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# ARIZONA CHILD CARE STUDY PARENTS SURVEY

## SECTION 1: BACKGROUND INFORMATION

**\*\* (TO FAMILIARIZE YOURSELF WITH THE FAMILY BEFORE BEGINNING, ASK THE FOLLOWING QUESTIONS) \*\***

“So I have a sense of who you are talking about today, would you mind spending a minute telling me about your child(ren)?” **PROBES:** “How many do you have? What are their names? Boys or girls?”

**\*\* (READ THE FOLLOWING AND, WITH PERMISSION, START THE DIGITAL RECORDER) \*\***

“We’re just about ready to begin. With your permission, I will start the audio recorder now.”

1.1 What is your ZIP code?

\_\_\_\_\_

1.2 How many adults are living in your household today?

\_\_\_\_\_

1.3 How many children are living in your household today?

\_\_\_\_\_

1.4 Are you the person in your household who makes decisions about how your child(ren) spend(s) the day?

Yes

No

Share Responsibility

1.5 What is your current marital status?

- Single
- Married
- Separated
- Divorced
- Cohabiting (living with significant other)
- Widow(er)

1.6 What is the highest level of education you have completed?

- Less than 8<sup>th</sup> grade
- 8<sup>th</sup> grade
- High school
- GED
- Some college
- Associates degree
- Bachelors degree
- Post graduate degree
- Other: \_\_\_\_\_

1.7 What is your current age?

\_\_\_\_\_

1.8 How do you identify yourself in terms of race or ethnicity?  
**\*\* (READ RESPONSE CATEGORIES) \*\***

**\*\* (CHECK ALL THAT APPLY) \*\***

- White
- Black/African American
- Hispanic/Latino
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Other: \_\_\_\_\_

1.9 What is your current level of household income per year?  
**\*\* (SHOW RESPONSE CATEGORIES) \*\***

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000
- \$80,001 - \$90,000
- \$90,001 - \$100,000
- Above \$100,00

1.10 Next, we would like to know about your current job status. For each of the adults in your household, please indicate the following:

**\*\* (FILL IN THE FIRST COLUMN THEN CHECK ALL THAT APPLY) \*\***

a) "What is his/her relation to child (mother, step-father, grandma, uncle, etc.)?"	b) "Is he/she..."					
	Employed full time?	Employed part time?	Employed sporadically?	Unemployed?	A full-time student?	A part-time student?

1.11 Please use the following table to indicate: **\*\* (READ EACH ITEM) \*\***

	a) How many of the children in your household are:	b) How many of these children are in child care?	<b>SKIP IF ALL CHILDREN ARE IN CHILD CARE</b> c) How many of these children are you currently trying to find child care for?	d) How many hours per week do you need child care for this child?	e) Which days of the week do you need child care?  <b>CIRCLE ALL THAT APPLY</b>	f) What times of day do you need child care?  <b>CIRCLE ALL THAT APPLY</b>	g) Have any of the children in your household been identified with special needs by a professional?
Birth to 12 months (0-1 years)					M T W Th F S Su	Daytime Evening Overnight	
13-24 months (1-2 years)					M T W Th F S Su	Daytime Evening Overnight	
25-36 months (2-3 years)					M T W Th F S Su	Daytime Evening Overnight	
37 months to 48 months (3-4 years)					M T W Th F S Su	Daytime Evening Overnight	
49 months to kindergarten enrollment (4+ years)					M T W Th F S Su	Daytime Evening Overnight	

**\*\* (IF THE PARENT DOES NOT USE CHILD CARE, SKIP TO QUESTION 1.14) \*\***

**\*\* (IF THE PARENT HAS CHILD(REN) WITH SPECIAL NEEDS CONTINUE TO SECTION 7 SPECIAL NEEDS SURVEY AT THE END OF SURVEY) \*\***

1.12 How do you pay for child care?

**\*\* (READ RESPONSE CATEGORIES) \*\***

**\*\* (CHECK ALL THAT APPLY) \*\***

- Out-of-pocket (self-pay)
- Exchange of goods and services
- Co-op care
- No charge
- Subsidy (Department of Economic Security (DES), Division of Developmental Disabilities (DDD), employer)
- Scholarship
- Other: \_\_\_\_\_

