. Approximately how many children enrolled in your program are from low-income families? Would you say...**

- 1. Less than half,**
- 2. About half, or**
- 3. More than half?**
- d. DON'T KNOW**
- r. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Family and Children in Care</b>
<b>Measure:</b>	Language of child; Parental language of families served
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions B13-B13b. were asked for each child (not including the provider's other children) in the home-based care provider's care during the last week. Questions C13-C13e appear in both home-based and center-based questionnaires.</p>



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths for NSCCSD:

A strength of this item set is that it captures detailed information, including the child's home language, the proportion of children in care that primarily speak a language other than English, how the provider addresses language differences, and whether barriers in communication exist when families speak a language that does not match the provider's language. This item set, in its entirety, may be too long for the NSCCSD.

Results from a feasibility test of these items suggest it is easier for home-based providers and center directors to respond to item C13b in terms of "number of families" rather than "percentages" of children in care.

Question Wording:

**Asked of the home-based care providers:**

B2/B3. Name/initials	1.	2.	3.	4.
<b>B13. Does [ ] speak a language other than English at home?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14
<b>B13a. [IF YES TO B13] What language is that?</b>	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____
<b>B13b. . [IF YES TO B13] What language do you mostly use when you are with [ ]?</b>	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____

**C13. How many of the children you care for do not speak English at home? IF NEEDED: What percent of the children you care for do not speak English at home?**

Number of children \_\_\_\_\_

OR

% of children \_\_\_\_\_

**C13a. Do you have any parents you have difficulty communicating with because of a language barrier? IF NEEDED: For example, do you need the help of an interpreter or a child to speak with parents of some of the children you care for?**

1 ☐ Yes →

2 ☐ No → (SKIP TO C14)

**C13b. How many of your families do you have difficulty communicating with because of a language barrier? IF NEEDED: Please tell me the percentages of families you need the help of an interpreter or a child to speak with.**

**Number of families**

**OR**

	% of children		
1. How often do you have a headache?			
2. How often do you have a stomach ache?			
3. How often do you have a sore throat?			
4. How often do you have a cold or flu?			
5. How often do you have a fever?			
6. How often do you have a cough?			
7. How often do you have a sore?			
8. How often do you have a rash?			
9. How often do you have a skin condition?			
10. How often do you have a toothache?			
11. How often do you have a sore tooth?			
12. How often do you have a sore jaw?			
13. How often do you have a sore neck?			
14. How often do you have a sore shoulder?			
15. How often do you have a sore arm?			
16. How often do you have a sore hand?			
17. How often do you have a sore foot?			
18. How often do you have a sore leg?			
19. How often do you have a sore back?			
20. How often do you have a sore head?			

### C13c. What languages do these families speak?

**C13d. What languages do you speak when working directly with children?**

**CODE ALL THAT APPLY.**

- 1 ☐ English  
2 ☐ Spanish  
3 ☐ Other SPECIFY:

**IF ENGLISH AND ANOTHER LANGUAGE SELECTED,  
ASK C13e.**

**C13e. What percentage of the time do you speak English?**

			%
--	--	--	---

**Asked of the center directors:**

**C10. How many of your children do not speak English at home? IF NEEDED: What percent of your children do not speak English at home?**

**Number of children**

OR

			% of children
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**C10a. Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?**

- 1 ☐ Yes → (ASK C10b)  
2 ☐ No → (SKIP TO C11)

**C10b. How many of your families have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.**

Number of families

**C10c. What languages do these families speak?**

**C11. What languages are spoken by your program staff when working directly with children? CODE ALL THAT APPLY.**

- 1 ☐ English
- 2 ☐ Spanish
- 3 ☐ Other, specify:

\_\_\_\_\_

**IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK C11A.**

**C11a. What percentage of the time is English spoken?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
Measure:	Language of child
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the 24-month, center director questionnaire and child care provider interview. Providers were sampled based on their provision of services to 24-month-olds. These providers may have been serving children of other ages.
Item Limitations and Strengths for NSCCSD:	Questions provide data on number of children serve that speak a language other than English and the languages they speak. Questions could be improved by clarifying the reference period.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Asked in the Child Care Provider Interview:

**OC035.** Not including (CHILD) [and (TWIN)], do any of the children that you care for at the same time as (CHILD) [and (TWIN)] speak a language other than English?

1. Yes
2. No
3. REFUSED
4. DON'T KNOW

**OC040.** How many of the other children that you care for at the same time as (CHILD) [and (TWIN)] speak a language other than English?

ENTER NUMBER \_\_\_\_\_

HARD RANGE 0-50

REFUSED

DON'T KNOW

**OC045.** Which languages other than English are spoken by the other children you care for?

1. Arabic
2. Chinese
3. Filipino
4. French
5. German
6. Greek
7. Italian
8. Japanese
9. Korean
10. Polish
11. Portuguese
12. Spanish
13. Vietnamese
14. African
15. East European
16. Native American
17. Sign Language
18. Middle Eastern
19. West European
20. Indian subcontinent
21. Southeast Asian
22. Pacific island
23. Some other language (SPECIFY)
24. REFUSED
25. DON'T KNOW

Asked in the Center Director Questionnaire:

**A12.** Approximately what number or percentage of children speak a language other than English at your center? (Please write number OR percentage. You do not need to report both)

\_\_\_\_\_ NUMBER OR \_\_\_\_\_ PERCENT

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Questions asked of centers only in the center-based programs questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data. A limitation of these questions for the NSCCSD is that they provide limited information. More in-depth questions, which ask about the percent of children with disabilities and what type of disabilities children have, might be more helpful. Additionally, child care providers may not be reliable reporters of children's special needs/disabilities.

**Question Wording:**

**Screeners Questions:**

**S7 Do more than half of the children in your program have handicaps? For example, handicaps such as physical impairments, severe emotional disturbance, mental retardation, or developmental delays which are associated with physical or cognitive impairments?**

**Yes.....01**

**No.....00**

**Don't Know....98**

**Refused.....99**

**S8 Do you consider your program a program primarily for children with handicaps?**

**Yes.....01**

**No.....00**

**Don't Know....98**

**Refused.....99**

**Survey Questions:**

**B4 Do you care for children who have diagnosed handicaps?**

**Probe: Handicaps such as physical impairments, severe emotional disturbance, mental retardation, or developmental delays that are associated with physical or cognitive impairments?**

**Yes.....01**

**Yes, decide on case by case basis.....02**

**No.....00**

**Not now, but would.....97**

**Don't Know.....98**

**Refused.....99**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions appear in both home-based and center-based questionnaires.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	One strength of these items is that they ask about children's special needs in a non-threatening and non-labeling way. A second strength is that these items may capture children with special needs who have not yet to be formally identified by avoiding asking about "diagnoses", "disabilities", and whether a child has received services.



The questions below also capture multiple domains of special needs that might require specialized care. Finally, these questions focus on how a condition affects daily life and how the child is normally treated, which are perhaps more important to an analyst than whether a child has received a diagnosis.

Results from feasibility and cognitive testing of these items suggest that center directors used a formal designation (e.g., having an IEP) in defining physical, emotional, developmental, and behavioral conditions for both school-aged and young children. It was unclear how home-based providers defined these conditions.

## Question Wording:

### Asked of the home-based care providers:

**C4. How many of the children have a physical condition that affects the way you provide care for them?**

Number of children

**C5. How many of the girls have an emotional, developmental or behavioral condition that affects the way you provide care for them? And of the boys?**

C5a.  Number of girls

C5b.  Number of boys

### Asked of the center directors:

**C4. How many of the children have a physical condition that affects the way your program serves them?**

Number of children

**C5. How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of the boys?**

C5\_1.  Number of girls

C5\_2.  Number of boys

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The full citation for this paper is: Zaslow, M., Halle, T., McNamara, M., Weinstein, D., & Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12685">http://www.childcareresearch.org/location/12685</a>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this question is that it identifies which disabilities providers should report on. Additionally, this question would allow researchers to determine what percentage of children served had one of the specified disabilities. A limitation of this item is that it puts a heavy response burden on the provider to remember the special needs of children served.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**26. Of the TOTAL number of children that you care for in a typical week, how many children in your classroom or in the group you care for in a home have been diagnosed as having a medical condition or special needs? (Please include children with blindness, deafness, a mobility problem, Down Syndrome, a learning disability, or attention deficit disorder).**

\_\_ # of Children with special needs: \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs
<b>Source:</b>	Georgia Child Care Market Rate Survey – Director Questionnaire
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: _In-home_____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: _In-home_____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: _In-home provider_____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item was asked of center directors in the Georgia 2005 Center Director questionnaire. A similar item can be found in the Georgia Childcare Market Rate Survey - Provider Questionnaire (2005).
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this question is that it disaggregates children with disabilities by the broad type of disability (physical, mental, emotional, behavioral). A limitation of this question is that it does not specify whether providers are to use their judgment in determining whether a child has a disability or limit their reporting to children with a verified disability.

Question Wording:

Asked of Child Care Center Director:

**17. Do you currently care for children with:**

- a) Physical disabilities? \_\_No \_\_Yes How many?\_\_
- b) Mental/Emotional disabilities? \_\_No \_\_Yes How many?\_\_
- c) Other special needs (attention deficit, hyperactivity, behavioral disorders)? \_\_No \_\_Yes How many?\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children in Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs; Serves English language learners
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it asks about multiple types of special populations. This question would provide more comprehensive information if the total number of children served by the program was ascertained.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is your program serving special populations? Please give the number of children served. (e.g. , 20 academically at-risk)

	YES	NO
Academically at-risk _____		
Foster children _____		
Special needs (e.g. physical disability, hearing impairment, asthma) _____		
Special Education _____		
Gifted and Talented _____		
Limited English Proficiency _____		
Homeless _____		
Dropouts _____		
Other (specify) _____		

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs
<b>Source:</b>	Denver's After-School Provider Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item was found in the Urban Institute Provider Survey in Five Counties ('03), Center Director Interview.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they provide an objective standard for what qualifies as a special need. Due to the medical model definition, the number of children identified as having a special need may be underestimated.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**What percentage of youth served have special needs as identified with either an Individualized Education Plan or 504 Plan?**

- ☐ 0-5%
- ☐ 5-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**What types of disabilities are identified for children with special needs?**

- ☐ **Learning Disability** (speech or language, specific learning disability)
- ☐ **Mental Health** (serious emotional disturbance, autism, ADHD, etc.)
- ☐ **Physical Disability** (mental retardation, hearing/visual impairments, orthopedic impairments, traumatic brain injury, etc.)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs; Serve English language learners
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys. This survey can be used in its entirety or can be adapted to meet more specific targets.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item captures dichotomous information regarding whether provider serves children with various special kinds of needs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

What groups of children are served? Check all that apply.

- ☐ Academically at-risk
- ☐ Special education students
- ☐ Special needs (e.g., physical disability, hearing impairment, asthma)
- ☐ Specific ethnic group
- ☐ Gifted and talented
- ☐ English language learners
- ☐ Low-income children and youth
- ☐ Foster children
- ☐ Homeless children
- ☐ Alternatively educated youth
- ☐ Dropouts
- ☐ Adjudicated youth
- ☐ Other \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Families and Children In Care</b>
<b>Measure:</b>	Disability status of child; Serve children with special needs
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This item provides comprehensive information on the types of special needs a provider currently serves, has served in the past, or is trained to serve. It is unclear whether providers would specify that they do not serve children with special needs as it is illegal to discriminate based on disability status.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**18. Which of the following is true for your program in regards to special needs and which special need or needs does it apply to? (please check all that apply and circle which types of special need(s))**

- ☐ You currently serve children with special needs – specify: learning, emotional, physical**
- ☐ You served children with special needs in the past – specify: learning, emotional, physical**
- ☐ You are trained in serving children with special needs – specify: learning, emotional, physical**
- ☐ You would be willing to have training in all areas of special needs**
- ☐ Do not serve children with special needs**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Characteristics of Family and Children in Care</b>
<b>Measure:</b>	Parental language of families served; Language of child
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions B13-B13b. were asked for each child (not including the provider's other children) in the home-based care provider's care during the last week. Questions C13-C13e appear in both home-based and center-based questionnaires.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths for NSCCSD:

A strength of this item set is that it captures detailed information, including the child's home language, the proportion of children in care that primarily speak a language other than English, how the provider addresses language differences, and whether barriers in communication exist when families speak a language that does not match the provider's language. This item set, in its entirety, may be too long for the NSCCSD.

Results from a feasibility test of these items suggest it is easier for home-based providers and center directors to respond to item C13b in terms of "number of families" rather than "percentages" of children in care.

Question Wording:

**Asked of the home-based care providers:**

B2/B3. Name/initials	1.	2.	3.	4.
<b>B13. Does [ ] speak a language other than English at home?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → B14
<b>B13a. [IF YES TO B13] What language is that?</b>	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Other _____
<b>B13b. . [IF YES TO B13] What language do you mostly use when you are with [ ]?</b>	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> other _____

**C13. How many of the children you care for do not speak English at home? IF NEEDED: What percent of the children you care for do not speak English at home?**

Number of children \_\_\_\_\_

OR

% of children \_\_\_\_\_

**C13a. Do you have any parents you have difficulty communicating with because of a language barrier? IF NEEDED: For example, do you need the help of an interpreter or a child to speak with parents of some of the children you care for?**

1 ☐ Yes →

2 ☐ No → (SKIP TO C14)

**C13b.** How many of your families do you have difficulty communicating with because of a language barrier? **IF NEEDED:** Please tell me the percentages of families you need the help of an interpreter or a child to speak with.

Number of families

**OR**

% of children

**C13c.** What languages do these families speak?

**C13d.** What languages do you speak when working directly with children?

**CODE ALL THAT APPLY.**

- 1 ☐ English  
 2 ☐ Spanish  
 3 ☐ Other **SPECIFY:**

**IF ENGLISH AND ANOTHER LANGUAGE SELECTED,  
 ASK C13e.**

**C13e.** What percentage of the time do you speak English?

%

**Asked of the center directors:**

**C10.** How many of your children do not speak English at home? **IF NEEDED:** What percent of your children do not speak English at home?

Number of children

**OR**

% of children

**C10a.** Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? **IF NEEDED:** For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?

- 1 ☐ Yes → (ASK C10b)  
 2 ☐ No → (SKIP TO C11)



**C10b. How many of your families have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.**

Number of families

**C10c. What languages do these families speak?**

**C11. What languages are spoken by your program staff when working directly with children? CODE ALL THAT APPLY.**

- 1 ☐ English
- 2 ☐ Spanish
- 3 ☐ Other, specify:

\_\_\_\_\_

**IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK C11A.**

**C11a. What percentage of the time is English spoken?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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**Household structure of families served: No questions from existing surveys were found**

**Household income of families served: No questions from existing surveys were found**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Donated time and inputs
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions were asked of home-based providers only. Questions B2, B3, B25, &amp; B26 were asked for each child that the home-based care provider took care of during the last week that was not one of their own children.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they account for non-fiscal payments and expenditures for home-based providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Results from feasibility testing of these items suggest that categorical response options be provided for item B26.

Question Wording:

Asked only of home-based care providers:

B2/B3. Name/initials	1.	2.	3.	4.
<b>B25. Do you (also) receive anything in exchange for caring for [ ]? For example, does [ ]'s family buy you groceries, provide you transportation, take care of your children or do small repair jobs for you in exchange for your caring for [ ]?</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>
<b>B26. Does [ ]'s family occasionally give you gifts or help you out even if it's not regular payment for caring for [ ]?</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>	<b>1 <input type="checkbox"/> Yes, specify:</b> <input type="text"/> <input type="text"/> <input type="text"/> <b>2 <input type="checkbox"/> No</b>

**G6. 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.**

<b>Activity outside of directly caring for children</b>	<b>Hours</b>	<b>Time Unit</b>
<b>Buying supplies and food for child(ren)</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Cleaning and maintaining the space</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Planning your activities with the child(ren)</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Doing record keeping, billing, administrative tasks</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Participating in education, training or professional meetings</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Communicating with parents outside of your regular program hours</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Marketing your child care services</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
<b>Other</b>		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Donated time and inputs
<b>Source:</b>	Massachusetts School Age Cost Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Group care</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Group providers</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items were asked of child care centers in the 2006 School Age Cost Survey for ECC licensed Provider Cost Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>A strength of these items is that they ask about donated goods and services separately which may aid data quality and response formation. Additionally, the item helps to define the construct “in-kind donations” for respondents. These items also gather comprehensive information on the value of donated goods and services. Two limitations of these measures are that they will be burdensome to the respondent in terms of time and money and they may require information the respondent does not have at his/her fingertips. It is also unclear whether respondents can provide this data accurately within the reference period requested.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

Now let's talk about in-kind donations such as goods or services provided at a reduced rate. We want to know about these donations during the most recent completed financial reporting year (or whatever financial reporting year you are reporting). This question will ask you about donated *goods*. The next question will ask you about donated *services/labor*.

For each of the following categories, please tell us whether your SA child-care program at this site received the following goods *in-kind* (free or at a reduced cost) anytime during your most recently completed financial reporting year. Some of this information may be included in your audit. (If your program pays administrative allocation or overhead to a parent organization, do not include those expenses here – they are already included in the allocation/overhead in the costs section.)

Check “yes” (you received the donation) or “no” (you did not receive the donation) under column A or B for each category, and estimate the \$\$ value of the donation if your program received a donation in the category. Enter whole dollars only. If you cannot estimate the value, leave the estimated value blank.

Do not include labor or services donations here. List those in the next table.

32. Category	Yes	No	Est. Value
a. Reduced or no rent/no fee for children's space, administrative space, outdoor space			
b. Utilities free or at reduced rate			
c. Meals or snacks for children provided (incl. by parents)			
d. Educational expenditures provided (e.g. books, supplies, equipment, field trips)			
e. Financial aid, scholarships for children provided by a group or individual other than your program			
f. Office supplies and office equipment provided			
g. Telephone, printing, copying, advertising			
h. Liability and/or other insurance provided			
i. Professional development provided (e.g., fees for staff to attend courses)			
j. Transportation for children provided			
k. “Other” in-kind goods donated free or at a reduced rate			
<b>TOTAL IN-KIND VALUE</b>			
Yes = A			
No = B			
Est. Value = \$			



Now let's talk about in-kind donated *services* provided free or at a reduced rate. We want to know about these donations during the most recent completed financial reporting year (or whatever financial reporting year you are reporting).

For each of the following categories, please tell us whether your SA child-care program at this site received the following goods *in-kind* (free or at a reduced cost) anytime during your most recently completed financial reporting year. Some of this information may be included in your audit. (If your program pays administrative allocation or overhead to a parent organization, do not include those expenses here – they are already included in the allocation/overhead in the costs section.)

Check “yes” (you received the donation) or “no” (you did not receive the donation) under column A or B for each category, and estimate the \$\$ value of the donation if your program received a donation in the category. Enter whole dollars only. If you cannot estimate the value, leave the estimated value blank.

33. Category	Yes	No	Est. Value
a. Volunteers working with the children in the classroom, on field trips, or in the playground			
b. Accounting/bookkeeping			
c. Legal volunteer			
d. Special learning activities provided: music, art, sports, etc.			
e. Repairs/maintenance (labor and parts)			
f. Clerical			
g. Grant writer			
h. Administrative, professional, contractual & support services provided			
i. Professional development provider (e.g., trainer provides services at no cost or reduce cost to your program)			
j. Supplemental services provided (speech & language therapist, physical therapist, health services)			
k. “Other” in-kind services or labor donated free or at a reduced rate			
<b>TOTAL IN-KIND VALUE</b>			
Yes = A			
No = B			
Est. Value = \$			

37. In 2005, did you use any volunteers in your FCC program?

☐ Yes

☐ No

37a. If “yes,” how many hours per month or year did volunteers donate their time in your child care program in 2005? (Please estimate)

Per month: \_\_\_\_\_ OR per year: \_\_\_\_\_

**37b. If you were to pay for the volunteer hours, how much do you estimate that you would have paid per hour?**

\$\_\_\_\_

**38. In 2005, did any of your family members donate their time to your child care business?**

\_\_Yes

\_\_No

**38a. If “yes”, how many hours per month OR year did your family members donate their time to your child care program in 2005? (Please estimate)**

\_\_\_\_per month OR \_\_\_\_per year

**38b. If you were to pay someone for this help, how much do you estimate that you would have had to pay per hour?**

\$\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Donated time and inputs
<b>Source:</b>	Texas Market Rate Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: _In-home_____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: _In-home_____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: _In-home provider_____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items are asked of the child care directors from the Licensed Child Care Centers Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they assess whether the provider receives donations and the source of donated inputs. A limitation is that they do not assess what was donated.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**Q5\_5.** Do you receive any donations, in money or in kind? (“in kind” refers to any object or service provided as a donation, but not money)

- ☐ Yes- go to Q5\_6
- ☐ No – got to Q6\_1
- ☐ Don’t know – go to Q6\_1

**Q5\_6.** Please specify which source of donations:

(Interviewer: Do not read, check those mentioned by the respondent; you may give examples if useful)

- 1) Federal Child Care Food Program
- 2) CCMS through your local workforce board (aside from any subsidy)
- 3) United Way
- 4) Religious institution
- 5) Local, state, or federal government funding
- 6) Private/individual donations
- 7) YWCA/YMCA
- 8) School district
- 9) Foundations
- 10) Other (specify) – go to Q5\_6OS

**Q5\_6OS.** Source of donations: Other (specify) \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
Measure:	Donated time and inputs
Source:	Wyoming Child Care Market Rate Survey
Year of Administration:	2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Family child care home</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>Family child care home</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>These questions assess whether volunteers are part of the child care staff, how many full- and part-time volunteers work at the setting, how many of these providers are parents, how non-parent volunteers came to be connected with the setting, and the average amount of time a volunteer spends in a position. The format of these questions would need to be altered slightly for the NSCCSD. Providing a range of response categories would also make these items more appropriate for the NSCCSD. An additional question that might be helpful to add to these items would query the role of volunteers. Also, the last item “volunteers average time in positions” is unclear. The language of this item should be clarified to state whether</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

they are referring to average hours per day worked or average amount of time a volunteer remains in a position.

Question Wording:

**23. Does your program have any volunteers as part of the staff?**

☐ No

☐ Yes - If yes complete the table:

**Number of Full-Time Volunteers**

\_\_\_\_\_

**Number of Part-Time Volunteers**

\_\_\_\_\_

**How many of these volunteers are parents?**

\_\_\_\_\_

**If not parents, how did volunteers connect with your program?**

\_\_\_\_\_

**Volunteers average time in positions**

\_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Donated time and inputs; Expenses
<b>Source:</b>	The Cost of Quality Out-of-School Time Programs
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Questions came from the Survey of Budgets, Funding, and Finances for Fiscal Year 2005.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items provide comprehensive information on the expenses and donated goods received by school-aged programs. These questions could be adapted for other child care programs. When asking these questions of a center director whose center includes multiple programs, data for one program should be queried.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

7. In the following table, please outline all other expenses, EXCLUDING STAFF, incurred by the program for FY 2005.

a) In the second column, please write what was actually spent (not budgeted) for your SCHOOL YEAR program. In addition to what you spent, please list any donated goods or services you received. If you know the dollar value of the donation, please include that information or your best estimate. Otherwise, just indicate what was donated. Please record exact amounts where possible; otherwise, give your best estimate and check ESTIMATED in the box.

b) In the third column, please include a description of donated services or goods. For example, under Program Materials, donated goods and services might include 10 reams of colored paper, three hours of a magician's services for a school-year event and 50 McDonald's \$5 gift certificates.

School-Year Program Expenses	Value	Description of Donated Services or Goods
<b>Snacks and Meals</b>  <input type="checkbox"/> <u>Not applicable</u>	<b>Expenditures:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u>  <b>Donated food or drinks:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u>	
<b>Program Materials</b>  (e.g., arts and crafts supplies, games, prizes, equipment)  <input type="checkbox"/> <u>Not applicable</u>	<b>Expenditures:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>  <b>Donated goods or services:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>	
<b>Staff Training</b> (e.g., fees, transportation and lodging at relevant regional or national training sessions or conferences, etc.)  <input type="checkbox"/> <u>Not applicable</u>	<b>Expenditures:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>  <b>Donated goods or services:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>	



# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p><b>Administrative and Office Expenses</b></p> <p>(e.g., copying, printing, supplies, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p>	
	<p><b>Space costs</b></p> <p>(e.g., rent, maintenance, custodial, repairs, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p>	
	<p><b>Utilities</b></p> <p>(e.g., electricity, water, gas, phone, cell phone, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p>	
	<p><b>Transportation</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p>	

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p><b>Insurance</b></p> <p>(e.g., liability insurance; do not include insurance offered to staff as part of their benefits package)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Community Outreach/ Public Relations</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Contracted Services</b></p> <p>(e.g., a science program, a library program or drama activity, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Other: (describe)</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p><b>Other: (describe)</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p>	
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## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Accept
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire and the Family Child Care Provider Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analysis using data from the Profile of Child Care Settings and the NSCCSD. Additionally, these questions provide information on providers' acceptance of children with subsidies, the number of children subsidized, and the method for payment for the subsidy. Some of the questions for family child care providers use more simple language than those for the child care center directors.

Question Wording:

Asked of Child Care Center Directors:

**D. Subsidies**

**D2. Does a federal, state or local agency such as a human services agency, an education department, welfare, or an employment or training program pay for any of the children you care for?**

- Yes.....01
- No.....00 (Go to E1)
- Don't Know....98 (Go to E1)
- Refused.....99 (Go to E1)

**D3. How many children are paid by a federal, state, or local agency?**

- \_\_\_\_\_ Children
- All of them .....997
- Don't know.....998
- Refused.....999

**D4. Do the agencies pay you directly for slots, pay you for vouchers or certificates received from parents, pay the parents in cash, or does it vary according to the child?**

- Agency pays program for slots(s).....01
- Agency pays provider for vouchers.....02
- Agency pays parents in cash.....03
- Varies per child.....04
- Don't know.....98
- Refused.....99

**D5. For how many of the children in your program do you receive payment or partial payment by means of vouchers?**

**PROBE: Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The program can then turn them in for cash payment.**

- \_\_\_\_\_ Children
- None.....000
- Don't Know.....998
- Refused.....999

Asked of Family Child Care Providers:

**C. Costs and Income**

**C5. Does a federal, state, or local agency such as welfare or an employment or training program pay all or part of the fees for any of the children you care for?**

- Yes.....01
- No.....00 (Go to C11)
- Don't know.....98 (Go to C11)
- Refused.....99 (Go to C11)

**C6. How many children you care for are paid for in this way?**

- \_\_\_\_\_ Children
- Don't know.....98
- Refused.....99

**C7. Does the agency pay you directly for slots, pay you for vouchers or certificates received from parents, or does it pay the child's parent in cash?**

Code all that apply.

Pays provider directly for slot.....01  
Pays provider for vouchers.....02 (Go to C9)  
Pays parent in cash.....03  
Don't know.....98  
Refused.....99

**C8. Do any parents pay you with child care vouchers?**

**PROBE:** Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The provider can then turn them in for cash payment.

Yes.....01  
No.....00  
Don't Know....98  
Refused.....99

**C9. Does the agency pay the full fee or a partial fee for a child's care?**

Full.....01  
Partial.....02  
Varies per child.....03  
Don't know.....98  
Refused.....99

**C10. INTERVIEWER: Do public agencies pay for any of the children? Does C5 equal "01"?**

Yes.....01 (Go to C12)  
No.....00

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Accept
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Similarly worded questions appear in both home-based and center-based questionnaires (except for C12a which is in the center-based questionnaire only).</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	One strength of the items below is that they capture information about blended funding streams. Additionally, if combined with items on the total number of children in care, these questions allow for measures of subsidy density. Cognitive testing of these items

resulted in a recommendation to include publicly sponsored providers and contractual arrangements as types of care subsidies. Specifically, the cognitive testing recommendation was to replace the current questions with the question set below:

*E12. Does a federal, state or local agency, such as a human services or education agency or department, or a welfare, employment or training program pay part or all of the cost for any of the children you serve?*

*1 Yes*

*2 No (go to A1)*

*E12a. For which types of government-funded programs do you provide care:*

*1. Pre-kindergarten Y N*

*2. Head Start Y N*

*3. Subsidized child care Y N*

*4. Before/After school programming Y N*

*5. Other \_\_\_\_\_ Y N*

*E12b. How many children are paid for partially or fully by a government agency or program?*

\_\_\_\_\_ *Number of children*

*E12c. Do the government agencies or programs*

*1. directly fund and operate services Y N*

*2. pay you directly for a guaranteed number of slots Y N*

*3. pay you for vouchers or certificates given to parents Y N*

*4. pay the parents in cash Y N*

*5. some other way ( \_\_\_\_\_ ) Y N*

*E12d. For how many of the children in your program do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The program can then turn them in for cash payment. IF NEEDED: Your best estimate is fine.*

\_\_\_\_\_ *Number of children.*

*E12e. Some agencies contract directly with providers to provide subsidized care to needy families. Do you have a contract with a federal, state or local agency to provide subsidized care to families?*

*1 Yes*

*2 No (go to E13)*

*E12f. How many children are partially or fully paid for through contracts with governmental agencies?*

\_\_\_\_\_ *Number of children*

*E12g. What agencies do you have contracts with?*

*1 Federal*

*2 State*

*3 Local, other than public school districts*

*4 Local public school district*



*E12h. Does your program have a subsidy liaison or other staff member who assists parents in applying for and enrolling in child care subsidy programs?*

These questions could be improved by adding Early Intervention funding sources (IDEA Part B & C) to this item. Moderate variation in responses on these items was found among center directors and home-based providers in a feasibility test. Additionally, center directors reported that they were the best person to ask about child care subsidies in a feasibility test.

Question Wording:

**C12. Does a federal, state or local agency such as a human services or education agency or department, or a welfare, employment or training program pay part or all of the cost for any of the children you serve?**

- 1 ☐ Yes  
2 ☐ No → (SKIP TO D1, PAGE 22)

**C12a. For which types of government-funded programs does your program provide care:**

	Yes	No
1. Pre-kindergarten	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Head Start	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Public School Districts	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Child Care subsidy programs such as CCDF or TANF	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Other SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**C12b. How many children are paid for partially or fully by a government agency or program?**

Number of children

**C12b1. Is your program part of or operated by a government agency or government-funded program such as a public school district or a Head Start facility?**

- 1 ☐ Yes  
2 ☐ No

**C12c. Do the government agencies or programs that provide funds for your program**

	Yes	No
1. provide a grant to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. provide in-kind support (e.g., free use of building space) to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. pay you a total amount for a guaranteed number of slots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. pay you for vouchers or certificates given to parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. pay the parents in cash	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. some other way SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**C12d.** For how many of the children in your program do you receive payment or partial payment through a voucher? **IF NEEDED:** Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The program can then turn them in for cash payment. **IF NEEDED:** Your best estimate is fine.

Number of children \_\_\_\_\_

**C12e. Some agencies contract directly with providers to provide subsidized care to needy families. Do you have a contract with a federal, state or local agency to provide subsidized care to families?**

- 1 ☐ Yes  
2 ☐ No (SKIP TO C13)

**C12f. How many children are partially or fully paid for through contracts with governmental agencies?**

Number of children \_\_\_\_\_

**C12g. What agencies do you have contracts with?**

- 1 ☐ Federal  
2 ☐ State  
3 ☐ Local, other than public school districts  
4 ☐ Local public school district

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Accept
<b>Source:</b>	Urban Institute Provider Survey in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Some providers may benefit from a definition of “child care subsidy programs.” A strength of these items is that they allow the researcher to differentiate between providers who are definitely willing to accept subsidized children, felt indifferently, or were not willing. It also provides information on the percentage of children in care the provider is willing to have subsidized.</p> <p>As these are self-reported and on a sensitive topic, responses may be subject to reporting or social desirability bias.</p>

**Question Wording:**

**c1. Our next questions are about child care subsidy programs. Are there public subsidy programs in your area that give (vouchers /certificates) to low-income families to help them pay for child care?**

- 1. Yes (GO TO C2A)**
- 0. No (GO TO C2)**
- d. DON'T KNOW (GO TO C2)**
- r. REFUSED (GO TO C2)**

**c2. If there were publicly-funded (voucher/certificate) programs in your area, would you be willing to serve low-income families that receive (vouchers/certificates), unwilling to serve them, or not feel strongly one way or the other?**

- 1. Willing (GO TO C2B)**
- 2. Not feel strongly (GO TO C2B)**
- 3. Unwilling (GO TO C4)**
- d. DON'T KNOW (GO TO C4)**
- r. REFUSED (GO TO C2B)**

**c2a. Would you be willing to serve low-income families that receive publicly-funded (vouchers/certificates), unwilling to serve them or not feel strongly one way or another?**

- 1. Willing (GO TO C2B)**
- 2. Not feel strongly (GO TO C2B)**
- 3. Unwilling (GO TO C4)**
- d. DON'T KNOW (GO TO C4)**
- r. REFUSED (GO TO C4)**

**c2b. How many children whose fees are paid by (vouchers/certificates) would you be willing to care for? Are you willing to have all, more than half, about half, or less than half of the children you care for receive (vouchers/certificates)?**

- 1. All**
- 2. More than half**
- 3. About half**
- 4. Less than half**
- d. DON'T KNOW**
- r. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Willingness to accept
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Family Child Care Provider Questionnaire. This item was also found in the National Study of Child Care for Low-Income Families.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analyses using data from the 1990 Profile of Child Care Settings and the NSCCSD. Question may be susceptible to social desirability bias.
<b>Question Wording:</b>	<b>C12 Would you accept children whose fees are paid by a public agency?</b>  Yes.....01 No.....02 Don't Know.....98 Refused.....99

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Willingness to accept
<b>Source:</b>	North Carolina Market Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Full-time child care providers excluding Head Start</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>Full-time child care providers excluding Head Start</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	It may be useful to cognitively test whether all provider types are familiar with the phrase “market rate” and/or “subsidy program”.
<b>Item Limitations and Strengths for NSCCSD:</b>	This question assesses if the provider chose not to participate in the subsidy program due to a low reimbursement rate. Reasons why providers do not participate in subsidy programs are likely to be numerous, thus this question could be expanded and may be leading as currently written.
<b>Question Wording:</b>	<b>9. Did you choose not to participate in the subsidy program because the market rate is less than the rate you charge?</b> Yes ...1 No ....2

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Willingness to accept
<b>Source:</b>	Urban Institute Provider Survey in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Some providers may benefit from a definition of “child care subsidy programs.” A strength of these items is that they allow the researcher to differentiate between providers who are definitely willing to accept subsidized children, felt indifferently, or were not willing. It also provides information on the percentage of children in care the provider is willing to have subsidized.</p> <p>Data collected through these measures may be open to reporting and social desirability bias.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

**c1. Our next questions are about child care subsidy programs. Are there public subsidy programs in your area that give (vouchers /certificates) to low-income families to help them pay for child care?**

- 1. Yes (GO TO C2A)**
- 2. No (GO TO C2)**
- d. DON'T KNOW (GO TO C2)**
- r. REFUSED (GO TO C2)**

**c2. If there were publicly-funded (voucher/certificate) programs in your area, would you be willing to serve low-income families that receive (vouchers/certificates), unwilling to serve them, or not feel strongly one way or the other?**

- 3. Willing (GO TO C2B)**
- 4. Not feel strongly (GO TO C2B)**
- 5. Unwilling (GO TO C4)**
- d. DON'T KNOW (GO TO C4)**
- r. REFUSED (GO TO C2B)**

**c2a. Would you be willing to serve low-income families that receive publicly-funded (vouchers/certificates), unwilling to serve them or not feel strongly one way or another?**

- 1. Willing (GO TO C2B)**
- 2. Not feel strongly (GO TO C2B)**
- 3. Unwilling (GO TO C4)**
- d. DON'T KNOW (GO TO C4)**
- r. REFUSED (GO TO C4)**

**c2b. How many children whose fees are paid by (vouchers/certificates) would you be willing to care for? Are you willing to have all, more than half, about half, or less than half of the children you care for receive (vouchers/certificates)?**

- All**
- More than half**
- About half**
- Less than half**
- DON'T KNOW**
- REFUSED**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Why don't accept
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input checked="" type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items were asked of Center Directors in the Child Care Providers and the Subsidy System Center Director Telephone Interview.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they assess multiple reasons for not accepting child care subsidies, then ask providers to rank the most important reasons. A limitation of this measure is that question C11 may not provide reliable information as it is asking the provider to predict how he/she will act in the future. This question could be adapted for family care providers but it would be useful to test whether key terms are understood by all provider types.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>c9<. (fill Child care/Preschool) programs have many reasons for not participating in the (fill voucher/certificate) program (fill if c4\_1 eq <1> (PARTICIPATES IN ANOTHER SUBSIDY PROGRAM) through VOUCHER PROGRAMS 1-4). I am going to read you a list and I'd like you to tell me for each item if it is a reason that your (fill center/preschool) does not currently participate in (the/these) (fill voucher/certificate) program?

