



**Survey of Families
with Children in North Carolina
Family Child Care Homes**

Evaluation Product
Smart Start Evaluation Team

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UNC-Chapel Hill

SURVEY OF FAMILIES WITH CHILDREN IN NC FAMILY CHILD CARE HOMES

1. How many **children ages birth to 5 years** from your family are cared for in **this family child care**? _____ children

2. What is your relationship to the child or children in question #1? (Check **one**.)
 mother father other, specify _____

3. How many **children ages birth to 5 years** from your family are cared for in **some other** family child care home or child care center? _____ children

4. Why did you choose **this place** for your child or children? (Check **all** that apply)

- | | |
|---|---|
| <input type="checkbox"/> A. Near my home | <input type="checkbox"/> I. Like the values and goals |
| <input type="checkbox"/> B. Near my work | <input type="checkbox"/> J. Like the person who cares for my child |
| <input type="checkbox"/> C. Open when I need child care | <input type="checkbox"/> K. Takes children with special needs or disabilities |
| <input type="checkbox"/> D. Good price | <input type="checkbox"/> L. Is the only place that had space available |
| <input type="checkbox"/> E. Takes child care subsidy payments | <input type="checkbox"/> M. Already had a child in this home |
| <input type="checkbox"/> F. Good reputation of this child care home | <input type="checkbox"/> N. Takes infants |
| <input type="checkbox"/> G. Recommended by family member/friend | <input type="checkbox"/> O. Person who cares for my child is related to me |
| <input type="checkbox"/> H. Familiar with the place | <input type="checkbox"/> P. Feel my child is safe here |
| | <input type="checkbox"/> Q. Other (describe) _____ |

5. Which are the **3 most important reasons** you chose this place? List the letters from question 4: Most important reason #1: _____ reason #2 _____ reason #3 _____

6. Tell us about your child's care at **this family child care home**? (Please circle **one** response for each question)

A. My child feels safe and secure in this care.	Never	Sometimes	Often	Always	Don't know
B. My child gets lots of individual attention.	Never	Sometimes	Often	Always	Don't know
C. My child's caregiver is open to new information and learning.	Never	Sometimes	Often	Always	Don't know

7. How many years of school did the **mother** complete? (Circle **one**)

Does not apply 6 or less 7 8 9 10 11 12 13 14 15 16 17 18 19 20 or more
high school BA/BS

8. How many years of school did the **father** complete? (Circle **one**)

Does not apply 6 or less 7 8 9 10 11 12 13 14 15 16 17 18 19 20 or more
high school BA/BS

9. How many people live in your house? _____ number of adults 18 years and older
_____ number of children 6 - 17 years
_____ number of children birth - 5 years

10. What 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.) Please check **one** box.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$0 - 5,000 | <input type="checkbox"/> \$12,501 - 15,000 | <input type="checkbox"/> \$20,001 - 22,500 | <input type="checkbox"/> \$27,501 - 30,000 |
| <input type="checkbox"/> \$5,001 - 10,000 | <input type="checkbox"/> \$15,001 - 17,500 | <input type="checkbox"/> \$22,501 - 25,000 | <input type="checkbox"/> \$30,001 - 35,000 |
| <input type="checkbox"/> \$10,001 - 12,500 | <input type="checkbox"/> \$17,501 - 20,000 | <input type="checkbox"/> \$25,001 - 27,500 | <input type="checkbox"/> \$35,001 and above |

11. Where do you **work or go to school** and what do you do?

FULL NAME of place of work or school (for example, Lowe's Hardware Store or Forsyth Comm. Coll.)

CITY and COUNTY of work or school _____

Briefly describe WHAT YOU DO when you work or go to school (for example, "sell hardware supplies in a store" or "working on an associate's degree in nursing")

12. What COUNTY do you **live** in? _____

THANK YOU FOR YOUR HELP!

