

Appendices

Appendix A: Data Collection Methods for Family and Provider Surveys	1
Appendix B: Data Collection Methods for Family Focus Groups	57
Appendix C: Summary Family Childcare Study	70
Appendix D: Previous Needs Assessment Reports Included in Analysis	74
Appendix E: Vulnerability Factors by Race and Ethnicity among Family Survey Respondents	75

Appendix A: Data Collection Methods for Family and Provider Surveys

Introduction

This report presents a detailed account of the design of the 2019 Focus on Nebraska Families Survey and the 2019 Early Childhood Program and Leadership Survey. The project was commissioned by the Buffett Early Childhood Institute at the University of Nebraska on behalf of the Nebraska Department of Health and Human Services (DHHS) and administered by the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln (UNL). The purpose of this project was to learn more about early education and services for children age five and younger in Nebraska. The goal was to inform Nebraska's strategic plan for aligning and optimizing the availability of access to high quality early education and services for families and their children.

Family Survey

Sampling Design

Project Requirements and Design

The PDG Project required a survey of families with children five years old and younger in Nebraska that produced representative findings in each of 17 Educational Service Units in the state. Because there is no complete list of such families in the Nebraska, a big challenge was determining the best way to find these families for the survey. A key consideration in developing the PDG methodology was the representativeness of the final data. That is, BOSR wanted to ensure that all types of families (with all types of childcare challenges and arrangements) were represented in the sample in order to minimize bias in the final survey estimates. With costs and generalizability in mind, BOSR considered several options. For example, BOSR considered identifying families with children five and younger by working with schools, childcare providers, Educare and Head Start programs. Ultimately BOSR rejected this method because it would have excluded some of the most underserved families in the state – those whose children are not in any of these programs – and would have made it impossible to learn about why they are not receiving services (e.g., personal choice, age of their children, availability of programs, cost barriers, language barriers and other reasons of interest to this grant). In addition, BOSR knows from experience with multiple school-level and daycare level surveys BOSR has conducted in recent years that not all of the schools and programs would have cooperated, which risks further biasing survey results. Another method BOSR considered was sampling from an established, nation-wide online web panel, which could have provided access to the target population at a low cost. However, opt-in (i.e., panel members self-select themselves in to the panel) panels of this kind often produce biased results (Baker et al. 2010) and the less biased probability web panels often do not have enough panel members in small geographic (especially rural) areas to allow for the ESU-level estimates needed by the PDG project (AAPOR Standards Committee, 2010). As a result, even the probability panels were not feasible for the project.

Given the limits of these methods, BOSR turned to a very common design for surveying subgroups within populations, a screening design. This design involves surveying a large number of households to

identify those that are eligible for the main survey. For the PDG project, BOSR surveyed a large number of selected Nebraska households to identify the approximately 12% of households that consist of families with young children. The survey started by asking every sampled household whether or not they have children in the target age range. Those who reported no such children could stop at that point and those who reported having young children were asked to complete the remainder of the survey. Screener design such as this have been successfully used to identify and survey rare populations such as hunters, anglers, and wild-life watchers (Andrews et al. 2014; Williams et al. 2016; Breidt et al. 2018; Mathiowetz et al. 2010); veterans (Han et al. 2010); and families with children in specific age groups (e.g., six and younger, school aged, etc. – Brick et al. 2011; Mayfield et al. 2015; Montaquila et al. 2013) in surveys such as the California Health Interview Survey, Wisconsin Family Health Survey, National Household Education Survey, National Survey of Veterans, National Household Travel Survey, and National Longitudinal Survey of Adolescent to Adult Health among others.

While the screener design avoids the coverage and self-selection problems of the other methods considered, one of the main challenges with it is that it is costly because one has to survey many households to find the few that meet the eligibility criteria for the full survey. To help improve efficiency and reduce costs, surveyors have turned to dual frame designs that rely on a combination of probability-based samples of households and list-based samples where the eligibility rate is known to be higher (e.g., hunting and fishing license sales to sample hunters or anglers - Mathiowetz et al. 2010; Williams et al. 2016). For the PDG project, BOSR used a dual frame design. The first frame consisted of targeted sample purchased from Dynata, which identified Nebraska families with children five and younger using market data. Targeted age sample is compiled from white page telephone directories across the U.S. Using multiple regression analyses on Census information and secondary source information from the commercial company InfoGroup, this method can predict age. InfoGroup uses business and consumer databases to build their age database. This targeted frame was used in order to reduce the number of households that needed to be contacted for the desired number of responses. The second frame was a traditional address-based sample, which consisted of a probability sample of Nebraska addresses. This frame was used to ensure that low income families, who are less likely to be represented by marketing data, were included as well. By using both frames, the sample design was able to leverage the efficiencies of the targeted sample while allowing all members of the population with a Nebraska residence a chance for selection into the survey sample (i.e., minimizing coverage error).