- a. Our area does not have many eligible low-income families
- b. Eligible children in our program are on a waiting list for (fill vouchers/certificates)
- c. We don't know enough about the program
- d. The program does not pay our rates
- e. We heard negative things about or have had past negative experiences with (fill vouchers/certificates)
- f. We are concerned about how private pay parents will react if we accept children receiving (fill vouchers/certificates)
- g. Are there any other reasons your program is not currently serving children who have (fill vouchers/certificates)? (Specify)

Yes = 1

No = 0

Don't know = d

Refused = r

>tc10<. ASK c10 IF MORE THAN ONE IS CODED <1> (YES ) IN c9, ELSE go to c11.

>c10<. Please tell me which of those you gave is the most important reason your (fill center/preschool) does not currently participate in (fill voucher/certificate) programs.

INTERVIEWER: DO NOT READ RESPONSES TO c9 UNLESS R REQUESTS

<d> Don't know

<r> Refused

>c11<. Do you anticipate that, in the future your program will enroll (fill if any of c4abcd eq <1> or if c4\_2 eq <1> new) children receiving (fill vouchers/certificates)?

<1> Yes

<0> No

<d> Don't know

<r> Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Reimbursement rates
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items were asked of center directors from the Center-Based Program Screener.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they would allow for trend analyses using data from the Profile of Child Care Settings and the NSCCSD. Additionally, these questions (D4 and D5) provide detailed information on how programs are reimbursed through subsidy programs. A limitation of these items is that they do not assess the amount of reimbursement and how that amount compares to providers' normal rates.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

**D1. The next questions are about government subsidies you or the parents of children may receive:**

**Approximately, what percent of the children who attend your program have a parent who receives AFDC or other public assistance such as food stamps, SSI, or WIC benefits?**

**PROBE: Your best estimate is fine.**

\_\_\_\_\_ Percent

Don't know ....998

Refused .....999

**D2. Does a federal, state or local agency such as a human services agency, an education department, welfare, or an employment or training program pay for any of the children you care for?**

Yes ..... 01

No...(Go to E1).....00

Don't know (Go to E1) ...98

Refused .....(Go to E1)..99

**D3. How many children are paid by a federal, state, or local agency?**

\_\_\_\_\_ Children

All of them .....;.997

Don't know .....998

Refused .....999

**D4. Do the agencies pay you directly for slots, pay you for vouchers or certificates received from parents, pay the parents in cash, or does it vary according to the child?**

Agency pays program for slots(s) .....01

Agency pays provider for vouchers .....02

Agency pays parents in cash .....03

Varies per child .....04

Don't know .....98

Refused .....99

**D5. For how many of the children in your program do you receive payment or partial payment by means of vouchers?**

**PROBE: Voucher are certificates that parents may receive from a social service agency and use to pay for their child's care. The program can then turn them in for cash payment**

\_\_\_\_\_ Children

None .....000

Don't know .....998

Refused .....999

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Reimbursement rates
<b>Source:</b>	Early Child Longitudinal Study-Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These questions were taken from the 24-month ECLS-B Center Director Self-Administered Questionnaire. Providers were sampled based on their provision of services to 24-month-olds sampled in the ECLS-B. These providers may have been service children of other ages.
<b>Item Limitations and Strengths for NSCCSD:</b>	The questions are specific to Head Start/Early Head Start programs. They assess whether a different reimbursement rate is provided for Head Start/Early Head Start participants compared to other subsidized children and whether this reimbursement rate is higher or lower than reimbursement rates for other subsidized and non-subsidized children.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A2. Are you receiving a different reimbursement rate for Head Start/Early Head Start children?**

☐ Yes

☐ No – (Go to question A4)

**A3. Is the reimbursement higher or lower than you usually charge for ...**

**Higher      Lower**

**a. Other subsidized children? .....**

☐

☐

**b. Non-subsidized children? .....**

☐

☐

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Reimbursement rate; Child care subsidies: Copayment issues
<b>Source:</b>	New Jersey Market Rate Survey
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These questions were taken from the Child Care Center Market Rate Survey – 2004. A similar item was found on the 2005 North Carolina Market Rate Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	Question 4B assesses whether providers would accept children receiving subsidies and whether they would charge parents for the difference between subsidy reimbursement rates and their regular rates. A limitation of this item is that it does not capture the nuances some providers may deal with in making such a decision. While programs may have a universal policy regarding reimbursement rates and whether parents are asked to make up the difference between the normal cost of care and the reimbursement rate, questionnaire evidence suggests that many providers may make this decision based on the child's circumstances.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### 4. Voucher Payments

A. Would you accept children receiving a child care subsidy through the Work First NJ or New Jersey Cares for Kids Program (NJCK)?

☐ Yes

☐ No

B. If yes, when there is a difference between the State's maximum payment rate and the amount you charge, would you ask families in either program to pay the difference?

☐ Yes, always

☐ Yes, in some cases

☐ No



# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Copayment issues
<b>Source:</b>	National Study of Child Care for Low-Income Families
<b>Year of Administration:</b>	1991-2001
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>A strength of these questions is that they assess how a provider is paid as well as whether he/she receives government subsidies for any of the children they serve, how many children they serve whose care is paid for by subsidies, how the payments are all made, whether they cover full or partial fees, and whether the provider charges for parental co-pays or not.</p> <p>Question can be used across a range of care setting with some minor adaptations.</p>
<b>Question Wording:</b>	<b>B3. Does a federal, state or local agency such as welfare or (NAME OF LOCAL</b>

**CHILD CARE SERVICES AGENCY) and employment or training program pay all or part of the fees for any of the children you care for? THIS INCLUDES PAYMENTS MADE DIRECTLY TO THE PROVIDER AND SUBSIDIES TO PARENTS EARMARKED FOR THE PROVIDER.**

Yes ..... 1  
 No .....2 Go to B9  
 Don't Know ..... 97 Go to B9  
 Refused..... 98 Go to B9

**B4. How many of the children you care for are paid for in this way?**

\_\_\_\_\_ Children  
 Don't know .....97  
 Refused.....98

**B5. Does the agency pay you directly for slots, pay you for vouchers or certificates received from parents, or does it pay the child's parent in cash?**

Pays provider directly for slot .....1  
 Pays provider for vouchers.....2 GO TO B7  
 Pays parent in cash.....3  
 Varies per child.....4  
 Don't know.....97  
 Refused.....98

**B6. Do any parents pay you with child care vouchers?**

**PROBE: Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The provider can then turn them in for cash payment.**

Yes .....1  
 No .....2  
 Don't know.....3  
 Refused.....4

**B7. Does the agency pay the full fee or a partial fee for a child's care?**

Full .....1  
 Partial.....2  
 Varies per child....3  
 Don't know.....97  
 Refused.....98

**B7a. REFER TO ROSTER AT A5 AND ASK. How much does (NAME OF LOCAL CHILD CARE AGENCY) pay for each child? ENTER ON ROSTER.**

**B8. Do you ask parents of subsidized children to pay the whole of the difference between what you charge and what the agency pays you?**

Yes .....1  
 No .....2

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Copayment issues; Child care subsidies: Reimbursement rates
<b>Source:</b>	New Jersey Market Rate Survey
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item was asked of child care centers only in the Child Care Center Market Rate Survey – 2004. A similar item was found in the 2005 North Carolina Market Rate Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	Question provides data on whether provider charges parents the difference, if any, between subsidy vouchers and regular rates. This question can be used across a variety of care settings. However, it may be useful to test whether the term “vouchers” is understood by all provider types. A limitation of this item is that it does not capture the nuances some providers may deal with in making such a decision. For example, while some programs may have a universal policy regarding reimbursement rates, questionnaire evidence suggests that many providers may make this decision based on the child’s situation.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### 4. Voucher Payments

A. Would you accept children receiving a child care subsidy through the Work First NJ or New Jersey Cares for Kids Program (NJCK)?

☐ Yes

☐ No

B. If yes, when there is a difference between the State's maximum payment rate and the amount you charge, would you ask families in either program to pay the difference?

☐ Yes, always

☐ Yes, in some cases

☐ No

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Child care subsidies: Copayment issues
<b>Source:</b>	Rhode Island Statewide Survey of Childcare Rates
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they capture whether providers charge and how much they charge when families have a pending child care subsidy.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**6. Do you charge families during the pending period ?**

a. ☐ Yes

b. ☐ No

**7. If you answered Yes on item 6, do you charge full or partial rates to families during the pending period?**

a. ☐ Full rates

b. ☐ Partial rates

**8. When childcare assistance is being re-certified, if a child's case goes to pending status, how much do you charge?**

a. ☐ Full rates

b. ☐ Partial rates

c. ☐ Do not charge

**Child care subsidies: Additional fees: No questions from existing surveys were found**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Expenses
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Centers were asked this question in the Center-Based Programs Instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analyses using data from the Profile of Child Care Settings and the NSCCSD. These questions only assess provider expenses related to salary and income. With some minor modification, the questions could be used across a range of care settings.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**I7 The next questions are about salaries and income. What percentage of your total budget is spent on salaries and fringe benefits?**

**Probe: Your best estimate is fine.**

\_\_\_ percent spent on salaries and fringe benefits

Don't know

Refused

**I8 During the last fiscal year, did your program lose money, break even, or make a profit?**

Lost money

Broke even

Made a profit

Don't know

Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Expenses
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions K3-K5 were asked for each child that the home-based care provider took care of during the last week that was not one of their own children. H1-H9 were included in the center-base questionnaire.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths for NSCCSD:

A strength of the items below is that, if answered accurately, they provide comprehensive information regarding provider expenses. A limitation of these items is that they have a high response burden. Also, these questions may be particularly difficult to answer by center directors with multiple child care programs housed within the same facility. In such cases, it may be best to focus on expenses for one program.

Results of a feasibility test of these items suggest that centers housed within a larger organization (e.g., a church) had a difficult time accurately reporting expenses. In order to accurately report some expenses (e.g., cost of space, electricity) associated with providing care within the context of a larger organization, the respondent would need to know the finances of the organization as a whole. A high proportion of home-based respondents did not respond to item K4—providing response ranges for this item may improve this rate of response. In general, financial questions about expenses appeared more challenging for respondents than questions about revenue. Additionally, feasibility test respondents were hesitant to provide financial information. Finally, in the small feasibility sample, center directors were found to be effective reporters of total expenses, though they tended to round figures to the nearest 1,000.

Question Wording:

**Asked of the home-based care providers:**

**IF H1=YES, READ:**

**You mentioned before that you occasionally pay other adults to help you with caring for children.**

**K3a. During 2008, how many different people did you pay to regularly help you care for children? IF NEEDED: By regularly, I mean at least two hours each week.**

Number of assistants

**K3b. About how much did you pay to (this assistant/all NUMBER FROM K3a] of these assistants) during 2008? IF NEEDED: Your best guess will be fine.**

Dollars paid to assistants in 2008

**K4. Altogether, how much did you spend to care for children during 2008, for example, on food, equipment, supplies, wages for assistants, or payments for other services? IF NEEDED: Your best guess will be fine.**

\$    ,    .

**K5. Altogether, how much did you earn for caring for children during 2008, before subtracting out expenses? IF NEEDED: Your best guess will be fine.**

\$    ,    .

IF DK/REF, ASK K5a.

**K5a.** Approximately how much of your household income in 2008 came from your work taking care of children?

- 1 ☐ Almost all  
2 ☐ More than half  
3 ☐ About half  
4 ☐ Less than half  
5 ☐ Very little

Asked of the center directors:

**H1.** What would you estimate was the total cost of running your program during your last financial year? Please do not include the value of donated services, space, or materials. Again, your best guess will be fine.

\$    ,    ,    .

**H2.** Altogether, did your program's revenues exceed expenses, expenses exceed revenues, or did you break even during the last financial reporting year

- 1 ☐ REVENUES EXCEEDED EXPENSES  
2 ☐ EXPENSES EXCEEDED REVENUES  
3 ☐ BROKE EVEN

**H3.** First, I will ask you about labor costs, then about other costs. Then I will ask you about in-kind donations your program may receive.

Labor Costs: Please include all people who work in this child care program at this site, either full or part time. What are the amounts of the following?	Amount Last Year
a. Salaries and wages for all staff (not just teachers). (PUT TAXES IN b.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
b. Fringe benefits and payroll taxes (incl. FICA, unemployment, health insurance benefits)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
c. Total Labor Costs (SUM OF a. AND b.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**H4.** What proportion of your total direct costs is made up of labor costs, including wages and fringe benefits? By total direct costs I mean labor costs, other direct costs, excluding facility costs & the value of donated time & other items.

%

**H5. Other than labor, what would you say are your three largest expenses? CODE BASED ON VERBATIM RESPONSE, READ CATEGORIES ONLY TO PROBE INTO CORRECT CATEGORY.**

Please provide the amount of these expenses for your last financial reporting year if you have that information available.

- 0 ☐ Facility costs, including utilities and insurance for the facility
- 1 ☐ Costs of food and related goods for meals & snacks served to children (not cook's wages)
- 2 ☐ Educational materials & expenditures, program supplies (e.g. books, supplies, field trips), program equipment including program equipment depreciation.
- 3 ☐ Office supplies and office equipment, postage, office equipment depreciation
- 4 ☐ Telephone, printing, copying, duplicating, advertising, recruiting
- 5 ☐ Liability insurance
- 6 ☐ Other insurance (DO NOT INCLUDE HEALTH INSURANCE FOR EMPLOYEES OR FACILITY-RELATED INSURANCE)
- 7 ☐ Transportation of children: vehicle expenses, gas and drivers if not listed with labor costs above.
- 8 ☐ Subcontractors (fees for professional services, e.g. accountants, consultants, attorneys, auditing, payroll services; other services paid via contract, e.g. janitorial services, etc.)
- 9 ☐ Training / Professional development expenses (e.g., trainer coming to program, fees for staff to attend courses, conferences)
- 10 ☐ Staff mileage or travel
- 12 ☐ Supplemental services for children (e.g., health screenings, speech therapy)
- 13 ☐ Administrative Allocation, Overhead, Indirect Costs (paid to sponsoring agency or parent organization). (This is only relevant for programs that have a parent/sponsoring agency, or are part of a larger organization, not a single stand-alone business.)
- 14 ☐ Miscellaneous/other

**H6.** These next questions are about in-kind services or goods your program may have used last year but whose costs are not included in the numbers you just reported.

First, please tell me if your program received any of the following services free or at reduced cost [that year/during 2008]?

**[IF R IS PART OF A NETWORK OR SPONSORING ORGANIZATION (A13B = 2 SPONSORED ON PAGE 6, READ:)]**  
You might have received some of these services from your network or sponsoring organization.]

<b>a.</b>	<b>Volunteers working with the children in the classroom, on field trips, or in the playground</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b.</b>	<b>Accounting/bookkeeping</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>c.</b>	<b>Legal services</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>d.</b>	<b>Special learning activities provided: music, art, sports, etc.</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>e.</b>	<b>Repairs/maintenance (labor and parts)</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>f.</b>	<b>Clerical</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>g.</b>	<b>Grant writer</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>h.</b>	<b>Administrative, professional, contractual &amp; support services provided</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>i.</b>	<b>Professional development provided (e.g., trainer provides services at no cost or reduced cost to your program)</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>j.</b>	<b>Supplemental services provided (speech &amp; language therapist, physical therapist, health services)</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>k.</b>	<b>"Other" in-kind services donated free or at a reduced rate</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**H7.** Now please tell me if you received any in-kind donations during the last financial year.

1 ☐ Yes → (ASK H8)

2 ☐ No → (SKIP TO H9)

**H8. Did your program receive any of the following free or at reduced cost [that year/during 2008]?**

**[IF R IS PART OF A NETWORK OR SPONSORING ORGANIZATION (A13B = 2 SPONSORED ON PAGE 6, READ:)]**  
**You might have received some of these goods or materials from your network or sponsoring organization.]**

<b>a. Reduced or no rent/no fee for classroom(s), administrative space, outdoor space</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>b. Utilities free or at reduced rate</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>c. Donated food for children.</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>d. Educational expenditures provided (e.g. books, supplies, equipment, field trips)</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>e. Financial aid, scholarships for children provided by a group or individual other than your program.</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>f. Office supplies and office equipment provided</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>h. Liability and/or other insurance provided</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>i. Professional development provided (e.g., fees for staff to attend courses)</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>j. Transportation for children provided</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>
<b>k. "Other" in-kind goods donated free or at a reduced rate</b>	<b>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</b>

**H8B. What was the most important donation you received, including from a sponsoring organization, and what would you estimate as its market value?**

**Most important donation received:**

**Category**

**Estimated market value:** \$  ,  ,  .

**H9. Are you comfortable with these questions about finances and in-kind donations, or is there someone in your program who would be more knowledgeable about this information?**

**1 ☐ R is comfortable**

**2 ☐ Someone else is more knowledgeable**

**→ What is that person's title?** \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Expenses
<b>Source:</b>	Massachusetts School Age Cost Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Group child care</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>Group care provider</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items were asked of center providers in the 2006 School Age Cost Survey for The EEC Licensed-Provider Cost Study.
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions provide information on common expenses associated with the physical space of child care providers. However, many providers may not know the size of their physical space in terms of square footage. Questions could be adapted to allow respondents to report size of space in their own metric which could then be converted by an analyst into a common metric. Many of these questions may be suitable for child care center directors or administrative staff, but not for other respondents or care settings. An additional question that asks the respondent how confident he/she is in the information provided in response to these items might be helpful in gauging data quality.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

Now we want to know about your program space so that we can determine the full costs of your SA program. In SQUARE FEET, we want to know how large is your total indoor space for your child-care program at this site. This includes program space, rooms for children, kitchen bathrooms and administrative areas.

34) **Check:** is your space for your child-care program at this site, owned, donated or rented by your program? (**check as many as apply**)  
(Next to each box you check, enter the total Sq. Ft. for that space. If you rented at a reduced rate, as part of a donation, do not check “donated”.)

	Total sq. ft. for each Checked
<input type="checkbox"/> 1) Owned by your program/agency	_____
<input type="checkbox"/> 2) 100% donated to your program (Remember to include in this “in-kind” donations) (Go to Q38)	_____
<input type="checkbox"/> 3) Rented (If rented, to go Q35)	_____

35) If you rented space, what was your annual rent for the last financial reporting year? (If you did not rent, go to Q37) \$\_\_\_\_\_

36) If you rented, did you pay full market rent or a reduced rent?

Full market rent \_\_\_\_\_ - (Go to Q38)

Reduced rent \_\_\_\_\_ - (Go to Q38)

Don't know \_\_\_\_\_ - (Go to Q38)

37) If you owned your space, what were your costs for your mortgage interest, real estate taxes, and building insurance for the financial year you are reporting? \$\_\_\_\_\_

38) Do you pay utilities costs for your space? This can be for: gas, electricity, water & sewer, heat, trash removal, etc.

No \_\_\_\_\_

Yes \_\_\_\_\_

If “yes” what did your program pay for utility costs for your financial reporting year?

39) What were your total annual repair and maintenance costs for your last financial reporting year? (This can include snow removal/plowing, lawn care services, plumbing, electrical repairs, etc.) \$\_\_\_\_\_

40) Did you have any other occupancy costs in the last financial reporting year?

No \_\_\_\_\_

Yes \_\_\_\_\_

What was these occupancy cost in the last financial reporting year?  
\$\_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Expenses; Donated time and inputs
<b>Source:</b>	The Cost of Quality Out-of-School Time Programs
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Questions came from the Survey of Budgets, Funding, and Finances for Fiscal Year 2005.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items provide comprehensive information on the expenses and donated goods received by school-aged programs. These questions could be adapted for other child care programs. When asking these questions of a center director whose center includes multiple programs, data for one program should be queried.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

7. In the following table, please outline all other expenses, EXCLUDING STAFF, incurred by the program for FY 2005.

a) In the second column, please write what was actually spent (not budgeted) for your SCHOOL YEAR program. In addition to what you spent, please list any donated goods or services you received. If you know the dollar value of the donation, please include that information or your best estimate. Otherwise, just indicate what was donated. Please record exact amounts where possible; otherwise, give your best estimate and check ESTIMATED in the box.

b) In the third column, please include a description of donated services or goods. For example, under Program Materials, donated goods and services might include 10 reams of colored paper, three hours of a magician's services for a school-year event and 50 McDonald's \$5 gift certificates.

School-Year Program Expenses	Value	Description of Donated Services or Goods
<b>Snacks and Meals</b> <input type="checkbox"/> <u>Not applicable</u>	<b>Expenditures:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u>  <b>Donated food or drinks:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u>	
<b>Program Materials</b> (e.g., arts and crafts supplies, games, prizes, equipment) <input type="checkbox"/> <u>Not applicable</u>	<b>Expenditures:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>  <b>Donated goods or services:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>	
<b>Staff Training</b> (e.g., fees, transportation and lodging at relevant regional or national training sessions or conferences, etc.) <input type="checkbox"/> <u>Not applicable</u>	<b>Expenditures:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>  <b>Donated goods or services:</b> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u> \$ _____ <input type="checkbox"/> <u>Estimated</u>	

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p><b>Administrative and Office Expenses</b></p> <p>(e.g., copying, printing, supplies, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Space costs</b></p> <p>(e.g., rent, maintenance, custodial, repairs, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Utilities</b></p> <p>(e.g., electricity, water, gas, phone, cell phone, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Transportation</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p><b>Insurance</b></p> <p>(e.g., liability insurance; do not include insurance offered to staff as part of their benefits package)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Community Outreach/ Public Relations</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Contracted Services</b></p> <p>(e.g., a science program, a library program or drama activity, etc.)</p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	
	<p><b>Other: (describe)</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p> <p>\$ <input type="checkbox"/> <u>Estimated</u></p>	

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p><b>Other: (describe)</b></p> <p><input type="checkbox"/> <u>Not applicable</u></p>	<p><b>Expenditures:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p><b>Donated goods or services:</b></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p> <p>\$ <input type="text"/> <u>Estimated</u></p>	
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## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Expenses
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input checked="" type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items were asked of family child care providers in the Family Child Care Instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they provide information on a variety of expenses, including food, salaries, and facilities. These items also assess whether expenses are normal compared to previous years. A limitation of these items is that they place a high degree of burden on the respondent and thus may not be answered reliably. An additional question that asks the respondent how confident he/she is in the information provided in response to these items might be helpful in gauging data quality.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

>j8abcde<. My next questions are about your expenses. Last month, about how much, if anything, did you spend on the following expenses for your family child care home? Starting with (READ a), how much did you spend last month for your family child care home.

PROBE: Your best estimate if fine.

PROBE: Do not include your own salary or earnings in your expenses.

IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THATN REST OF YEAR ASK FOR MAY

Amount   None   Don't know   Refused

a. Food for the children .....

tb. ASK j2b IF a4 eq <1>, <d>

OR <r>, ELSE GO TO j8c

Salaries and benefits for paid

b. assistants .....

c. Toys, crafts and supplies.....

d. Transportation for the children .....

e. The portion of your rent or mortgage and utility payments that are for your family child care home. PROBE: It's okay if you're not sure, we can move on.....

f. Last month, did you have any other expenses for your family child care home such as for advertising, training fees or substitutes? (Specify types of other expenses).....

Amount = \$

None = 0

Don't know = d

Refused = r

>j8f<. You reported that your total expenses for your family child care home were around (fill sum of j8a-j8e) dollars last month. Does that sound correct?

IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THATN REST OF YEAR ASK FOR MAY

<1> Yes – go to j8h

<0> No – go to j8g

<d> Don't know – go to j8h

<r> Refused – go to j8h

>j8g<. Let check to me make sure that I recorded the number correctly

ALLOW INTERVIEWER TO RETUR TO j8abcde TO CORRECT FIGURES

>j8h<. Compared to your average monthly expenses over the past 12 months, were your total expenses last month lower, higher, or about the same as usual?

IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THATN REST OF YEAR ASK FOR MAY

<1> Lower than usual

<2> Higher than usual

<3> About the same as usual

<d> Don't know

<r> Refused



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
Measure:	Market price
Source:	Oregon AFS Survey
Year of Administration:	1990; 1994; 1998
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Providers serving children with child care subsidies (centers, group care, care in provider's home, care in child's home)</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>Question provides data on providers' perceptions of the extent to which a range of factors affect or influence their rate structure. List of factors could be expanded to include additional factors such as presence of universal pre-K in their market/community. Some NSCCSD design team members have suggested that evidence of external influences on provider's rate schedule are best estimated empirically comparing rate structure of similar markets with varying policies.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:	43. How much do the following affect the rates you set – amount you charge a family?				
	Very Much	Somewhat	Not very much	Not at all	Don't know
Prevailing rates in community ....	—	—	—	—	—
Overall operating costs .....	—	—	—	—	—
Staff salaries and training costs .....	—	—	—	—	—
Profits level desired .....	—	—	—	—	—
Department of Human Services Payment schedule..	—	—	—	—	—
Number of children with special needs...	—	—	—	—	—

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Price of care
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
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<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Questions asked of child care directors were asked in the Center-Based Programs Interview. The question asked of family child care providers were asked in the Survey for Family Child Care Homes.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions are that they allow for trend analysis using the Profile of Child Care Settings and NSCCSD data. These questions address the number of fees, specific information about each fee, and reasons for having diverse fees for child care centers. For family child care providers, the fee of the focal child was asked. With some adaptations questions could be asked across a broad range of care settings.

Question Wording:

Asked of Child Care Center Directors:

**C23.** The next questions are about the fees which are charged for the children in your preschool program [and your (before-school/after-school/before- and after-school) program.]

First, how many different fees are charged for the children in your program?

\_\_\_ different fees

More than ten fees (go to C25)

Sliding scale (go to C25)

No fee charged (go to C32)

Don't know (go to C25)

Refused (go to C25)

**C24.** Next, I would like to ask you about each of the (number from C23) fees you charge. Please tell me the number of days and hours per day the fee covers, the amount charged, the number of children who are charged each fee, and the age range of children covered. Let's start with the highest fee you charge. *Each fee is assigned a letter (a. through j.). For each fee, the following questions are asked:* [asked for 10 fees]

Frequency \_\_\_ days and \_\_\_ hours per day

Don't know

Refused

Fee \$\_\_\_\_\_ (per hour/day/week/month/year)

Don't know

Refused

Number of Children \_\_\_\_\_

Don't know

Refused

Age Range \_\_\_ years to \_\_\_ years

Don't know

Refused

**C25** What is the highest fee you charge? (per hour/day/week/month/year)

\$\_\_\_\_\_

Don't know

Refused

**C25A** How many (days and) hours per day does that fee cover?

\_\_\_ days and \_\_\_ hours per day

Don't know

Refused

**C26** What is the lowest fee you charge? (per hour/day/week/month/year)

\$\_\_\_\_\_

Don't know

Refused

**C26A** And how many (days and) hours per day does that fee cover?

\_\_\_ days and \_\_\_ hours per day

Don't know

Refused

**C27 What is the average fee you charge? (per hour/day/week/month/year)**

\$ \_\_\_\_\_

Don't know

Refused

**C27A And how many (days and) hours per day does that fee cover?**

\_\_\_\_\_ days and \_\_\_\_\_ hours per day

Don't know

Refused

**C28 Do you sometimes charge different amounts depending on...**

(Response Choices: yes, no, don't know, refused)

a. The number of children from the same family?

b. Family income?

c. The number of hours children attend the program?

If A5 is before 8:00 am or A7 is after 5:00 pm, ask:

c1. Whether child attends the programs for extended hours?

d. The child's age

e. Whether the child is toilet trained?

f. Whether the child has a diagnosed handicap?

g. Whether parents or an outside agency such as welfare or an employment or training program is paying for care?

h. Whether or not you provide special services?

If C28h=Yes, ask:

For which of the following services do you charge different amounts?

h1. meals

h2. transportation

h3. diapers

h4. other (specify)

i. Are there any other reasons why you charge different amounts?  
(specify)

**C29 INTERVIEWER: Does the center charge more than 10 fees or have a sliding scale fee schedule?**

Yes

No

**C30 INTERVIEWER: Do fees vary according to family income?**

Yes

No

**C31 Which of the fees you charge are for children from low income households?**

Enter an "01" next to the letters of fees charged for low-income children.

[INPUT FEES A-J REFERED TO IN C24]

Don't know

Refused

**Asked of Family Child Care Providers:**

**A15 How much do you charge to care for (CHILD)?**

No Charge

\$ \_\_\_\_\_ (Per Month/ Week/ Day/ Hour)

Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Price of care
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
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<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Question D4 appears in both home-based and center-based questionnaires. D14-D15 are only in the center-based questionnaire.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Item Limitations and Strengths for NSCCSD:

The items below have a number of unique strengths. First, item D4 offers information about intentions in setting child care prices and the effect of the child care market on child care prices. Second, item K6 disaggregates sources of revenue, which could be particularly interesting when studying programs with blended funding. Item D14 would allow researchers to estimate the prevalence of offering families services on a sliding scale fee. Finally, item D15 provides an indicator of how confident the respondent is in his/her answers. A limitation of item K6 is that it has a high response burden and may be difficult to answer, particularly for centers that host multiple child care programs. Results from cognitive testing of these items suggest a need to include skip patterns for programs that do not charge parent fees. Other suggestions were to drop the term “standard price;” to specify whether prices are for one or multiple children in case; and to include opportunities for providers, especially home-based providers, to acknowledge exchanged goods or services (in lieu of payment) received.

In a feasibility test, item K6 appeared to work well among home-based providers and center directors, though a high proportion of home-based providers left item K6a (tuition and fees from parents) blank. Home-based providers may not conceptualize parents’ payments as “tuition” or “fees;” thus, altering the language of this item is advised. Generally, it was easier for respondents to provide accurate information on revenue, compared to expenses. Additionally, respondents expressed some hesitation with sharing detailed financial information. Responses to question D4 had moderate variation across items 1-6 among both center directors and home-based providers.

### Question Wording:

#### Asked of the home-based and center directors:

**D4. Think about the last time you changed the standard prices you charge parents for your program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?**

	Very Important	Somewhat Important	Not Very Important	Not Important
1. Covering increasing costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. Increasing profitability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. Being affordable to parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. Matching the competition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Changes in government reimbursement rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. Other _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**K6.** The following is a list of types of income that people who care for children might receive. Please tell me how much you received in 2008, if any, from each of the following categories.

Type of Income	Dollars	Time Unit
a. Tuition or Fee paid by parents (including late fees, field trips, diapers, transportation, registration, etc.)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
B Reimbursements from governmental agencies (vouchers/certificates, contracts, Pre-k, public school districts)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
c. Payments from other groups (charity, employers, churches)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
d. Reimbursement from the Child and Adult Care Food Program (USDA)		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week
e. Other		<input type="checkbox"/> 1 per year <input type="checkbox"/> 2 per month <input type="checkbox"/> 3 per week

**Asked only of center directors:**

**D14.** In the past 3 months, have you provided financial aid or reduced the fees that you charge a family because of a change in their personal circumstances?

- 1 ☐ Yes → (ASK D14A)  
 2 ☐ No → (SKIP TO D15)

**D14a.** About how many families have you done this for?

Number of families

**D15.** Are you comfortable with these questions about your admissions process and services you offer, or is there someone in your program who would be more knowledgeable about this information?

- 1 ☐ R is comfortable  
 2 ☐ Someone else is more knowledgeable  
 → What is that person's title? \_\_\_\_\_



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Price of care
<b>Source:</b>	Connecticut Market Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These questions are also asked about toddlers, preschoolers, and school age children the provider may serve.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they present a scenario for which the price of care is asked. This has the effect of standardizing providers' situations. A limitation of these items is that they are hypothetical and thus may not provide a reliable response reflecting the providers' current situation. It is not clear whether a hypothetical scenario provides better data on price of care than questions asking providers directly the amount they charge parents for care.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

69:

13. Suppose that during the week a parent needed 45 hours of infant child care for about 9 hours per day. What is the typical charge PER WEEK at your facility for 45 hours of infant care? (Round to nearest dollar. If there is a sliding fee scale, we are looking for the charges for a parent who does not qualify for a reduced fee). (ENTER UP TO 6 DIGITS)

\$R \_\_\_\_\_

Don't know/Refused .....999999

70:

14. Suppose that during the week a parent needed 25 hours of infant child care. What is the typical charge PER WEEK at your facility for 25 hours of infant care? (Round to nearest dollar. If there is a sliding fee scale, we are looking for the charges for a parent who does not qualify for a reduced fee.) (ENTER 6 DIGITS)

\$R \_\_\_\_\_

Does not apply .....999998

Don't know/Refused ....999999

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Price of care
<b>Source:</b>	Georgia Child Care Market Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>In-home</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>In-home</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item can be found in the Georgia Childcare Market Rate Survey - Provider Questionnaire (2005). These questions were asked of child care directors in the Georgia 2005 Child Care Center Director Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they will elicit information on fees and price of care by age of child and time of day, week, etc. they are in care. Questions can be administered to providers across a range of settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

8. Do you charge the children's parents or guardians for providing childcare?  
\_\_\_ Yes (Please continue with Question #9)  
\_\_\_ No (Please skip to Question and answer remaining questions)

9. If you provide weekday childcare, how much do you charge for each child in each of the following age groups? (Childcare Monday-Friday, typically from 7 am to 6 pm) (Write in amount and then check whether that amount is for each hour, each day, each week, or each month. Mark ONLY ONE circle in each row.)

Infants (6 wks-12 mos.) \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ week \_\_\_ month  
Number of infants in your weekday care: \_\_\_  
Toddlers(13-35 mos.) \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ week \_\_\_ month  
Number of toddlers in your weekday care: \_\_\_  
3-year olds \$\_\_\_for each \_\_\_hour \_\_\_day \_\_\_week \_\_\_month Number of  
3-year-olds in your weekday care: \_\_\_  
4-year olds \$\_\_\_for each \_\_\_hour \_\_\_day \_\_\_week \_\_\_month Number of 4-  
year-olds in your weekday care: \_\_\_  
5-year olds not in school \$\_\_\_ for each \_\_\_hour \_\_\_day \_\_\_week \_\_\_month  
Number of 5-yr-olds in your weekday care: \_\_\_

10. If you provide childcare at night or overnight, how much do you charge for each child? (Childcare evenings and nights, between 6pm and 7am) (Write in amount and then check whether that amount is for each hour, each evening, each overnight, or each week. Mark ONLY ONE circle in each row.)