1.13 How much do you pay for it on average?

**\*\* (FOR MULTIPLE CHILDREN, RECORD TOTAL AMOUNT) \*\***

Amount: \$ \_\_\_\_\_

- Hourly
- Daily
- Weekly
- Bi-weekly
- Monthly

**\*\* (SKIP IF ALL THE CHILDREN IN THE HOUSEHOLD ARE IN CHILD CARE) \*\***

1.14 Can you tell us some reasons you chose to care for your child(ren) at home?

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**\*\* (WHILE ANSWERING THE ABOVE QUESTION, CHECK ALL THAT APPLY IN THE LEFT COLUMN. AFTER FINISHED, IF NOT MENTIONED, CLARIFY BY ASKING ABOVE AND CHECK ALL THAT APPLY IN THE RIGHT COLUMN) \*\***

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I cannot afford child care   |
| <input type="checkbox"/> | <input type="checkbox"/> | I cannot find quality child care   |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't have a way to transport my child(ren) to child care                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't want to put my child(ren) in child care because I prefer to stay home                |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't want to put my child(ren) in child care because I prefer to have my spouse stay home |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

## SECTION 2: DECISION FACTORS FOR CHOICE OF CARE

2.1 Who else besides you cares for you child(ren)? **PROBES:** Could you tell me a little more about these arrangements?

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**\*\* ( WHILE ANSWERING THE ABOVE QUESTION, CHECK ALL THAT APPLY)\*\***

- A family member or relative cares for my child(ren) in my home
- A family member or relative cares for my child(ren) in his or her home
- A friend or neighbor cares for my child(ren) in my home
- A friend or neighbor cares for my child(ren) in his or her home
- My child(ren) attend(s) a child care center/preschool
- My child(ren) attend(s) a family child care home
- A non-family member cares for my child(ren) in my home (babysitter, nanny, au pair, respite care)
- A non-family member cares for my child(ren) in his or her home (babysitter, respite care)
- My child(ren) stay(s) home alone
- My child(ren) stay(s) with an older sibling. Age of sibling: \_\_\_\_\_
- I care for my own child at home \*\*
- My spouse cares for our child at home \*\*
- Other (*please specify*): \_\_\_\_\_

**\*\* (IF THE FAMILY CARES FOR THEIR OWN CHILD(REN), SKIP TO QUESTION 2.5)\*\***

2.2 In general, how satisfied are you with your current child care arrangements?  
**\*\* (READ RESPONSE CATAGORIES)\*\***

- Satisfied
- Somewhat satisfied
- Dissatisfied

2.3 What do you like about your child care arrangements? **PROBES:** Could you give an example? Could you tell me more about it?

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2.4 Have you had any concerns or difficulties with your child care arrangements?  
**PROBE:** Could you give an example?

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2.5 For each of the factors I am about to read, please indicate how important it is to you when choosing child care: not important, somewhat important or very important.

**\*\* (READ EACH ITEM. USE CARD FOR RESPONSE CHOICES) \*\***

	Not Important	Somewhat Important	Very Important	N/A
Closeness to home				
Closeness to place of employment				
Closeness to school				
DES child care subsidy eligible				
Environment (cleanliness, appearance, toys, facility, etc.)				
Reputation				
Experience of child care staff				
Education of child care staff				
Open weekends				
Open evenings				
Flexible scheduling				
Smaller facility				
Small group sizes				
Low adult-to-child ratio				
Personal relationship with provider				
Price (affordability/cost)				
Parent involvement				
Educational activities or curriculum				
Referral from friends, family or neighbors				
Safety/Security				
Staff is caring & nurturing				
Accredited/Licensed				

	Not Important	Somewhat Important	Very Important	N/A
Familiarity with language spoken at home				
Values like your family's (moral, cultural, spiritual, etc.)				
Variety of learning & play activities				
Daily outdoor play & age-appropriate equipment				
Established rules & policies				
Regular communication				
Mix of large & small group activities				
Handle medical & other emergencies				
Scholarships				
Religious affiliation				
Trust the child care provider				
Meals/snacks provided				

2.6 Have your child care arrangements changed in the last year?

Yes       No

**\*\* (IF NO, SKIP TO SECTION 3) \*\***

2.7 Why have your child care arrangements changed in the last year?

**\*\* (CHECK ALL THAT APPLY) \*\***

- Cost of child care provider
- My salary increased/decreased
- Problems with staff
- Cleanliness
- Lost job
- Changed job hours
- Changed job location
- Moved
- Site could not provide services my child needed
- Needed a new site to care for multiple children
- Wanted a better education program
- Wanted a bilingual program
- Did not like other parents and children who attended the location
- Child(ren) started school
- Child(ren) outgrew current care
- Other (*Please specify*): \_\_\_\_\_

### SECTION 3: REQUIREMENTS

3.1 To the best of your knowledge, is the person or facility caring for your child(ren) licensed or certified?

- Yes       No       Unsure

3.2 How familiar are you with the requirements for a child care provider to become certified or licensed through the state, tribe or military?