Project Sample Size

The sample size was calculated with the hit rate (the percentage of addresses sampled that include members of the target population or eligibility rate), number of strata (20, one per Nebraska ESU and three oversamples), returns needed per strata ($n=300$), and the response rate (estimated 20%) in mind. The resulting sample size was 98,750 addresses. When the sample was ordered, not all areas had the number of addresses requested (i.e. low population areas), so the final sample size was 89,108 addresses. Dynata provided addresses of 54,945 households selected through address-based sampling (ABS) in Nebraska in addition to 34,170 households selected through marketing data that were identified as potentially having children five years or younger. The ABS and the marketing samples were drawn from 17 strata based on Nebraska Educational Service Units (ESUs), which are based on a combination of counties and ZIP codes. There was also an oversample each for Native American, African American, and Spanish-speaking households. The oversamples were drawn using Dynata's E-Tech product. E-Tech uses first name and last name letter patterns to identify names that may belong to a

specific ethnicity. It also incorporates geographic data from Enhanced Neighborhood Analytics (ENA) that helps predict ethnicity. A full list of the ESUs and the oversamples can be found in Supporting Documents, below. The sample was cleaned by BOSR project staff. An adult in the household who is the primary caregiver for the child(ren) was asked to complete the survey.

Questionnaire Design

The Focus on Nebraska Families Survey questions were developed by BOSR in conjunction with Buffett Early Childhood Institute researchers. This eight-page paper survey consisted of questions centered on access to childcare, quality of childcare, family engagement and choice, access to other services, and health and wellbeing as well as demographic questions about the respondent and their household. The survey was printed in English and Spanish, resulting in a 16-page survey. A copy of the English and Spanish questionnaires can be found in Supporting Documents, below. An additional grid question was added to the 3rd mailing, and the final page of this edited survey can be found in Supporting Documents, below.

Data Collection Process

The data collection process involved four mailings. In the initial contact, a survey packet including a cover letter explaining the survey, a copy of the survey, and a postage pre-paid addressed business reply envelope for the survey to be mailed back to BOSR was mailed to each household. An envelope with a \$1 bill was also enclosed with the other materials as a small token of appreciation regardless of their decision to participate. The initial round of invitation mailings was sent starting on May 17, 2019 and ending May 31, 2019. For each address, the cover letter instructed the household to fill out the survey if they had a preschool-child aged child (five years old or younger) in the household. If they did not, respondents were instructed to either mark the survey as such and mail it back or to call BOSR to let them know. If the household included a preschool-aged child, the adult who is the primary caregiver for the child(ren) was asked to complete the questionnaire. Starting one week after the first mailing, all households except for those who called in within the first week of the mailing were mailed a postcard reminding them to complete the survey. This reminder postcard was sent starting on May 24, 2019. Finally, a survey package which contained the same contents as the initial mailing except for the \$1 bill was sent to all who received a postcard. Because of the volume of the mailings and the need to start printing as soon as possible, BOSR was unable to remove those who had already responded to the survey for the second survey mailing. The final mail survey package was sent out starting on June 14, 2019. All communication materials were printed in both English and Spanish and can be found in Supporting Documents, below.

Response was lower than expected after the second survey mailing, so a third mailing was sent to all non-responders in the targeted sample (n=25,675). This mailing only included the targeted sample to reduce costs, and take advantage of the higher hit rate of the targeted sample. This survey package included a cover letter, copy of the survey, and a postage pre-paid addressed business reply envelope. The third mailing was printed in English only. This third mailing was also sent to all those in predominately Native American communities (n=163) through UPS to ensure delivery of the survey packet. Up until this point, there was concern that the mailings were not being delivered to these communities through USPS, which resulted in the surveys being sent via UPS to these addresses for the final mailing.

