



## **Family Child Care Provider Interview**

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Evaluation Product  
Smart Start Evaluation Team

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UNC-Chapel Hill

## FAMILY CHILD CARE PROVIDER INTERVIEW

Provider Name \_\_\_\_\_ Date \_\_\_\_\_ Observer Init \_\_\_\_\_

1. Tell me about the children in your care. Include all children in child care, afterschool care and other children in the home.

	First name of child	Sex of child	Age of child (years and months)	Family 1, 2, etc.	Relationship to caregiver (for ex., unrelated, child, niece)	How long has this child been in your care? (years and months)	How much time is this child in your care each week? (hours)	What rate does this child's family pay for care? (\$ per time period)
A.								
B.								
C.								
D.								
E.								
F.								
G.								
H.								
I.								
J.								

2. Which of the following services do you currently provide for **ALL** families? (Check all that apply)

- A. ☐ part-time care
- B. ☐ evening care - beginning after 6 pm
- C. ☐ overnight care
- D. ☐ weekend care
- E. ☐ 24-hour care
- F. ☐ drop-in care
- G. ☐ sick-child care
- H. ☐ before and after school care for school aged children
- I. ☐ transportation services for children
- J. ☐ meals for children
- K. ☐ other, specify \_\_\_\_\_

3. Do you charge parents extra fees for any special services, like food, transportation or overnight care? ☐ YES ☐ NO

IF YES, what is the service(s) and how much is the fee(s)? \_\_\_\_\_

4. Do parents supply any materials for their own children's care, such as diapers, formula, food or wipes? ☐ YES ☐ NO

IF YES, what materials? \_\_\_\_\_

5. How many hours altogether do PAID NON-FAMILY MEMBERS, other than you, regularly help care for the children? (Write in hours and circle one time period)

\_\_\_\_\_ hrs/ week every two weeks month other \_\_\_\_\_

6. How many hours altogether do FAMILY MEMBERS (PAID OR NON-PAID), other than you, regularly help care for the children? (Write in hours and circle one time period)

\_\_\_\_\_ hrs/ week every two weeks month other \_\_\_\_\_

7. Do you take care of any children with special needs or disabilities? ☐ YES ☐ NO

If YES, what kind of special needs do the children have? \_\_\_\_\_

8. Do you take care of any children who get a government child care subsidy? ☐ YES ☐ NO

IF YES, how many children get a child care subsidy? \_\_\_\_\_

If YES, what agency(ies) sponsors the program or sends you the money? \_\_\_\_\_

How much money ALTOGETHER do they send you for one month? \$ \_\_\_\_\_

9. Do you participate in a Child Care Food Program? ☐ YES ☐ NO

IF YES, how many children are sponsored by the program? \_\_\_\_\_

If YES, what agency(ies) sponsors the program or sends you the money? \_\_\_\_\_

How much money ALTOGETHER do they send you for one month? \$\_\_\_\_\_

10. What do you usually do with the children in your family child care when you are sick? (DO NOT READ RESPONSES. Check only one – check “other” and specify if a combination of given choices.)

A \_\_\_ I take care of the children anyway

B \_\_\_ I never get sick.

C \_\_\_ I have an arrangement with someone else who will take care of the children for me in my home or someplace else.

D \_\_\_ The families have to find someone else to take care of their children.

E \_\_\_ Other: \_\_\_\_\_

11. What usually happens to the children in your family child care when you take a vacation? (DO NOT READ RESPONSES. Check only one – check “other” and specify if a combination of given choices.)

A \_\_\_ I don't take vacations.

B \_\_\_ I have someone who substitutes for me in my home or elsewhere.

C \_\_\_ The families have to find someone else to take care of their children.

D \_\_\_ Other: \_\_\_\_\_

12. Altogether, how long have you been a family child care provider? \_\_\_\_yrs \_\_\_\_months

13. How long has this family child care been open? \_\_\_\_years \_\_\_\_months

14. Please list (up to) three reasons why you became a family child care provider.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

15. Do you think you will be a family child care provider 1 year from now?

\_\_\_YES \_\_\_NO \_\_\_NOT SURE

16. What is your BIGGEST problem as a family child care provider?

17. Do you currently have any other paid jobs besides being a family child care provider?

\_\_\_YES \_\_\_NO

IF YES, what type of job is it? \_\_\_\_\_

18. Tell me the letter that is your **family's yearly earned gross income** this year. This is the total income for all adults in your household before taxes or other deductions. This does not include supplements to income, such as WorkFirst, SSI, or Food Stamp payments. (Check only one - DO NOT READ RESPONSES - LET PROVIDER TELL YOU THE LETTER OF HER RESPONSE FROM HER COPY)