Infants (6 wks-12 mos.) \$\_\_\_ for each \_\_\_ hour \_\_\_ evening \_\_\_ overnight  
\_\_\_ week Number of infants in your weekday care: \_\_\_  
Toddlers (13-35 mos.) \$\_\_\_ for each \_\_\_ hour \_\_\_ evening \_\_\_ overnight  
\_\_\_ week Number of toddlers in your weekday care: \_\_\_  
3-year olds \$\_\_\_for each \_\_\_hour \_\_\_evening \_\_\_overnight \_\_\_week  
Number of 3-year-olds in your weekday care: \_\_\_  
4-year olds \$\_\_\_for each \_\_\_hour \_\_\_evening \_\_\_overnight \_\_\_week  
Number of 4-year-olds in your weekday care: \_\_\_  
5-year olds not in school \$\_\_\_ for each \_\_\_hour \_\_\_evening \_\_\_overnight  
\_\_\_week Number of 5-yr-olds in your weekday care: \_\_\_

11.If you provide childcare on the weekend, how much do you charge for each child? (Childcare between Friday night and Sunday night). (Write in amount and then check whether that amount is for each hour, each day, each overnight, or each weekends. Mark ONLY ONE circle in each row.)

Infants (6 wks-12 mos.) \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ overnight \_\_\_  
weekend Number of infants in your weekday care: \_\_\_  
Toddlers(13-35 mos.) \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ overnight  
\_\_\_weekend Number of toddlers in your weekday care: \_\_\_  
3-year olds \$\_\_\_for each \_\_\_hour \_\_\_day \_\_\_overnight \_\_\_weekend  
Number of 3-year-olds in your weekday care: \_\_\_  
4-year olds \$\_\_\_for each \_\_\_hour \_\_\_day \_\_\_overnight \_\_\_weekend Number  
of 4-year-olds in your weekday care: \_\_\_  
5-year olds not in school \$\_\_\_ for each \_\_\_hour \_\_\_day \_\_\_overnight  
\_\_\_weekend Number of 5-yr-olds in your weekday care: \_\_\_

12. If you provide drop-in childcare, how much do you charge for each child?  
(Childcare for short periods of time when you have space available.)

Drop-in care: \$\_\_\_ for each \_\_\_ hour \_\_\_ day

13. If you provide before-school or after-school care, or summer care for school-age children, how much do you charge for each child in each category? (Write in amount and then check whether that amount is for each hour, each day, each week, or each month. Check **OLNY ONE** circle in each row.)

BEFORE-school only \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ week \_\_\_ month

Number you keep before school only: \_\_\_

AFTER-school only \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ week \_\_\_ month

Number you keep after school only: \_\_\_

BOTH before & after school \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ week \_\_\_ month

Number you keep before and after school: \_\_\_

School-aged summer care: \$\_\_\_ for each \_\_\_ hour \_\_\_ day \_\_\_ week \_\_\_ month

Number you expect to keep in summer: \_\_\_

14. Do you charge a registration fee? \_\_\_No \_\_\_Yes How much? \$\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Price of care
<b>Source:</b>	Texas Market Rate Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>In-home</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>In-home</u>
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: <u>In-home provider</u>
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The center director items were taken from the Licensed Child Care Center Questionnaire Appendix B.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they provide data on price of care by age of child and part- vs. full-time, and drop-in rates. A limitation is that this battery of questions is lengthy. With some modification, questions could be adapted to collect similar (and appropriate) information for providers across a range of care settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

**Q3\_5** What are the age groups on which your rate structure is based? (Please list and indicate the lower ages and the maximum ages in months for each of them). Minimum: 1 month (not “0”).

	Maximum	Minimum
Group 1	_____	_____
Group 2	_____	_____
Group 3	_____	_____
Group 4	_____	_____
Group 5	_____	_____
Group 6	_____	_____
Group 7	_____	_____
Group 8	_____	_____
Group 9	_____	_____
Group 10	_____	_____

Comments regarding Age group 1 (may be left empty)  
 Comments regarding Age group 2 (may be left empty)  
 Comments regarding Age group 3 (may be left empty)  
 Comments regarding Age group 4 (may be left empty)  
 Comments regarding Age group 5 (may be left empty)  
 Comments regarding Age group 6 (may be left empty)  
 Comments regarding Age group 7 (may be left empty)  
 Comments regarding Age group 8 (may be left empty)  
 Comments regarding Age group 9 (may be left empty)  
 Comments regarding Age group 10 (may be left empty)

### Section 3.2 Rates and Enrollment per Age Group

#### Q31\_1 Age Group #1

Full day/full week

Do you offer care for children attending all day (6 or more hours per day), five days a week?

Yes

No – go to Q3\_14X

#### Q31\_2 Full day/ full week

What is the standard rate you charge for these children?

(For “don’t know” enter 1-NA)

Rate\_\_\_\_\_

Per hour

Per day

Per week

Per month

NA

#### Q31\_4 Full day/ full week

Do you charge a different rate for children attending all day, but fewer than 5 days per week?

Yes – go to Q3`\_5.1

No – go to Q31\_6

**Q31\_5.1 Full day/park week**

**What is the standard rate you charge for these children?**

**(For “don’t know: enter 1-NA)**

**Rate\_\_\_\_\_**

**Per hour**

**Per day**

**Per week**

**Per month**

**NA**

**Q31\_5.2 Is this rate for 1, 2, 3 or 4 full day(s) of regular attendance per week?**

**(You may enter multiple answers if the rate is the same for various types of attendance)**

**(Do not use “other specify: for information concerning drop in care, use the next questions for this purpose)**

**1. 1 day per week    Yes    No**

**2. 2 days per week    Yes    No**

**3. 3 days per week    Yes    No**

**4. 4 days per week    Yes    No**

**5. Other (specify) – go to Q3\_15.3**

**6. Don’t know**

**Q31\_5.4 Is this rate a drop-in rate (i.e. unscheduled care for children who do not attend regularly)?**

**Choose one answer:**

**Yes, this is a drop in care rate ONLY**

**Yes, this is a drop in care And a regular care rate**

**No, this is not a drop in care rate**

**Q31\_7 Part day/full week**

**Do you offer care for children staying for less than 6 hours per day, five days a week?**

**Yes**

**No – go to Q31\_13**

**Q31\_8.1 Part day/full week**

**What is the standard rate you charge for these children?**

**(for “don’t know” use 1-NA)**

**Rate\_\_\_\_\_**

**Per hour**

**Per day**

**Per week**

**Per month**

**NA**

**Q31\_8.2 Is this rate a drop-in rate (i.e. unscheduled care for children who do not attend regularly)?**

**Yes, this is a drop in care rate ONLY**

**Yes, this is a drop in care AND a regular care rate**

**No, this is not a drop in care rate**



**Q31\_10 Part day/Part week**

**Do you charge a different rate for children attending less than 6 hours per day, but fewer than 5 days per week?**

**Yes**

**No – go to Q31\_12**

**Does not offer care for fewer than 5 days a week all day – go to Q31\_13**

**Q31\_11.1 Part day/ Part week**

**What is the standard rate you charge for these children?**

**(for “don’t know” enter 1-NA)**

**Rate\_\_\_\_\_**

**Per hour**

**Per day**

**Per week**

**Per month**

**NA**

**Q31\_11.2 Is this rate for 1, 2, 3, or 4 full day(s) of regular attendance per week?**

**( This is a yes/no matrix; you may enter multiple answers if the rate is the same for various types of attendance).**

**(Do not use “other specify” for information concerning drop in care, use the next question for this purpose)**

- |   |            |           |
|---|------------|-----------|
| <b>1. 1 day per week</b>                  | <b>Yes</b> | <b>No</b> |
| <b>2. 2 days per week</b>                 | <b>Yes</b> | <b>No</b> |
| <b>3. 3 days per week</b>                 | <b>Yes</b> | <b>No</b> |
| <b>4. 4 days per week</b>                 | <b>Yes</b> | <b>No</b> |
| <b>5. Other (specify) – go to Q3_11.3</b> |            |           |
| <b>6. Don’t know</b>                      |            |           |

**Q31\_11.4 Is this rate a drop-in rate (i.e. unscheduled care for children who do not attend regularly)?**

**Choose one answer:**

**Yes, this is a drop in care rate ONLY**

**Yes, this is a drop in care AND a regular care rate**

**No, this is not a drop in care rate**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Total revenue
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analysis using data from the Profile of Child Care Settings and the NSCCSD.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**19. During the last fiscal year, approximately what percentage of your program's budget was met with funds from the following sources?**

Sources	Percent	Don't know	Refused
a. Parent fees?	_____ %	998	999
b. Government agencies?	_____ %	998	999
c. Community organizations such as the United Way, local charities, or other service organizations?	_____ %	998	999
d. Religious organizations?	_____ %	998	999
e. Cash donations or fund raising?	_____ %	998	999
f. From any other sources? Specify: _____	_____ %	998	999

**I10. Do you receive in-kind donations such as rent, equipment, supplies, food, toys, or insurance coverage?**

- 01. Yes
- 00. No (Go to I12)
- 98. Don't know (Go to I12)
- 99. Refused (Go to I12)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Total revenue
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions provided were asked in the center-based questionnaire only.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they provide not only total revenue, but disaggregated revenue data by funding stream. A limitation of these items is that they have a high response burden and may be particularly challenging to answer by center directors overseeing multiple, not well-distinguished child care programs.

Findings from cognitive testing of revenue items among center directors and home-based providers resulted in several recommendations. Among home-based providers, a varied and informal fee structure was found, with informal providers being more likely to exchange good/services in addition to/in lieu of payment. Cognitive testing among home-based providers resulted in a recommendation to define a payment reference period, which may facilitate capturing variation in response, especially among unlicensed providers and to include skip patterns for providers that do not charge parent fees. Cognitive testing among center directors also found that skip patterns around parent fees should be included for programs that are 100% subsidized (e.g., Head Start or 21<sup>st</sup> Century Learning Center programs.)

The NSCCSD design phase expert panel suggested improving item G4 by expanding the items to include Early Intervention funding sources (IDEA Parts B & C). Feasibility test respondents were hesitant to provide detailed financial information.

## Question Wording:

**G2. For that year, approximately what were the total revenues of your program at this site? Your best guess will be fine.**

**INTERVIEWER: IF R OVERSEES MULTIPLE PROGRAMS (A11 = 2 OR MORE [PAGE 5]) AND IS NOT ABLE TO REPORT ON PROGRAMS TOGETHER, SELECT 1 PROGRAM AND ASK R TO PROVIDE FINANCIAL INFORMATION ON THAT PROGRAM.**

**Selected  
Program**

\$    ,    ,    .

**INTERVIEWER: IF R IS ABLE, PLEASE COLLECT NUMBERS FOR PROGRAMS FOR CHILDREN UNDER AGE 13 ONLY. ELSE, COLLECT NUMBERS FOR ENTIRE PROGRAM AND INDICATE INCLUSION OF CHILDREN OVER AGE 13 IN ITEM G2A.**

**G2A. [IF R PROVIDES CARE FOR CHILDREN AGE 13 OR OLDER, ASK:] Just to confirm, do the total revenues you reported to me include revenues from children age 13 or older as well as those under age 13?**

1 ☐ Yes

2 ☐ No

**G3.** Please tell me your revenues for the year ending for your program at this site. Your best guess will be fine. (IF AMOUNT DK/Ref, ASK “Received at all”?)

Revenue Category	Amount [IF DK/REF→]	Received at all?
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Local government (e.g. Pre-K paid by local school board or other local agency, grants from county government)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Federal government(e.g., Head Start, Title I)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Community organizations (e.g., United Way, local charities, or other service organizations)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Grant revenues (not including anything you've mentioned above)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Child and Adult Care Food Program	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Investment income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

j. Other  
SPECIFY:

\$    ,    ,    .

1 ☐ Yes  
2 ☐ No

**G4. [IF R PROVIDES CARE TO CHILDREN AGE 5 OR UNDER AND RECEIVES GOVERNMENT MONEY (G3b, G3c OR G3d GREATER THAN 0 or MARKED 'Yes' IN RECEIVED COLUMN)]:**

**Does your program receive funds from:**

	Yes	No
1. Head Start, Early Head Start, or a partnership with a Head Start program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. a state or local pre-kindergarten program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Title I	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Total revenue
<b>Source:</b>	Massachusetts School Age Cost Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Group care</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Group providers</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items were asked of child care centers in the 2006 School Age Cost Survey for ECC licensed Provider Cost Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item is unique in that it assesses total revenue within school-age programs.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

30.) Please list your revenues for the most recent completed financial reporting year for your SA child care program at this site. Please leave any line blank that does not apply. [If you haven't been in business a full year, check this box ☐ and list how many months of financial information you are reporting: \_\_\_\_]

- a. Tuition paid by parents (private client fees) including additional fees paid by parents such as registration fees, transportation fees for parents, late pick up/late payment fees.....
- b. Tuition paid by state (OCCS/EEC/DOE) (vouchers, state contracts, transportation).....
- c. USDA child care food program.....
- d. Grant revenues.....
- e. Investment income.....
- f. Fund raising revenue.....
- g. Cash contributions, gifts, bequests, special events.....
- h. Other (explain) .....
- TOTAL REVENUES.....

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Funding Streams and Price of Care</b>
<b>Measure:</b>	Total revenue
<b>Source:</b>	The Cost of Quality Out-of-School Time Programs
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Questions came from the Survey of Budgets, Funding, and Finances for Fiscal Year 2005.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it allows flexibility for respondents to record sources of revenue, revenue amounts, whether funds are public or private, and whether sources of revenue are one-time or on-going. This question could be easily adopted for other types of providers caring for children from different age ranges.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

9. In the table below, please list the funding sources for your program for FY 2005. Sources refer to organizations or foundations providing the funds (e.g., United Way, individual donors, etc.). Funds donated by individuals through program fundraisers should be considered in one category combining all such fundraisers (e.g., “individuals through fundraisers”). Please include any funds you receive from schools involved in school-based programs or corporations. In columns three and four, please note if the funds come from a public entity (e.g., State of Ohio, etc.) or a private entity and if the funds are ongoing (i.e., those that will continue every year) or one-time grants/special services.

**PROGRAM FUNDING SOURCES TABLE**

Source of Funding for FY 2005 (including grants and fees)	Amount of Funding	Public or Private Funds	Ongoing (OG) or One-Time (OT)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Marketing of child care/recruitment
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items asked of centers only in the Center-Based Programs Instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that it would allow for trend analysis using data from the Profile of Child Care Settings and the NSCCSD. Items assess whether special efforts are made to recruit with specific background or needs, what types of children are targeted, how marketing is done and how long it takes to fill child care slots. In Item B5, it is not clear how the phrase “specific background or need” is understood by respondents or whether it is interpreted consistently across respondents. The data quality could be improved by giving the groups listed in B6 as examples of what is meant by the phrase in B5.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**B5 Do you make a special effort to recruit and enroll specific types of children such as children in specific age groups or children with a specific background or need?**

Yes

No

Don't know

Refused

**B6 What types of children do you target for recruiting?**

**Probe: Any others?**

**(Code all that apply)**

Children in a specific age group

Low-income children

Children in a specific ethnic group

Children living in a specific area

Children in a specific religious group

Other (specify)

No other target group

Don't know

Refused

**B7 What steps do you take to find more children to care for?**

**Probe: Any other steps?**

Code all that apply.

Newspapers, advertisements, or yellow pages

Referrals from welfare or social service caseworkers

Referrals from community agencies other than welfare or social service

A child care resource and referral agency

Referrals from bulletin or message boards

Word of mouth

Own waiting list

Share waiting list

Take no action

Pamphlets or flyers

Open houses

Check with family day care providers

Referrals from Resource and Referral Agency

Other (Specify)

No other steps

Don't know

Refused

**B8 The last time you had an opening, how long did it take you to find another child to care for?**

\_\_\_ days

weeks

months

Currently have opening/couldn't find another child

Don't know

Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Marketing of child care/recruitment
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Items appear in both home-based and center-based questionnaires.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they capture information regarding both how child care providers market their services and how parents search for care. In states that have a Quality Rating System, these items could be improved by also asking about participation in the State Quality Rating System as a way of marketing and educating

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

parents about the quality of child care offered. Based on cognitive testing of these items among home-based providers, a recommendation was made to add a response category to item F4: "Make program information available to families through the local school or school district."

A feasibility test of these items found moderate variation among both home-based providers and center directors.

### Question Wording:

**Asked of both the center directors and home-based care providers:**

**F4. Which of the following do you do to try to find new children to care for?**

	Yes	No
<b>a. List your services with a resource and referral agency</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>b. List your services with a family child care association</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>c. Ask friends and family to refer other families looking for care</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>d. Ask current or recent families to refer other families looking for care</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>e. Answer advertisements or other postings looking for care</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>f. Post advertisements or flyers announcing openings</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>g. IF VOLUNTEERED: NEVER HAVE TO ADVERTISE</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**F5. Which of these methods is the main way that you find new children to care for? ENTER CATEGORY FROM F4 ABOVE.**

**F6. Which of the following do you do to help parents understand what kind of care you offer?**

	Yes	No
a. Talk with families who are looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Invite families looking for care to visit and observe	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Invite families looking for care to bring their children for a visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Ask current or recent families to provide verbal or written references to families looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Post on-line or encourage current or recent families to contribute publicly available reviews	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Apply for an overall rating of quality that parents are told about	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Let families looking for care talk with assistants or other people who help me care for children	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**Asked of center directors:**

**H11. I have two questions that will help me know if you might appear on publicly available lists of child-care providers that we are using for this study.**

	Yes	No
a. Are you listed with a local resources and referral agency?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Is your program licensed for child care by the State?	1 <input type="checkbox"/>	2 <input type="checkbox"/>



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Marketing of child care/recruitment
<b>Source:</b>	The National Evaluation of the 21st Century Community Learning Centers Program
<b>Year of Administration:</b>	2000-2002
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	These items are unique in that they provide recruitment and marketing information applicable to school-aged programs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3. Students who attend the center come from:

- 01 \_ Host school only
- 02 \_ Host school and other school(s)

7. Recruitment/targeting of potential student participants happens mainly through: (CHECK ONLY ONE)

- 01 \_ Broad appeals to virtually all students in the school
- 02 \_ Targeted appeals to students with certain characteristics or needs
- 03 \_ Referrals/recommendations from school staff
- 04 \_ Other, please specify \_\_\_\_\_

8. What criteria does the program use to determine who can participate? (CHECK ALL THAT APPLY):

- 01 \_ None; all students can participate
- 02 \_ Low grades
- 03 \_ Low test scores
- 04 \_ Teacher recommendations
- 05 \_ Poor homework completion rates
- 06 \_ Behavior/discipline issues
- 07 \_ Low family income
- 08 \_ Other, please specify \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Marketing of child care/recruitment
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, afterschool services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the afterschool project.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item captures the provider/director's perception of the awareness of the program in the community. Information from this item may help explain why programs choose their marketing strategies.

Question Wording:

**86. In your view, to what extent is the surrounding neighborhood aware of the program?**

- a. Very aware ..... 1**
- b. Somewhat aware ..... 2**
- c. A little aware ..... 3**
- d. Not aware at all..... 4**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	How providers admit children to enroll
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>These items were asked in the home-based questionnaire.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	One strength of the first item is that it captures a data element (provision of care to a non-related child) that is helpful in evaluating whether a provider is part of the “arms-length market.” The second item captures home-based providers’ policies

regarding enrollment when their maximum capacity has been reached.

In results from the feasibility test, these items had moderate variation.

Question Wording:

**B27. [IF B7=1, Yes R HAD PRIOR RELATIONSHIP WITH ALL CHILDREN SERVED] Would you be willing and able to provide care to a child with whom you did not have a prior personal relationship?**

1 ☐ Yes

2 ☐ No

**F9. 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

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	How providers admit children to enroll
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys. This survey can be used in its entirety or can be adapted to meet more specific targets.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item captures important information regarding how programs select children/youth to serve. This item is particularly pertinent to school-age programs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**1. How does your program select children/youth (in other words, how are children/youth prioritized)? Check all that apply.**

- ☐ **Income requirement (e.g., low-income children/youth)**
- ☐ **Membership requirement**
- ☐ **Formal enrollment process**
- ☐ **All/most children/youth attend on a mandatory basis**
- ☐ **All/most children/youth attend on a voluntary basis**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	How providers admit children to enroll
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
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<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions ask about program attendance requirements and the availability of drop-in services, two important factors when considering school-age programs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:	Are there any program attendance requirements (e.g., must attend a minimum number of days)? Yes No  If yes, please describe briefly: _____  Can youth "drop in" at program sites? Yes No
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## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	How providers admit children to enroll
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
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<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items collect data on the scope of school-based programs, how enrollment decisions are made, and the challenges to expanding a school-aged program.

Question Wording:

**3. Does your program serve all the students in the school?**

- a. No
- b. Yes (Skip to Question 7)

**4. What is the main obstacle to expanding the program to serve all of the students in the school? (Circle all that apply.)**

- a. We already have enrolled all or nearly all students in the school
- b. There is not a demand for a larger after-school program (every student who has requested to participate has been accommodated)
- c. We do not have the administrative capacity to run a larger program
- d. We cannot hire enough qualified staff
- e. There is not enough space to accommodate all of the students and offer the types of activities the program intends to provide
- f. School staff and teachers do not want the program to occupy any more classrooms than are currently in use
- g. Some other reason (Specify): \_\_\_\_\_

**6. How do you select students to enroll?**

- a. We select students on a first-come, first-served basis
- b. We assign priority to certain groups of students

Please describe who receives priority: \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The items asked of child care centers were found in the Day Care Center Questionnaire. The items asked of family child care were asked in the Family Day Care Provider Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>A strength of these items is that they could be used for trend analyses using NSCCSD and the Profile of Child Care Settings data. Data from these questions provide disaggregated counts of current enrollment by age group. This question could be adapted for a broad range of care settings or age ranges (e.g., expanding the school-age age categories).</p> <p>One concern with similar items raised as a result of cognitive testing of the NSCCSD draft questionnaire is duplicate counting of children who participated in both before and after school care programs.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

### Asked of Child Care Center Directors:

**C4** How many of the children enrolled in your preschool program [and your (before/after/before and after) school program(s)] are...

- a. younger than 1 year old?
- b. 1 year old?    Number:\_\_\_\_    Don't know    Refused
- c. 2 years old?    Number:\_\_\_\_    Don't know    Refused
- d. 3 years old?    Number:\_\_\_\_    Don't know    Refused
- e. 4 years old but not yet in kindergarten?  
   Number:\_\_\_\_    Don't know    Refused
- f. 5 years old but not yet in kindergarten?  
   Number:\_\_\_\_    Don't know    Refused
- g. Kindergarten or school age?  
   Number:\_\_\_\_    Don't know    Refused

### Asked of Family Child Care Providers:

**A5** How many children other than your own children or children who live with you do you take care of on a regular basis each week?

Probe: By regular basis I mean on a schedule that is similar from week to week.

\_\_\_\_ children

Don't know

Refused

None

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Question appears in both home-based and center-based questionnaires.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it provides a longitudinal perspective on child care enrollment and changes in enrollment and services offered. A limitation of this item is that respondents who have been directing/providing care at this center/in their home less than five years may not be able to answer the question accurately.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Little variation was found in the responses to these items through a feasibility test.

Question Wording:

<b>D3. [In the past 5 years/Since you've been operating here], have you made any of the following changes in service:</b>	<b>Yes</b>	<b>No</b>
<b>a. Expanded or reduced the ages served</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>b. Increased or decreased the slots served in an age group</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>c. Changed the hours of operation of the program</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>d. Changed the way you group children by age</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>e. Other changes to the services offered for children under age 13</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	Connecticut DSS Childcare Rate Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Questions could be applied to care for children of other ages.
<b>Item Limitations and Strengths for NSCCSD:</b>	Question provides data on number of school aged children served and disaggregates children served before school only, after school only and during vacation. Questions could be adapted to care arrangements for children of other ages.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

82:

26. During the school year, on average, how many individual school age children do you care for before OR after school? (NOTE: COUNT ONLY CHILDREN THAT ARE THERE BEFORE OR AFTER SCHOOL – FOLLOW UP QUESTIONS COVER BEFORE ONLY OR AFTER ONLY) (ENTER UP TO 4 DIGITS)

0..... 9997

Does not offer either before or after school care .....9998

Don't know/Refused .....9999

83:

27. During the school year, on average, how many individual school age children do you care for before school but not after school? (ENTER UP TO 4 DIGITS)

0..... 9998

Don't know/Refused .....9999

84:

28. During the school year, on average, how many individual school age children do you care for after school but not before school? (ENTER UP TO 4 DIGITS)

0..... 9998

Don't know/Refused .....9999

87:

31. During school vacations on average, how many school age children do you care for? (NOTE: ANY SCHOOL VACATION WHERE YOU OFFER CARE) (ENTER UP TO 4 DIGITS)

0..... 9998

Don't know/Refused .....9999

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	Maine Market Rate Survey
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The items asked of child care centers were found in the Survey of Child Care Centers instrument. The items asked of family child care providers were found in the Survey of Family Child Care Providers.
<b>Item Limitations and Strengths for NSCCSD:</b>	Items provide comparable information on full-time and part-time enrollment by age for center and family care providers serving preschool age children. Question could be adapted for a broader range of care settings and age groups.

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Asked in Survey of Child Care Centers:

13. For each age group, indicate whether you serve this group. If you do, indicate the actual number of children enrolled in each age group, the actual number of part-time children enrolled and your center's current full-time equivalent (FTE) enrollment; then add up each column.

	Do you serve this age group?	For each age group you serve...		
	If yes, please fill in the columns to the right.	# of <u>full-time</u> children enrolled (Full-time is 30 or more hours per week.)	# of <u>part-time</u> children enrolled (Part-time is less than 30 hours per week.)	Current FTE (full-time equivalent) enrollment
Infant (6 weeks to 15 months)	Yes No			
Toddler (16 months to 33 months)	Yes No			
Preschool (34 months to 5 years)	Yes No			
Kindergarten	Yes No			
School-age children	Yes No			
		Total:	Total:	Total:

Asked in Survey of Family Child Care Providers:

19. For each age group, please indicate the number of children you serve. (if you do not serve a particular age group, write N/A.)

Full time children are those in your care 30 or more hours per week.

Part-time children are less than 30 hours.

	How many children are currently enrolled in your Family Child Care? (not including your own children)		How many of <u>your own</u> children are currently in your care?
	# of <u>full-time</u> children (30 or more hours per week)	# of <u>part-time</u> children (less than 30 hours per week)	
Infant (6 weeks to 15 months)			
Toddler (16 months to 33 months)			
Preschool (34 months to 5 years)			
Kindergarten			
School-age children			
	Total:	Total:	Total:

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input checked="" type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items asked of child care center teachers were found in the Teacher Instrument. The items asked of family child care providers were found in the Family Child Care Instrument. The items asked of child care directors were found in the Director Instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they ask for current enrollment by age using three different units of analysis: center classroom, family child care, and child care center. Additionally, the questions provide disaggregated counts by age groups. This question could be adapted to capture a broader age range and for family, friend and neighbor care.

**Question Wording:**
**Asked of Child Care Providers Regarding their Class:**

**>t\_a1< Think about the time and day of the week when the largest number of children are enrolled in your class. If all the children are present, how many children are in your classroom?**

**Probe: Not including time at the beginning or end of the day when children in your class may be combined with children from other classes.**

\_\_\_ **Number of Children**

**Don't Know**

**Refused**

**>t\_a1a\_f< How many of those children are...**

**a. Five years old?**

**Number      None      Don't Know      Refused**

**b. Four years old?**

**Number      None      Don't Know      Refused**

**c. Three years old?**

**Number      None      Don't Know      Refused**

**d. Two years old?**

**Number      None      Don't Know      Refused**

**e. One-year old?**

**Number      None      Don't Know      Refused**

**f. Under one-year old?**

**Number      None      Don't Know      Refused**

**Asked of Family Child Care Providers:**

**>a6\_1< How many children, altogether, do you take care of for pay on a regular basis each week? Please do not include your own children or children who live with you.**

**Probe: By your own children, we mean birth and adopted children, foster children, grandchildren, other relatives' children, and children who are not related to you but live with you half the time or more.**

\_\_\_ **Number of Children**

**Don't Know**

**Refused**

**>a6\_1abcd< How many of those children are...**

**a. Infants younger than 12 months old?**

**Number      None      Don't Know      Refused**

**b. Toddlers from 12 to 35 months old?**

**Number      None      Don't Know      Refused**

**c. Preschoolers from 3 (36 months) to 5 years (60 months) old who are not yet in kindergarten?**

**Number      None      Don't Know      Refused**

**d. School-age children?**

**Probe: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not in kindergarten or school.**

**Number      None      Don't Know      Refused**

Asked of Child Care Directors:

<d2< How many children are currently enrolled in your program, including all sessions your program offers?

\_\_\_ Number of Children

Don't Know

Refused

>d2abcd< How many of those children are...

a. Infants younger than 12 months old?

Number	None	Don't Know	Refused
--------	------	------------	---------

b. Toddlers from 12 to 35 months old?

Number	None	Don't Know	Refused
--------	------	------------	---------

c. Preschoolers from 3 (36 months) to 5 years (60 months) old who are not yet in kindergarten?

Number	None	Don't Know	Refused
--------	------	------------	---------

d. School-age children?

Probe: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not in kindergarten or school.

Number	None	Don't Know	Refused
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## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys.
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions capture information about enrollment specific to school-aged children. In addition to enrollment, average daily attendance is assessed.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**2. How many children/youth are enrolled currently (total number)?**

\_\_\_\_\_

**4. How many children/youth are served?**

\_\_\_\_\_ Elementary age (grades K-5)

\_\_\_\_\_ Middle school age (grades 6-8)

\_\_\_\_\_ High school age (grades 9-12)

\_\_\_\_\_ Total

**5. How many children/youth attend per day, on average?**

\_\_\_\_\_ Elementary

\_\_\_\_\_ Middle school

\_\_\_\_\_ High school

\_\_\_\_\_ Total

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Current enrollment
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it allows for an assessment of whether enrollment has changed from the last year. This might be particularly helpful when assessing the effect of economic shifts or policy/program changes on program enrollment.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**7. Does your program serve the same number of children as last year (2001-2002)?**

- a. Yes, our enrollment level is the same ..... 1**
- b. No, enrollment has decreased ..... 2**
- c. No, enrollment has increased..... 3**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Slots available
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Question appears in both home-based and center-based questionnaires.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they not only capture the number of children currently enrolled in a child care program, they also capture the providers' maximum capacity. This information could be helpful to analysts interested in understanding the child care options available to families.

Cognitive testing of this item revealed that home-based providers found it difficult to answer because the total number of children they enroll depends on the age of children served and their relationship to the providers. Consequently, it was recommended that the home-based items be altered to allow providers to identify the numbers of children the provider is willing to add by age range and relationship to the provider.

In a feasibility test of these items, some center directors did not provide responses for the number of children enrolled/additional children that could be served for each age group. Fewer home-based providers provided missing responses. As a note, when center directors were asked for the number of children enrolled and the number of available slots for one specific age group, they provided fewer missing responses. When responses to enrollment questions asked of directors and center teachers were compared, these two respondents differed. In center-based settings, directors reported themselves as the best reporter of enrollment.

**Question Wording:**
**Asked of the center directors:**

**\*C1. You mentioned that your program serves the following age groups of children: [LIST AGE GROUPS FROM A15 (PAGE 8)]**

**How many children do you serve in each of these age groups in your program at this site? INTERVIEWER: FILL IN AGE GROUPS FROM A15 (PAGE 8).**

**\*C1a. [ASK Q FOR EACH AGE GROUP] At this time, how many more children in this age group would your program be willing and able to serve? CODE 99 IF PROGRAM HAS NO LIMITS ON ADDITIONAL CHILDREN TO BE SERVED.**

Age Group from A15	C1: Currently Enrolled	C1a: Additional Children
1.		
2.		
3.		
4.		
<b>TOTAL</b>		

**Asked of the home-based care providers:**

**\*C1A. How many children do you serve in each of these age groups?**

**\*C1B. At this time, how many more children in this age group would you be willing and able to serve?**

Age Group	C1: Currently Enrolled	C1a: Additional Children
1.		
2.		
3.		
4.		
<b>TOTAL</b>		

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Slots available
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item was asked of center-based programs only in the 2005 Illinois Child Care Salary and Staffing Survey – Child Care Centers.
<b>Item Limitations and Strengths for NSCCSD:</b>	This question provides data on frequency with which there are vacancies in center programs. It could be adapted for family care providers. However, the resulting data from this question may be difficult to interpret and use.
<b>Question Wording:</b>	<b>13. Using the scale from 1 to 5, where 1 means there are always vacancies at your center and 5 means that there are never any vacancies, circle the response that best describes your enrollment pattern.</b>  <div style="text-align: center;"> <b>There are always    1    2    3    4    5    There are never vacancies</b>  <b>vacancies</b> </div>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Slots available
<b>Source:</b>	Oklahoma Market Rate Survey
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items are asked in the Survey Instrument for Child Care Centers. They evaluate available slots by child age and ask if waiting lists are longer this year compared to previous years.
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions provide detailed information regarding whether there are vacancies, for what ages there are vacancies, and whether wait lists have lengthened or shortened since the previous year.
<b>Question Wording:</b>	<b>Q6. Do you currently have any vacancies?</b>

No \_\_\_\_ - Go to question #9  
 Yes \_\_\_\_

**Q7. Do these vacancies apply to ANY children, or only CHILDREN OF SPECIFIC AGES?**

Any children \_\_\_\_ - Go to Question #9  
 Only children of specific ages \_\_\_\_

**Q8. For which SPECIFIC AGES does your facility have vacant slots?**

	# OF VACANCIES
Infants (0-9 months of ages)	_____
Toddlers (10-23 months of age)	_____
Two years old	_____
Three years old	_____
Four-five years old	_____
Kindergarteners	_____
School-agers	_____
Total	_____

**Q11. Is the number of children on your waiting list more or less than was on your list one year ago?**

Less than ONE YEAR ago \_\_\_\_  
 More than ONE YEAR ago \_\_\_\_



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Slots available
<b>Source:</b>	South Dakota Market Rate Survey
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: _Group____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other _Group____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other _Group____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>A similar question to item 22 below is found in the Wyoming 2004 market rate survey. The ages asked about in the Wyoming question are: infants 0-52 weeks, toddlers 1-2 years, toddlers 2-3 years, preschool 3 years, preschool 4-5 years, and school age 6-12 years.</p> <p>Items asked of family child care providers were found in the Family Child Care Market Rate Survey.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions concisely evaluate current registration, enrollment, and available slots by age including school age. Questions could be adapted for family care providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

9. How many children are you registered to care for? \_\_\_\_\_

10. How many children are enrolled in your care? \_\_\_\_ (This number could be more than your registered capacity)

22. How many vacant child care slots do you have? \_\_\_\_\_  
(complete vacant slots by age if known)

Infant (4 weeks to 12 months) \_\_\_\_

Toddler (13 months to 2 years) \_\_\_\_

Pre-school (3 to 5 years) \_\_\_\_

School-Age (6 years & older) \_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Maximum capacity
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they would allow for trend analysis using the 1990 Profile of Child Care Settings and NSCCSD data. Question provides data on number of children centers are licensed to care for and, for family care providers, number of children they are willing and able to serve on a part- and full-time basis. Question could be expanded to provide disaggregated counts by age group and to include school age children.