In addition to the methods described above, BECI worked with ECCE providers across the state to collect surveys from vulnerable families. BECI sent emails to all Head Start grantees, directors at all EduCare centers and Sixpence childcare partnerships (a total of 65 programs). 31 programs responded and agreed to disseminate surveys to families in their program, and BECI sent a total of 2589 surveys to these providers.

Response Rate

Calculating response rates for screening surveys is not as straightforward as calculating response rates for non-screening surveys because a large portion of the sampled households are not eligible for the topical questions. In this case, the target population is families with young children. Because of this design, BOSR knows that many of the nonresponding households do not have young children and thus are ineligible for the survey, but BOSR does not know exactly how many. The American Association of Public Opinion Research, the world's premier survey research association, has developed methods to estimate the status of cases with unknown eligibility in surveys such as this (Smith, 2009). Two of these methods were deemed applicable to this survey. BOSR presents both here because each method has its strengths and weaknesses. First, the adjusted response rate was calculated using the proportional allocation or CASRO method. This method assumes that the eligible rate for the known cases is the same as the eligible rate for the unknown cases (Beaudoin, 2007; BRFSS, 2002; Butterworth, 2001; Ellis, 2000; Ezzati-Rice et al., 2000; Frankel, 1983; Hembroff et al., 2005; Hidirolou, Drew, and Gray, 1993; Jang et al., 2007; Lessler and Kalsbeek, 1992; Link et al., 2004; Raiha, 2004; Schwartz et al., 2004; Strouse, Carlson, and Hall, 2003). Using this method the adjusted response rate is 34.0%. Second, BOSR calculated the adjusted response rate using the 2010 Census estimates of the target population. The 2010 Decennial Census estimate of households with children under six years of age is 11.2%. The adjusted response rate using the second method is 33.7%. Based on these methods, the most conservative adjusted response rate is 33.7%. Completed surveys were accepted if one of the following criteria were met: the screener question was marked "yes" indicating they had a child five years old or younger, the household roster indicated that there was a child five years old or younger, or the date of birth of the child of interest indicated that the child was five years old or younger. This response rate only applies to the 89,108 addresses sampled, not the surveys sent to centers. As we do not know how many surveys were distributed at centers, we cannot calculate a meaningful response rate.

In total, 3,541 surveys (including 191 complete via ECCE providers) were completed or partially completed by September 16, 2019. Of the 89,108 addresses sampled, 30.2% (n=26,944) were determined to be ineligible (e.g., did not have a child five or younger, no such address; vacant) and 11.0% (n=9,801) were undeliverable addresses with unknown eligibility. Refusals (e.g., blank survey returned; letter, phone call, or e-mail stating refusal to participate) and refused mail were obtained from 0.4% (n=316) of the sample. Table 1 shows conservative adjusted response rates by ESU using the methods above.

Table 1. Response rates by region from sample frame

ESU	n	Conservative adjusted response rate
ESU #1	144	30.4%
ESU #2	223	39.7%
ESU #3	225	39.0%
ESU #4	140	31.7%
ESU #5	137	32.1%
ESU #6	279	45.2%
ESU #7	218	39.1%
ESU #8	212	37.9%
ESU #9	211	39.3%
ESU #10	208	37.2%
ESU #11	129	31.9%
ESU #13	154	28.7%
ESU #15	100	27.8%
ESU #16	159	30.4%
ESU #17	76	23.9%
ESU #18	297	46.3%
ESU #19	169	29.9%

Data Processing

Mail survey data were entered using Epi Info 6 software with data saved on BOSR's secure networked file server. Data entry was completed by experienced data-entry staff. All of the data-entry workers had previous experience in data entry using Epi Info 6 on other mail survey projects. The data-entry staff was supervised by full-time BOSR project staff.

Data entry was completed in two steps. First, one data-entry worker would enter responses from a single survey. Second, another data-entry worker would re-key the survey and be alerted to any discrepancies with the first entry. Supervisory staff members were available to answer questions about discrepancies or illegible responses. The data-entry staff is paid by the hour, not by the number of surveys entered. This method of payment is used so that BOSR can ensure the high quality of the data collected by its staff.