A <input type="checkbox"/> \$0 - 5,000	D <input type="checkbox"/> \$12,501 - 15,000	G <input type="checkbox"/> \$20,001 - 22,500	J <input type="checkbox"/> \$27,501 - 30,000
B <input type="checkbox"/> \$5,001 - 10,000	E <input type="checkbox"/> \$15,001 - 17,500	H <input type="checkbox"/> \$22,501 - 25,000	K <input type="checkbox"/> \$30,001 - 35,000
C <input type="checkbox"/> \$10,001 - 12,500	F <input type="checkbox"/> \$17,501 - 20,000	I <input type="checkbox"/> \$25,001 - 27,500	L <input type="checkbox"/> \$35,001 & above

19. How many people live in your home? \_\_\_\_ children under 18 years  
\_\_\_\_ adults 18 years and older

20. What is your age? \_\_\_\_\_ years

21. Provider is: \_\_\_\_MALE \_\_\_\_ FEMALE

### ----- ASK THE REST OF THE QUESTIONS AT THE END OF YOUR VISIT -----

22. How far have you gone in school. (Check only one - DO NOT READ RESPONSES)

A. \_\_\_\_Some high school  
B. \_\_\_\_High school diploma or GED  
C. \_\_\_\_Some college but no degree  
D. \_\_\_\_AA (Associate's 2-year degree) What field?\_\_\_\_\_  
E. \_\_\_\_BA/BS (Bachelor's 4-year degree) What field?\_\_\_\_\_  
F. \_\_\_\_MA/MS (Master's graduate degree) What field?\_\_\_\_\_  
G. \_\_\_\_Other What? \_\_\_\_\_

23. Do you belong to a family child care home provider association? \_\_\_\_YES \_\_\_\_NO

24. Are you accredited by the National Association for Family Child Care?  
\_\_\_\_YES \_\_\_\_NO \_\_\_\_In process

25. Do you have a Child Development Associate Credential (CDA)?  
\_\_\_\_YES \_\_\_\_NO \_\_\_\_In process

26. Have you participated in a professional development quality improvement program like TEACH or Work Family Continuum? \_\_\_\_YES \_\_\_\_NO \_\_\_\_In process

27. What topics would you like more training on?

28. Have you participated in any of the following activities within the past year? If you did participate in an activity, was the activity sponsored by Smart Start? (check all that apply – every activity should have at least one check)

	Smart Start sponsored	Don't know who sponsored or sponsored by other	Did not participate	Activity
A.				training workshops. Topics: _____
B.				funds to attend workshops
C.				funds to attend school. Where: _____ What program: _____
D.				consultant who comes to your home and offers technical assistance
E.				increased subsidy for children because you are attending school
F.				increased subsidies because your home meets higher standards
G.				other child care subsidies
H.				funds to supplement your earnings
I.				funds to purchase new equipment or renovate
J.				funds to purchase new materials and toys for the children
K.				funds to "get started" in family child care business
L.				funds to get registered in family child care business

	Smart Start sponsored	Don't know who sponsored or sponsored by other	Did not participate	Activity
M.				funds to help get accredited by the National Association for Family Child Care
N.				funds to improve services for children with disabilities
O.				substitute for you
P.				transportation for you and/or the children in your home
Q.				lending library or resource room
R.				enrichment activities for the children at your home (such as field trips, storyteller, special art, music, computer or science activities)
S.				enrichment activities for the children at a site other than your home (see above ex.)
T.				other:
U.				other:

29. How could Smart Start help you MOST in the operation of your family child care home?

30. Is there is anything else you would like to tell us about being a family child care provider?

## INSTRUCTIONS FOR “FAMILY CHILD CARE PROVIDER INTERVIEW”

1. Try to fill out at least the first 5 columns of this chart as you are introduced to the children when you first arrive. If you need to wait to complete any of the last 3 columns until you have established some rapport, that is fine.

For each child, write in:

- Child's first name (include last initial if needed to identify different children)
  - Sex of child (M=male or F=female)
  - Age of child in years and months (If given only months, convert later to years and months. If given only birthdate, be sure that the year of the birth is correct by checking quickly with provider on how old child is in years)
  - Family 1,2 etc. Give each family its own number. If the provider's child is in care, give this child its own family number. Use the same family number for siblings. Use the same family number for 2 unrelated children in one household. **This number should match the “individ” number of the ID on the parent survey.**
  - Relationship to caregiver (such as unrelated, child, niece)
  - How long child has been in care at this family child care home in years and months (If given only months, convert later to years and months. If given only starting date, be sure that the year of the starting of care is correct by checking quickly with provider on about how many years child has been in care.) **Mark “NA” if child is the provider's.**
  - How much time each week child is typically present at the family child care in hours (If given number of days per week, ask provider for a definition of how many hours a typical day is for this child.) **Mark “NA” if child is the provider's.**
  - What rate this family pays for this child's care in dollars per time period (For example, \$37 per week, or \$12 per day.) **Mark “NA” if child is the provider's.**
2. This question asks about services offered by the family child care provider for all children, not just relatives or friends. Therefore, if the provider keeps her grandson overnight but would not keep a non-related child overnight, then do not check “overnight care” as part of the services offered.
  3. If the answer is “YES,” write in the service(s) offered and the amount of the extra fee(s) for each extra service.