Question Wording:

Asked of Child Care Directors:

**A14 How many children are you licensed to care for?**

**Probe: How many children are permitted to be at the center at one time?**

- ☐ children
- ☐ not licensed
- ☐ don't know
- ☐ refused

Asked of Family Child Care Providers:

**A19 How many more children younger than school age would you be able and willing to take care of full-time?**

**Probe: By full-time, we mean 35 hours a week or more.**

- ☐ children
- Not sure or depends
- Don't know
- Refused

**A20 [In addition to the (Number from A19) additional children you could take care of full-time,] how many more children younger than school age would you be able and willing to take care of part-time?**

**Probe: For less than 35 hours a week.**

- ☐ children
- None (Go to A22)
- Not sure or depends
- Don't know (Go to A22)
- Refused (Go to A22)

**A21 Would you take care of more part-time children in the...**

- |               |     |    |                     |         |
|---------------|-----|----|---------------------|---------|
| a. Morning?   | Yes | No | Don't know/not sure | Refused |
| b. Afternoon? | Yes | No | Don't know/not sure | Refused |
| c. Evening?   | Yes | No | Don't know/not sure | Refused |
| d. Overnight? | Yes | No | Don't know/not sure | Refused |

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Maximum capacity
<b>Source:</b>	Rhode Island Statewide Survey of Childcare Rates
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item can be found in the Midwest Study—asked of centers; Maine Market Rate Survey – asked of family child care providers; Illinois Child Care Salary and Staffing Survey 2005– asked of program.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they assess legal maximum capacity as well as the maximum number of children the provider feels comfortable caring for. Item 18 can be used for home-based care providers, although cognitive testing of a similar item for the NSCCSD questionnaire found that a more detailed question that takes into account the age of the children and their relationship to the home-based provider would be more appropriate, as home-based providers take both of these factors into account when determining their maximum capacity.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

17) How many children are you licensed/certified to care for? \_\_\_\_\_

18) What is the maximum number of children you would be willing to care for in your current space? Include both full- and part-time \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Maximum capacity
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items can be found in the Child Care Providers and The Subsidy System Center Director Telephone Interview.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it provides disaggregated counts of maximum capacity by age. Question is currently appropriate for center-based care but could be adapted for a broader range of care settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>td3<. (fill Child care/Preschool) programs are limited by staffing and space considerations in the number of children they can have on the premises at the same time.

ASK d3 IF s1 IS CODED <1> or <2> (INFANTS OR TODDLERS), ELSE go to td3a.

>d3<. What is the maximum number of infants and toddlers under age 3 that can currently be served in your program at the same time?

INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING BECAUSE THEY HAVE MIXED-AGE CLASSROOMS, CODE <d> AND go to d5.

\_\_\_\_\_ Maximum number of infants and toddlers

<d> Don't know – go to d5

<r> Refused – go to d5

>td3a<. ASK d3a IF s1 IS CODED <3> (PRESCHOOLERS), ELSE go to td4

>d3a<. What is the maximum number of preschoolers 3 to 5 years old that can currently be served in your program at the same time?

INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING BECAUSE THEY HAVE MIXED-AGE CLASSROOMS, CODE <d> AND go to d5.

\_\_\_\_\_ Maximum number of preschoolers

<d> Don't know – go to d5

<r> Refused – go to d5



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Wait list
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This question was asked of center directors only in the Center-Based Programs instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it could allow for trend analysis using data from the Profile of Child Care Settings and the NSCCSD. Data from this question could be expanded by asking additional detailed questions about the program's wait list.
<b>Question Wording:</b>	<b>B12 Do you have a waiting list?</b> <b>Yes</b> <b>No</b> <b>Don't know</b> <b>Refused</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Wait list
<b>Source:</b>	Oklahoma Market Rate Survey
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items were asked on the Survey Instrument for Child Care Centers. A similar item can be found in two self administered surveys: Maine Market Rate Survey and South Dakota Market Rate Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that, in addition to asking whether a provider had a wait list, they also ask how many children are on the wait list by child age and how the current wait list compares to the previous year's wait list.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**Q9. Do you maintain a list of children who are waiting for a vacancy in your facility?**

- ☐ No – Go to Question # 12  
☐ Yes

**Q10. How many children are on your waiting list by age group?**

	Number
Infants (0-9 months of ages)	_____
Toddlers (10-23 months of age)	_____
Two years old	_____
Three years old	_____
Four-five years old	_____
Kindergarteners	_____
School-agers	_____
Total	_____

**Q11. Is the number of children on your waiting list more or less than was on your list one year ago?**

- Less than ONE YEAR ago \_\_\_\_\_  
More than ONE YEAR a go \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Wait list
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item was found in the N.C. Center for Afterschool Programs Survey and the Chapin Hall's Out of School Time Program Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	These questions are quick to administer and provide useful information. To clarify the response time frame, the question could be altered to read, "Do you <u>currently</u> have a waitlist?"
<b>Question Wording:</b>	<b>6. Do you have a waiting list?</b> o Yes o No  <b>7. If yes, how many are on your waiting list? _____</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve English language learners
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items were only asked of child care center directors and are found in the Day Care Center Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items allow for trend analyses using the 1990 Profile of Child Care Settings and NSCCSD data. Questions provide data on whether the provider accepts children who do not speak English well or for whom English is not their first language and whether they have bilingual staff. Question wording is appropriate for center-based care but could be adapted for other provider types.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**B2 Do you accept children whose first language is not English and do not speak English well enough to be understood?**

**Yes**

**No (Go to B4)**

**Don't know (Go to B4)**

**Refused (Go to B4)**

**B3 Do you have bilingual staff who help children who lack skills in English?**

**Yes**

**No**

**Don't know**

**Refused**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve English language learners
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
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<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The full citation for this paper is: Zaslow, M., Halle, T., McNamara, M., Weinstein, D., & Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12685">http://www.childcareresearch.org/location/12685</a>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they capture use of language with the children. A limitation of these items is that they don't capture the number of English language learners

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**25. Of the TOTAL number of children that you care for in a typical week, what number do you speak with:**

☐ Mostly or all in English? \_\_\_\_\_

☐ Mostly or all in Spanish? \_\_\_\_\_

☐ A mix of English and Spanish? \_\_\_\_\_

☐ Mostly a language other than English or Spanish (please specify other language): \_\_\_\_\_

☐ A mix of English and a language other than Spanish (please specify other language): \_\_\_\_\_



# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve English language learners
<b>Source:</b>	Early Childhood Longitudinal Study- Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other: <u>Any provider serving a child in ECLS-B</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household
	<u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified
	<u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items are found in the 24-month center director self-administered questionnaire. Center directors were sampled for this study if they served 24-month-olds in the ECLS-B sample. The centers may serve children of other ages as well.
<b>Item Limitations and Strengths for NSCCSD:</b>	Provides data on number or percentage of children who speak a language other than English. Item could be adapted for a broader range of care settings and to collect languages of children that provider serves.
<b>Question Wording:</b>	<b>A12. Approximately what number or percentage of children speak a language other than English at your center?</b> <b>Please write number OR percentage. You do not need to report both.</b> _____ <b>NUMBER</b> <b>OR</b> _____ <b>PERCENT</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve English language learners
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item was asked of child care center directors only in the Center Director Interview. Also asked of family child care providers in the Urban Institute Provider Study in Five Counties.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they assess parents' fluency in English and number of parents with whom the provider has difficulty communicating. Items could be used across a broad range of care settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**>e1< Our next questions are about the children and families your program serves.**

**Do the parents of any children currently enrolled in your program have trouble communicating in English because they speak another language at home?**

**<1> YES → go to e1a**

**<0> NO → go to e2**

**<d> DON'T KNOW → go to e2**

**<r> REFUSED → go to e2**

**>e1a< What languages are spoken by these families?**

**CODE ALL THAT APPLY**

**<1> SPANISH**

**<2> ARABIC**

**<3> CHINESE**

**<4> FRENCH/CREOLE**

**<5> JAPANESE**

**<6> KOREAN**

**<7> POLISH**

**<8> TAGALOG (FILIPINO)**

**<9> VIETNAMESE**

**<10> OTHER LANGUAGES (SPECIFY)**

**<d> DON'T KNOW**

**<r> REFUSED**

**ASK e1b FOR EACH LANGUAGE CODED IN e1a:**

**>e1b< Approximately how many children have a parent or parents who speak (LANGUAGE) and have trouble communicating in English?**

**PROBE IF RESPONDENT IS TAKING A LONG TIME TO COUNT**

**CHILDREN: A rough estimate is fine.**

**INTERVIEWER: PRECISION HERE IS NOT VERY IMPORTANT. IF RESPONDENT GIVES NUMBER OF PARENTS OR FAMILIES SPEAKING LANGUAGE IN e1a, THAT WILL BE FINE FOR THE PURPOSES OF THE STUDY.**

**\_\_\_\_\_ NUMBER OF CHILDREN WITH PARENT WHO HAS TROUBLE SPEAKING ENGLISH**

**<d> DON'T KNOW**

**<r> REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve English language learners; Serve children with special needs; Disability status of child
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys. This survey can be used in its entirety or can be adapted to meet more specific targets.
<b>Item Limitations and Strengths for NSCCSD:</b>	Though this item only captured dichotomous information about whether the provider serves English language learners, it also asks about various special needs children might have.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

What groups of children are served? Check all that apply.

- ☐ Academically at-risk
- ☐ Special education students
- ☐ Special needs (e.g., physical disability, hearing impairment, asthma)
- ☐ Specific ethnic group
- ☐ Gifted and talented
- ☐ English language learners
- ☐ Low-income children and youth
- ☐ Foster children
- ☐ Homeless children
- ☐ Alternatively educated youth
- ☐ Dropouts
- ☐ Adjudicated youth
- ☐ Other \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serves English language learners; Serve children with special needs; Disability status of child
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it asks about multiple types of special populations. This question would provide more comprehensive information if the total number of children served by the program was ascertained.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is your program serving special populations? Please give the number of children served. (e.g., 20 academically at-risk)

	YES	NO
Academically at-risk _____		
Foster children _____		
Special needs (e.g. physical disability, hearing impairment, asthma) _____		
Special Education _____		
Gifted and Talented _____		
Limited English Proficiency _____		
Homeless _____		
Dropouts _____		
Other (specify) _____		

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS), Day Care Center Questionnaire
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Population Sampled (P)/ Oversample (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age Group (Served):</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes:</b>	Questions asked of centers only in the center based programs questionnaire.
<b>Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they would allow for trend analyses using the Profile of Child Care Settings and NSCCSD data. A limitation of these questions is that they provide limited information. More in-depth questions, which ask about the percent of children with disabilities and what type of disabilities children have, might be more helpful. Additionally, child care providers may not be reliable reporters of children's special needs/disabilities.



**Question Wording:**

**Screeners Questions:**

**S7 Do more than half of the children in your program have handicaps? For example, handicaps such as physical impairments, severe emotional disturbance, mental retardation, or developmental delays which are associated with physical or cognitive impairments?**

Yes.....01

No.....00

Don't Know....98

Refused.....99

**S8 Do you consider your program a program primarily for children with handicaps?**

Yes.....01

No.....00

Don't Know....98

Refused.....99

**Survey Questions:**

**B4 Do you care for children who have diagnosed handicaps?**

**Probe: Handicaps such as physical impairments, severe emotional disturbance, mental retardation, or developmental delays that are associated with physical or cognitive impairments?**

Yes.....01

Yes, decide on case by case basis.....02

No.....00

Not now, but would.....97

Don't Know.....98

Refused.....99

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions appear in both home-based and center-based questionnaires.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	One strength of these items is that they ask about children's special needs in a non-threatening and non-labeling way. A second strength is that these items may capture children with special needs who have not yet to be formally identified by avoiding asking about "diagnoses", "disabilities", and whether a child has received services.

The questions below also capture multiple domains of special needs that might require specialized care. Finally, these questions focus on how a condition affects daily life and how the child is normally treated, which are perhaps more important to an analyst or policy maker than whether a child has received a diagnosis.

Results from feasibility and cognitive testing of these items suggest that center directors used a formal designation (e.g., having an IEP) in defining physical, emotional, developmental, and behavioral conditions for both school-aged and young children. It was unclear how home-based providers defined these conditions.

## Question Wording:

### Asked of the home-based care providers:

**C4. How many of the children have a physical condition that affects the way you provide care for them?**

Number of children

**C5. How many of the girls have an emotional, developmental or behavioral condition that affects the way you provide care for them? And of the boys?**

C5a.  Number of girls

C5b.  Number of boys

### Asked of the center directors:

**C4. How many of the children have a physical condition that affects the way your program serves them?**

Number of children

**C5. How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of the boys?**

C5\_1.  Number of girls

C5\_2.  Number of boys

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The full citation for this paper is: Zaslow, M., Halle, T., McNamara, M., Weinstein, D., & Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12685">http://www.childcareresearch.org/location/12685</a>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this question is that it identifies which disabilities providers should report on. Additionally, this question would allow researchers to determine what percentage of children served had one of the specified disabilities. A limitation of this item is that it puts a heavy response burden on the provider to remember the special needs of children served.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**26. Of the TOTAL number of children that you care for in a typical week, how many children in your classroom or in the group you care for in a home have been diagnosed as having a medical condition or special needs? (Please include children with blindness, deafness, a mobility problem, Down Syndrome, a learning disability, or attention deficit disorder).**

\_\_\_ # of Children with special needs: \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child
<b>Source:</b>	Georgia Child Care Market Rate Survey – Director Questionnaire
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: _In-home_____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: _In-home_____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: _In-home provider_____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item was asked of center directors in the Georgia 2005 Center Director questionnaire. A similar item can be found in the Georgia Childcare Market Rate Survey - Provider Questionnaire (2005).
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this question is that it disaggregates children with disabilities by the broad type of disability (physical, mental, emotional, behavioral). A limitation of this question is that it does not specify whether providers are to use their judgment in determining whether a child has a disability or limit their reporting to children with a verified disability.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Asked of Child Care Center Director:

**17. Do you currently care for children with:**

**a) Physical disabilities? \_\_No \_\_Yes How many?\_\_**

**b) Mental/Emotional disabilities? \_\_No \_\_Yes How many?\_\_**

**c) Other special needs (attention deficit, hyperactivity, behavioral disorders)? \_\_No \_\_Yes How many?\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child; Serves English language learners
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this item is that it asks about multiple types of special populations. This question would provide more comprehensive information if the total number of children served by the program was ascertained.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is your program serving special populations? Please give the number of children served. (e.g., 20 academically at-risk)

	YES	NO
Academically at-risk _____		
Foster children _____		
Special needs (e.g. physical disability, hearing impairment, asthma) _____		
Special Education _____		
Gifted and Talented _____		
Limited English Proficiency _____		
Homeless _____		
Dropouts _____		
Other (specify) _____		

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child
<b>Source:</b>	Denver's After-School Provider Survey
<b>Year of Administration:</b>	2006
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item was found in the Urban Institute Provider Survey in Five Counties ('03), Center Director Interview.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they provide an objective standard for what qualifies as a special need. Due to the medical model definition, the number of children identified as having a special need may be underestimated.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**What percentage of youth served have special needs as identified with either an Individualized Education Plan or 504 Plan?**

- ☐ 0-5%
- ☐ 5-10%
- ☐ 10-25%
- ☐ 25-50%
- ☐ 50-75%
- ☐ 75-100%

**What types of disabilities are identified for children with special needs?**

- ☐ **Learning Disability** (speech or language, specific learning disability)
- ☐ **Mental Health** (serious emotional disturbance, autism, ADHD, etc.)
- ☐ **Physical Disability** (mental retardation, hearing/visual impairments, orthopedic impairments, traumatic brain injury, etc.)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Serve English language learners; Disability status of child
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys. This survey can be used in its entirety or can be adapted to meet more specific targets.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item captures dichotomous information regarding whether provider serves children with special kinds of needs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

What groups of children are served? Check all that apply.

- ☐ Academically at-risk
- ☐ Special education students
- ☐ Special needs (e.g., physical disability, hearing impairment, asthma)
- ☐ Specific ethnic group
- ☐ Gifted and talented
- ☐ English language learners
- ☐ Low-income children and youth
- ☐ Foster children
- ☐ Homeless children
- ☐ Alternatively educated youth
- ☐ Dropouts
- ☐ Adjudicated youth
- ☐ Other \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Availability of Care</b>
<b>Measure:</b>	Serve children with special needs; Disability status of child
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This item provides comprehensive information on the types of special needs a provider current serves, served in the past, or is trained to serve. It is unclear whether providers would specify that they do not serve children with special needs as it is illegal to discriminate based on disability status.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**18. Which of the following is true for your program in regards to special needs and which special need or needs does it apply to? (please check all that apply and circle which types of special need(s))**

- ☐ You currently serve children with special needs – specify: learning, emotional, physical**
- ☐ You served children with special needs in the past – specify: learning, emotional, physical**
- ☐ You are trained in serving children with special needs – specify: learning, emotional, physical**
- ☐ You would be willing to have training in all areas of special needs**
- ☐ Do not serve children with special needs**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Group size; Child:staff ratio
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Item found in the Center-based Programs Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Together the questions can be used to calculate group size during a typical activity period. Group size can vary during the course of the day, week, season, or year. It may help to add wording such as “What is the average number...” or, “What is the number of children in (CHILD)’s group at the time of the day when most children are there?” However, rewording of this item would preclude trend analysis with the 1990 Profiles in Child Care Settings.</p> <p>Cognitive testing of a similar item from the NSCCSD draft survey found, for center directors, it is best to ask for the number of teachers <u>or group leaders</u> with the group during a typical activity.</p>



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**C13 How many children are in [that group/the GROUP NAME group]?**

\_\_\_ children

Don't know

Refused

**C18 How many teachers would be with [your/the GROUP NAME] group during a typical (morning) activity period? Include lead teachers and other teachers?**

\_\_\_ teachers

DON'T KNOW

REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Group size; Child:staff ratio
<b>Source:</b>	Three City Study
<b>Year of Administration:</b>	1999-2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Question is currently written from the perspective of focusing on a focal child.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Question provides data on group size and child staff ratios. Group size can also be broken down by age of child. Asking for the number of children the provider cares for rather than number he/she is licensed to care for may provide more accurate estimates of group size. This measure is appropriate for family care and informal care providers, but could be easily adapted for center care.</p> <p>Group size can vary during the course of the day, week, season, or year. Asking about average number of children during peak hours is one way to address this type of variation.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**T\_CP17.** During the days and times that (CHILD) is in your care, how many children (under age 14) do you care for, including (CHILD) and your own children?

**CHILDREN** \_\_\_\_\_ (IF 1, GO TO CP25)

**T\_CP18.** How many of the children are under 1 year of age?

**CHILDREN** \_\_\_\_\_

**T\_CP19.** How many of the children are 1 year old?

**T\_CP20.** How many are 2 years old?

**T\_CP21.** How many are 3 years old?

**T\_CP22.** How many are 4 years old?

**T\_CP23.** How many are 5 years old?

**T\_CP24.** How many are 6 to 13 years old?

**T\_CP24a.** [ASKED ONLY IF TOTAL ACROSS AGE GROUPS (CP18-CP24) DOES NOT EQUAL THE TOTAL REPORTED IN CP17]

That would equal [TOTAL]; and you stated you currently care for [TOTAL IN CP17] children. What do we need to correct?

1. Number of children listed in the various age groups (GO BACK TO CP18)
2. Total number of children care fore (GO BACK TO CP17)
3. NO CORRECTIONS ARE NEEDED

**T\_CP25.** During these times, how many other people (adults) help you take care of [CHILD/the children]?

**ADULTS** \_\_\_\_\_

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>															
<b>Measure:</b>	Group size; Child:staff ratio															
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers															
<b>Year of Administration:</b>	2003															
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal															
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local															
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey															
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____															
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____															
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____															
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified															
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<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____															
<b>Notes Specific to Items:</b>																
<b>Item Limitations and Strengths for NSCCSD:</b>	This item is inclusive of school-aged children. It could be improved by specifying "on average" or "at the time of the day when the most children are there" in the question stem.															
<b>Question Wording:</b>	<b>19. How many staff do you have for each age group and how many participants are in each age group?</b> <table border="0" style="width: 100%;"> <thead> <tr> <th></th><th style="text-align: center;"># of Staff</th><th style="text-align: center;"># of Participants</th></tr> </thead> <tbody> <tr> <td><b>a. Age 4 (Pre-School)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr> <td><b>b. Ages 5 – 10 (Elementary)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr> <td><b>c. Ages 11 – 13 (Middle School)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr> <td><b>d. Ages 14 – 18 (High School)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		# of Staff	# of Participants	<b>a. Age 4 (Pre-School)</b>	_____	_____	<b>b. Ages 5 – 10 (Elementary)</b>	_____	_____	<b>c. Ages 11 – 13 (Middle School)</b>	_____	_____	<b>d. Ages 14 – 18 (High School)</b>	_____	_____
	# of Staff	# of Participants														
<b>a. Age 4 (Pre-School)</b>	_____	_____														
<b>b. Ages 5 – 10 (Elementary)</b>	_____	_____														
<b>c. Ages 11 – 13 (Middle School)</b>	_____	_____														
<b>d. Ages 14 – 18 (High School)</b>	_____	_____														

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
Measure:	Group size; Child:staff ratio
Source:	Urban Institute Provider Survey in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items are from the Center Director Telephone Interview instrument or the Family Child Care Provider Telephone Interview instrument.</p> <p>These questions are better suited to measure capacity rather than actual group size or ratio. Many of the follow-up probes appear to include key terms and information that may be critical to include within the actual question text (see items D2 &amp; D3). Also, use of the phrase “master teachers” is not recommended as many early care and education sites refer to specialists as “master teachers”.</p>
Item Limitations and Strengths for NSCCSD:	<p>These questions provide data that can be used to calculate group size, child:staff ratios, current enrollment, enrollment by child’s age, capacity, and staffing numbers by level (e.g., head versus assistant teacher). Together these questions allow analysts to create more refined measures of group size and child:staff ratios for example, by age of child and staff level.</p> <p>Questions are about the number of children the provider is willing and able to care</p>

for, not the actual number of children cared for. For questions for home-based providers, probes need careful review. They sometimes include very important information but may be redundant.

**Question Wording:**

**Asked of Child Care Center Directors:**

**D2. How many children are currently enrolled in your program, including all sessions your program offers?**

**[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]**

\_\_\_\_\_ Number of children

**D. DON'T KNOW**

**R. REFUSED**

**PROGRAMER: In questions d2abcd fill only age categories coded in s1.**

**D2ABCD. How many children currently enrolled in your program are...**

**[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]**

**a. Infants younger than 12 months old**

**b. Toddlers from 12 to 35 months old**

**c. Preschoolers from 3 (36 months) to 5 years (60 months) old who are not yet in kindergarten**

**d. School age children**

\_\_\_\_\_ Number of children

**D. DON'T KNOW**

**R. REFUSED**

**IF SUM OF D2ABCD DOES NOT EQUAL D2, FOLLOW-UP WITH THE FOLLOWING:**

**Let me check to make sure that I recorded those numbers correctly.**

**You said that there are (FILL \_\_\_\_\_ infants, \_\_\_\_\_ toddlers, \_\_\_\_\_ preschoolers, and \_\_\_\_\_ school age children), which totals (FILL SUM OF [d2abcd]). Is that correct?**

**1. Yes**

**0. No (FIX D2ABCD)**

**td3. (Child care/Preschool) programs are limited by staffing and space considerations in the number of children they can have on the premises at the same time.**

**ASK d3 IF s1 IS CODED <1> or <2> (INFANTS OR TODDLERS), ELSE go to td3a.**

**d3. What is the maximum number of infants and toddlers under age 3 that can currently be served in your program at the same time?**

**INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING BECAUSE THEY HAVE MIXED-AGE CLASSROOMS, CODE d AND go to d5.**

\_\_\_\_\_ Maximum number of infants and toddlers

**d. Don't know – go to d5**

**r. Refused – go to d5**

**td3a. ASK d3a IF s1 IS CODED 3 (PRESCHOOLERS), ELSE go to td4**

d3a. What is the maximum number of preschoolers 3 to 5 years old that can currently be served in your program at the same time?

INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING BECAUSE THEY HAVE MIXED-AGE CLASSROOMS, CODE d AND go to d5.

- \_\_\_\_\_ Maximum number of preschoolers
- d. Don't know – go to d5
  - r. Refused – go to d5

F1a. How many teachers or lead teachers does your program currently employ? I will ask about assistant or teachers or aides next.

PROBE: By teachers or lead teachers we mean the people in charge of a group or classroom of children (often with staff supervisory responsibilities). You might call them master teachers, head teachers or use some other title.  
PROBE: Full- and part-time

[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]

- \_\_\_\_\_ Number of teachers or lead teachers
- d. DON'T KNOW
  - r. REFUSED

F1b. How many assistant teachers or aides does your program currently employ?

PROBE: By assistant teachers or aides we mean people working under the supervision of a teacher or lead teacher. You might use a different title for these staff.  
PROBE: Full- and part-time

[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]

- \_\_\_\_\_ Number of assistant teachers/aides
- d. DON'T KNOW
  - r. REFUSED

Asked of Family Child Care Providers:

d2. What is the maximum number of children age 5 and under who are not yet in school you are willing and able to have in your home at one time?

PROBE: How many children age 5, who are not yet in school are willing and able to have in your home at one time?

PROBE: Including your own children and children who live with you.

PROBE: Please tell me how many children you want to care for in your home not the number you are allowed or licensed to care for.

- \_\_\_\_\_ Number of children 5 and under who are not yet in school
- d. DON'T KNOW
  - r. REFUSED

d3. How many infants under 12 months old are you willing and able to care for at one time?

PROBE: Including infants who live with you.

PROBE: Please tell me how many children you want to care for in your home not the number you are allowed or licensed to care for.

\_\_\_\_\_ Number of infants

- 0. NONE
- d. DON'T KNOW
- r. REFUSED

d3a. If you were caring for (NUMBER OF CHILDREN FROM d2) children age 5 and under, how many school age children, in addition, would you be willing to care for?

PROBE: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not in kindergarten or school.

PROBE: In addition to the (NUMBER OF CHILDREN FROM d2) pre-school age children you are willing to care for at one time, how many school age children are you willing and able to care for at one time?

PROBE: Include school age children who are birth and adopted children, foster children, grandchildren, other relatives' children, and children who are not related to you, but live with you half the time or more.

PROBE: Please tell me how many children you want to care for in your home not the number you are allowed or licensed to care for.

\_\_\_\_\_ Number of school age children

- 0. None
- d. DON'T KNOW
- r. n REFUSED

d14. When (NUMBER) (pre-school/school) age children are present in your home, how often is there an assistant helping you care for the children? Would you say...

PROBE: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not kindergarten or school.

PROBE: By assistants we mean adults age 16 or older, paid or unpaid, who help you care for the children.

- 1. Never (GO TO d15)
- 2. Rarely (GO TO d15)
- 3. Often, or (GO TO d14a)
- 4. Almost always? (GO TO d14a)
- d. DON'T KNOW
- r. REFUSED

d14a. At that time, how many adults usually help you care for the children?

PROBE: Please don't include yourself in the number.

PROBE: By adults we mean age 16 and older.

PROBE: How many adults usually help you when you care for (NUMBER) (pre-school/school) age children?

\_\_\_\_\_ Number of adults

- d. DON'T KNOW
- r. REFUSED



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Child:staff ratio; Group size
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
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<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Item found in the Center-Based Programs Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Together the questions can be used to calculate group size during a typical activity period.</p> <p>Group size can vary during the course of the day, week, season, or year. Asking about average number of children during peak hours is one way to address this type of variation. However, rewording of this item would preclude trend analysis with the 1990 Profiles in Child Care Settings.</p> <p>Cognitive testing of a similar item from the NSCCSD draft survey found, for center directors, it is best to ask for the number of teachers <u>or group leaders</u> with the group during a typical activity.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**C13 How many children are in [that group/the GROUP NAME group]?  
\_\_\_\_ children  
DON'T KNOW  
REFUSED**

**C18 How many teachers would be with [your/the GROUP NAME] group during a typical (morning) activity period? Include lead teachers and other teachers?  
\_\_\_\_ teachers  
DON'T KNOW  
REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Child:staff ratio
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions asked in the center-based questionnaire only.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths for NSCCSD:

The questions below allow analysts to calculate the child:staff ratio for a typical activity period. This approach to calculating child:staff ratio may be more accurate than asking how many children, staff, and volunteers are present generally. For item F3g, “group leaders” should be asked about in addition to lead teachers, other teachers, and instructors.

These items had adequate variation and few missing responses in a feasibility test.

Question Wording:

<b>F3c. How many children are currently enrolled in []?</b>	_____ <b>Number of children</b>
<b>F3d. How many more children would you be able and willing to accept in this group? IF NO LIMIT, ENTER 99.</b>	_____ <b>Number of additional children</b>
<b>F3e. How many hours per day are most of the children in this group at your program?</b>	_____ <b>Hours per day</b>
<b>F3f. During a typical activity period, how many assistant teachers or aides help with this group?</b>	_____ <b>Number of assistants/aides</b>
<b>F3g. During a typical activity period, how many lead teachers, other teachers or instructors are with this group?</b>	_____ <b>Number of teachers</b>
<b>F3h. During a typical activity period, how many volunteers help with this group?</b>	_____ <b>Number of volunteers</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Child:staff ratio; Group size
<b>Source:</b>	Three City Study
<b>Year of Administration:</b>	1999-2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Question is currently written from the perspective of focusing on a focal child.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Question provides data on group size and child staff ratios. Group size can also be broken down by age of child. Asking for the number of children the provider cares for rather than number he/she is licensed to care for may provide more accurate estimates of group size. This measure is appropriate for family care and informal care provider but could be easily adapted for center care.</p> <p>Group size can vary during the course of the day, week, season, or year. Asking about average number of children during peak hours is one way to address this type of variation.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**T\_CP17.** During the days and times that (CHILD) is in your care, how many children (under age 14) do you care for, including (CHILD) and your own children?

**CHILDREN** \_\_\_\_\_ (IF 1, GO TO CP25)

**T\_CP18.** How many of the children are under 1 year of age?

**CHILDREN** \_\_\_\_\_

**T\_CP19.** How many of the children are 1 year old?

**T\_CP20.** How many are 2 years old?

**T\_CP21.** How many are 3 years old?

**T\_CP22.** How many are 4 years old?

**T\_CP23.** How many are 5 years old?

**T\_CP24.** How many are 6 to 13 years old?

**T\_CP24a.** [ASKED ONLY IF TOTAL ACROSS AGE GROUPS (CP18-CP24) DOES NOT EQUAL THE TOTAL REPORTED IN CP17]

That would equal [TOTAL]; and you stated you currently care for [TOTAL IN CP17] children. What do we need to correct?

4. Number of children listed in the various age groups (GO BACK TO CP18)
5. Total number of children care fore (GO BACK TO CP17)
6. NO CORRECTIONS ARE NEEDED

**T\_CP25.** During these times, how many other people (adults) help you take care of [CHILD/the children]?

**ADULTS** \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Child:staff ratio; Group size
<b>Source:</b>	Urban Institute Provider Survey in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items are from the Center Director Telephone Interview instrument or the Family Child Care Provider Telephone Interview instrument.</p> <p>Follow-up probes are included to remind respondents to include both full- and part-time staff. It may be important to collect staffing size separately for full- and part-time staff.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Questions collect comparable data for group size and child:staff ratios for center and family care providers.</p> <p>These questions provide data that can be used to calculate group size, child:staff ratios, current enrollment, enrollment by child's age, capacity, and staffing numbers by level (e.g., head versus assistant teacher). Together these questions allow analysts to create more refined measures of group size and child:staff ratios for example, by age of child and staff level.</p>

**Question Wording:**

**Asked of Child Care Center Directors:**

**D2. How many children are currently enrolled in your program, including all sessions your program offers?**

**[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]**

\_\_\_\_\_ Number of children

d. DON'T KNOW

r. REFUSED

**PROGRAMER: In questions d2abcd fill only age categories coded in s1.**

**D2ABCD. How many children currently enrolled in your program are...**

**[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]**

S. Infants younger than 12 months old

T. Toddlers from 12 to 35 months old

U. Preschoolers from 3 (36 months) to 5 years (60 months) old who are not yet in kindergarten

V. School age children

\_\_\_\_\_ Number of children

d. DON'T KNOW

s. REFUSED

**IF SUM OF D2ABCD DOES NOT EQUAL D2, FOLLOW-UP WITH THE FOLLOWING:**

Let me check to make sure that I recorded those numbers correctly.

You said that there are (FILL \_\_\_\_ infants, \_\_\_\_ toddlers, \_\_\_\_ preschoolers, and \_\_\_\_ school age children), which totals (FILL SUM OF [d2abcd]). Is that correct?

1. Yes

0. No (FIX D2ABCD)

**td3. (Child care/Preschool) programs are limited by staffing and space considerations in the number of children they can have on the premises at the same time.**

**ASK d3 IF s1 IS CODED <1> or <2> (INFANTS OR TODDLERS), ELSE go to td3a.**

**d3. What is the maximum number of infants and toddlers under age 3 that can currently be served in your program at the same time?**

**INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING BECAUSE THEY HAVE MIXED-AGE CLASSROOMS, CODE d AND go to d5.**

\_\_\_\_\_ Maximum number of infants and toddlers

d. Don't know – go to d5

r. Refused – go to d5

**td3a. ASK d3a IF s1 IS CODED 3 (PRESCHOOLERS), ELSE go to td4**

**d3a. What is the maximum number of preschoolers 3 to 5 years old that can currently be served in your program at the same time?**



INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING BECAUSE THEY HAVE MIXED-AGE CLASSROOMS, CODE d AND go to d5.

- \_\_\_\_\_ Maximum number of preschoolers  
d. Don't know – go to d5  
r. Refused – go to d5

F1a. How many teachers or lead teachers does your program currently employ? I will ask about assistant or teachers or aides next.

PROBE: By teachers or lead teachers we mean the people in charge of a group or classroom of children (often with staff supervisory responsibilities). You might call them master teachers, head teachers or use some other title.

PROBE: Full- and part-time

[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]

- \_\_\_\_\_ Number of teachers or lead teachers  
d. DON'T KNOW  
r. REFUSED

F1b. How many assistant teachers or aides does your program currently employ?

PROBE: By assistant teachers or aides we mean people working under the supervision of a teacher or lead teacher. You might use a different title for these staff.

PROBE: Full- and part-time

[IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.]

- \_\_\_\_\_ Number of assistant teachers/aides  
d. DON'T KNOW  
r. REFUSED

Asked of Family Child Care Providers:

d2. What is the maximum number of children age 5 and under who are not yet in school you are willing and able to have in your home at one time?

PROBE: How many children age 5, who are not yet in school are willing and able to have in your home at one time?

PROBE: Including your own children and children who live with you.

PROBE: Please tell me how many children you want to care for in your home not the number you are allowed or licensed to care for.

- \_\_\_\_\_ Number of children 5 and under who are not yet in school  
d. DON'T KNOW  
r. REFUSED

d3. How many infants under 12 months old are you willing and able to care for at one time?

PROBE: Including infants who live with you.

PROBE: Please tell me how many children you want to care for in your home not the number you are allowed or licensed to care for.

\_\_\_\_\_ Number of infants

- 0. NONE
- d. DON'T KNOW
- s. REFUSED

d3a. If you were caring for (NUMBER OF CHILDREN FROM d2) children age 5 and under, how many school age children, in addition, would you be willing to care for?

PROBE: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not in kindergarten or school.

PROBE: In addition to the (NUMBER OF CHILDREN FROM d2) pre-school age children you are willing to care for at one time, how many school age children are you willing and able to care for at one time?

PROBE: Include school age children who are birth and adopted children, foster children, grandchildren, other relatives' children, and children who are not related to you, but live with you half the time or more.

PROBE: Please tell me how many children you want to care for in your home not the number you are allowed or licensed to care for.