Data Cleaning

The data was recorded and stored on a secure server located within the Sociology Department at UNL. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset. The dataset was exported from Epi Info 6 into an SPSS system file. BOSR removed any cases that were duplicate or blank. The first step in data cleaning was to run frequency distributions on each of the variables in the survey. The second step was to generate variable and value labels.

The next step in data cleaning was to check for out-of-range values on all survey items. Recoding was done to correct for the most obvious errors/inconsistencies in the data. Anyone who filled out the household roster with checkmarks, "X," or tallies instead of a numeric value were marked as having one person in the marked age range. If more than one answer option was selected on questions that only asked for one selection, these responses were left blank since BOSR is unable to know which one is the

intended response. Similarly, if the question asked for a whole number and the respondent provided a range (e.g., “5-10”), the answer was left blank. In addition, some respondents gave an answer that was more than 30 days when asked how many times they felt a certain way in the past 30 days. In these cases, answers were recoded to the maximum value of 30 days. Open-ended responses to county and school district were cleaned and standardized in a new variable (i.e., all answers became “Lincoln Public Schools” instead of variations like “LPS” and “Lincoln”). Finally, zip code (Zip), county (FIPS), and ESU (ESU) were merged from the sample frame. However, these may have differed from what was provided in the survey responses. Final ESU was calculated using the county and zip code provided by the respondent. If neither of these were provided, then ESU was based off the information from the sample frame.

Data Weights

In order to make the data statistically representative of the state-wide population, weights were created for the family data.

The data were weighted in three ways to account for the address probability of selection, nonresponse, and geographic characteristics. First, data were weighted by the probability of the address being selected. As stated above, the sample design included 17 ESUs and three oversamples that were sampled using two different sample frames, the listed frame and the ABS frame. The addresses of those in the oversamples were mapped into the 17 ESUs of their sample type (listed or ABS). As a result, the sample design included 36 strata. A sample weight was calculated for each stratum. There is no weight at the person-level because the primary care provider was asked to complete the survey.

Next, the responses were weighted to account for different response rates across the strata. In this step, responses from the oversamples were reassigned to their respective ESU, so this weighting step was done on the 17 ESUs. This weighting step also calculated the weights with ineligibles (known and estimated) removed.

Lastly, the data were weighted to account for the number of households with children five and younger in each of the 17 ESUs. The population data for this step were taken from the 2010 US Census, the only source that has the number of households with children five and younger in each ESU down to the zip code level, which was needed for some ESUs.

The final weight in the dataset is called P_{wate} . Weight values are only available for surveys returned from sampled households, since they have a known probability of selection and known population characteristics to account for nonresponse. Surveys returned from centers do not have a weight, as they do not have a known probability of selection and population estimates are not possible at the centers. The weights for the centers are set to missing so they will not be included in weighted analyses that produce generalizable statewide estimates. Responses from centers are still included in the dataset, since they are helpful if more responses to run analyses are needed. This needs to be taken into consideration when analyzing the weighted data.

Design Effect

The design effect due to overall weighting adjustments is 2.69¹, which points to a decrease in precision from weighting the data.

Disproportionate stratification was used for the 2019 Focus on Nebraska Families, as discussed earlier. The use of this type of sampling resulted in a sampling design effect of 0.111², which shows a large increase in precision from the sample design utilized.

Appropriate adjustments need to be incorporated into statistical tests when using the 2019 Focus on Nebraska Families Survey data. See Estimate of Sampling Error in Supporting Documents, below.

Provider Survey

Sampling Design

The provider survey used a listed sample of all licensed and license-exempt childcare providers in Nebraska, in addition to lists of Head Start Program directors and executives provided by the client. We chose a mail survey because the 2019 Market Rate Survey conducted in January was successful as a mail survey. BOSR has conducted other surveys with this population using this methodology that were successful. There were 4,002 providers identified for the sample. The cover letter asked that the person who directly oversees the day-to-day operations of the early care and education program complete the survey.

Questionnaire Design

The Early Childhood Program and Leadership Survey questions were developed by BOSR in conjunction with Buffett Early Childhood Institute researchers. This twelve-page paper survey consisted of questions centered on the program's characteristics, the staff, characteristics of children and families served, family engagement and choice, the transition to kindergarten, and systems that support early childhood care and education as well as demographic characteristics of the respondent. The survey was in English only. A copy of the questionnaire can be found in Supporting Documents, below.