**\*\* (READ RESPONSE CATEGORIES) \*\***

- Not familiar  
 Somewhat familiar  
 Very familiar

3.3 What do you understand about the requirements to become certified or licensed through the state, tribe or military?

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3.4 How did you obtain information about requirements for state, tribal or military certification or licensing?

**\*\* (CHECK ALL THAT APPLY) \*\***

- I have not obtained information about requirements
- Newspaper
- Television
- Radio
- Internet
- Magazine
- Association for Supportive Child Care (ASCC)
- Child and Family Resources
- Department of Economic Security (DES)
- Division of Developmental Disabilities (DDD)
- Arizona Department of Health Services (DHS)
- Child Care Resource and Referral (CCR&R)
- Friend / Neighbor / Relative
- Other (*Please specify*): \_\_\_\_\_

3.5 In general, do you think the quality of child care increases if a provider is licensed or certified?

- Yes       No       Unsure

3.6 Can you please explain why you think so?

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## **SECTION 4: GAINING INFORMATION ABOUT CHILD CARE SERVICES**

4.1 Are you aware of child care services in your local community?

Yes

No

4.2 Can you tell me how you went about finding child care?

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4.3 Did you use any of the following resources during your search?  
**\*\* (SHOW RESPONSE CATEGORIES) \*\***

**\*\* (CHECK ALL THAT APPLY) \*\***

- Newspaper
- Yellow pages
- Television
- Radio
- Internet
- Friend / Neighbor / Relative
- Word of mouth
- Community organization
- Resource and referral agency
- Employer
- Birth to Five Helpline
- Brochures
- DES list of child care providers
- Drove around/Street signs
- Other (*Please specify*): \_\_\_\_\_

4.4 Have you attended any events to help you choose child care?

Yes       No

**\*\* (IF NO, SKIP TO QUESTION 4.6) \*\***

4.5 Which events have you attended?

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4.6 Would you like to participate in future events of this sort?

Yes       No       N/A

## SECTION 5: QUALITY OF CHILD CARE

5.1 What do you look for when determining the quality of child care? **PROBE:** How do you know a child care provider is quality?

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5.2 How would you rate the quality of your current child care arrangement?  
**\*\* (READ RESPONSE CATEGORIES) \*\***

- Low quality
- Acceptable quality
- High quality

5.3 Do you feel your child care provider is aware of your child's individual needs?  
**\*\* (READ RESPONSE CATEGORIES) \*\***

- They are not aware
- They are somewhat aware
- They are very aware

5.4 Do you feel your child care provider is aware of your family's heritage, background and culture?  
**\*\* (READ RESPONSE CATEGORIES) \*\***

- They are not aware
- They are somewhat aware
- They are very aware

5.5 Do you feel your child care provider respects your opinion about how to raise children?

**\*\* (READ RESPONSE CATEGORIES) \*\***

- They never ask for my opinion
- They never respect my opinion
- They sometimes respect my opinion
- They always respect my opinion

5.6 Do you have any examples?

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## SECTION 6: COST

6.1 Are you able to afford to pay for all your child care at this time?

Yes       No       Sometimes       N/A

6.2 In the past year, have your overall child care costs:

**\*\* (READ RESPONSE CATEGORIES) \*\***

Stayed the same  
 Increased  
 Decreased

6.3 Has cost influenced your decisions about child care options?

Yes       No       Sometimes

**\*\* (IF NO, SKIP TO QUESTION 6.5) \*\***

6.4 How has cost influenced your decisions about child care options?

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6.5 Is there anything else about your child care services you would like to share with us? **PROBE:** Do you have any suggestions about how it could be improved? Do you have other concerns we didn't have a chance to talk about?

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*Thank you for participating in this research study. We appreciate you taking time out of your day to complete this survey.*

**Thank you!**

## SECTION 7: SPECIAL NEEDS SURVEY

7.1 What special needs has your child been identified with by a professional?

**\*\* (CHECK ALL THAT APPLY) \*\***

- ADD/ADHD
- Allergies
- Asthma
- Autism
- Blind/Visual Impairment
- Cerebral palsy
- Cystic fibrosis
- Deaf/Hearing Impairment
- Developmental Disability
- Down syndrome
- Emotional/Mental Health
- Fetal Alcohol Syndrome
- Head/Brain Injury (TBI)
- Multiple Disabilities
- Neurological Impairment
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Speech/Language Disorder
- Spina bifida
- Other (*Please specify*): \_\_\_\_\_

7.2 If there are other conditions or concerns, please tell us what they are:

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7.3 What programs have you had contact with regarding services for your child with special needs?