\_\_\_\_\_ Number of school age children

- 0. NONE
- d. DON'T KNOW
- r. REFUSED

d14. When (NUMBER) (pre-school/school) age children are present in your home, how often is there an assistant helping you care for the children? Would you say...

PROBE: By school-age children we mean children age 5 to 12 who are in your care during the hours they are not kindergarten or school.

PROBE: By assistants we mean adults age 16 or older, paid or unpaid, who help you care for the children.

- 5. Never (GO TO d15)
- 6. Rarely (GO TO d15)
- 7. Often, or (GO TO d14a)
- 8. Almost always? (GO TO d14a)
- d. DON'T KNOW
- r. REFUSED

d14a. At that time, how many adults usually help you care for the children?

PROBE: Please don't include yourself in the number.

PROBE: By adults we mean age 16 and older.

PROBE: How many adults usually help you when you care for (NUMBER) (pre-school/school) age children?

\_\_\_\_\_ Number of adults

- d. DON'T KNOW
- r. REFUSED

# Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>															
<b>Measure:</b>	Child:staff ratio; Group size															
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers															
<b>Year of Administration:</b>	2003															
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal															
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local															
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey															
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____															
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____															
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____															
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified															
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____															
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____															
<b>Notes Specific to Items:</b>																
<b>Item Limitations and Strengths for NSCCSD:</b>	This item is inclusive of school-aged children. It could be improved by specifying a time frame in the question stem.															
<b>Question Wording:</b>	<b>19. How many staff do you have for each age group and how many participants are in each age group?</b> <table border="0" style="width: 100%;"> <thead> <tr> <th></th><th style="text-align: center;"># of Staff</th><th style="text-align: center;"># of Participants</th></tr> </thead> <tbody> <tr> <td><b>a. Age 4 (Pre-School)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr> <td><b>b. Ages 5 – 10 (Elementary)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr> <td><b>c. Ages 11 – 13 (Middle School)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> <tr> <td><b>d. Ages 14 – 18 (High School)</b></td><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr> </tbody> </table>		# of Staff	# of Participants	<b>a. Age 4 (Pre-School)</b>	_____	_____	<b>b. Ages 5 – 10 (Elementary)</b>	_____	_____	<b>c. Ages 11 – 13 (Middle School)</b>	_____	_____	<b>d. Ages 14 – 18 (High School)</b>	_____	_____
	# of Staff	# of Participants														
<b>a. Age 4 (Pre-School)</b>	_____	_____														
<b>b. Ages 5 – 10 (Elementary)</b>	_____	_____														
<b>c. Ages 11 – 13 (Middle School)</b>	_____	_____														
<b>d. Ages 14 – 18 (High School)</b>	_____	_____														

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
Measure:	Credentials
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These questions are clear and concise. Questions could be improved by further specifying age ranges the CDA is for.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**BK095. Do you have a Child Development Associate (CDA) credential?**

1=Yes

2=No

3=Currently working on it

Refused

Don't know

**BK100. Do you have any other state awarded certificates or credentials pertaining to early childhood education or a related field such as nursing, social work, psychology, or special education?**

1=Yes

2=No

Refused

Don't know

**BK105. Which ones do you have?**

Code all that apply

Refused

Don't know

**BK107. Specify other license, certificate, or credentials.**

Disallow don't know and refused.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Credentials
<b>Source:</b>	Illinois After-School Partnership: Out of School Time Workforce Staff Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
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<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This item asks about credentials, certifications, and accreditation. The response list would need to be revised for use in the NSCCSD. Likewise, due to the wording in the question stem, some providers may inaccurately report that they have a credential (social desirability may come into play). This item could be improved with less presumptive wording in the questions stem.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**13. Which of the following credentials, certification, or accreditation, if any, have you achieved?**

- ☐ ☐ **Public School Teaching Certificate**
- ☐ ☐ **Child Development Associate**
- ☐ ☐ **Child Care Professional**
- ☐ ☐ **Family Child Care Accreditation**
- ☐ ☐ **Youth Development/Youth Worker Certification**
- ☐ ☐ **School Age Care Certificate**
- ☐ ☐ **Food Sanitation Certificate**
- ☐ ☐ **Bus Driver Certification**
- ☐ ☐ **CNA/LPN**
- ☐ ☐ **04 Certification**
- ☐ ☐ **Other** \_\_\_\_\_
- ☐ ☐ **Other** \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Credentials; Accreditation
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Items 4, 4a, 4b, and 4c are found in the Illinois Child Care Salary Survey for Child Care Centers Questionnaire from the 2005 administration of the Illinois Child Care Salary and Staffing Survey. Item 6 is found in the Illinois Child Care Salary Survey for Family Child Care Home Providers Questionnaire. It is not specified who in the child care center is the respondent for the survey.</p> <p>In addition to collecting data on type of credential earned and accrediting body, it may be useful to collect data on the year the credential was earned.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	Questions collect data on credentials and accreditation, both obtained and “in progress” for centers and family care providers. As credentialing and accreditation are distinct, these questions could be improved by asking about each separately for both center and family child care providers.



Question Wording:

Item found in the Child Care Center Questionnaire:

**4. Is your center accredited?**

- 1. Yes
- 0. No

**a. If yes, by whom?**

- 1. NAEYC
- 2. NSACA
- 3. NECPA
- 4. NACCP
- 5. Other (Specify \_\_\_\_\_ )

**b. If no, is the center currently pursuing accreditation?**

- 1. Yes
- 0. No

**c. If yes, (you are currently pursuing accreditation) by whom?**

- 1. NAEYC
- 2. NSACA
- 3. NECPA
- 4. NACCP
- 5. Other (Specify \_\_\_\_\_ )

Item found in the Family Child Care Home Provider Questionnaire:

**6. Which of the following credentials or accreditation, if any, have you achieved? (Check all that apply)**

- 1. Child Development Associate (CDA) credential
- 2. Child Care Professional (CCP) credential
- 3. Public school teaching certificate (active or expired)
- 4. Family child care accreditation from NAFCC
- 5. Other (Specify) \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Credentials
<b>Source:</b>	Midwest Child Care Research Consortium Provider Survey
<b>Year of Administration:</b>	2000-2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Head Start/Early Head Start</u>
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Questions collect data on both certification (including a CDA) and special endorsement. Questions are currently written so as to collect data directly from the provider. These questions could be improved by adding additional response options. Also note that "Teaching certificate from your state" may be helpful wording in adapting items from other surveys to include range of state certifications. Item could be used for family child care and family, friend, and neighbor care as well as center care providers.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**19. Do you currently hold any of the following certificates? How about (READ AND ROTATE A-E AS APPROPRIATE)?**

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

- A. Teaching certificate from your state
- B. CDA (Child Development Associate)
- C. Montessori
- D. Parents as Teachers
- E. (IF CODE 1 in S1, ASK:) Childnet

**20. (IF CODE 1 in 19A, CONTINUE; OTHERWISE SKIP TO 21) Do you have any special endorsements from your state, including any in early childhood education, special education, or elementary education?**

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Credentials; Caregiver education; Caregiver education specific to ECE
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Similar items can be found in the Professional Development Compendium and the Washington State Telephone Survey of Informal Child Care.</p> <p>Interviewer notes instruct respondents to report staff counts for the month of May if summer staffing varies from that for the rest of the year.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Questions are written so as to collect data from proxy reporters (e.g., directors, rather than providers themselves). It is unclear whether proxy reporters such as center directors can provide accurate counts on highest level of education and CDA credentials for their staff.</p> <p>A limitation of these items is that they refer to a CDA credential as a level of education, when in fact it is a certification. This may compromise data quality. For example, persons with a CDA credential may also have completed a degree (e.g., an associate's degree in child development), but the question wording might lead them to report only one or the other.</p>

Questions are currently written for center care settings, and would need to be modified for use in other settings.

Question Wording:

**f3. Approximately how many of your (NUMBER) teachers, if any, have a bachelor's degree or higher level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

d. DON'T KNOW

r. REFUSED

**f3a. Approximately how many of your remaining (NUMBER) teachers, if any, have an associate's degree as their highest level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

d. DON'T KNOW

r. REFUSED

**f3b. Approximately how many of your (NUMBER) teachers, if any have a CDA credential as their highest level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

d. DON'T KNOW

r. REFUSED

**t\_e5. What is the highest level of education you have completed?**

1. Graduate degree
2. Bachelor's degree
3. Associate degree
4. CDA credential (GO TO t\_e6)
5. Some college, no degree (GO TO t\_e6)
6. H.S. diploma or GED (GO TO t\_e6)
7. None of the above (GO TO t\_e6)
- d. DON'T KNOW
- r. REFUSED

**t\_e5a. In what field is your degree?**

1. Early childhood education/child development
2. Other (SPECIFY \_\_\_\_\_)
- d. DON'T KNOW
- r. REFUSED

**Accreditation: See “Defining the Market”**

**Licensing: See “Defining the Market”**

**Physical facilities: See “Type of Care Elements”**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Provider-family partnership
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions appear in both home-based and center-based questionnaires.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	To date, few surveys have addressed two-way communication between child care providers and parents. The questions below gauge the frequency with which the provider raises issues related to the children with parents, the frequency with which parents raise issues related to the child with the provider, and the provider's

attitude/center's philosophy towards interactions with parents. Also included are questions about how often the parent and provider discuss issues in the family that might affect the child, how flexible providers are in response to parents' needs, and whether providers have the resources they need to address concerns raised by parents. Through cognitive testing of the NCSSD draft survey, two additional items were suggested:

A5a. Do you interact or communicate with families outside of the regular care that you provide for children?

☐ Yes (skip to A5b)

☐ No (skip to A6)

A5b. How do you interact or communicate with families?

a. Newsletters

b. Parent Meetings/conference

c. Social events (i.e., potlucks, family activities, etc.)

d. other (specify): \_\_\_\_\_

One concern with the current set of items that parents raised following a feasibility test is that the items do not provide a sense of the average parents' experience with a provider. For example, with items E15-E16, G12 (home-based survey) and items D9-D10, F9 (center survey), it is unclear whether items referred to conversations between providers and just one parent or a large proportion of parents. Feasibility testing of these items also found little variation in responses. Home-based providers reported few, if any, conversations with parents in item E15. For question E16, few home-based providers reported having conversations with parents. Thus, little variation was found. Items within question E16 with the greatest variation were those related to child health, discipline, and recent family activities/events. More variation was seen in center directors' responses, although they reported that conversations about discipline were rare. Responses to items E17 (home-based) and D11 (center) also had minimal variation. Replacing the response scale with a 5-item scale is recommended to improve this item. Responses to item G12 (home-based) had greater variation than item F-9 (center director). Items about access to supports, resources, and feeling overwhelmed had moderate variation among home-based providers and center directors.

#### Question Wording:

#### Asked of home-based care providers:

**E15. How often in the last three months have you raised any of the following issues with a parent as part of your child care activities...**

	Never	Monthly	Weekly	Daily
1. parenting issues?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. payment of program fees?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. coming late to pick up a child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**E16. In the last three months, how often has a parent talked with you any of the following...**

	<b>Never</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily</b>
<b>1. Something you are doing with the child or group</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>2. The child's behavior</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>3. The child's development</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>4. The child's health</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>5. How parents can support children's learning at home</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>6. How parents can discipline the child at home</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>7. Recent family activities or events</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**E17. How much do you agree or disagree with the following statements:**

	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>
<b>a. I really value my relationships with the parents of children I care for.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>b. I understand what parents' schedules are like?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>c. I'm willing to be flexible in working with parents' schedules?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>d. Parents make valuable suggestions about caring for their children?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**G12. As part of your child care activities, how often do you have conversations with parents of children you care for on these issues?**

	Daily	3-4 times/ week	1-2 times/ week	1-2 times/ month	Every few months
Parents' worries about getting or keeping a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Parents' ability to meet their children's basic needs (food, shelter, health care)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Stress parents are feeling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Problems parents are having in their relationships with partners or family members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**G13. 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

**G14. Do you feel you have the resources you need to address concerns raised by parents?**

- 1 ☐ Yes  
2 ☐ No

**G15. Have you felt overwhelmed by the concerns parents share with you...?**

- 1 ☐ Often  
2 ☐ Occasionally  
3 ☐ Rarely  
4 ☐ Never

**Asked of center directors:**

**D9. How often in the last three months have you or someone else on your staff raised any of the following with a parent ...**

	Never	Monthly	Weekly	Daily
1. parenting issues?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. [IF A20=1 (YES) page 10, ASK: ] payment of program fees?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. coming late to pick up a child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**D10.** In the last three months, how often has a parent talked with you or someone else on your staff about any of the following...

	Never	Monthly	Weekly	Daily
1. Something the child's teacher/caregiver is doing with the child or group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. The child's behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. The child's development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. The child's health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. How parents can support children's learning at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. How parents can discipline the child at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Recent family activities or events	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**D11.** How important is it to you that your lead teachers:

	Very Important	Somewhat Important	Not very Important	Not at all Important
a. Value their relationships with parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Understand what parents' schedules are like?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Are flexible in working with parents' schedules?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Pay attention to suggestions parents make about caring for their children?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**F9. As part of your child care activities, how often do you or your staff have conversations with parents of children you care for on these issues?**

	Daily	3-4 times/ week	1-2 times/ week	1-2 times/ month	Every few months
Parents' worries about getting or keeping a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Parents' ability to meet their children's basic needs (food, shelter, health care)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Stress parents are feeling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Problems parents are having in their relationships with partners or family members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**F10. Do you and your staff have access to a family support resource/mental health consultant/guidance counselor?**

- 1 ☐ Yes → (ASK F10a)  
 2 ☐ No → (GO TO F11)

**F10a. Is this person located at your site or somewhere else in the community?**

- 1 ☐ On-site full-time  
 2 ☐ On-site part-time  
 3 ☐ Off-site

**F11. Do you feel you and your staff have the resources you need to address concerns raised by parents?**

- 1 ☐ Yes  
 2 ☐ No

**F12. Would you say that you and your staff feel overwhelmed by the concerns parents share with you...?**

- 1 ☐ Often  
 2 ☐ Occasionally  
 3 ☐ Rarely  
 4 ☐ Never

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Provider-family partnership; Formal annual conference with parents
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items are unique in that they provide information on both services offered to parents, how parents are involved in the program, and prevalence of two-way communication with parents.

Question Wording:

46. Does your after-school program staff include a paid parent liaison or parent outreach coordinator?

- a. No ..... 1
- b. Yes, as a part time position..... 2
- c. Yes, as a full time position ..... 3

**Parent and Community Outreach and Involvement**

79. How often do you...

1=4 to 5 Days a Week, 2= 1 to 3 Days a Week, 3=1 to 3 Times a Month, 4=Less Than Once Month

- a. Send materials about the program home to parents?
- b. Hold events or meetings to which parents are invited?
- c. Hold events or meetings to which community members are invited?
- d. Have conversations with parents over the phone?
- e. Meet with one or more parents?

80. In the last month, how many parents have you talked with individually to discuss their children's needs, interests, etc.?

- a. More than 20..... 1
- b. 16-20 ..... 2
- c. 11-15 ..... 3
- d. 6-10..... 4
- e. 1-5 ..... 5
- f. None..... 6

81. In the last month, how many students or parents have you referred to local agencies or organizations for assistance or information?

- a. More than 20..... 1
- b. 16-20 ..... 2
- c. 11-15 ..... 3
- d. 6-10..... 4
- e. 1-5 ..... 5
- f. None..... 6

82. How many parents participate in the program on a regular basis as:

1=More than 10, 2= 4 – 10, 3 = 1 – 3, 4= None

- a. Advisory board members
- b. Tutors
- c. Activity assistants
- d. Language translators/interpreters
- e. Paid staff
- f. AmeriCorps Members
- g. Other role(s)

83. What percent of parents typically attend: (Note: Please circle "Not Applicable" if your program does not sponsor meetings or events for parents.)

1=Less than 10%, 2=10 to 25%, 3= 26 to 50%, 4= More than 50%, 5= Not applicable, 6=Don't know

- a. Parent meetings hosted by the program
- b. Program events



**84. Has your program sponsored any of the following types of events or activities for parents/families?**

**0=Never, 1= Once or twice a year, 2= A few times a semester, 3=Monthly or more often**

- a. Classes to help parents develop their own skills (e.g., GED preparation, or computer skills, etc.)**
- b. Parenting classes (e.g., classes to help parents learn about the school system and communicate with the school, how to help their children with schoolwork and prepare for tests, etc.)**
- c. English as a Second Language classes**
- e. Opportunities to hear from and talk with representatives from local agencies or other organizations (e.g., health, police, employment and training programs)**
- f. Opportunities to attend cultural or recreational events in the community?**
- g. Other (Specify):\_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Provider-family partnership
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Item found in the 48-month Provider Interview Questionnaire and the 48-month Program Director Self-Administered Questionnaire.</p> <p>Providers were sampled because they served children who were approximately 4 years old at survey administration; however, they were asked questions about all children they served from infant to school-age.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	Though these questions do assess how often various types of contact with parents occur and the degree to which parents are involved in the program, the questions do not truly capture the two-way relationship between the provider and the parents.

Question Wording:

Asked in the Provider Interview Questionnaire:

**PI015 - HELP AVAILABLE**

Now I'd like to ask you about your contact with {CHILD}{and {TWIN}}'s parents. How often do {CHILD} {and {TWIN}}'s parents ask you how things are going with {him/her/them}? Would you say . . .

Almost never.....1  
 Sometimes.....2  
 Often, or .....3  
 Always? .....4  
 REFUSED.....RF  
 DON'T KNOW.....DK

Asked in the Program Director Self-Administered Questionnaire:

**C1. Do teachers schedule meetings with the parents of each child to discuss their child's care and activities?**

☐ Yes (Please answer Question C2)  
☐ No (Skip to Question C3)

**C2. How many times are meetings typically scheduled with parents?**

☐☐☐ Please specify Unit: ☐ per year  
 Number of Times ☐ per month  
☐ per week

**OR** Some other schedule (please specify):

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**C3. What percent of children in your center or school have parents who participate in any of the following ways?**

	0%	1-25%	26-50%	51-75%	76-100%
a. As classroom volunteers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. As members of a parent council or other governing bodies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. By doing maintenance, chores or shopping for the center.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. By helping at special events or activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. By attending special events or activities, such as a children's performance, holiday party, etc....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Not including lesson plans that are given to parents in advance of activities, how often do parents receive written letters describing the play and learning activities that took place in the child's classroom?

For example, information specific to the child and/or classroom such as the following: description of specific concepts presented (e.g., themes or unit of study), description of activities involving fine motor skills (e.g., writing, cutting, sewing) or large motor skills (e.g., jumping rope, skipping, balancing), and/or description of art, dramatic play, science, or music experiences. Please select only one

- ☐ Daily
- ☐ A few times a week
- ☐ Once a week
- ☐ Less than once a week
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
Measure:	Supports and barriers to quality
Source:	Denver's After-School Provider Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question provides information on unmet needs that might affect the quality of care provided. Actual effects of unmet needs on child care quality, or perceptions of these effects, are not assessed.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

What are your organization's current unmet needs?

- ☐ Materials/Equipment
- ☐ Opportunities for partnerships with schools and/or community-based organizations
- ☐ Speakers/Activities (outreach-based services brought to your location)
- ☐ Staff Training
- ☐ Technical assistance on program quality, evaluation, fundraising, etc.
- ☐ Transportation
- ☐ Funding
- ☐ Evaluation/data collection
- ☐ Curriculum Development
- ☐ Parent Involvement
- ☐ Other \_\_\_\_\_ (limit to one sentence)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Support and barriers to quality
<b>Source:</b>	The National Evaluation of the 21st Century Community Learning Centers Program
<b>Year of Administration:</b>	2000-2002
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This item provides interesting information regarding the respondent's perception of challenges in obtaining adequate resources to provide high quality care. The item does not, however, provide information to assess whether each resource was ultimately obtained.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:	17. To what extent do you think each of the following has been an on-going challenge at this Center? (CHECK ONE BOX ON EACH LINE).		
	Little or no challenge	Modest challenge	Major challenge
a. Recruiting instructional staff .....	01_	02_	
03_			
b. Retaining instructional staff .....	01_	02_	
03_			
c. Recruiting students .....	01_	02_	
03_			
d. Retaining students .....	01_	02_	
03_			
e. Getting cooperation and access to facilities from school(s).....	01_	02_	
03_			
f. Getting adequate supplies and materials..	01_	02_	
03_			
g. Getting support and cooperation from regular school day teachers.....	01_	02_	
03_			
h. Getting support and cooperation from the community.....	01_	02_	03_



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Supports and barriers to quality
<b>Source:</b>	Washington State Telephone Survey of Informal Child Care
<b>Year of Administration:</b>	2001
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>These questions provide data on a range of issues that may serve as supports and barriers to quality, including toys and equipment, home safety kits, on-site mentors, training for licensing, and barriers to licensing.</p> <p>These items would need to be adapted for licensed Family Child Care and center care providers. The list of items could also be extended to include, for example, information or training on caring for children with special needs; information on helping children to get interested in reading; and information on nutrition.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

**CK1. Next, I am going to ask some questions about things that you may not have but might make it easier for you to care for the child(ren). First, would you like to have help with transportation for the child(ren)?**

**CK4. Toys or play kits that keep children engaged?**

**CK5. Home safety kit for childproofing your home?**

**CK6. A newsletter with child care information and tips on creative activities for children?**

**CK7. The ability to meet with others who also care for children?**

**CK8. Training to become a licensed child care provider?**

**CK9. Someone to call when you are facing a problem with a child?**

**3. Yes**

**4. No**

**D. DON'T KNOW**

**R. REFUSED**

**CL1. Are you currently a licensed child care provider?**

**CL2. Are you interested in becoming a licensed child care provider?**

**3. Yes**

**4. No**

**D. DON'T KNOW**

**R. REFUSED**

**CL3. Which ONE of these would you say is the main reason that you would not be interested in becoming a licensed child care provider? Would you say...**

**5. You don't want to do this for a long time**

**6. It is too much hassle**

**7. It costs too much**

**8. No benefit to you from being licensed**

**D. DON'T KNOW**

**R. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Support and barriers to quality
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This item is unique in that it asks providers to select the challenges that are most difficult to overcome in offering after school services. This item could easily be adapted to be inclusive of other child care programs.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**2. What are the most difficult challenges to overcome in offering afterschool services? (please check the top three)**

- ☐ Recruitment of participants
- ☐ Retention of participants
- ☐ Staffing
- ☐ Space
- ☐ Transportation
- ☐ Funding
- ☐ Housing
- ☐ Supplies
- ☐ Equipment
- ☐ Other (please specify) \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Support and barriers to quality
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Program Staff
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item captures barriers to providing high quality care to school-aged children. Construction of latent variables or scale scores may be possible with this item. This item could be adapted for use with family child care providers and providers serving young children.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

14. To what extent, if at all, do the following conditions act as barriers to the work you are trying to do with students?

1= To a great extent, 2=To some extent, 3= A little, 4= Not at all

- a. There are too many students in my group
- b. Students are tired at the end of the school day
- c. Students are not very motivated
- d. Students do not have the skills for the types of activities I would like to do with them
- e. There are too many disruptive students in my group
- f. I have trouble communicating with students who do not speak English
- g. I do not control the classroom space/arrangement
- h. I do not have the materials or equipment I need
- i. I do not have the training or experience with some strategies I would like to use in my work with students
- j. Other (Specify)\_\_\_\_\_

**How providers comply with regulations and requirements: No questions from existing surveys were found**

**How compliance with regulations/requirements is tracked: No questions from existing surveys were found**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	How burdensome regulations/requirements are to providers
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire and the Family Child Care Provider Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analysis using data from the Profile of Child Care Settings and the NSCCSD.
<b>Question Wording:</b>	<b>15. Have you had difficulty meeting licensing or accreditation requirements?</b> <b>01. Yes</b> <b>00. No</b> <b>98. Don't know</b> <b>99. Refused</b>

**Regulations and administrative practices: No questions from existing surveys were found**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Certification in first aid/CPR
<b>Source:</b>	2003 Survey of South Carolina's Afterschool Service Providers
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This question is clear and concise. It could be easily adapted for home-based providers.
<b>Question Wording:</b>	<b>3. Do you have staff that are trained/certified in the following areas? (please check all that apply)</b> o Current CPR certification o Current First Aid training o Mandated Reporter Training (child abuse and neglect)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Use of curriculum/planned activities
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire and the Family Child Care Provider Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of this measure is that it would allow for trend analysis using data from the Profile of Child Care Settings and the NSCCSD.

Question Wording:

Asked of Child Care Center Directors:

**F4. Do teachers follow a written curriculum when planning activities for children in their group?**

- 02. Yes
- 01. No
- 98. Don't know
- 99. Refused

**F5. Next, I would like to ask you about the activities of the children you care for. What percentage of the time during a typical day do preschool children between the ages of 3 and 5 usually spend in the following types of activities? I will be asking about physical activities, creative activities, instructional activities, other group activities, and free choice activities. What percentage of time is spent in...**

Activity	Percent	Hours: Minutes	Don't know	Refused
<b>a. Physical activities led by an adult such as running, climbing, balancing or crawling?</b>	_____	____:____	998	999
<b>b. Creative activities led by an adult, such as arts and crafts, dramatic pretend play, block building, or music activities?</b>	_____	____:____	998	999
<b>c. Teacher-directed instruction such as learning numbers or the alphabet?</b>	_____	____:____	998	999
<b>d. Other teacher-directed group activities, such as story-telling or reading to children?</b>	_____	____:____	998	999
<b>e. Activities chosen by the child?</b>	_____	____:____	998	999

**F6. Thinking of children's time a little differently, I would like to ask about the time during a typical day that preschool children between the ages of 3 and 5 spend in large group activities, small group activities, and individual activities. What percentage of time do preschool children spend in...**

<b>Activity</b>	<b>Percent</b>	<b>Hours: Minutes</b>	<b>Don't know</b>	<b>Refused</b>
<b>a. Large group activities with 10 or more children?</b>	_____	____:____	<b>998</b>	<b>999</b>
<b>b. Small group activities with 2 to 9 children?</b>	_____	____:____	<b>998</b>	<b>999</b>
<b>c. Individual activities?</b>	_____	____:____	<b>998</b>	<b>999</b>

**Asked of Family Care Providers:**

**B4. (Next, I would like to ask you about the activities of the children you care for.) Do you plan the daily activities of the children you care for?**

- 02. Yes**
- 01. No (Go to B7)**
- 98. Don't know (Go to B7)**
- 99. Refused (Go to B7)**

**B5. When do you plan the activities of the children you care for?**

- 01. When caring for children**
- 02. Evenings or weekends**
- 03. Don't make specific plans (Go to B7)**
- 98. Don't know**
- 99. Refused**

**B6. How much time do you spend each week planning children's activities?**

- \_\_\_\_\_ hours or \_\_\_\_\_ minutes
- 98. Don't know**
- 99. Refused**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Use of curriculum/planned activities
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Questions G1-G11 are from home-based provider questionnaire, and the center-based questionnaire also included items G8-G11. In the center-based questionnaire, questions about planned activities were disaggregated by age (younger than school-age and school-aged children).</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Item Limitations and Strengths for NSCCSD:

The questions below assess whether the provider plans for daily activities, when these plans are made and what activities occur.

Limitations of these items include the potential for social desirability bias and an inability to accurately report minutes/percent of time spent in each activity.

Cognitive testing on NSCCSD draft surveys found that providers, particularly those in school-based settings, may rotate activities periodically. Additionally, among home-based providers, questions that ask about activities broadly were found to be most appropriate. Furthermore, differences in use of curricula were noted among home-based providers, with larger providers offering more structured activities and smaller providers engaging in informal activity planning.

Following feasibility testing of the activity items, the project team recommended asking for the schedule of the last day of operation rather than asking items G8 (home-based provider) and F5 (center director). Center directors and center teachers tended to have low agreement on time spent in activities: the average difference in time in specified activities was 30 minutes.

### Question Wording:

#### Asked of home-based care providers:

#### G1. Do you plan the daily activities of the child(ren) you care for?

- 1 ☐ Yes  
2 ☐ No → (SKIP TO G4)

#### G2. When do you plan the activities of the child(ren) you care for?

- 1 ☐ While caring for children  
2 ☐ Evenings or weekends  
3 ☐ Don't make specific plans

#### G3. How much time do you spend each week planning children's activities?

Hours per week

G8. Thinking about a typical week for the child(ren) you care for, what percentage of time (does he or she/do they) spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. IF NEEDED: Just tell me the typical amount of time on this activity.

Activity	Time	% minutes
a. Physical activities led by an adult.		
b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play.		
c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics]		
d. Other teacher-directed group activities, such as reading aloud or [storytelling/discussion]		
e. Activities chosen by the child.		

#### G9. How often do they watch educational programs on television or DVDs?

- 1 ☐ Every day  
2 ☐ 2-3 times per week  
3 ☐ 2-4 times per month  
4 ☐ Very rarely  
5 ☐ Never



**G10. How often do they watch other television or video programming?**

- 1 ☐ Every day
- 2 ☐ 2-3 times per week
- 3 ☐ 2-4 times per month
- 4 ☐ Very rarely
- 5 ☐ Never

**G11. How often do they use computers?**

- 1 ☐ Every day
- 2 ☐ 2-3 times per week
- 3 ☐ 2-4 times per month
- 4 ☐ Very rarely
- 5 ☐ Never

**Asked of center directors:**

**F5. [IF GROUP IS YOUNGER THAN SCHOOL-AGED]** Thinking about a typical day for children in this group, what percentage of time do children spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. **IF NEEDED:** Just tell me the typical amount of time on this activity.

Activity	Time	% minutes
a. Physical activities led by an adult.		
b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play.		
c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics]		
d. Other teacher-directed group activities, such as reading aloud or [storytelling/discussion]		
e. Activities chosen by the child.		

**F5A. [IF GROUP IS SCHOOL-AGED]** Next, I'll ask you about how children in this group spend a typical day. I'll ask about academic activities, arts or cultural enrichment, recreational activities, social activities, community service, technology, or supervised free time. What percentage of time do children spend on...? **IF NEEDED:** Just tell me the typical amount of time on this activity.

Activity	Time	% /minutes
Academic activities (tutoring, homework help, college prep, etc.)		
Arts/Cultural enrichment (arts, music, cooking, going to museums, multicultural awareness, etc.)		
Physical or Athletic activities (sports, free swimming, active play, etc.)		
Social or Recreational activities (focused on behavioral and interpersonal skills)		
Community service/civic engagement		
Technology (computer programming/web site design)		
Supervised free time		

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Use of curriculum/planned activities
<b>Source:</b>	Early Childhood Longitudinal Study- Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
<b>Study Unit of Analysis:</b>	<p><u>Households:</u></p> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household
	<p><u>Providers:</u></p> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<p><u>Households:</u></p> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Item found in the 48-month, Provider Interview Questionnaire.</p> <p>Providers were sampled because they served children who were approximately 4 years old at survey administration; however, they were asked questions about all children they served from infant to school-age.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	The questions below provide detailed questions about both activities and the use of curriculum. Providers are asked how often they engage children in selected age-appropriate activities (e.g., reading, telling stories, playing puzzles, going to the zoo/library, literacy and math activities, etc.). Additionally, questions in “Section 14” ask whether a curriculum is used and if the providers are trained on the curriculum. Finally, providers are asked how much time is spent in various class formats (e.g., whole class, small group, individual, and child directed activities).

Question Wording:

**LE030a.** I am going to ask you about activities you might do with {CHILD/TWIN}. I will ask on average how many times per week you do each activity with {CHILD/TWIN}. This can be either alone or in a group. On average, how many times per week do you read books to {CHILD/TWIN}?  
**DISPLAY INSTRUCTION:** IF NEVER, ENTER 0. ENTER NUMBER  
 Answer must be in the range from 0 to 21. Interviewer may override range up to 50.

REFUSED.....RF  
 DON'T KNOW.....DK

**LE030b.** On average, how many times per week do you tell stories to {CHILD/TWIN}?  
**DISPLAY INSTRUCTION:** IF NEVER, ENTER 0. ENTER NUMBER  
 Answer must be in the range from 0 to 21. Interviewer may override range up to 50.

REFUSED.....RF  
 DON'T KNOW.....DK

**LE030c.** On average, how many times per week do you sing songs with {CHILD/TWIN}?  
**DISPLAY INSTRUCTION:** IF NEVER, ENTER 0. ENTER NUMBER  
 Answer must be in the range from 0 to 21. Interviewer may override range up to 50.

REFUSED.....RF  
 DON'T KNOW.....DK

**LE030d.** **HELP AVAILABLE** On average, how many times per week do you play games or do puzzles with {CHILD/TWIN}? By games, we mean board games, card games, and guessing games.  
**DISPLAY INSTRUCTION:** IF NEVER, ENTER 0. ENTER NUMBER  
 Answer must be in the range from 0 to 21. Interviewer may override range up to 50.

REFUSED.....RF  
 DON'T KNOW.....DK

**LE030e.** On average, how many times per week do you build something or play with construction toys with {CHILD/TWIN}?  
**DISPLAY INSTRUCTION:** IF NEVER, ENTER 0. ENTER NUMBER  
 Answer must be in the range from 0 to 21. Interviewer may override range up to 50.

REFUSED.....RF  
 DON'T KNOW.....DK

**LE034BX** IF LE030A = 0, GO TO LE038BX. ELSE, GO TO LE035.

LE035. How often do you ask {CHILD/TWIN} specific questions about what you read to {him/her}? {This includes a story time with other children.} Would you say . . .

DISPLAY INSTRUCTIONS: Display “This includes...” if UP022 = 1 or OC005 = 1.

Almost never.....1  
 Sometimes.....2  
 Often, or .....3  
 Always? .....4  
 REFUSED.....RF  
 DON'T KNOW.....DK

*LE038BX IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT LE030PRE-LE035. ELSE, GO TO LE039BX. LE039BX IF CENTER-BASED (UP002 = 2), GO TO LE050. ELSE, GO TO LE040.*

LE040a-b. About how many times in the past month have you done any of the following activities with {CHILD}{ and {TWIN}}? This can be either alone or in a group. Would you say once a day or more, a few times a week, a few times a month, or rarely or not at all?

SHOW CARD 7

a. Take {him/her/them} outside for a walk or to play in the yard, a park, or playground?

b. Go to a public place like a zoo or museum with {CHILD}{ and {TWIN}}?

ONCE A DAY OR MORE.....1  
 FEW TIMES A WEEK.....2  
 FEW TIMES A MONTH .....3  
 RARELY/NOT AT ALL .....4  
 REFUSED.....RF  
 DON'T KNOW.....DK

LE045. Fill date as today's date minus 1 month. If home-based (UP002 = 1) and no other children in care (UP024 = 2 and OC005 = 2) display “CHILD”. If home-based (UP002 = 1) and CHILD and TWIN together in care (UP024 = 1) and no other children in care (OC005 = 2) display “CHILD and TWIN”. Else display ‘the group of children you care for’. In the past month, that is, since {MONTH} {DAY}, how many times have you and {the group of children you care for/{CHILD}{and {TWIN}}} visited the library? ENTER NUMBER OF TIMES.

Answer must be in range from 0 to 16.

REFUSED.....RF  
 DON'T KNOW.....DK

LE050. Now I'd like to ask you about other things {CHILD} {and {TWIN}} may do in your {care/class}.

If home-based (UP002 = 1) display "care".

If center-based (UP002 = 2) display "class".

On average, about how many hours a day does {CHILD/TWIN} watch television or videos while in your {care/class}?

IF RESPONDENT REPORTS NOT OWNING A TV OR NO TV IN CENTER OR CHILD DOES NOT WATCH TV, ENTER '0'. IF LESS THAN ONE HOUR, ENTER 0 ENTER RESPONSE.

Answer must be in range from 0 to 4. Interviewer may override range up to 24.