Data Collection Process

The data collection process involved three mailings. In the initial contact, a survey packet including a cover letter explaining the survey, a copy of the survey, and a postage pre-paid addressed business reply envelope for the survey to be mailed back to BOSR was mailed to each provider. A \$1 bill was also enclosed with the other materials as a small token of appreciation regardless of their decision to participate. The initial invitation was sent on June 6, 2019. For each provider, the person who directly oversees the day-to-day operations of the program was asked to complete the questionnaire. About one week after the first mailing, all providers were mailed a postcard reminding them to complete the survey. This reminder postcard was sent on June 10, 2019. Finally, a survey package which contained the same contents as the initial mailing except the incentive was sent to all nonrespondents. The final mail

¹ The formula used is: $1 + cv^2(w) = \frac{n(\sum_1^n w_i^2)}{(\sum_1^n w_i)^2}$

² The formula used is: $deff = \frac{var_{complex}(\bar{y})}{var_{SRS}(\bar{y})}$. Used Q12A to calculate.

survey package was sent out on June 26, 2019. All communication materials were in English and can be found in Supporting Documents, below.

At least one reminder call was made to each of the 2,088 providers that had not returned a questions between July 27, 2019 and August 23, 2019. The reminder call script can also be found in Supporting Documents, below.

Response Rate

In total, 1337 surveys were completed or partially completed by September 4, 2019. The response rate of 33.4% was calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for Response Rate 2. Of the 4,002 addresses sampled, 1.5% (n=60) were determined to be ineligible (e.g., no longer in business, only in operation during the school year) and 3.9% (n=158) were undeliverable addresses with unknown eligibility. Refusals (e.g., blank survey returned; letter, phone call, or e-mail stating refusal to participate; unavailable during field period) and refused mail were obtained from 0.6% (n=24) of the sample.

Data Processing

Mail survey data were entered using Epi Info 6 software with data saved on BOSR's secure networked file server. Data entry was completed by experienced data-entry staff. All of the data-entry workers had previous experience in data entry using Epi Info 6 on other mail survey projects. The data-entry staff was supervised by full-time BOSR project staff.

Data entry was completed in two steps. First, one data-entry worker would enter responses from a single survey. Second, another data-entry worker would re-key the survey and be alerted to any discrepancies with the first entry. Supervisory staff members were available to answer questions about discrepancies or illegible responses. The data-entry staff is paid by the hour, not by the number of surveys entered. This method of payment is used so that BOSR can ensure the high quality of the data collected by its staff.

Data Cleaning

The data was recorded and stored on a secure server located within the Sociology Department at UNL. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset. The dataset was exported from Epi Info 6 into an SPSS system file. BOSR removed any cases that were duplicate or blank. The first step in data cleaning was to run frequency distributions on each of the variables in the survey. The second step was to generate variable and value labels. The final step in data cleaning was to check for out-of-range values on all survey items. Recoding was done to correct for the most obvious errors/inconsistencies in the data. For example, some respondents gave an answer that was more than seven days when asked how many times they did an activity in the past week. In these cases, answers were recoded to the maximum value of seven days. Similarly, when asked how many caregivers are in the program, some people answered "0." This was recoded to "1," per the question instructions to mark "1" if they were the only caregiver in the program.

Open-ended responses to county and school district were cleaned and standardized in a new variable (i.e., all answers became "Lincoln Public Schools" instead of variations like "LPS" and "Lincoln"). Finally, zip code (Zip) was merged from the sample frame. ESU was calculated using the county and zip code provided by the respondent. If neither of these were provided, then ESU was based off the zip code

from the sample frame. Some ESUs are defined by county only instead of zip code. In these cases, if the respondent did not provide the county, ESU was left blank.