4. If the answer is "YES," write in which materials parents supply for their own children.
5. Write in the total number of hours a **paid non-family member** regularly helps with the direct care of the children and circle how often the paid non-family member helps with the care (for example, weekly, bi-weekly or monthly). **If no paid non-family member helps with care, enter "0" hours.**
6. Write in the total number of hours a **family member (paid or non-paid)** regularly helps with the direct care of the children and circle how often the family member helps with the care (for example, weekly, bi-weekly or monthly). **If no family member (paid or non-paid) helps with care, enter "0" hours.**
7. If answer is "YES," indicate the type of diagnosed need or disability. Examples of a diagnosed special need or disability would be a diagnosed speech or hearing problem, or Down's syndrome. Behavior problems or allergies would NOT ordinarily be considered diagnosed special needs.
8. (If the family receives the subsidy, the provider may or may not know this information or information about which agency or amount of money. If the provider indicates she knows the family gets the subsidy, but does not know the agency or amount, write a note to that effect.)
9. Self explanatory.
10. **Check only one choice.** If the answer is a combination of choices (for example, "I don't get sick, but if I did, my next door neighbor would take care of the children"), then check "other" and specify the combination (in this example, B and C).
11. **Check only one choice.** If the answer is a combination of choices (for example, "I don't take vacations, but if I did, I would close"), then check "other" and specify the combination (in this example, A and C).
12. Include all the time this provider has been a family child care provider, excluding breaks in care, whether working at her own family child care or someone else's. For example, "I worked for someone else in a family child care home in 1988 for one year and I have had this family child care since January of 1995," would equal a total time of 4 years and 3 months if answered in April, 1998. Write in "months" when possible from the information the provider can give you. Leave "months" blank if the provider cannot give you this detail. If the provider answers this question with dates of opening and closing, write all the dates and figure the total time later.
13. Include all the time this provider has had this specific family child care open. If the provider has had breaks in care, count only the current

time. For example, "I was open for a year and a half starting in June of 1993 and then closed for 6 months, but reopened in June of 1995 and have been open ever since," would equal a total time of 2 years and 10 months in April, 1998, since June, 1995. Write in months when possible from the information the provider can give you. Leave months blank if the provider cannot give you this detail. If the provider answers this question with dates of opening and closing, write all the dates and figure the total time later.

14. List at least one reason (if possible) and no more than three reasons.
15. Self-explanatory.
16. Keep the written response brief. If the provider lists many problems, indicate the one she sees as the BIGGEST problem.
17. Include paid jobs outside of the home and paid jobs located in the home, not including the job of family child care provider. Do NOT include supplemental income like WorkFirst or Food Stamps.
18. **DO NOT READ RESPONSES - ASK THE PROVIDER TO TELL YOU THE LETTER OF HER RESPONSE FROM HER COPY.** "Yearly earned gross income" is income before taxes and other deductions, and does NOT include supplements to income such as WorkFirst, SSI or Food Stamp payments. "Family's yearly earned gross income" includes all earned income coming into the household, regardless of relationship of wage-earner to family.
19. People living in the home do not have to be related.
20. Self-explanatory.
21. This question may be answered from observation rather than asking provider.

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**ASK THE REST OF THE QUESTIONS AT THE END OF YOUR VISIT**

The answers to the items on the rest of the interview will probably indicate to you whether the provider has or has not been involved with Smart Start activities, but try not to let the answers influence your FDCRS or CIS scores. You may use factual information you get from the FDCRS to answer some of the following items and then do not need to ask the provider.

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22. **DO NOT READ RESPONSES.** You should query if you cannot answer this item from the provider's response.
23. The association can be local, county, regional, or state.
24. Self-explanatory.
25. Self-explanatory.
26. Self-explanatory.
27. Keep the written list of topics concise and brief.
28. There should be at least one check for each activity A-U. There could be two checks if the provider participated in the same activity two different times that were sponsored by two different groups. **Activities A, C, T, and U require additional information.**
29. Keep the written response brief and concise. If the provider lists many ways Smart Start could help, indicate the 1 - 3 ways she sees as the MOST helpful. Remember to refer all questions or comments about Smart Start to Karen Taylor.
30. Keep the written response brief and concise.