Family Survey Directions

For Data Collectors

1. Take several parent packets with you – at least 5 (pre-ID’ed or not – see #3 below) plus a couple of extras. (Each packet contains: an introductory letter from FPG about this study inviting parents to fill out a survey, a legal-sized parent survey, a legal-sized return envelope to FPG, and a book for the families to enjoy with their children.)
2. Take some extra books for different ages (older, younger) with you.
3. **EITHER make up your parent packets for this family child care ahead of time:** During your **scheduling** phone call with the provider, ask and write in the general comments section: the first names of all the children, the ages of each child, and which families the children belong to. Number the families “1,” “2,” etc., in this general comments section. Use this information to go on to #4 on this list. **Also transfer this information to item 1 of the provider interview for this family child care, being sure that you record the same family numbers on the interview as you will assign on the id labels.**

OR make up your parent packets for this family child care during your observation visit while you are getting acclimated: When you have completed item 1 on the provider interview, you will know: the first names of the children in each family, the ages of each child, how many families there are with children in this family child care, and which family is labeled “1,” “2,” etc.
4. **ID label and book:** Get one packet for each family. Stick one family child care ID label on the parent survey in each packet. Write each family number in as the last digit on the ID label of the parent survey from each packet (cross out the “M” with a single slash at the end of the label and write in your family number “1,” “2,” etc.). Stick that parent survey back inside a packet that has the child’s (or children’s) **FIRST** name(s), common name of family child care provider, and date you gave the packet to the provider written on the outside of the packet. Be sure the book inside that packet is age-appropriate.
5. If there is **more than one child in a family**, you should give the family one survey, but you may give them as many age appropriate books as there are children.
6. If **the provider has a child in care at this family child care**, you should NOT give the provider a survey (unless she wants a sample – then be sure there is NO ID on this sample survey), but you may give her an age-appropriate book for her child(ren).
7. Give the ID’ed packets including books to the provider at the end of your visit with the **“PARENT SURVEY DIRECTIONS TO PROVIDER.”** Go over the **“DIRECTIONS TO PROVIDER”** with the provider, and ask the provider to please give the appropriate packets to each family at the end of the day. Be sure the provider sees the names of the children on the packets to understand to hand the appropriate packet to a family.

THANKS FOR YOUR HELP!!!

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Instructions for distribution of “Survey of Families with Children in NC Family Child Care Homes” for Data Collectors and for Child Care Center Providers

Family Survey Directions For Provider

Please give each parent packet to the family whose child's name is listed on the front of the envelope.

Each packet contains:

- an introductory letter from FPG about this study inviting parents to fill out a survey
- a parent survey
- a return envelope to FPG
- a book for the families to enjoy with their children

You do **NOT** need to do anything else!! When we receive the surveys from your families, we will send you a letter telling you this process is complete. If we do not receive surveys from your families, we may call you back and ask if you will remind parents to fill out the surveys.

THANKS FOR YOUR HELP!!!

FPG letterhead

Dear Family,

Will you help us? We would like to know more about the families in North Carolina who use family child care like the care your child receives. We have recently visited the place your child receives care to learn more about what children do in family child care homes.

Your child care provider has given you this form from us. If you want to help us learn about families like yourselves who choose child care in someone's home, **please fill out the form and send it back to us in the enclosed stamped envelope within the next week.** We think it will take you about 15 minutes to fill out the form. We are giving you a book for you and your child to enjoy together to thank you for your help. **If you have more than one child in care at this place, you only need to send us one form.**

You do not have to fill out this form. If you do not want to be part of the study, do not return the form. If you decide to fill out the form and return it to us, we will assume that you want to be part of the study. If you do not want to answer any question we ask you, leave it blank. Please do **not** write your name on the form. We do **not** need to know who you are. Reports from this study will not include any information that would let someone identify you, your child, or the provider. The child care provider will not see the answers you give on this form. All the information we collect will be kept in a locked place so that no one except our project staff can see it.

We are telling you all this because, if you help us in our research study, you have rights. If you ever feel that these rights have been violated – that we have not done the right thing – then you should get in touch with David Eckerman by calling him at 919-962-7761 or writing to him at Academic Affairs Institutional Review Board, CB#4100, UNC-Chapel Hill, 27599-4100.

Your help is very important to us. We hope you will help us learn more about families who are using family child care in North Carolina by returning this form. If you have any questions about this study, you can call Kathleen Bernier collect at 919-966-0534.

THANK YOU FOR YOUR HELP!