Supporting Documents

Family Survey Strata and Oversample

ESU 1

Cedar County
Dakota County
Dixon County
Knox County
Thurston County
Wayne County
Targeted Sample Total: 1,671
ABS Total: 2,813

ESU 2

Burt County
Cuming County
Dodge County
Saunders County
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 3

Cass County
Washington County
Additional zip codes: 68007, 68022, 68028, 68064, 68069, 68116, 68118, 68124, 68127, 68130, 68135, 68137, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 4

Johnson County
Nemaha County
Otoe County
Pawnee County
Richardson County
Targeted Sample Total: 1,460
ABS Total: 2,812

ESU 5

Gage County
Jefferson County
Thayer County
Targeted Sample Total: 1,400
ABS Total: 2,812

ESU 6

Fillmore County
Saline County
Seward County
York County
Additional zip codes: 68301, 68317, 68333, 68336, 68339, 68358, 68366, 68368, 68372, 68402, 68404, 68430, 68461, 68462, 68517, 68520, 68524, 68527, 68531
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 7

Boone County
Butler County
Colfax County
Merrick County
Nance County
Platte County
Polk County
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 8

Antelope County
Boyd County
Holt County
Madison County
Pierce County
Stanton County
Wheeler County
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 9

Adams County
Clay County
Hamilton County
Nuckolls County
Webster County
Additional zip codes: 68832, 68901, 68902
Targeted Sample Total: 1,997
ABS Total: 2,812

ESU 10

Blaine County
Buffalo County
Custer County
Dawson County
Garfield County
Greeley County
Howard County
Loup County
Sherman County
Valley County
Additional zip codes: 68883, 68801, 68802, 68803, 68810
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 11

Franklin County
Furnas County
Gosper County
Harlan County
Kearney County
Phelps County
Additional zip codes: 68948, 69022, 69028, 69029
Targeted Sample Total: 1,090
ABS Total: 2,812

ESU 13

Banner County
Box Butte County
Cheyenne County
Dawes County
Garden County
Kimball County
Morrill County
Scotts Bluff County
Sheridan County
Sioux County
Additional zip code: 69129
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 15

Chase County
Dundy County
Hayes County
Hitchcock County
Red Willow County
Additional zip codes: 69001, 69025, 69034, 69038, 69039, 69042, 69170, 69025
Targeted Sample Total: 778
ABS Total: 2,812

ESU 16

Arthur County
Grant County
Hooker County
Keith County
Logan County
McPherson County
Perkins County
Thomas County
Additional zip codes: 69152, 69161, 69333, 69366, 69122, 69101, 69123, 69132, 69143, 69151, 69163, 69165, 69169
Targeted Sample Total: 2,000
ABS Total: 2,812

ESU 17

Brown County
Keya Paha County
Rock County
Additional zip codes: 69201, 69219, 69221
Targeted Sample Total: 327
ABS Total: 2,812

ESU 18

ZIP codes: 68502, 68503, 68504, 68505, 68506, 68507, 68510, 68512, 68516, 68521, 68522, 68523, 68526, 68532
Targeted Sample Total: 2,125
ABS Total: 2,812

ESU 19

ZIP codes: 68010, 68102, 68105, 68106, 68107, 68108, 68110, 68111, 68112, 68114, 68117, 68122, 68131, 68134, 68144, 68152, 68154, 68164, 68178, 68179, 68183, 68197, 68147, 68157
Targeted Sample Total: 2,125
ABS Total: 2,812

Native American Oversample

Targeted Sample Total: 72
ABS Total: 1,510

African American Oversample

Targeted Sample Total: 2,125
ABS Total: 2,815

Spanish Speaking Oversample

Targeted Sample Total: 2,125
ABS Total: 2,815

Focus on Nebraska Families

Do you have a child 5 or younger that lives in this home?

- Yes → Please go to #1 and complete the survey.
- No →

Please only answer this question and return the survey or call to let us know.

ABOUT YOU AND YOUR HOUSEHOLD

1. Including yourself, how many people in each age range live in your home?

- a. Under 1 year
- b. 1 year
- c. 2 years
- d. 3 years
- e. 4-5 years
- f. 6-8 years
- g. 9-12 years
- h. 13-18 years
- i. 19 and older

2. How many hours per week do you usually work outside the home?

- None
- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51 or more

3. Are you in an education or training program?

- Yes, full-time
- Yes, part-time
- No

4. Are you actively seeking employment?

- Yes
- No

5. What is your current marital status?

- Single, living with a partner
- Married, living with spouse
- Single, never married
- Married, separated → Go to #9
- Divorced
- Widowed

6. How many hours per week does your partner/spouse usually work outside the home?

- None
- 1-10
- 11-20
- 21-30
- 31-40
- 41-50
- 51 or more

7. Is your partner/spouse enrolled in an education or training program?

- Yes, full-time
- No, part-time
- No

8. Is your partner/spouse actively seeking employment?

- Yes
- No

FOR THE QUESTIONS BELOW, PLEASE ANSWER ONLY ABOUT THE YOUNGEST CHILD IN YOUR HOME.