REFUSED.....RF

DON'T KNOW.....DK

*LE059BX IF TWIN WITH SAME CAREGIVER (UP024 = 1), REPEAT LE050. ELSE, GO TO LE060.*

#### SECTION 14-CA: CURRICULUM AND ACTIVITIES

CA001PRE Now, I'd like to ask you some questions about your curriculum and activities.

*(CA005BX: IF HOME-BASED (UP002 = 1), GO TO CA025A-D.)*

CA005. Do {caregivers/teachers/providers} follow a written curriculum when planning activities for the children in their group?

YES.....1

NO.....2 (CA025a-d)

REFUSED.....RF (CA025a-d)

DON'T KNOW.....DK (CA025a-d)

CA015. Do {caregivers/teachers/providers} receive training on the use of these curricula?

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

#### CA025a-d DISPLAY INSTRUCTIONS:

*If home-based (UP002 = 1) and no other children in care (UP024 = 2 and OC005 = 2) display "CHILD" and "adult directed".*

*If home-based (UP002 = 1) and CHILD and TWIN together in care (UP024 = 1) and no other children in care (OC005 = 2) display "CHILD and TWIN" and "adult directed individual".*

*If Head Start (CI002 = 4) or public school pre-kindergarten (CI002 = 1) display "the children in your class" and "adult-directed individual".*

*Else, display "the children in your care" and "adult directed individual". We would like you to tell us how you spend a typical day with {the children in your class/the children in your care/{CHILD}}.*

Not including lunch or nap breaks, how much time {do/does} {the children in your class/the children in your care/{CHILD}} spend in the following kinds of activities? Would you say {he/she/they} {spend/spends} no time, half an hour or less, about one hour, about two hours, or three hours or more in [READ ITEM]?

**SHOW CARD 9**

*CA025APREBX: IF OC005 = 1 (OTHER CHILDREN IN CARE BESIDES CHILD AND TWIN), GO TO CA025A. ELSE, GO TO CA025C.*

- a. Adult-directed whole class activities
- b. Adult-directed small group activities
- c. {Adult-directed individual/adult-directed} activities
- d. Child-selected activities

SPEND NO TIME .....1  
 HALF AN HOUR OR LESS .....2  
 ABOUT ONE HOUR .....3  
 ABOUT TWO HOURS .....4  
 THREE HOURS OR MORE.....5  
 REFUSED.....RF  
 DON'T KNOW.....DK

CA030.a-k. How often {do/does} {the children in your class/the children in your care/{CHILD}} do each of the following reading and language activities? Would you say never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or every day?

**SHOW CARD 10**

- a. Work on learning names of letters
- b. Practice writing the letters of the alphabet
- c. Discuss new words
- d. Tell stories to a {caregiver/teacher/provider}
- e. Work on phonics or phonemics, including rhyming games, singing the alphabet, and asking for the sounds of characters (e.g., what other word has a “sh” sound in it?)
- f. Listen to you read stories where they see the print (for example, Big Books)
- g. Listen to you read stories but they don’t see the print
- h. Retell stories
- i. Learn about conventions of print (for example, left to right orientation, book holding)
- j. Write own name
- k. Learn about rhyming words and word families

NEVER .....0  
 ABOUT ONCE A MONTH OR LESS .....1  
 TWO OR THREE TIMES A MONTH .....2  
 ONCE OR TWICE A WEEK.....3  
 THREE OR FOUR TIMES A WEEK.....4  
 EVERYDAY .....5  
 REFUSED.....RF  
 DON'T KNOW.....DK

CA035a-j How often {do/does} {the children in your class/the children in your care/{CHILD} and {TWIN}} do each of the following math activities? Would you say never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or every day? **SHOW CARD 10**

- a. Count out loud
- b. Work with geometric manipulatives (for example, parquetry blocks, or shape puzzles)
- c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting)
- d. Play math-related games
- e. Use music to understand math concepts
- f. Use creative movement or creative drama to understand math concepts
- g. Work with rulers, measuring cups, spoons, or other measuring instruments
- h. Engage in calendar-related activities
- i. Engage in activities related to telling time
- j. Engage in activities that involve shapes and patterns

NEVER .....0  
 ABOUT ONCE A MONTH OR LESS .....1  
 TWO OR THREE TIMES A MONTH .....2  
 ONCE OR TWICE A WEEK .....3  
 THREE OR FOUR TIMES A WEEK .....4  
 EVERYDAY .....5  
 REFUSED.....RF  
 DON'T KNOW .....DK

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Use of curriculum/planned activities
<b>Source:</b>	Estimating Supply and Demand for Afterschool Programs: A Tool for State and Local Policymakers
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This sample survey, created by the After School Initiative, contains a compilation of questions adapted from several state and local supply and demand surveys. This survey can be used in its entirety or can be adapted to meet more specific targets.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items are concise and clear, though they provide limited information on the type, content, or focus of curriculum used.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**Does the program use a particular model or curriculum?**

☐ Yes

☐ No

**Is the program designed to meet state academic standards?**

☐ Yes

☐ No

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Use of curriculum/planned activities
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Program Staff
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items capture the focus and name of curricula used by the program. This question could be improved for use with centers with multiple programs by specifying which program the question refers to. Additional questions that ask whether staff have received training or supervision on the curriculum would also be helpful.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**10. Do you use an externally developed curriculum to guide any or all of your activities?**

- a. No (Skip to Question 12)**
- b. Yes**

**11. For each curriculum you use, list the name of the curriculum and the subject area(s)/topic(s) addressed by the curriculum (e.g., reading/language arts, math, science, conflict resolution).\_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Participation in a child care (state/regional/national) conference
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The Recommended Measures from Professional Development White Paper survey is a document that compiles ideal or recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers.</p> <p>Reference: Zaslow, M., Halle, T., McNamara., Weinstein, D., &amp; Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12865">http://www.childcareresearch.org/location/12865</a></p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p>This question has been adapted from another source which is noted in the item. Original question wording: Do you belong to any professional early care and education or early childhood organizations, such as the National Association for Family Day Care?</p>
Item Limitations and Strengths for NSCCSD:	<p>This question does not collect data on participation in professional conferences. However, this question does provide data on membership in organizations, which has been shown to predict child care quality in recent studies.</p> <p>A follow-up question could be added to capture attending meetings of the association noted.</p>
Question Wording:	<p><b>SPD6. [MODIFIED FROM STUDY OF EARLY CHILD CARE AND YOUTH DEVELOPMENT] Do you belong to any professional early care and education or early childhood organizations, such as the National Association for Family Child Care or the National Association for the Education of Young Children?</b></p> <ol style="list-style-type: none"> <li>1. Yes (please give the organization's name): _____</li> <li>2. No</li> </ol>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Participation in a child care (state/regional/national) conference
<b>Source:</b>	Midwest Child Care Research Consortium
<b>Year of Administration:</b>	2000-2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Head Start/Early Head Start</u>
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The "Division of Early Childhood (DEC)" mentioned in the item may be a state-specific association.
<b>Item Limitations and Strengths for NSCCSD:</b>	While this item provides data on professional memberships, it does not provide data on participation in professional conferences. A follow-up question to assess attendance at association meetings could be added.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**28. I am now going to read a list of child care and education associations. As I do, please tell me if you are currently a member of the association or not. How about (READ AND ROTATE A-F, AS APPROPRIATE)? [NOTE TO INTERVIEWER: READ FULL NAME, THEN READ OR PRONOUNCE ABBREVIATION AS INDICATED]**

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

- A. National Association for the Education of Young Children, or NAEYC**
- B. National Association for Family Child Care, or NAFCC**
- C. Division of Early Childhood, or DEC**
- D. Council for Exceptional Children, or CEC**
- E. National School Age Child Care Alliance**
- F. (IF CODE 3 IN S1, ASK:) MO (DON'T READ LETTERS) Care**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Formal annual conference with parents
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Item found in the 24-month, Center Director Questionnaire.</p> <p>Providers were sampled because they served children who were approximately 2 years old at survey administration; however, they were asked questions about all children they served from infant to school-age.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	This question is currently worded for center providers but could be easily adapted for other care settings. It is unclear, however, whether such a question would be appropriate for informal care settings and/or whether the activities and transmission of information that takes place during formal conferences in center care take place through other modes in informal care settings (e.g., daily conversations during drop-offs and pick-ups).



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**B1. During each year, how many regularly scheduled conferences do you offer or schedule with a parent or guardian of each 2-year-old child in the center to discuss that child's care and development?**

**Please select only one.**

- 1. No conferences**
- 2. One conference**
- 3. Two conferences**
- 4. Three or more conferences**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Formal annual conference with parents
<b>Source:</b>	Study of Promising After-School Programs – Director Survey
<b>Year of Administration:</b>	2002-2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	One strength of these questions is that they ask about the frequency of four different modes of communication with parents.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**10. We're interested in learning about your program's relationship with parents. Circle ONE number for each statement. How often do you:**

	Never	1 to 2 times a semester	Once a month	At least 2 to 3 times a month
<b>a. Meet with parents individually (not as a group)</b>	<b>00_</b>	<b>01_</b>	<b>02_</b>	<b>03_</b>
<b>b. Talk with parents over the phone</b>	<b>00_</b>	<b>01_</b>	<b>02_</b>	<b>03_</b>
<b>c. Send information about the program home to parents</b>	<b>00_</b>	<b>01_</b>	<b>02_</b>	<b>03_</b>
<b>d. Hold events or meetings for parents</b>	<b>00_</b>	<b>01_</b>	<b>02_</b>	<b>03_</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Formal annual conference with parents; Provider-family partnership
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items are unique in that they provide information on services offered to parents, how parents are involved in the program, and prevalence of two-way communication with parents.

Question Wording:

**46. Does your after-school program staff include a paid parent liaison or parent outreach coordinator?**

- a. No ..... 1
- b. Yes, as a part time position..... 2
- c. Yes, as a full time position ..... 3

**Parent and Community Outreach and Involvement**

**79. How often do you...**

**1=4 to 5 Days a Week, 2= 1 to 3 Days a Week, 3=1 to 3 Times a Month, 4=Less Than Once Month**

- a. Send materials about the program home to parents?
- b. Hold events or meetings to which parents are invited?
- c. Hold events or meetings to which community members are invited?
- d. Have conversations with parents over the phone?
- e. Meet with one or more parents?

**80. In the last month, how many parents have you talked with individually to discuss their children's needs, interests, etc.?**

- a. More than 20..... 1
- b. 16-20 ..... 2
- c. 11-15 ..... 3
- d. 6-10..... 4
- e. 1-5 ..... 5
- f. None..... 6

**81. In the last month, how many students or parents have you referred to local agencies or organizations for assistance or information?**

- a. More than 20..... 1
- b. 16-20 ..... 2
- c. 11-15 ..... 3
- d. 6-10..... 4
- e. 1-5 ..... 5
- f. None..... 6

**82. How many parents participate in the program on a regular basis as:**

**1=More than 10, 2= 4 – 10, 3 = 1 – 3, 4= None**

- a. Advisory board members
- b. Tutors
- c. Activity assistants
- d. Language translators/interpreters
- e. Paid staff
- f. AmeriCorps Members
- g. Other role(s)

**83. What percent of parents typically attend: (Note: Please circle "Not Applicable" if your program does not sponsor meetings or events for parents.)**

**1=Less than 10%, 2=10 to 25%, 3= 26 to 50%, 4= More than 50%, 5= Not applicable, 6=Don't know**

- a. Parent meetings hosted by the program
- b. Program events

**84. Has your program sponsored any of the following types of events or activities for parents/families?**

**0=Never, 1= Once or twice a year, 2= A few times a semester, 3=Monthly or more often**

- a. Classes to help parents develop their own skills (e.g., GED preparation, or computer skills, etc.)**
- b. Parenting classes (e.g., classes to help parents learn about the school system and communicate with the school, how to help their children with schoolwork and prepare for tests, etc.)**
- c. English as a Second Language classes**
- e. Opportunities to hear from and talk with representatives from local agencies or other organizations (e.g., health, police, employment and training programs)**
- f. Opportunities to attend cultural or recreational events in the community?**
- g. Other (Specify):\_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items found in the Center-Based Programs Questionnaire or the Family Child Care Provider Questionnaire.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>A strength of these items is that it would allow for trend analyses with the NSCCSD.</p> <p>Questions collect comparable data on highest level of education of staff from center directors and highest level of education from family care providers directly. It is unclear whether center directors can accurately report on the education of their staff. It is not clear if directors responded for all teachers or only lead teachers.</p>

**Question Wording:**

**Asked of Child Care Center Directors:**

**E11. Thinking of the highest education level completed, how many of your teachers, (both full- and part-time) have...**

**PROBE: Please include only the (NUMBER FROM E1) teachers.**

**WORKSHEET QUESTION 5.**

- a. A graduate degree (M.A., Ph.D., or Ed.D.)?**
- b. A Bachelor's degree (B.A. or B.S.)?**
- c. An Associates of Arts (A.A.) degree?**
- d. A Child Development Associate (CDA) credential?**
- e. Some college, but no degree?**
- f. A high school diploma or GED?**
- g. How many of your teachers have not completed high school or obtained a GED?**

**Asked of Family Child Care Providers:**

**F. Caregiver characteristics and experience**

**F1 Finally, some questions about you. What is the highest level of school you completed?**

- Less than high school**
- High school diploma**
- GED**
- Less than 2 years of college**
- Two-year associates degree**
- Two or more years of college but no college degree**
- Vocational or technical school after high school**
- College degree**
- Post-graduate or professional degree**
- Don't know**
- Refused**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education; Caregiver education specific to ECE
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The Recommended Measures from Professional Development White Paper survey is a document that compiles ideal or recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers. Items were sometimes derived from and adapted from other surveys and these are noted.</p> <p>Reference: Zaslow, M., Halle, T., McNamara, Weinstein, D., &amp; Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12865">http://www.childcareresearch.org/location/12865</a></p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	<p>The items listed as “modified” are similar to the original survey items. Changes included the spelling out of some abbreviations, asking “what area is it in” versus “what is it in”. Question FE3 was created based on the National Registry Alliance. The NRA collects the information in item FE4 from transcripts.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides detailed data on providers’ education in general, education they may have received directly related to child development and early care and education, types of college credit course work, as well as the number of credits taken, and institution where coursework was taken. Collecting similar data in a telephone survey may be time consuming, in particular item FE3, which would require each type of course to be read to the respondent. Data for this question can only be collected at the direct provider level and it is not appropriate for proxy reports.</p>
Question Wording:	<p><b>FE1 [MODIFIED FROM THE HEAD START IMPACT STUDY]. What is the highest grade or year of school that you completed?</b></p> <ol style="list-style-type: none"> <li>1. Up to 8<sup>th</sup> grade</li> <li>2. 9<sup>th</sup> to 11<sup>th</sup> grade</li> <li>3. 12<sup>th</sup> grade but no diploma</li> <li>4. High school diploma</li> <li>5. High school equivalent</li> <li>6. Vocational or technical program after high school</li> <li>7. Some college courses but not a degree (Please describe the coursework you have completed: _____)</li> <li>8. Associate’s degree</li> <li>9. Bachelor’s degree</li> <li>10. Graduate or professional school but no degree (Please describe the coursework you have completed: _____)</li> <li>11. Master’s degree (MA; MS)</li> <li>12. Doctorate degree (PhD; Ed.D)</li> <li>13. Professional degree after bachelor’s degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)</li> </ol> <p><b>FE2 [MODIFIED FROM THE STUDY OF EARLY CHILD CARE AND YOUTH DEVELOPMENT]. If you have a college or graduate degree (e.g. Associate, Bachelor’s, Master’s, Ed. D., Ph.D.) was it in...</b></p> <ol style="list-style-type: none"> <li>1. No college or graduate degree</li> <li>2. Early childhood education</li> <li>3. Elementary education</li> <li>4. Special education</li> <li>5. Another field of education</li> <li>6. Child development</li> <li>7. Clinical/counseling psychology</li> <li>8. Other field of psychology</li> <li>9. Social work</li> <li>10. Nursing or other health field</li> <li>11. Another field: PLEASE SPECIFY _____</li> </ol>

**FE3 [ADAPTED FROM THE CORE KNOWLEDGE AREAS SUGGESTED BY THE NATIONAL REGISTRY ALLIANCE].** If you have taken any college-level coursework in early childhood education or development, please mark all the content areas covered by your course(s):

1. No college-level coursework in early childhood education or development
2. Overview of child growth and development
3. General knowledge of teaching and how children learn
4. Classroom management and discipline
5. Observing, documenting and assessing children's progress and development
6. Using a curriculum
7. Family and community relationships
8. Health, safety and nutrition practices
9. Early language and literacy development
10. Early mathematics
11. Early science
12. Early social and emotional development
13. Early physical development
14. Transition to school
15. Working with infants and toddlers
16. Working with preschool-age children
17. Working with children with special needs
18. Working with English Language Learners
19. Administration and management
20. Early childhood education as a profession
21. Policy for early childhood

**FE4 [ADAPTED FROM THE NATIONAL REGISTRY ALLIANCE].** In the space provided below, please indicate the number of college credits you have earned with a focus on early childhood education or development at each college or institution of higher education you have attended:

- \_\_\_ No college credits from course with a focus on early childhood education or development
- (a) Name of college/institution of higher education: \_\_\_\_\_  
 Number of credits earned in courses with a focus on early childhood education or development: \_\_\_\_\_
- (b) Name of college/institution of higher education: \_\_\_\_\_  
 Number of credits earned in courses with a focus on early childhood education or development: \_\_\_\_\_
- (c) Name of college/institution of higher education: \_\_\_\_\_  
 Number of credits earned in courses with a focus on early childhood education or development: \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education
<b>Source:</b>	Illinois After-School Partnership: Out of School Time Workforce Staff Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item was found in the Washington State Telephone Survey of Informal Child Care.
<b>Item Limitations and Strengths for NSCCSD:</b>	These items capture individual providers' education and work experience. Though these items would be quick to administer, they provide limited information, particularly on prior work experience.

Question Wording:

**EDUCATIONAL BACKGROUND**

**12. What is your highest level of education?**

- ☐ ☐ **Less than High School Diploma**
- ☐ ☐ **High School Diploma**
- ☐ ☐ **GED**
- ☐ ☐ **Hours Toward Vocational/Technical Certificate or Degree**
- ☐ ☐ **Vocational/Technical Certificate or Degree**
- ☐ ☐ **Hours Toward College Degree—List Major \_\_\_\_\_**
- ☐ ☐ **Associates Degree-- List Major \_\_\_\_\_**
- ☐ ☐ **Bachelor's Degree-- List Major \_\_\_\_\_**
- ☐ ☐ **Hours Toward Graduate Degree List Major \_\_\_\_\_**
- ☐ ☐ **Graduate Degree (MA, MAT, MSW Etc.)**
- ☐ ☐ **Professional Degree (Ph.D. Ed.D, MD, JD etc.)**
- ☐ ☐ **Other (please list) \_\_\_\_\_**

**7. What fields have you worked in prior to your current position? (Check all that apply)**

- ☐ ☐ **None**
- ☐ ☐ **Youth Work/Child Care**
- ☐ ☐ **Education (teaching)**
- ☐ ☐ **Social Services**
- ☐ ☐ **Faith Based Organization**
- ☐ ☐ **Health Care**
- ☐ ☐ **Arts/Recreation**
- ☐ ☐ **Finance**
- ☐ ☐ **Sales/Marketing**
- ☐ ☐ **Technology**
- ☐ ☐ **Admin/Support**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education; Caregiver education specific to ECE; Credentials
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Similar items can be found in the Child Trends Recommended Measures from Professional Development White Paper and the Washington State Telephone Survey of Informal Child Care.</p> <p>Interviewer notes instruct respondents to report staff counts for the month of May if summer staffing varies from that for the rest of the year.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Questions are written so as to collect data from proxy reporters (e.g., directors, rather than providers themselves). It is unclear whether proxy reporters such as center directors can provide accurate counts on highest level of education and CDA credentials for their staff.</p> <p>A limitation of these items is that they refer to a CDA credential as a level of education, when in fact it is a certification. This may compromise data quality. For example, persons with a CDA credential may also have completed a degree (e.g., an associate's degree in child development), but the question wording might lead them</p>

to report only one or the other.

Questions are currently written for center care settings, and would need to be modified for use in other settings.

Question Wording:

**f3. Approximately how many of your (NUMBER) teachers, if any, have a bachelor's degree or higher level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

- e. DON'T KNOW
- s. REFUSED

**f3a. Approximately how many of your remaining (NUMBER) teachers, if any, have an associate's degree as their highest level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

- e. DON'T KNOW
- s. REFUSED

**f3b. Approximately how many of your (NUMBER) teachers, if any have a CDA credential as their highest level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

- e. DON'T KNOW
- s. REFUSED

**t\_e5. What is the highest level of education you have completed?**

- 8. Graduate degree
- 9. Bachelor's degree
- 10. Associate degree
- 11. CDA credential (GO TO t\_e6)
- 12. Some college, no degree (GO TO t\_e6)
- 13. H.S. diploma or GED (GO TO t\_e6)
- 14. None of the above (GO TO t\_e6)
- e. DON'T KNOW
- s. REFUSED

**t\_e5a. In what field is your degree?**

- 3. Early childhood education/child development
- 4. Other (SPECIFY \_\_\_\_\_ )
- d. DON'T KNOW
- r. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education
<b>Source:</b>	North Carolina Center for Afterschool Programs Survey
<b>Year of Administration:</b>	2003-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This item is unique in that it provides information on the value that the center ascribes to staff education. This question could be improved by disaggregating lead teacher from assistant teachers and other staff. Additionally, one concern with this item is that variability might be limited to social desirability bias.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Are the following required or preferred for staff working directly with youth at your program?

	Preferred	Required	Neither
Holds a teaching credential/certificate			
High School Diploma/G.E.D.			
Associates degree			
Bachelor's degree			
Master's degree			
Neighborhood resident			
Reflect ethnicity of children served			
Prior experience working with children or youth			
Other (specify)			

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education specific to ECE; Caregiver education
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The Recommended Measures from Professional Development White Paper survey is a document that compiles ideal or recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers. The items listed as “modified” are similar to the original survey items. Changes included the spelling out of some abbreviations, asking “what area is it in” versus “what is it in”. Question FE3 was created based on the National Registry Alliance’s core content areas and question FE4 is an exact replication of the original item. Items were sometimes derived from and adapted from other surveys and these are noted.</p> <p>Reference: Zaslow, M., Halle, T., McNamara., Weinstein, D., &amp; Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations.</p>

White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <http://www.childcareresearch.org/location/12865>

Information in item FE4 is collected by the National Registry Alliance through transcripts.

## Item Limitations and Strengths for NSCCSD:

This series of questions provides detailed data on providers' education in general, education they may have received directly related to child development and early care and education, types of college credit course work, as well as the number of credits taken, and institution where coursework was taken. Collecting similar data in a telephone survey may be time consuming, in particular item FE3, which would require each type of course to be read to the respondent. Data for this question can only be collected at the direct provider level and it is not appropriate for proxy reports.

## Question Wording:

**FE1 [MODIFIED FROM THE HEAD START IMPACT STUDY]. What is the highest grade or year of school that you completed?**

14. Up to 8<sup>th</sup> grade
15. 9<sup>th</sup> to 11<sup>th</sup> grade
16. 12<sup>th</sup> grade but no diploma
17. High school diploma
18. High school equivalent
19. Vocational or technical program after high school
20. Some college courses but not a degree (Please describe the coursework you have completed: \_\_\_\_\_)
21. Associate's degree
22. Bachelor's degree
23. Graduate or professional school but no degree (Please describe the coursework you have completed: \_\_\_\_\_)
24. Master's degree (MA; MS)
25. Doctorate degree (PhD; Ed.D)
26. Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)

**FE2 [MODIFIED FROM THE STUDY OF EARLY CHILD CARE AND YOUTH DEVELOPMENT]. If you have a college or graduate degree (e.g. Associate, Bachelor's, Master's, Ed. D., Ph.D.) was it in...**

12. No college or graduate degree
13. Early childhood education
14. Elementary education
15. Special education
16. Another field of education
17. Child development
18. Clinical/counseling psychology
19. Other field of psychology
20. Social work
21. Nursing or other health field
22. Another field: PLEASE SPECIFY \_\_\_\_\_

**FE3 [ADAPTED FROM THE CORE KNOWLEDGE AREAS SUGGESTED BY THE NATIONAL REGISTRY ALLIANCE].** If you have taken any college-level coursework in early childhood education or development, please mark all the content areas covered by your course(s):

22. No college-level coursework in early childhood education or development
23. Overview of child growth and development
24. General knowledge of teaching and how children learn
25. Classroom management and discipline
26. Observing, documenting and assessing children's progress and development
27. Using a curriculum
28. Family and community relationships
29. Health, safety and nutrition practices
30. Early language and literacy development
31. Early mathematics
32. Early science
33. Early social and emotional development
34. Early physical development
35. Transition to school
36. Working with infants and toddlers
37. Working with preschool-age children
38. Working with children with special needs
39. Working with English Language Learners
40. Administration and management
41. Early childhood education as a profession
42. Policy for early childhood

**FE4 [ADAPTED FROM THE NATIONAL REGISTRY ALLIANCE].** In the space provided below, please indicate the number of college credits you have earned with a focus on early childhood education or development at each college or institution of higher education you have attended:

- \_\_\_ No college credits from course with a focus on early childhood education or development
- (d) Name of college/institution of higher education: \_\_\_\_\_  
 Number of credits earned in courses with a focus on early childhood education or development: \_\_\_\_\_
- (e) Name of college/institution of higher education: \_\_\_\_\_  
 Number of credits earned in courses with a focus on early childhood education or development: \_\_\_\_\_
- (f) Name of college/institution of higher education: \_\_\_\_\_  
 Number of credits earned in courses with a focus on early childhood education or development: \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education specific to ECE
<b>Source:</b>	Study of License-Exempt Child Care
<b>Year of Administration:</b>	2001-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>R&amp;R subsidy staff</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>R&amp;R subsidy staff</u>
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>R&amp;R subsidy staff</u>
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item comes from the child care resource and referral staff survey. A similar set of items is available in which the frequency with which parents request such information are collected from CCRA staff.
<b>Item Limitations and Strengths for NSCCSD:</b>	Data from this item will allow users to identify providers who have taken college-level courses related to child development and early childhood education. One limitations is that, as currently worded, it is unclear whether the provider took college course(s) in child development, early childhood education, child psychology or in child welfare. Additionally, recent research suggests that the number of course credits and the mode of instruction is important to collect as well.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**32. Have you ever taken a college course on child development, early childhood education, child psychology, or child welfare?**

- 1. Yes**
- 2. No**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Caregiver education specific to ECE; Caregiver education; Credentials
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Similar items can be found in the Child Trends Recommended Measures from Professional Development White Paper and the Washington State Telephone Survey of Informal Child Care.</p> <p>Interviewer notes instruct respondents to report staff counts for the month of May if summer staffing varies from that for the rest of the year.</p> <p>All questions ask about whether degree was in early childhood.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Questions are written so as to collect data from proxy reporters (e.g., directors, rather than providers themselves). It is unclear whether proxy reporters such as center directors can provide accurate counts on highest level of education and CDA credentials for their staff.</p> <p>A limitation of these items is that they refer to a CDA credential as a level of education, when in fact it is a certification. This may compromise data quality. For example, persons with a CDA credential may also have completed a degree (e.g., an</p>

associate's degree in child development), but the question wording might lead them to report only one or the other.  
Questions are currently written for center care settings, and would need to be modified for use in other settings.

**Question Wording:**

**f3. Approximately how many of your (NUMBER) teachers, if any, have a bachelor's degree or higher level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

**d. DON'T KNOW**

**r. REFUSED**

**f3a. Approximately how many of your remaining (NUMBER) teachers, if any, have an associate's degree as their highest level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

**d. DON'T KNOW**

**r. REFUSED**

**f3b. Approximately how many of your (NUMBER) teachers, if any have a CDA credential as their highest level of education?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

**d. DON'T KNOW**

**r. REFUSED**

**t\_e5. What is the highest level of education you have completed?**

**15. Graduate degree**

**16. Bachelor's degree**

**17. Associate degree**

**18. CDA credential (GO TO t\_e6)**

**19. Some college, no degree (GO TO t\_e6)**

**20. H.S. diploma or GED (GO TO t\_e6)**

**21. None of the above (GO TO t\_e6)**

**d. DON'T KNOW**

**r. REFUSED**

**t\_e5a. In what field is your degree?**

**5. Early childhood education/child development**

**6. Other (SPECIFY \_\_\_\_\_ )**

**d. DON'T KNOW**

**r. REFUSED**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Provider self-rating of quality
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Results of cognitive testing of this item suggested altering the response option “teaching them your program’s values” to instead read “teaching them values.”</p> <p>Feasibility testing of these items among home-based providers and center directors revealed a bias towards reporting one’s program as offering the “best care possible”.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Asked of center directors:

**D12.** [READ] The care that a child receives can vary for many reasons. The environment they're in, the money and other resources available to the person providing care, how the parent works with the care provider, etc.

**D12a.** If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate the care your program provides to children under age 3. In terms of:

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being warm and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your program's values	_____	<input type="checkbox"/>

**IF R CARES FOR CHILDREN AGED 3-5 [see A15 (page 8)], ASK:**

**D12b.** [If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate/How about] the care your program provides to children aged 3 to 5. In terms of:

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being warm and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your program's values	_____	<input type="checkbox"/>

**D12c.** [If 1 means ‘the best possible care there is’ and 5 means ‘not as good as I’d like it to be,’] please tell me how you would rate the care your program provides to school-age children. In terms of:

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being warm and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your program’s values	_____	<input type="checkbox"/>

**F5B.** [IF GROUP IS SCHOOL-AGED] 1. Indicate the extent to which the management and staff of this program consider each of the following to be an objective or goal of their program. Indicate whether each is (1) a major objective, (2) a minor objective, or (3) not an objective of this Center:

		Objective Rating
a.	Provide a safe environment for kids after school	_____
b.	Help kids to improve academic performance (e.g., grades, test scores)	_____
c.	Help kids to develop socially	_____
d.	Provide cultural opportunities for kids	_____
e.	Provide physical or recreational activities for kids	_____
f.	Prevent risky behavior	_____
g.	Other DESCRIBE: _____	_____

Asked of home-based care providers:

**G7.** The care that a child receives can vary for many reasons. The environment they're in, the money and resources available to the person providing care, the child's own behavior, etc.

**G7a.** If 1 means 'the best possible care there is' and 5 means 'should probably be better,' please tell me how you would rate the care you provide to children. In terms of:

Question D12 appears as seen on the next page in center-based provider care questionnaire, and the home-based provider care question presents the question only once with the prompt, "If 1 means 'the best possible care there is' and 5 means 'should probably be better,' please tell me how you would rate the care you provide to children. In terms of:

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being loving and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your values	_____	<input type="checkbox"/>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Clock hours of training related to child care in past year
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The Recommended Measures from Professional Development White Paper survey is a document that compiles ideal or recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers.</p> <p>Reference: Zaslow, M., Halle, T., McNamara., Weinstein, D., &amp; Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12865">http://www.childcareresearch.org/location/12865</a></p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths for NSCCSD:	The question provides a succinct way of collecting data on number of hours in training in past 12 months. This question is similar to that in the Three-City Study but does not include a defined threshold. To improve data quality, it may be useful to clarify that the question refers to training in early care and education.
Question Wording:	<b>TR5. How many hours of training did you participate in overall during the past 12 months?</b> Number of hours: _____

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Clock hours of training related to child care in past year
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items come from the Family Child Care Homes instrument in the 2005 administration of the Illinois Child Care Salary and Staffing Survey. “Local or National Worthy Wage Campaign” is an advocacy organization and as such may not be appropriate to include along with professional groups.
<b>Item Limitations and Strengths for NSCCSD:</b>	Items provide data on whether respondent received training from a variety of sources, including professional associations, and number of hours they received training.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**7. Do you belong to any of the following professional groups? (Check all that apply)**

- 1. National Association for Family Child Care (NAFCC)**
- 2. National Association for the Education of Young Children (NAEYC)**
- 3. Illinois Association for Family Child Care**
- 4. Local provider association**
- 5. Local or national Worthy Wage Campaign**
- 6. Professional business association**
- 7. Other (Specify) \_\_\_\_\_**

**8. In the last year, did you receive any training in early childhood education or child development from the following? (Check all that apply)**

- a. Child care resource and referral workshops**
- b. Local community workshops**
- c. Workshops at professional association meetings or conferences**
- d. Courses in high school or vocational school**

**If yes to any of the above, approximately how many hours did you attend courses, conferences or workshops last year?**

\_\_\_\_\_ hours



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Clock hours of training related to child care in past year
<b>Source:</b>	Midwest Child Care Research Consortium
<b>Year of Administration:</b>	2000-2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Head Start/Early Head Start</u>
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>Series of questions provides data on total number of hours received training in calendar year, as well as delivery mode of training received. Item 26 asks about a range of delivery modes. Potential problems with this question include the inability to link number of hours to specific delivery modes. It is unclear whether reporting the number of training hours in a calendar year is preferable to reporting in terms of an academic year.</p> <p>Item 26f mixes training and education and so would not be helpful in documenting each separately. Additionally, some of the response options are specific to region.</p>

**Question Wording:**

**25. From January through December of 2000, how many total hours of child care-related training would you say you received? In your total, include all sources of training. These range from videotapes, the internet, and study materials to study groups, professional meetings, conferences, and course credits. Please answer in terms of actual hours of time spent, not in terms of any hours of credit you may have earned. (OPEN ENDED AND CODE ACTUAL NUMBER OF HOURS).**

- 000. None (SKIP TO 27)**
- 997. Less than one**
- 998. DON'T KNOW**
- 999. REFUSED**

**26. Were any of the (RESPONSE IN #25) hours of training you received in 2000 from (READ AND ROTATE A-H, AS APPROPRIATE)?**

- 1. Yes**
  - 2. No**
  - 3. DON'T KNOW**
  - 4. REFUSED**
- 
- A. Videotapes and study materials in your (IF CODE 21-26, 31, OR 32 IN S2 SAY:) home/(IF CODE 1-14 IN S2, SAY:) center**
  - B. (IF CODE 0-14 IN S2, ASK:) Training provided in your center by the director or other staff.**
  - C. (IF CODE 2 OR 3 IN S1, ASK:) Support person who comes to your (IF CODE 21-26, 31, or 32 in S2, say:) home (/ IF CODE 01-14 IN S2, SAY:) classroom; these are sometimes referred to as Educare, Project Reach, or a traveling van with a support person.**
  - D. Support, study groups, workshops, or training within your community.**
  - E. Regional, state, or national professional meetings or conferences.**
  - F. Training or course work for which you received college credit, CEU credit, or a certificate from a state or nationally-recognized certifying group.**
  - G. Internet.**
  - H. Teleconferencing or ICN distance learning.**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Clock hours of training related to child care in past year
<b>Source:</b>	Three City Study
<b>Year of Administration:</b>	1999-2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	Question provides a succinct way of asking about the receipt of training in the past year. It is unclear whether 10 or more hours of training is the appropriate threshold to use and/or whether any threshold should be used.
<b>Question Wording:</b>	<b>T_CP41. In the past 12 months, have you received 10 or more hours of additional child-related training?</b> 1. Yes 2. No

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Quality of Care</b>
<b>Measure:</b>	Clock hours of training related to child care in past year
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items t_e6 - t_e8a are from the Center-based Teacher Telephone Interview instrument. Items I3 and I4 are from the Family Child Care Instrument. Items f5-f6 are from the Center-Director Instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>These questions provide data on receipt of 10 or more hours of training (similar to the item from the Three-City Study) and the availability of employer-sponsored training opportunities. Comparable questions are written for proxy and direct reporters (e.g., center directors versus providers). It is unclear whether proxy reporters for questions f5-f6 can provide accurate counts of the number of staff that have received 10 or more hours of training. They may, however, be able to more accurately report on whether any of their staff received such training.</p> <p>A potential limitation is that the items do not distinguish education and training.</p>

**Question Wording:**

**t\_e6. In the last year did you receive 10 or more hours of training or education from a local community college, college, or university?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**t\_e7. In the last year, did you receive any training to take any courses related to helping children develop early language and reading skills?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**t\_e8. Does your (center/preschool) ever pay some or all of the costs for you to attend workshops or classes related to your work?**

- 1. Yes**
- 0. No (GO TO t\_e9)**
- d. DON'T KNOW**
- r. REFUSED**

**t\_e8a. Have you used this benefit in the last year?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**I3. In the last year have you received ten or more hours of training or education related to child care, child development or early childhood education from a local community college, college, or university?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**I4. In the last year, did you receive any training or take any courses related to helping children develop early language and reading skills?**

- 1. Yes**
- 0. No**
- d. DON'T KNOW**
- r. REFUSED**

**f5. (IF PROGRAM EMPLOYS BOTH TEACHERS AND ASSISTANTS: My next questions are about all of your teaching staff, including teachers, lead teachers, assistants and aides.)**

**In the last year did any of your teaching staff receive ten or more hours of training or education from a local community college, college or university?**

- 1. Yes**
- 0. No (GO TO F6)**
- d. DON'T KNOW (GO TO F6)**
- r. REFUSED (GO TO F6)**

**f5a. Approximately how many of your teaching staff received at least 10 hours of college training or education in the last year?**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers and assistant teachers

**d. DON'T KNOW**

**r. REFUSED**

**f6. In the past year, did any of your teaching staff receive any training or take courses related to helping children develop early language and reading skills?**

**1. Yes**

**0. No**

**d. DON'T KNOW**

**r. REFUSED**

**Caregiver education: See “Quality of Care”**

**Caregiver education specific to ECE: See “Quality of Care”**



**Clock hours of training related to child in past year: See “Quality of Care”**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
<b>Measure:</b>	Supports and barriers to professional development
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Question E5 was asked only in the center-based questionnaire, and questions G5-G5a were asked only in the home-based care questionnaire.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	These items capture both formal and informal supports of professional development. Home-based provider networks provide both information and support to home-based providers. The center-based items assess both financial and on-site supports

for professional development.