**\*\* (SHOW RESPONSE CHOICES) \*\***

**\*\* (CHECK ALL THAT APPLY) \*\***

- Department of Economic Security (DES)
- Division of Developmental Disabilities (DDD)
- Arizona Early Intervention Program (AZEIP)
- Children's Rehabilitation Services (CRS)
- Raising Special Kids
- Local school district
- Private therapy
- Parent support group
- Arizona Schools for the Deaf & Blind (ASDB)
- Arizona Long Term Care
- Early Head Start Program
- Head Start Program
- Other (*Please specify*): \_\_\_\_\_

7.4 Could you walk me through your process of trying to find care for your child with special needs?

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7.5 Do you have an individualized plan for you child?

- Yes       No

**\*\* (IF NO, SKIP TO QUESTION 7.7) \*\***

7.6 What kind of individualized plan do you have for your child?

- Individualized Education Program (IEP)
- Individualized Family Service Plan (IFSP)
- Behavioral Intervention Plan
- 504 Plan
- Other (*Please specify*): \_\_\_\_\_

7.7 When in child care, what specific services are needed for your child with special needs and/or his or her care givers? Which of these services are present?

**\*\* (SHOW RESPONSE CATEGORIES) \*\***

**\*\* (CHECK ALL THAT APPLY, INDICATING WHICH SERVICES ARE NEEDED AND WHICH ARE PRESENT AT THE CHILD CARE PROVIDER) \*\***

NEEDED	PRESENT
<input type="checkbox"/>	<input type="checkbox"/> Advocacy parent/community group
<input type="checkbox"/>	<input type="checkbox"/> Adaptive equipment
<input type="checkbox"/>	<input type="checkbox"/> Availability of a registered nurse
<input type="checkbox"/>	<input type="checkbox"/> Assistance: One-to-one aide
<input type="checkbox"/>	<input type="checkbox"/> Basic first aid supplies including glucagon and Ambu bag
<input type="checkbox"/>	<input type="checkbox"/> Locked medicine box
<input type="checkbox"/>	<input type="checkbox"/> A variety of toys appropriate for your child's needs
<input type="checkbox"/>	<input type="checkbox"/> Parallel bars
<input type="checkbox"/>	<input type="checkbox"/> Mats
<input type="checkbox"/>	<input type="checkbox"/> Private area and table for changing diapers
<input type="checkbox"/>	<input type="checkbox"/> Hand washing facility next to diaper changing area
<input type="checkbox"/>	<input type="checkbox"/> Respiration issues: Suction machine and supplies
<input type="checkbox"/>	<input type="checkbox"/> Respiration issues: Nebulizers and equipment for asthma
<input type="checkbox"/>	<input type="checkbox"/> Respiration issues: Oxygen
<input type="checkbox"/>	<input type="checkbox"/> Feeding issues (special diet, allergies)
<input type="checkbox"/>	<input type="checkbox"/> Feeding: Gastrostomy tube feeding
<input type="checkbox"/>	<input type="checkbox"/> Assistive technologies (walkers, special chairs, wheel chairs)
<input type="checkbox"/>	<input type="checkbox"/> Applied Behavior Analysis
<input type="checkbox"/>	<input type="checkbox"/> Perception: Augmentative communication devices
<input type="checkbox"/>	<input type="checkbox"/> Perception: Braille reading materials
<input type="checkbox"/>	<input type="checkbox"/> Therapy (Occupational, physical, speech)
<input type="checkbox"/>	<input type="checkbox"/> Time out room for behavior issues and quiet time out
<input type="checkbox"/>	<input type="checkbox"/> EpiPen
<input type="checkbox"/>	<input type="checkbox"/> Other (PLEASE SPECIFY): _____

7.8 Do you feel you have access to child care that meets your child's needs?

Yes       No       Unsure

7.9 Does your child care provider work with you to meet these needs?

Yes       No       Sometimes

7.10 Is your child care provider trained to help you meet these needs?

Yes       No       Unsure

7.11 Have you ever been told by a child care provider that they would not accept your child because of his or her special needs?

Yes       No

7.12 Is there anything else about your child with special care needs you would like to share with us?

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*Thank you for participating in this research study. We appreciate you taking time out of your day to complete this survey.*

**Thank you!**