In a feasibility test of these items, G5 and G5a had moderate variation. Items E5b, c, & d each had similar frequencies, though it is not possible to tell if the same respondents scored each variable similarly.

**Question Wording:**

**Asked of home-based care providers:**

**G5. Do you meet on a regular basis with other child care providers for training or as part of a support network?**

- 1 ☐ Yes → (SKIP TO G6)
- 2 ☐ Yes, but not regularly → (SKIP TO G6)
- 3 ☐ No

**G5a. Are you aware of opportunities for child care providers to get education or training or to participate in support groups?**

- 1 ☐ Yes
- 2 ☐ No

**Asked of center directors:**

**E5. Some programs provide support for staff seeking training or professional development opportunities. Do you provide any of the following for your teachers, assistant teachers, or aides?**

	Yes	No
<b>a. Funding to participate in college courses or off-site training?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>b. Paid time off to participate in college courses or off-site training?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>c. College coursework or training opportunities at your child care center?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>d. Mentors, coaches or consultants who visit and work with staff in their classrooms?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
<b>Measure:</b>	Supports and barriers to professional development
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The Recommended Measures from Professional Development White Paper is a document that compiles recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers. Items are drawn or adapted from existing surveys or are newly developed. The source of measures drawn from is noted for existing surveys.</p> <p>Reference: Zaslow, M., Halle, T., McNamara, M., Weinstein, D., &amp; Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at: <a href="http://www.childcareresearch.org/location/12685">http://www.childcareresearch.org/location/12685</a></p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	This question was modified from the original source including the addition of an introduction, change in question wording, and response categories.
<b>Item Limitations and Strengths for NSCCSD:</b>	Item provides data on potential supports to the receipt of professional development. Similar response categories can be used to develop items on barriers to professional development. This item would need to be modified for use with home-based providers.
<b>Question Wording:</b>	<p><b>SPD1. [MODIFIED FROM QUINCE] Sometimes it can be difficult to participate in professional development activities, such as education, training or completing licensure or credentials. We are interested in learning about any support you receive that helps you participate in professional development.</b></p> <p><b>For any of the professional development activities in which you participated in the past 12 months, did you receive the following types of support? PLEASE CHECK ALL THAT APPLY</b></p> <ol style="list-style-type: none"><li><b>1. Paid preparation/planning time</b></li><li><b>2. Paid time to attend professional development activity</b></li><li><b>3. Formal recognition for completion of professional development (e.g., awards night)</b></li><li><b>4. Transportation provided to get to class or workshop</b></li><li><b>5. Substitute teacher provided when needed</b></li><li><b>6. Tuition assistance</b></li><li><b>7. Ways that allowed you to participate in professional development that didn't take you away from the classroom or group of children you care for (such as distance learning courses or weekend classes)</b></li><li><b>8. Other (please specify): _____</b></li></ol>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
<b>Measure:</b>	Supports and barriers to professional development
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item is found in the Family Child Care Homes instrument from the 2005 administration of the Illinois Child Care Salary and Staffing Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	Question provides data on whether the respondent receives training opportunities and potential barriers to receiving training. Question may be appropriate for providers in various settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

10. Do you feel you have adequate training opportunities?

- 1. Yes
- 0. No

11. What difficulties, if any, have you had trying to find appropriate training or educational opportunities? (Check all that apply)

- a. My community does not have enough courses or workshops
- b. Cost of training is too high
- c. Quality of training is not good
- d. Most opportunities are during the day so it is difficult for me to attend
- e. I am unable to take time away from my family to take more training
- f. There is no reason to pursue more training
- g. Other (Specify) \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
<b>Measure:</b>	Supports and barriers to professional development
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Program Staff
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item provides useful information on obstacles of incorporating knowledge from training sessions.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

30. What are the primary obstacles preventing you and your staff from effectively implementing the strategies and techniques learned during training?

(Circle all that apply.)

- a. We do not have the materials we need
- b. We do not have adequate space
- c. We do not have enough staff
- d. We need further training
- e. The ideas and strategies did not seem likely to be useful in our site
- f. Other (Specify) \_\_\_\_\_

**Participation in a child care (state/regional/national) conference:  
See “Quality of Care”**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
Measure:	Completion of an intense training program
Source:	Recommended Measures from Professional Development White Paper
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The Recommended Measures from Professional Development White Paper survey is a document that compiles ideal or recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers. Items may have been derived and adapted from existing surveys. In these instances, the original survey is noted.</p> <p>TR1 Original question wording: In the past 12 months, have you received training from the following sources? If YES, did the training have a positive effect on the quality of care you provide?</p> <p>TR2 Original question wording: The core set of classes or workshops involves: [CHECK ONE] 1. Separate, stand-alone classes or workshops that providers have a specific amount of time to complete; 2. A sequence or series of classes or workshops in a planned combination that providers must complete within a specific time period; 3. Both stand alone AND planned sequence of classes or workshops</p>

can contribute toward completion of the core set of suggested classes or workshops;  
4. Other format for the core set of classes or workshops (please describe):

Zaslow, M., Halle, T., McNamara., Weinstein, D., & Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services. Available online at:  
<http://www.childcareresearch.org/location/12865>

## Item Limitations and Strengths for NSCCSD:

This series of questions provides detailed information on whether or not the respondent has received training in the past 12 months, where he/she has received training from, the dosage or intensity and format of the training, and the areas covered by the training. Additionally, data on whether the respondent wants to receive training in specific areas and the sources they would want to receive training from are collected for those who have not received training. While these provide a rich array of data, as currently worded the items may be too lengthy in time for a telephone administered survey. For example, items TR1, TR4, and MPP3 require that each category be read to the respondent.

## Question Wording:

**We would like to know also about any training you have received – that is any workshops or courses that helped prepare you for your work but that did not provide credit towards a higher education degree. Sometimes workshops or short-term courses may be offered at a university, but they do not lead to a degree. Please include here only professional not providing credit towards a degree.**

**TR1. [MODIFIED FROM THE IOWA SURVEY] In the past 12 months, have you received training from the following sources that did not count towards a degree? PLEASE CHECK ALL SOURCES OF TRAINING**

1. I have not participated in training in the past 12 months

**I have received training from:**

2. Resource & referral agency
3. Head Start
4. Child & Adult Care Food Program (CACFP)
5. Education Agency
6. State extension group
7. Community college (but without earning credit towards a degree)
8. College or university (but without earning credit towards a degree)
9. Consultation in your classroom or home-based care setting
10. Other (please specify): \_\_\_\_\_

**TR2. [MODIFIED FROM THE NACCRRA DIRECTOR SURVEY] Did the training you received in the past 12 months use...**

- i. A single-session format (e.g. a single Saturday morning session)?
- ii. A sequenced, multiple-session format (e.g., a session every Tuesday evening for a period of weeks)?
- iii. Both of these formats in different trainings?
  1. Yes
  2. No

**I have not participated in training in the past 12 months: \_\_\_\_\_**

**TR4. If you have received any training in the past 12 months, please mark all the content areas covered by your training: PLEASE MARK ALL THAT APPLY**

1. No training in the past 12 months
2. Overview of child growth and development
3. General knowledge of teaching and how children learn
4. Classroom management and discipline
5. Observing, documenting and assessing children's progress and development
6. Using a curriculum
7. Family and community relationships
8. Health, safety and nutrition practices
9. Early language and literacy development
10. Early mathematics
11. Early science
12. Early social and emotional development
13. Early physical development
14. Transition to school
15. Working with infants and toddlers
16. Working with preschool-age children
17. Working with children with special needs
18. Working with English Language Learners
19. Administration and management
20. Early childhood education as a profession
21. Policy for early childhood

**MPD3. In the future, would you seek out professional development from any of the following sources?**

1. Resource & referral agency
2. State or local child care agency
3. Head Start
4. Child & Adult Care Food Program (CACFP)
5. Education Agency
6. State extension group
7. Community college (towards a degree)
8. College or university (towards a degree)
9. Community college (not towards a degree)
10. College or university (not towards a degree)
11. Consultation in your home
12. Other (please specify): \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
<b>Measure:</b>	On-site coaching/mentoring/feedback
<b>Source:</b>	National Study of Child Care Supply & Demand Design Questionnaire
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Question wording to measure supervision and mentoring differ according to the type of provider surveyed.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these questions is that they ask about multiple different methods of supervision and mentoring.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Some variation was found on these items in the NSCCSD feasibility tests with both home-based providers and center directors.

Question Wording:

### Asked of home-based care providers:

**H5.** These next questions are about ways that you might have sought help improving the care you provide.

	Yes	No
a. In the past year has anyone observed you [or your assistants]?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Did you receive feedback based on these observation(s)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Does anyone provide you with mentoring, coaching, or technical assistance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

### Asked of center directors:

**E6.** These next questions are about supervision in your program.

	Yes	No
a. In the past year have you or someone else observed each of the groups in your program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Was feedback provided to the staff observed based on these observation(s)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Do salary decisions take into account what is observed or how staff respond to feedback provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Professional Development</b>
<b>Measure:</b>	On-site coaching/mentoring/feedback
<b>Source:</b>	Recommended Measures from Professional Development White Paper
<b>Year of Administration:</b>	N/A
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>The Recommended Measures from Professional Development White Paper survey is a document that compiles ideal or recommended survey items of measures professional development, quality, and some workforce characteristics that can be collected from providers. Items were sometimes derived from and adapted from other surveys and these are noted.</p> <p>Original question wording: Some people who care for children have another adult – sometimes called a mentor who observes them on a regular basis and provides feedback, guidance and training to help improve their skills in caring for child. Since September, has someone mentored you?</p> <p>Zaslow, M., Halle, T., McNamara., Weinstein, D., &amp; Dent, A. (July, 2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. White Paper prepared for the Office of Planning, Research and Evaluation, U.S. Department of</p>



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Health and Human Services. Available online at:  
<http://www.childcareresearch.org/location/12865>

Item Limitations and Strengths  
for NSCCSD:

Question is currently written for use among center and family care providers but could be easily adapted for family, friend, and neighbor care.

Question Wording:

**SPD3. [MODIFIED FROM HEAD START IMPACT STUDY] Some people who care for children have another adult who comes to their classroom or the group they care for at home on a regular basis to provide feedback and guidance. In the past 12 months, has someone come to your class or group in this way?**

1. Yes (APPROXIMATE NUMBER OF VISITS IN PAST 12 MONTHS: \_\_\_\_\_)
2. No

**Credentials: See “Quality of Care”**

**Certification in first aid/CPR: See “Quality of Care”**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Number of employees
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This series of questions provides detailed information on staffing levels across key staff categories. These questions are most appropriate for center care and could be adapted (using skip patterns) for family child care. Questions are not appropriate for informal care (family, friend, and neighbor care) providers. Collecting data in a sequential manner may improve data quality and accuracy of reports. However, reordering of items, such that less common categories are asked about first, may reduce the amount of double counts across categories. For example, as currently worded, assistant teachers and aids that are asked about on E4 may have been included in respondent reports in question E1 regarding the total number of teachers. Question E6 may not be clear enough to consistently exclude or include staff like bus drivers or cooks. The inclusion of this question in the 2010 NSCCSD would permit for trend analyses.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

**E1 The next questions I have are about the teachers, specialists, assistant teachers, aids, other paid adults and volunteers who work in your preschool program. By teachers we mean persons in charge of a group or classroom of children, often with staff supervisory responsibilities.**

**First, how many teachers do you employ?**

**Probe: Include lead teachers and other teachers, including special subject teachers such as music and art teachers.**

\_\_\_ Teachers

None

**DON'T KNOW**

**REFUSED**

**E2. (Does that teacher/How many teachers) work full-time?**

**Probe: By full-time I mean at least 35 hours per week or the full hours your program operates. Please include paid preparation time as well as time spent in the classroom.**

\_\_\_ Full-time teachers

**DON'T KNOW**

**REFUSED**

**E3. How many specialists do you employ?**

**Probe: Specialists include social workers, family outreach workers, psychologists, nurses, etc.**

\_\_\_ Specialists

None

**DON'T KNOW**

**REFUSED**

**E4. How many assistant teachers and aides do you employ?**

\_\_\_ Assistant teachers and aides

None

**DON'T KNOW**

**REFUSED**

**E5. (Does that person/How many of them) work full-time?**

**Probe: By full-time I mean at least 35 hours per week or the full hours your program operates. Please include paid preparation time as well as time spent in the classroom.**

\_\_\_ Full-time teachers

**DON'T KNOW**

**REFUSED**

**E6. How many other adult employees help with caring for children?**

\_\_\_ Other adults

None (GO TO E8)

**DON'T KNOW**

**REFUSED**

**E7. Approximately how many hours per week (do/does) (this/these) adult(s) usually help with children?**

\_\_\_ Hours

**DON'T KNOW**

**REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Number of employees
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Any provider serving a child in the ECLS-B</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>This question comes from the 24-month Child Care Provider Interview. See also example from the ECLS-B Director Survey.</p> <p>Providers were selected for this study if they were serving a child in the ECLS-B study.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This series of questions provides detailed instructions and probes on the categories of staff positions to include or exclude when calculating the number of caregivers. In particular, the instructions ask for the respondent to report the number of <u>direct</u> caregivers who are part- and full-time. It is possible, however, that the instructions about whom to include in each item is too complex or may not be fully attended to by respondents as they formulate their answers. The number of direct caregivers can be used to calculate a more accurate child to staff ratio than total number of employees. For larger centers providing accurate aggregate counts for part- and</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

full-time caregivers may be difficult. Staffing levels may vary by times of year, days of week and times of day.

### Question Wording:

**ST015. How many of the caregivers on your payroll are full-time, that is, work 35 or more hours per week?**

**By caregiver, we mean staff, including yourself, who work directly with the children. Do not include bus drivers, cooks, or other staff who do not work directly with children.**

**PROBE: Also include assistant caregivers and aides, caregiver-directors, administrative directors and other staff who work directly with children.**

**ENTER NUMBER \_\_\_\_\_**

**HARD RANGE 0-60**

**REFUSED**

**DON'T KNOW**

**ST017. How many of the caregivers on your payroll are part-time, that is, work less than 35 hours per week?**

**(By caregiver, we mean staff, including yourself, who work directly with the children at least some of the time. Do not include bus drivers, cooks, or other staff who do not work directly with children)**

**PROBE: Also include assistant caregivers and aides, caregiver-directors, administrative directors and other staff who work directly with children**

**ENTER NUMBER \_\_\_\_\_**

**HARD RANGE 0-99**

**REFUSED**

**DON'T KNOW**

**PROGRAMMER INSTRUCTIONS: EDIT CHECK: EITHER ST015 OR ST017 MUST BE > ZERO (THERE MUST BE AT LEAST ONE STAFF MEMBER.**

**ERROR MESSAGE: "YOU HAVE ENTERED THAT THERE ARE ZERO FULL TIME AND ZERO PART TIME STAFF. PLEASE CORRECT YOUR RESPONSE(S)".**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Number of employees
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.
<b>Item Limitations and Strengths for NSCCSD:</b>	This item is unique in that it is targeted towards before/after-school programs.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

### Question Wording:

The questions below ask about how you staff your TASC after-school program, including the number and hours worked per week by paid staff, and your use of subcontractors, AmeriCorps Members, and volunteers.

**40. Aside from yourself, how many total staff are currently working in your after-school program? Include paid staff, subcontractors, and AmeriCorps Members. Please write a number in the space provided.**

Total staff \_\_\_\_\_

**41. Aside from yourself, of the paid staff you hired to work all year in your after-school program, how many are employed to work in each of the categories below? Do not count paid subcontractors or AmeriCorps Members—we ask more about these types of staff in other questions. Please count paid hours worked for your TASC after-school program only—do not count other jobs that staff may have.**

Please write a number on each line. Write “0” if no staff work a given number of hours.

#### Number of Staff

- a. 35 or more hours a week (i.e., full time) \_\_\_\_\_
- b. 21 to 34 hours per week \_\_\_\_\_
- c. 15 to 20 hours per week (i.e., roughly a full program week) \_\_\_\_\_
- d. Less than a full program week \_\_\_\_\_

**42. How many subcontractor staff has your after-school program hired this year to provide special activities or services? (Please write a number in the space provided. If “0”, please write “0” in the space provided.)**

- a. On a regular basis (i.e., at least monthly) for the entire year \_\_\_\_\_
- b. On a regular basis (i.e., at least monthly) for part of the year \_\_\_\_\_
- c. For a special event held once or twice a year \_\_\_\_\_

**43. How many AmeriCorps Members are working in your after-school program? (Please write a number in the space provided. If “0”, please write “0” in the space provided.)** \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Number of employees
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey item came from the 2005 administration of the Illinois Child Care Salary and Staffing Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	By collecting number of staff for each category of employee, data quality is likely improved. Additionally, this detailed breakdown can provide valuable information for analysis and can be used to compute detailed staff ratios including provider; support staff; lead teachers, etc.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**7. How many staff are in your program? List the number of staff within each category (categories a-f are defined according to DCFS licensing regulations).**

\_\_\_\_\_ **Number of Staff**

**[QUESTION ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR/TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT/AIDE, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT/AIDE, CURRICULUM COORDINATOR, FAMILY SUPPORT/PARENT EDUCATOR, COOK, ADMINISTRATIVE SUPPORT SECRETARY, BUILDING SUPPORT STAFF (e.g., JANITOR, MAINTENANCE), OTHER]**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Tenure of employees
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	Inclusion of this question in the NSCCSD will allow for trend analysis. Question provides data on tenure in current position and is collected directly from providers. Questions could be adapted for a broader range of care settings.
<b>Question Wording:</b>	<b>E24 How long has (NAME) worked in your program?</b> ___ Years ___ Months <b>DON'T KNOW</b> <b>REFUSED</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Tenure of employees
<b>Source:</b>	Illinois After-School Partnership: Out of School Time Workforce Staff Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	These items provide useful information regarding: tenure in one's position as well as tenure in the organization and in the field. These questions could be easily adapted to be inclusive of programs for children of all ages (i.e. by replacing the term "OST"). The questions could be improved by extending the response categories to 10 years or more.

Question Wording:

**3. How long have you been in your current position?**

- ☐ Less than 6 months
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 or more years

**4. How long have you been at your current organization?**

- ☐ Less than 6 months
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 or more years

**5. How many years of experience do you have in the field of OST?**

- ☐ Less than 6 months
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 or more years

**6. How many total years of experience do you have in other fields?**

- ☐ Less than 6 months
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 or more years

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Tenure of employees
<b>Source:</b>	Midwest Child Care Research Consortium Provider Survey
<b>Year of Administration:</b>	2000-2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input checked="" type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This question provides data on both tenure at current position and total years of experience. This item is appropriate for surveys of providers but will need to be adapted for use in arrangement types where a proxy respondent such as a center director is used. One strength of item 23 is that it specifically asks for the number of years a respondent has provided child care since they were 18. Asking about experience providing child care as an adult was a recommendation from cognitive testing of a tenure item from the NSCCSD design survey.</p> <p>May need to adapt wording of Q23 to refer to early education as well as school-age care.</p>

**Question Wording:**

**22. How long have you been caring for children (IF CODE 21-26, 31 OR 32 IN S2, SAY:) in your home/(IF CODE 01-14 in S2, say:) at this center, please answer from the time you started again to now (OPEN ENDED AND CODE)**

- 01. Less than three months**
- 02. Three months to less than 6 months**
- 03. Six months to less than 12 months (one year)**
- 04. 12 months to less than 18 months (1½ years)**
- 05. 18 months to less than 24 months (two years)**
- 06. 24 months to less than three years (35 months)**
- 07. Three years to less than five years (59 months)**
- 08. Five years to less than 10 years (119 months)**
- 09. 10 years to less than 20 years (239 months)**
- 10. 20 or more years**
- 11. DON'T KNOW**
- 12. REFUSED**

**23. Since you were 18, how long, in total, have you worked in child care? (OPEN ENDED AND CODE) [NOTE TO INTERVIEWER: FOR THIS QUESTION, THEY DO CUMULATE THE TOTAL TIME THEY HAVE WORKED IN EARLY CHILD CARE IN ANY SETTING SINCE THEY WERE 18 YEARS OLD, INCLUDING TIME PRIOR TO ANY BREAK THEY MAY HAVE TAKEN FROM THIS WORK.]**

- 01. Less than three months**
- 02. Three months to less than 6 months**
- 03. Six months to less than 12 months (one year)**
- 04. 12 months to less than 18 months (1½ years)**
- 05. 18 months to less than 24 months (two years)**
- 06. 24 months to less than three years (35 months)**
- 07. Three years to less than five years (59 months)**
- 08. Five years to less than 10 years (119 months)**
- 09. 10 years to less than 20 years (239 months)**
- 10. 20 or more years**
- 11. DON'T KNOW**
- 12. REFUSED**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Tenure of employees
<b>Source:</b>	Study of Promising After-School Programs – Director Survey
<b>Year of Administration:</b>	2002-2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	These items allow for one respondent to provide tenure information for multiple providers. These questions could be adapted to be more inclusive of early care and education settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Please complete the following information regarding the program director/coordinator and EACH STAFF member who works with students at the program at least 30 minutes per week. Include all paid staff, contracted providers, volunteers, and any others.

Please use the code numbers shown on the next page to complete the shaded columns. Use additional pages if necessary.

Name	# days worked per week	# hours worked per week	Length of time with the after-school program	Paid by Program Yes/No
1.			___yrs __mos	
2.			___yrs __mos	
3.			___yrs __mos.	

Name	Primary role at program	Highest level of education	Certified in school-age child care, child development Yes/No	Certified School teacher Yes/No
1.				
2.				
3.				

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Tenure of employees
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Items t_a4a and t_a5 come from the Center-based Teacher Telephone Interview instrument and items a10 and a11 are from the Family Child Care Provider Telephone Interview instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	Questions collect data on tenure in current setting, number of years of experience, and future plans. Data are collected directly from providers and could be adapted to work for a broader range of care settings.

Question Wording:

t\_a4a. How long have you worked in this (center/preschool)?

\_\_\_\_\_ Years OR

\_\_\_\_\_ Months

d. DON'T KNOW

r. REFUSED

t\_a5. How many years of experience, altogether, do you have working in a preschool or childcare setting?

PROBE: Not including elementary school teaching.

PROBE: Not including informal babysitting.

PROBE: Your best estimate is fine.

\_\_\_\_\_ Years OR

\_\_\_\_\_ Months

d. DON'T KNOW

r. REFUSED

a10. How much longer do you think you will continue to work with young children? Would you say...

PROBE: By your own children we mean birth and adopted children, foster children, grandchildren, other relatives' children, and children who are not related to you, but live with you half the time or more.

PROBE: With children under age 5 in a childcare, preschool, or family child care setting.

1. Less than 1 year

2. 1-3 more years, or

3. More than three years?

d. DON'T KNOW

r. REFUSED

a11. If you could do so now, would you choose work other than child care or early childhood education?

1. Yes

2. No

d. DON'T KNOW

r. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Staff turnover
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	A similar item can be found in multiple Child Care Market Rate Surveys and ECLS-B Caregiver instrument.
<b>Item Limitations and Strengths for NSCCSD:</b>	Inclusion of this question in the NSCCSD 2010 survey will allow for trend analysis. This question provides data on staff turnover, new hires, current vacancies, and the amount of time to fill positions. It is unclear what type of respondent (e.g., center director, HR director, etc.) can best provide this type of data. As currently worded this item will provide data at the aggregate level and may mask variation, for example, between part- and full-time staff or by season. Trend analysis with the 1990 study may only be possible if this question is asked of the same respondent type (e.g., center director or human resources director).

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**E15 During the past 12 months, how many lead teachers and other teachers left your program? Include both full-time and part-time teachers and both regular and special-subject teachers?**

\_\_\_ Teachers

**DON'T KNOW**

**REFUSED**

**E16 During the last 12 months, how many new lead teachers and other teachers have been hired?**

\_\_\_ Teachers

**DON'T KNOW**

**REFUSED**

**E17 How many openings for lead teachers and other teachers do you currently have?**

\_\_\_ Unfilled positions

**DON'T KNOW**

**REFUSED**

**E18 Thinking about the last time you had to fill a teaching vacancy, how long was it from the time a teacher left to the time a replacement was hired?**

**Probe: Exclude any time during which your program was not operating.**

\_\_\_ Days

\_\_\_ Weeks

\_\_\_ Months

\_\_\_ Years

**DON'T KNOW**

**REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Staff turnover
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	Survey items came from the 2005 administration of the Illinois Child Care Salary and Staffing Survey. Wording specific to the first response option of question 17 would need modification. Items address issues not considered elsewhere, (e.g., qualification of applicants). May also need to change wording to be broadly appropriate to early care and education, rather than just child care.
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This series of questions provides detailed data on turnover, staffing vacancies, and the replacement process. While many of these can be easily answered by a center director or a human resource manager, it is unclear what type of respondent can best provide such information. Question wording also permits analysis by category of employee.</p> <p>For question 16, additional responses categories may be appropriate (e.g., dissatisfied with benefits).</p> <p>An additional response category to capture longer vacancy duration may be needed in</p>

question 18. Also the response category in question 19 assumes that the respondent has been in the position for at least 2 years. Finally, items 34 and 35 provide an example of the type of question that can be asked of family, friend, neighbor and informal care providers regarding anticipated turnover and reasons why they may leave the field.

**Question Wording:**

**Asked of center-based care programs:**

**15. How many staff members have left your program in the last 24 months? Please refer to your permanent full-time and part-time staff members, not temporary, substitute or seasonal staff.**

Administrative director \_\_\_\_\_ (NUMBER)  
 Director/teacher \_\_\_\_\_ (NUMBER)  
 Early childhood teacher \_\_\_\_\_ (NUMBER)  
 Early childhood assistant/aide \_\_\_\_\_ (NUMBER)  
 School-age worker \_\_\_\_\_ (NUMBER)  
 School-age assistant/aide \_\_\_\_\_ (NUMBER)  
 Other \_\_\_\_\_ (NUMBER)  
 TOTAL \_\_\_\_\_ (NUMBER)

**16. For each category of employee, what are the two most common reasons for leaving your specific program? Under the heading for each type of employee (ADMINISTRATIVE DIRECTOR, DIRECTOR/TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT), list “1” if you think it is the primary (the most important) reason for that employee leaving and list “2” if you think it is their secondary reason.**

Found a new job in child care \_\_\_\_\_  
 Found a new job in public schools \_\_\_\_\_  
 Found a new job unrelated to child care or education \_\_\_\_\_  
 Dissatisfied-pay \_\_\_\_\_  
 Dissatisfied-professional development opportunities \_\_\_\_\_  
 Dissatisfied-schedule \_\_\_\_\_  
 Terminated/fired \_\_\_\_\_  
 Retired \_\_\_\_\_  
 Personal \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

**17. Please report the number of applicants who applied when you filled a vacancy last year. List the number of applications by category of employees. [ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR /TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT]**

\_\_\_\_\_ Number of DCFS-qualified applicants  
 \_\_\_\_\_ Number of program qualified applicants (e.g., Head Start)  
 \_\_\_\_\_ Number of non-qualified applicants



**18. How long did it take you to fill vacancies for each category of staff? For each category of staff, check how long, on average, it took to fill the vacancy. [ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR /TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT]**

- 1. Less than one week**
- 2. 1-2 weeks**
- 3. 3-4 weeks**
- 4. More than 4 weeks**
- 5.**

**19. Has the length of time to fill a vacancy changed in the last two years? For each category of staff, check how long, on average, it took to fill the vacancy. [ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR /TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT]**

- 1. Increased by more than 2 weeks**
- 2. Increased by 1-2 weeks**
- 3. Stayed the same**
- 4. Decreased by 1-2 weeks**
- 5. Decreased by more than 2 weeks**

**20. Do the staff you have hired in the past year meet or exceed qualifications required in the DCFS licensing standards? For each category of staff, list the number of staff that meet or exceed qualifications.**

**[ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR /TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT]**

**Number of staff who:**

**Meet DCFS qualifications \_\_\_\_\_**

**Exceed DCFS qualifications \_\_\_\_\_**

**21. Have the qualifications of your new hires changed in the last two years? For each category of staff, how qualified are new hires? (Circle the response that best reflects your opinion)**

**[ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR /TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT]**

- 1. Much less qualified**
- 2. Somewhat less qualified**
- 3. Same qualifications**
- 4. Somewhat more qualified**
- 5. Much more qualified**

**22. Generally, how difficult has it been for you to fill positions in the past two years? For each category of staff, how difficult has it been to fill that vacancy. (Circle the response that best reflects your opinion)**

**[ASKED FOR ADMINISTRATIVE DIRECTOR, DIRECTOR /TEACHER, EARLY CHILDHOOD TEACHER, EARLY CHILDHOOD ASSISTANT, SCHOOL-AGE WORKER, SCHOOL-AGE ASSISTANT]**

- 1. Very easy**
- 2. Easy**
- 3. Neither easy nor hard**
- 4. Hard**
- 5. Very hard**

23. There are many reasons why people may not be attracted to employment in the child care field. How important do you think each of the following reasons are? (Circle the response under each heading that best reflects your opinion)

- a. Career opportunities in centers are not generally known by people choosing a profession
- b. Career opportunities are better in other professions or other child-oriented settings
- c. Child care is not seen as a professional career choice
- d. Salaries are low
- e. Benefits are not adequate
- f. Job openings in centers are not well advertised
- g. Other (Specify)
  - 1. Not a reason
  - 2. A minor reason
  - 3. A major reason
  - 4. Don't know

Asked of home-based care providers:

34. How much longer do you think you will continue to offer child care in your home?

- \_\_\_\_\_ Number of years
- 0. I don't know

35. In the past year, have you considered no longer providing care?

- 1. Yes
- 2. No

If yes, why?

- 1. Dissatisfied with salary
- 2. Dissatisfied with benefits
- 3. Want to go back to school
- 4. Working conditions (long hours, limited resources, enrollment)
- 5. External/Personal factors (health, moving)
- 6. Other (Specify) \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Staff turnover
Source:	NICHD National Study of Early Care (SECC)
Year of Administration:	1991-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item comes from the NICHD Caregiver Interview (questionnaire form 11D).
Item Limitations and Strengths for NSCCSD:	This question provides data on turnover of providers working directly with children. Question could be adapted for family child care but may not be appropriate for other arrangement types.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**C6. How many of the center's paid classroom staff (excluding volunteers) have left the program in the last 12 months? [Include only teachers, assistant teachers and aides, teacher-directors, and any others who work directly with children.]**

**ENTER NUMBER 0-9 \_\_\_\_\_**

**C7. Did all these staff who left leave either voluntarily or because of low enrollments?**

- 1. Yes**
- 2. No**

**C9. During the last 12 months, how many new paid classroom staff have you hired?**

**ENTER NUMBER 0-9 \_\_\_\_\_**

**C10. How many unfilled positions for classroom staff do you currently have?**

**ENTER NUMBER 0-9 \_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Staff turnover
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Interviewer notes have specific instructions on how summer-related turnover should be counted; this issue may warrant clarification within the question itself or cognitive testing to see how respondents handle summer related turnover.
Item Limitations and Strengths for NSCCSD:	Question provides data on turnover for teachers and assistant teachers separately but does not disaggregate by part-time and full-time status. Reordering of items may improve data quality and reduce double counts. Wording of the item is not appropriate for home-based providers as they may not self-identify as teachers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**f2. In the past twelve months, how many teachers have left your program?**

**PROBE: Full-time and part-time.**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of teachers

d. DON'T KNOW

r. REFUSED

**f2a. In the past 12 months, how many assistant teachers or aides have left your program?**

**PROBE: Full-time and part-time.**

**IF R VOLUNTEERED THAT SUMMER SESSION NUMBERS ARE DIFFERENT THAN REST OF YEAR ASK FOR NUMBERS IN MAY.**

\_\_\_\_\_ Number of assistant teachers/aides

d. DON'T KNOW

r. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Child care worker wages
<b>Source:</b>	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
<b>Year of Administration:</b>	1990
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	Inclusion of this question in the NSCCSD would allow for trend analysis. This question provides data for a specific provider and thus could be used across a range of care settings. It is unclear the extent to which respondents (including center director and HR managers) will have this level of salary information readily available.
<b>Question Wording:</b>	<b>E26 What is (NAME)'s annual salary before taxes?</b> \$ _____ <b>DON'T KNOW</b> <b>REFUSED</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Child care worker wages
<b>Source:</b>	Illinois Child Care Salary and Staffing Survey
<b>Year of Administration:</b>	2003; 2005
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item is found in the Family Child Care Homes instrument from the 2005 administration of the Illinois Child Care Salary and Staffing Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	It is unclear the extent to which respondents can accurately provide data on net earnings or aggregate annual expenses. Data quality may be improved by breaking down expenses or allowing the respondent to report earnings (in gross or net) in a metric (weekly, monthly, etc.) of their choosing.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**15. What are you net annual earnings from your child care program after deducting costs of providing care? (Check one)**

- 1. \$5,000 or less**
- 2. \$5,001 to \$11,000**
- 3. \$11,001 to \$17,000**
- 4. \$17,001 to \$23,000**
- 5. \$23,001 to \$29,000**
- 6. More than \$29,000**

**16. What are your annual expenses (such as food, utilities, insurance or materials) to provide care, not including your wages? (Check one)**

- 1. \$5,000 or less**
- 2. \$5,001 to \$11,000**
- 3. \$11,001 to \$17,000**
- 4. \$17,001 to \$23,000**
- 5. \$23,001 to \$29,000**
- 6. More than \$29,000**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Child care worker wages
Source:	Maine Market Rate Survey
Year of Administration:	2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These questions provide data on average wages for hourly and salaried employees and average number of hours worked across various staffing categories (e.g., center director, head and assistant teachers). Questions could be adapted for family care and other home-based providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

5. For all hourly employees at your center, please enter the average hourly wage for each of the following positions and the average number of hours worked per week. If a position is salaried, check the box in the last column.

[QUESTION ASKED FOR CENTER DIRECTOR, HEAD OR LEAD TEACHERS, TEACHERS, TEACHER ASSISTANTS, AND TEACHER AIDES]

Average hourly wage for someone in this position

\$ \_\_\_\_\_ per hour

Average number of hours worked per week

\_\_\_\_\_ hours

Not applicable; this position is salaried

\_\_\_\_\_

6. For all salaried employees at your center, please enter the average salary for each of the following positions and the average number of hours worked per week. If a position is hourly, check the box in the last column.

[QUESTION ASKED FOR CENTER DIRECTOR, HEAD OR LEAD TEACHERS, TEACHERS, TEACHER ASSISTANTS, AND TEACHER AIDES]

Average salary for someone in this position

\$ \_\_\_\_\_ per year

Average number of hours worked per week

\_\_\_\_\_ hours

Not applicable; this position is hourly

\_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Child care worker wages
<b>Source:</b>	Massachusetts Cost and Quality Study
<b>Year of Administration:</b>	1999-2000; 2001-2002; 2006
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item comes from the Family Child Care Provider Survey.
<b>Item Limitations and Strengths for NSCCSD:</b>	This question is written for family care providers but could be adapted for use with family, friend, and neighbor care. It is unclear whether it is feasible to collect wage data on each staff member for centers. The instruction in question 16 is complex. It is unclear the extent to which the main points are understood or attended to by respondents. By collecting data on hourly rate and number of hours worked, weekly wages can be computed for each and across assistants. The label “pay rate” should be relabeled “hourly rate” for consistency.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

16. At this time, do you pay money to one or more assistants to help you with your child care program? This would be someone who works for you on a regular, ongoing basis. (Do not include occasional substitutes, unpaid family members, or one of your own children to whom you may pay a small amount of money. This also does not mean your husband, who can fill in for you in the program up to 25 hours in a year, unless you pay him as your assistant on an ongoing basis.)

1. Yes
2. No (GO TO QUESTION 17)

16a. If you answered “yes” to question 16, how many paid assistants do you have?

\_\_\_\_\_ paid assistants

16b. What is the hourly wage you pay your assistant? If you have more than one assistant, please indicate the hourly rate you pay for each assistant. Please also indicate how many hours per week the assistant or assistants generally work and are paid.

Assistant #1: Pay rate \_\_\_\_\_  
Number of hours per week for which assistant is paid \_\_\_\_\_

Assistant #2: Pay rate \_\_\_\_\_  
Number of hours per week for which assistant is paid \_\_\_\_\_

Assistant #3: Pay rate \_\_\_\_\_  
Number of hours per week for which assistant is paid \_\_\_\_\_

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Child care worker wages
<b>Source:</b>	Illinois After-School Partnership: Out of School Time Workforce Staff Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	A strength of these items is that they allow the respondent to provide wages in terms of an annual salary or an hourly rate. These questions could be adapted to be more inclusive of early care and education settings as well as school-aged care providers.

Question Wording:

**COMPENSATION**

**9. Please check your status as it relates to your role in the OST program.**

- ☐ ☐ **Paid Staff**
- ☐ ☐ **Volunteer**

**10. If you are paid staff, answer the question below that applies to your compensation schedule:**

**If you receive an annual salary, what is your annual salary range?**

- ☐ ☐ **\$0 - \$5,000**
- ☐ ☐ **\$5,000 - \$10,000**
- ☐ ☐ **\$10,000 - \$15,000**
- ☐ ☐ **\$15,000 – \$20,000**
- ☐ ☐ **\$25,000 – \$30,000**
- ☐ ☐ **\$35,000 - \$40,000**
- ☐ ☐ **\$45,000 - \$50,000**
- ☐ ☐ **Over \$50,000**

☐ **If you are paid hourly, what is your hourly salary?**

- ☐ ☐ **Less than \$7**
- ☐ ☐ **\$7 - \$8.99**
- ☐ ☐ **\$9 – \$10.99**
- ☐ ☐ **\$11 - \$12.99**
- ☐ ☐ **\$13 – \$14.99**
- ☐ ☐ **\$15 –\$ 20**
- ☐ ☐ **\$21 – \$25**
- ☐ ☐ **\$26 – \$30**
- ☐ ☐ **\$31 – \$35**
- ☐ ☐ **\$36 – \$40**
- ☐ ☐ **\$41 – \$45**
- ☐ ☐ **\$46 – \$50**
- ☐ ☐ **Over \$50**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Total hours provide care or other related activities
Source:	Massachusetts School Age Cost Survey
Year of Administration:	2006
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other <u>Group providers</u>
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Group providers</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question was asked of family care providers and was taken from Massachusetts Family Child Care Provider Instrument.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it allows the family child care provider to estimate time spent in non-direct-service activities across a range of tasks. Another strength of this item is that it allows respondents to estimate how much time they take doing certain activities either by month or by year, which may ease respondent burden. However, this item would be more useful if used in conjunction with other items regarding hours providing care.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

15. We understand that family child care takes a lot of time outside of the hours you actually spend with the children, to plan your program, buy supplies, attend meetings, etc. Please estimate how many hours per month (or per year, if that makes it easier) you spend doing any of the following activities for your Family Child Care program:

Activities Outside of Program Hours	Estimated Hours Spent	
	Per month	or Per year
a. Buying supplies and food for the program	_____	_____
b. Cleaning and maintaining the program space	_____	_____
c. Planning your child care program	_____	_____
d. Doing record keeping, billing, administrative tasks	_____	_____
e. Participating in training, professional meetings	_____	_____
f. Communicating with parents outside of your regular program hours	_____	_____
g. Marketing your child care services	_____	_____
h. Other	_____	_____

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Total hours provide care or other related activities
Source:	Illinois After-School Partnership: Out of School Time Workforce Staff Survey
Year of Administration:	2005
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This item provides comprehensive information regarding how staff spend their time. From this item, the total number of hours providing care and other related activities can be calculated. One concern with this item is potentially high response burden. This may be a particular concern with respondents who are not engaging in many of the activities listed below.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

8. Please list the average hours spent in the following ways for each of the following timeframes:

	School Year			Summer	
	Mon - Fri. (Hrs. per week)	Weekend (Hrs. per weekend)	Holidays (Hrs. per day)	Mon-Fri. (Hrs. per week)	Weekend (Hrs. per weekend)
Community Outreach/Recruitment					
Direct Service w/Youth					
Direct Work with Parents					
Hours at Other Job					
Hours in School/Higher Ed.					
Program Administration (Supervision, Grant/Fiscal management, etc.)					
Program Evaluation/Reporting					
Program Planning (curriculum/materials development)					
Program Support (clerical, transportation, food prep, etc.)					
Training/Professional Development During Work Hours					
Training/Professional Development Outside of Work Hours					
Volunteer coordination					
Other Duties at agency not related to out-of-school time program					
Other: Please List _____					

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Benefits
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Inclusion of this question in the NSCCSD would allow for trend analysis. This question collects data for a range of potential benefits and could be adapted for a range of care settings.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**E27 Does (NAME) receive any of the following fringe benefits?**

- a. Reduced child care fee for (his/her) own children?
- b. Education stipend to cover workshops or conferences?
- c. Retirement or pension plans?
- d. Life insurance?
- e. Health insurance?
- f. Paid (maternity/paternity) leave?
- g. INTERVIEWER: If E27f equals "01" Go to E27h, else ask:  
Unpaid, but job protected (maternity/paternity) leave?
- h. Paid sick leave?
- i. Paid vacation leave?
  - 1. Yes
  - 2. No
  - 3. DON'T KNOW
  - 4. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Benefits
<b>Source:</b>	Maine Market Rate Survey
<b>Year of Administration:</b>	2004
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>This question provides data on a range of potential benefits, including benefits related to professional development, that may be provided to staff or that family caregivers may have. Additionally, the data collected through this question indicate which staff can receive benefits (e.g., full- or part-time) and how family care providers receive their benefits. The question for center care, however, does not make clear whether full-time staff includes only direct care providers or also other center staff.</p>

Question Wording:

**FROM CENTER SURVEY**

**7. Are any of the following benefits available to staff through your center?**

- a. Health insurance
- b. Dental insurance
- c. Disability insurance
- d. Retirement plan
- e. Paid vacation
- f. Paid sick time/personal days
- g. Paid staff break
- h. Reduced rates for children of staff
- i. Financial assistance to cover course for credit
- j. Financial assistance for in-service workshops, conferences, etc.
- k. Paid parental leave
- l. Other: \_\_\_\_\_
  - 1. Available to full time staff?
  - 2. Available to part time staff?
  - 3. Not available to any staff?

**FROM FAMILY CHILD CARE PROVIDER SURVEY**

**5. Do you have any of the following benefits available to you? (Check only one)**

- a. Health insurance
- b. Dental insurance
- c. Disability insurance
- d. Retirement plan
- e. Paid vacation
- f. Paid sick time/personal days
- g. Financial assistance to cover course for credit
- h. Financial assistance for in-service workshops, conferences, etc.
  - 1. Through your own Family Child Care
  - 2. Through another family member's job
  - 3. Through a government program
  - 4. Check here if benefit not affordable or available to you

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Benefits
<b>Source:</b>	Urban Institute Provider Study in Five Counties
<b>Year of Administration:</b>	2003
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This question set is comprehensive. It collects data on: vacation, sick leave, availability of health benefits and how cost of benefit is paid, retirement or pension plan participation, paid leave for training or education, total number of hours worked, whether provider works during the summer months. Questions are currently worded for center providers but could be adapted for a broader range of care settings.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

t\_e1. Now I have some questions about you and your job. How many paid hours do you work on average, each week at this job? Please include paid overtime hours if they are worked regularly.

\_\_\_\_\_ Hours

- d. DON'T KNOW
- r. REFUSED

t\_e2. Do you work at this job over the summer?

- 1. Yes (GO TO e3)
- 0. No
- d. DON'T KNOW (GO TO e3)
- r. REFUSED (GO TO e3)

t\_e2a. How many consecutive weeks do you have off during the summer?

\_\_\_\_\_ Weeks

- d. DON'T KNOW (GO TO e3)
- r. REFUSED (GO TO e3)

t\_e2b. Is this time off paid or unpaid?

- 1. Paid
- 2. Unpaid
- d. DON'T KNOW (GO TO e3)
- r. REFUSED (GO TO e3)

t\_e3abc. (IF PAID: Other than during the summer,) Does your (CENTER /PRESCHOOL) offer any of the following types of paid leave?

- a. Vacation or personal days?
- b. Sick leave?
- c. Paid leave for training or education?
  - 1. Yes
  - 2. No
  - d. DON'T KNOW
  - r. REFUSED

t\_e8. Does your (center/preschool) ever pay some or all of the costs for you to attend workshops or classes related to your work?

- 1. Yes
- 0. No (GO TO t\_e9)
- d. DON'T KNOW
- r. REFUSED

t\_e11. Do you have health insurance from any source?

- 1. Yes
- 0. No (GO TO t\_e12abcde)
- d. DON'T KNOW
- r. REFUSED

t\_e12a. Do you have a retirement or pension plan through this job?

PROBE: Is that (retirement plan/pension plan/term used by respondent) set up by your (center/preschool)?

- 1. Yes
- 0. No (GO TO t\_e13)
- d. DON'T KNOW
- r. REFUSED

**f4. Does your program offer health insurance to all (teachers/lead teachers /assistant teachers or aides), some or more?**

- 1. All (GO TO f4a)**
- 2. Some (GO TO f4a)**
- 0. None (GO TO f5)**
- d. DON'T KNOW (GO TO f5)**
- r. REFUSED (GO TO f5)**

**f4a. Is the cost of the health insurance premium paid by the teachers and/or aides, paid by your program or shared?**

**INTERVIEWER: IF PROGRAM PAYS ALL OF COST FOR AT LEAST ONE PLAN, CODE 2; IF PROGRAM SHARES COST FOR AT LEAST ONE PLAN, CODE 3.**

- 1. Teacher pays full premium**
- 2. Program pays full premium**
- 3. Cost of premium shared**
- d. DON'T KNOW**
- r. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Benefits
<b>Source:</b>	Illinois After-School Partnership: Out of School Time Workforce Staff Survey
<b>Year of Administration:</b>	2005
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	
<b>Item Limitations and Strengths for NSCCSD:</b>	This question could be easily adapted for providers serving children of all ages.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**11. What benefits do you receive from your OST position?**

- ☐ ☐ **Medical Insurance**
- ☐ ☐ **Dental Insurance**
- ☐ ☐ **Paid holidays**
- ☐ ☐ **Reduced/Free Child Care**
- ☐ ☐ **Paid vacation**
- ☐ ☐ **Paid sick leave**
- ☐ ☐ **Retirement Plan**
- ☐ ☐ **Life Insurance**
- ☐ ☐ **Paid Time for Training**
- ☐ ☐ **Time off for Training or School**
- ☐ ☐ **Training/Education Stipends**
- ☐ ☐ **Disability Insurance**
- ☐ ☐ **Other?** \_\_\_\_\_

**Credentials: See “Quality of Care”**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Motivation for providing care
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar questions also appear in the Illinois Child Care Salary and Staffing Survey.
Item Limitations and Strengths for NSCCSD:	Inclusion of this item in the NSCCSD would allow for trend analyses. Question is appropriate for use in formal child care settings, though some response categories are more appropriate for home-based providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A2 What is the major reason you provide child care for other children?**

- 1. Want to stay home with own children**
- 2. Relatives or friends need care so they can work**
- 3. Like children**
- 4. There is a need for good child care for working mothers**
- 5. The money**
- 6. Other (specify)**
- 7. DON'T KNOW**
- 8. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Motivation for providing care
Source:	Illinois Child Care Salary and Staffing Survey
Year of Administration:	2003; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
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Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Survey item came from the 2005 administration of the Illinois Child Care Salary and Staffing Survey. This question is similar to those asked in the Illinois Study of Licensed-Exempt Providers.
Item Limitations and Strengths for NSCCSD:	<p>Questions asking respondent to list most important reasons in a telephone survey are difficult to administer since they require the respondent to recall all the potential reasons while he or she is selecting an answer.</p> <p>This item provides a limited list of reasons but could be improved by adding responses from other surveys.</p>



Question Wording:

**33. What are the two main reasons you provide child care in your home?**

**Most important reason:**

- 7. Earn an income**
- 8. Stay at home with my own children**
- 9. I enjoy teaching children**
- 10. I want to be in business for myself**
- 11. Other (Specify) \_\_\_\_\_**

**Second most important reason:**

- 1. Earn an income**
- 2. Stay at home with my own children**
- 3. I enjoy teaching children**
- 4. I want to be in business for myself**
- 5. Other (Specify) \_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Motivation for providing care
Source:	NICHD National Study of Early Care (SECC)
Year of Administration:	1991-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This item comes from the Director questionnaire form 11D.</p> <p>This question is similar to those asked in the Illinois Child Care Salary and Staffing Survey and Illinois Study of Licensed-Exempt Providers.</p> <p>A limited but similar set of questions were also included in the ECLS-B Provider Survey. Responses included in the ECLS-B are “to be with my children”, “to make some money”, “to use my experience and/or education in child development”, and “because it was the only job I could find”.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides a wide range of potential reasons why providers enter the field. However, all of the reasons listed are not likely to be appropriate for all provider types (e.g., items d, e, f, o, p, and r). It is unclear whether the current response scale is the most appropriate scale.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**L2. Looking at this list, please tell me which of these (other) reasons helped you decide to become a child care provider and how significant/important each of these reasons was:**

- a. To be with young children
- b. To care for (target child)
- c. To make some money
- d. To be able to work at home
- e. To be my own boss (to make my own decisions and set my own hours)
- f. To work only part time
- g. To have a secure job
- h. To allow the child's parents to work
- i. To have a job with not too much stress
- j. To have a challenging job
- k. To use my experience and/or education in child development
- l. To implement my own child-rearing practices
- m. This was the only job I could find
- n. Because child care is important work
- o. To see my grandchild/niece/nephew grow up
- p. To help out my daughter/sister/cousin
- q. Because children should be care for by a relative
- r. Part of my job as live-in housekeeper
- s. To have a job in the U.S.
- t. To learn English
  - 1. STRONG REASON
  - 2. WEAK REASON
  - 3. NOT A REASON (OR DOES NOT APPLY)

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Motivation for providing care
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input checked="" type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Questions are adapted from the Kontos, Howes, Shinn, Galinsky (1995) study.
Item Limitations and Strengths for NSCCSD:	This question set was asked of family child care providers and center-based teachers. Questions could easily be adapted for family, friend, and neighbor care providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

t\_a3. Please tell me how much each of the following statements represents why you work in child care or early childhood education. Use a number from one to five for your answers, with 5 meaning the statement definitely represents why you work in this field, and 1 meaning it definitely does not represent why you work in this field.

- a. It is my career or profession
  - b. It is a stepping stone to a related career or profession
  - c. It is a personal calling
  - d. It is a job with a paycheck
  - e. It is work to do while my children are young
  - f. It is a good way of helping parents out
- 1. LESS
  - 2.
  - 3.
  - 4.
  - 5. MORE
  - d. DON'T KNOW
  - r. REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Motivation for providing care
Source:	Washington State Telephone Survey of Informal Child Care
Year of Administration:	2001
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>Questions asking respondent to list most important reasons in telephone surveys are difficult to administer since they require the respondent to recall all the potential reasons as he or she is selecting an answer.</p> <p>In order to be included in the NSCCSD, a parallel item for center providers or extension of options for center providers would be needed.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**CL4. What is the MAIN reason that you provide care for these children?**

**Would you say you...**

- 1. Need the income**
- 2. Are helping out a relative or friend**
- 3. Enjoy being with the children**
- 4. Are helping out the child**
- 5. Or other**

**D. DON'T KNOW**

**R. REFUSED**

**CL5. What ONE thing would you say is the MOST rewarding or MOST gratifying aspect of providing child care? (IWR: Choose only one answer)**

- 1. Helping out family or friend**
- 2. Being with grandchildren/relatives**
- 3. Extra income**
- 4. Teaching and influencing the next generation**
- 5. Being with children**
- 6. Having close connection with family members**
- 7. Being sure child(ren) (is/are) in good, healthy environment**
- 8. Other (Specify)**

**D. DON'T KNOW**

**R. REFUSED**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Reason for leaving child care profession
Source:	Profile of Child Care Settings: Early Education and Care in 1990 (PCCS)
Year of Administration:	1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in the Family Child Care Provider Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it would allow for trend analyses.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**S6. Why do you no longer provide child care?**

Got other job  
Did not make enough money  
Lost license  
Problems with children's parents  
Couldn't get liability insurance or rates went up  
Illness  
Couldn't get children to care for  
Didn't like it  
Other (Specify) \_\_\_\_\_  
Don't know  
Refused

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
<b>Measure:</b>	Reason for leaving child care profession
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.</p> <p>Same questions also found in the TASC Survey of Program Staff.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	These items are unique in that they capture school-aged care providers' reasons for leaving a position. Programs that align to the school year offer a unique opportunity to capture this information, which is otherwise difficult to obtain. A limitation of this item is that it does not capture whether the provider is changing careers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

38. Are you planning to return to this job for the next school year (2003-2004)?
- a. No ..... 1
  - b. Yes (Skip to Question 40) ..... 2
  - c. Not sure..... 3
39. If no or not sure, why not? (Circle all that apply.)
- a. I do not get the support I need from my sponsoring organization ..... 1
  - b. The pay is too low ..... 1
  - c. I do not get the support I need from the school administration..... 1
  - d. There are no opportunities for advancement..... 1
  - e. I plan to enroll in school or training classes/program next year ..... 1
  - f. The work is too stressful..... 1
  - g. I do not enjoy working with the students..... 1
  - h. I do not enjoy working with the staff ..... 1
  - i. The program does not provide me with adequate support  
(e.g., lack of materials and equipment, lack of adequate space) ..... 1
  - j. Other (Specify) .....1

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Who is in the workforce
Source:	Illinois Child Care Salary and Staffing Survey
Year of Administration:	2003; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Survey items came from the 2005 administration of the Illinois Child Care Salary and Staffing Survey.
Item Limitations and Strengths for NSCCSD:	Item provides data on job titles. The current list needs to be expanded for use among home-based providers.
Question Wording:	<b>2. What is your title? (Check one.)</b> <b>1. Owner</b> <b>2. Owner/Director</b> <b>3. Director</b> <b>4. Director/Teacher</b> <b>5. Other (Specify _____)</b>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Workforce</b>
Measure:	Who is in the workforce
Source:	National Household Education Surveys – Adult Education
Year of Administration:	1991; 1995; 1999; 2001; 2003; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>The data collected through the series of items beginning with AL21 allow users to identify child care providers and multiple categories of providers more precisely. These questions, however, are likely to miss informal child care providers who are less likely to identify themselves as a professional child care worker. Identifying child care workers through data collected from these questions is a time-consuming task as users need to manually go through respondent reports of self-categorized industries, occupations, and duties for each record individually. Preset categories in AL21 particularly tailored to the child care industry in addition to self-reported categories would increase accuracy and efficiency of these data.</p>

The questions beginning with AMI capture both formal and informal care providers (family, friends, and neighbors). However, because these questions were asked about ‘anyone’ in household, caregivers in households with multiple caregivers are undercounted. Additionally, since this is a household level question, users cannot link individual level data or conduct individual-level analyses.

For question AM1, collecting more information about the individuals who provide child care and/or the ability to link individual data would increase accuracy and value of the data collected. This question should be asked at the individual rather than household level.

**Question Wording:**

**AL21. For whom (have/did) you (worked/work) (at your longest job during the past 12 months) and what kind of business or industry (is/was) this?**

**[EMPLOYER PROBE: Name of the company, business, organization, or other employer.] [BUSINESS/INDUSTRY PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, or farm.] [IF MORE THAN ONE JOB, COLLECT JOB WHERE R WORKS MOST HOURS.]**

\_\_\_\_\_ **NAME OF COMPANY**

\_\_\_\_\_ **TYPE OF INDUSTRY**

**AL22. [IS THIS RESPONDENT’S OWN BUSINESS?]**

1. Yes

2. No

**AL23. What kind of work (are/were) you doing and what (are/were) your most important activities or duties? [JOB PROBE: For example, electrical engineer, stock clerk, typist, or farmer.] [IMPORTANT DUTY PROBE: For example, typing, keeping account books, filing, selling cars, operating printing press, or finishing concrete.] [IF MORE THAN ONE JOB, COLLECT JOB WHERE R WORKS MOST HOURS.]**

\_\_\_\_\_ **KIND OF WORK**

\_\_\_\_\_ **IMPORTANT DUTY**

\_\_\_\_\_ **IMPORTANT DUTY**

**AL26. Does your occupation have legal or professional requirements for continuing training or education?**

1. Yes

2. No

**HHINTRO. Now, a few questions about your household.**

**AM1. (Do you/Does anyone in your household) work for a child care center?**

1. Yes

2. No

**AM2. (Do you/Do any adults or teenagers in your household) care for or babysit someone else’s child or children on a regular basis, either in your home or someone else’s home? Please do not include occasional babysitting.**

1. Yes

2. No

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographic</b>
Measure:	Provider age
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>Question J1 appears in the home-based questionnaire only.</p>
Item Limitations and Strengths for NSCCSD:	By asking for year of birth, this question may be perceived as less intrusive than a question that asks for the provider's age.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

This item had good variation and no missing data in a feasibility test. An small-scale assessment of directors' ability to report on teacher characteristics revealed that directors are good reporters of staff characteristics (e.g., age, number of hours worked, gender). Directors tended to underestimate Latino/Hispanic heritage. Directors underreported teacher certifications, but are good reporters on other teacher qualifications. Finally, directors were good reporters of teacher experience and wage.

### Question Wording:

**Asked of the home-based care providers:**

**J1. These next questions are about you personally. What year were you born?**



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Provider Demographics
Measure:	Provider age
Source:	Study of Promising After-School Programs – Director Survey & Staff Survey
Year of Administration:	2002-2005
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Asked on both the director and staff survey.</p> <p>This question also appears in Evaluation of the TASC After-School Program: Survey of Program Staff. A similar item appears in the Illinois After-School Partnership Out of School Time Workforce Staff Survey.</p>
Item Limitations and Strengths for NSCCSD:	A strength of this item is that by asking for where the provider's age falls within a range of ages, it may be perceived as less intrusive than asking a respondent for their date of birth or exact age.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

17. What is your age? (Circle ONE)

- a. Under 18
- b. Between 18 and 21
- c. Between 22 and 25
- d. Between 26 and 35
- e. Between 36 and 45
- f. Over 45

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
<b>Measure:</b>	Race/ethnicity of provider
<b>Source:</b>	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
<b>Year of Administration:</b>	2001-2007
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
<b>Sample:</b>	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input checked="" type="checkbox"/> Other: <u>Any provider serving a child in ECLSB</u>
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	These items are found in the 24-month Child Care Provider Survey. This item is asked of providers who were serving 24-month-old children in the ECLS-B sample. Providers may have also been serving children of other ages. Similar items can be found in the National Study of Child Care for Low-Income Families.
<b>Item Limitations and Strengths for NSCCSD:</b>	Item provides data on the race/ethnicity of provider. It allows for dual racial categorization among Latinos only. A limitation of this item is that it does not allow non-Latino providers to select multiple racial categories.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**BK032 Hispanic CAREGIVER OF HISPANIC ORIGIN**

**QUESTION TEXT:**

**Are you of Spanish, Hispanic, or Latino origin?**

**CODES**

**1 YES**

**2 NO BK039**

**REFUSED BK039**

**DON'T KNOW BK039**

**BK033 CGTypHis TYPE OF HISPANIC**

**QUESTION TEXT:**

**Which one or more of these groups are you ...**

**CODE ALL THAT APPLY.**

**CODES**

**1 Mexican, Mexican American, Chicano, BK039**

**2 Puerto Rican, BK039**

**3 Cuban, or BK039**

**91 Another Spanish/Hispanic/Latino group?**

**(SPECIFY)**

**REFUSED**

**DON'T KNOW**

**BK034 CGTypHOS TYPE OF HISPANIC OS**

**QUESTION TEXT:**

**SPECIFY OTHER SPANISH/HISPANIC/LATINO GROUP.**

**BK039 CGRace CAREGIVER'S RACE HELP AVAILABLE**

**QUESTION TEXT:**

**What is your race?**

**CODE ALL THAT APPLY.**

**CODES**

**1 AMERICAN INDIAN OR ALASKA NATIVE BK042**

**2 ASIAN BK042**

**3 BLACK OR AFRICAN AMERICAN BK042**

**4 NATIVE HAWAIIAN OR OTHER PACIFIC BK042**

**ISLANDER**

**5 WHITE BK042**

**91 ANOTHER RACE (SPECIFY)**

**REFUSED BK042**

**DON'T KNOW BK042**

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**BK040 ANOTHRACE SPECIFY ANOTHER RACE**

**QUESTION TEXT:**

**[What is your race?]**

**SPECIFY OTHER RACE**

**PROGRAMMER INSTRUCTIONS:**

**DISALLOW DON'T KNOW AND REFUSED.**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
Measure:	Race/ethnicity of provider
Source:	Washington State Telephone Survey of Informal Child Care
Year of Administration:	2001
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other: _Provider (informal)_____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it allows providers to select multiple races. Additionally, the question wording is clear and concise.
Question Wording:	<b>CN3: What race or ethnicity do you consider yourself? Please indicate if you</b>

are Latino or Hispanic. You can include more than one category.

**(IWR: DO NOT READ CATEGORIES, CODE ALL THAT APPLY)**

- 1. Latino or Hispanic**
- 2. Black or African American**
- 3. American Indian or Native American**
- 4. Asian**
- 5. Native Hawaiian or Pacific Islander**
- 6. White**
- 7. Or some other race (please specify)**
- D. Don't know**
- R. Refused**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
Measure:	Race/ethnicity of provider
Source:	Wyoming Child Care Market Rate Survey
Year of Administration:	2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other: _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other: <u>Family child care home</u>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input checked="" type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of these items is that they provide aggregate race information for the child care staff. A limitation of these items is that they don't provide information on the type of staff reported upon (i.e., child care providers vs. cafeteria workers). Thus, analyses on these items could not be disaggregated by type of staff.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**29. Ethnicity: Number of persons on staff who are Spanish/Hispanic/Latino:**

\_\_\_\_\_

**30. Number of persons on staff whose race is:**

\_\_\_\_\_ White \_\_\_\_\_ Black, African American

\_\_\_\_\_ Native American or Alaska Native

\_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other race (print race)

\_\_\_\_\_



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
Measure:	Race/ethnicity of provider
Source:	Study of Promising After-School Programs
Year of Administration:	2002-2005
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question was also found in the Evaluation of the TASC After-School Program: Survey of Site Coordinators survey.
Item Limitations and Strengths for NSCCSD:	This question is concise and asks the respondent to identify the race/ethnicity that “best describes” him/her.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**15. Which best describes your race or ethnicity? (Circle ONE)**

- a. Black (not Hispanic)**
- b. Hispanic/Latino**
- c. Asian or Pacific Islander**
- d. Native American or Alaskan Native**
- e. White (not Hispanic)**
- f. Other (specify) \_\_\_\_\_**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
<b>Measure:</b>	Gender of provider
<b>Source:</b>	Illinois Study of License-Exempt Child Care
<b>Year of Administration:</b>	2001-2004
<b>Survey Design:</b>	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Resource and referral staff</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>_Resource and referral staff_____</u>
<b>Study Mode of Administration:</b>	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>_Resource and referral staff_____</u>
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	This item comes from the child care resource and referral staff survey. A similar question also appears in the Study of Promising After-School Programs: Director Survey & Staff Survey and the Evaluation of the TASC After-School Program: Survey of Site Coordinators.
<b>Item Limitations and Strengths for NSCCSD:</b>	This question is clear and concise.
<b>Question Wording:</b>	<b>34. What is your gender?</b>  ___ Female ___ Male

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
Measure:	Provider: Language spoken
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input checked="" type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item was found in the 24-month child care provider interview. Providers were selected for this sample if they were serving 24-month-old children in the ECLS-B study. These providers may have been serving children of other ages as well.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it provides a clarifying probe for multi-lingual providers.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**CF050 CGLang CAREGIVER'S PRIMARY LANGUAGE**

**QUESTION TEXT:**

**What is your primary language?**

**PROBE: What language do you speak the most?**

**CODE '23' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.**

**CODES**

**0 ENGLISH CF055**

**1 ARABIC CF055**

**2 CHINESE CF055**

**3 FILIPINO CF055**

**4 FRENCH CF055**

**5 GERMAN CF055**

**6 GREEK CF055**

**7 ITALIAN CF055**

**8 JAPANESE CF055**

**9 KOREAN CF055**

**10 POLISH CF055**

**11 PORTUGUESE CF055**

**12 SPANISH CF055**

**13 VIETNAMESE CF055**

**14 AFRICAN CF055**

**15 EAST EUROPEAN CF055**

**16 NATIVE AMERICAN CF055**

**17 SIGN LANGUAGE CF055**

**18 MIDDLE EASTERN CF055**

**19 WEST EUROPEAN CF055**

**20 INDIAN SUBCONTINENT CF055**

**21 SOUTHEAST ASIAN CF055**

**22 PACIFIC ISLAND CF055**

**23 CANNOT CHOOSE CF055**

**REFUSED CF055**

**DON'T KNOW CF055**

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
Measure:	Provider: Language spoken
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input checked="" type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input checked="" type="checkbox"/> Center child care provider <input checked="" type="checkbox"/> Family child care provider <input checked="" type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items are found in the 1999 Child Care Provider/Teacher Questionnaire.
Item Limitations and Strengths for NSCCSD:	These questions provide information on whether the provider is multi-linguistic, what languages he/she speaks, and what languages are typically spoken with the children in care. The last item in this question set would need to be modified for the NSCCSD as there is no focal child for the supply-side survey.

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>T\_CP47<

Do you speak and understand any languages other than English?

1 = YES

2 = NO -> go to CP50

>T\_CP48<

What other language(s) do you speak?

ENTER UP TO 5 OTHER LANGUAGES.

IF NECESSARY, PROMPT RESPONDENT WITH: Any others?

>T\_CP49<

What language do you typically speak with [CHILD]?

1 = English

2 = [fill first other language from CP48]

3 = [second other language]

4 = [third other language]

5 = [fourth other language]

6 = [fifth other language]

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
Measure:	Provider: Language spoken
Source:	Urban Institute Provider Study in Five Counties
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input checked="" type="checkbox"/> Centers <input checked="" type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input checked="" type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input checked="" type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items are found in the Child Care Center Director Instrument.
Item Limitations and Strengths for NSCCSD:	Provides data at the aggregate level on whether there are any teachers, assistant teachers, or aides who speak a language other than English. This item would provide more useful information if data on the language of children in care were also collected.



## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>f7< Do any teaching staff currently employed by your program speak (ask for each LANGUAGE coded in e1a)?

**PROBE: Full-time and part-time teachers or lead teachers and assistant teachers or aides.**

<1> YES

<0> NO

<d> DON'T KNOW

<r> REFUSED

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

<b>Construct:</b>	<b>Provider Demographics</b>
<b>Measure:</b>	Provider: Language spoken
<b>Source:</b>	Evaluation of the TASC After-School Program – Survey of Site Coordinators
<b>Year of Administration:</b>	1998-2003
<b>Survey Design:</b>	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
<b>Sample:</b>	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
<b>Data Source:</b>	<input checked="" type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
<b>Study Population Sampled (P)/ Oversampled (O):</b>	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input checked="" type="checkbox"/> After school care <input type="checkbox"/> Other _____
<b>Study Unit of Analysis:</b>	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input checked="" type="checkbox"/> Other <u>Program in public school</u>
<b>Study Mode of Administration:</b>	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
<b>Age of Children (or Children Served) in Study:</b>	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
<b>Study Respondent:</b>	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input checked="" type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input checked="" type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
<b>Study Languages:</b>	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
<b>Notes Specific to Items:</b>	<p>Asked on Coordinator and Staff surveys. Survey sites are TASC grant recipients. TASC provides grants to nonprofit organizations that establish partnerships with individual public schools. Under the TASC approach, after school services are provided through a partnership between a public school (known as the host school) and a local nonprofit organization with ties to the community served by the school. All students enrolled in the host school are eligible to participate in the after school project.</p>
<b>Item Limitations and Strengths for NSCCSD:</b>	<p>These items ascertain whether a provider speaks multiple languages and what languages are spoken and understood. The second item could be improved by adding additional response categories. Additionally, a limitation of these items is the use of subjective words such as “understand” and “well” in combination with dichotomous response categories. It might be more helpful to ask respondents to self-assess their language skills using a scale.</p>

## Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**105. Do you speak and understand any languages other than English?**

- a. No (Skip to Question 107)**
- b. Yes**

**106. What languages other than English do you speak and understand well?**  
(Note: Circle a language only if you are fluent enough in that language to be able to work and communicate effectively with students and parents who speak that language.) (Circle all that apply.)

- a. Spanish**
- b. Chinese**
- c. Russian**
- d. Haitian - Creole**
- e. French**
- f. Other (Specify)**