9. What is this child's date of birth?

/ /

MM DD YYYY

10. Is this child:

- Your biological child
- Adopted → Go to #13
- A foster child

11. During the pregnancy for this child, when was the first visit for prenatal care?

Weeks OR Months

No prenatal care

12. Did your family experience any of these difficulties accessing prenatal care for this child?

	Yes	No
a. Cost	<input type="radio"/>	<input type="radio"/>
b. Transportation	<input type="radio"/>	<input type="radio"/>
c. Work schedule	<input type="radio"/>	<input type="radio"/>
d. Lack of information about available services	<input type="radio"/>	<input type="radio"/>
e. Lack of information about how to access services	<input type="radio"/>	<input type="radio"/>

13. A primary caregiver is the person(s) who has the greatest responsibility for the care and rearing of a child. A child may have more than one primary caregiver. Are you a primary caregiver for this child?

- Yes
 No

14. What is this child's relationship to you?

- Son or daughter (biological or adopted)
 Stepson or stepdaughter
 Brother or sister
 Grandchild
 Foster child
 Other relative (e.g., niece or nephew)
 Other nonrelative

15. Is this child:

- Female
 Male

16. Is this child of Hispanic, Latino/a, or Spanish origin?

- Yes
 No

17. Is this child: (You may select more than one.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other, specify:

ACCESS TO CARE

18. During the past 12 months, did a health care provider, childcare provider, or home visitor fill out a questionnaire with you about this child's development?

- Yes
 No

19. Have you ever participated in a voluntary home visiting program, where a trained professional provided parenting guidance, health information, or other supports to you and your child in your home?

- Yes
 No

20. Over the past three months, because of childcare issues, have you ever:

- | | Yes | No |
|-----------------------------------|-----------------------|-----------------------|
| a. Missed a full day of work? | <input type="radio"/> | <input type="radio"/> |
| b. Been late for work? | <input type="radio"/> | <input type="radio"/> |
| c. Left work earlier than normal? | <input type="radio"/> | <input type="radio"/> |
| d. Been distracted while at work? | <input type="radio"/> | <input type="radio"/> |

21. Have you experienced any of the following because of problems with childcare?

- | | Yes | No |
|--------------------------------------|-----------------------|-----------------------|
| a. Turned down a job offer/promotion | <input type="radio"/> | <input type="radio"/> |
| b. Turned down a job reassignment | <input type="radio"/> | <input type="radio"/> |
| c. Reduced your regular work hours | <input type="radio"/> | <input type="radio"/> |
| d. Quit a job | <input type="radio"/> | <input type="radio"/> |

22. Please tell us about all of the people or organizations that cared for your youngest child last week, other than you (or your spouse/partner). Please indicate the number of hours that your child spent last week with each provider.

- | | | |
|---|----------------------|---------|
| a. Other family member who lives in your home | <input type="text"/> | Hour(s) |
| b. Family member who does not live in your home | <input type="text"/> | Hour(s) |
| c. Friend or neighbor | <input type="text"/> | Hour(s) |
| d. Nanny or au pair | <input type="text"/> | Hour(s) |
| e. Childcare center/daycare provider | <input type="text"/> | Hour(s) |
| f. Preschool/Prekindergarten | <input type="text"/> | Hour(s) |
| g. Special education prekindergarten classroom | <input type="text"/> | Hour(s) |
| h. Kindergarten | <input type="text"/> | Hour(s) |

IF YOU ANSWERED ALL ZEROS TO #22, GO TO #38.

23. In the past 12 months, did your family use childcare/daycare for this child when a parent was at work or school/training?

- Yes
 No

24. How many times has your care arrangement for this child changed in the past 12 months?

- None
 1 time
 2 times
 3 times
 4 times
 5 or more times

FOR THE FOLLOWING QUESTIONS, PLEASE PROVIDE ANSWERS FOR THE CHILDCARE SETTING WHERE THIS CHILD SPENDS THE MOST HOURS EACH WEEK.

25. Where is this childcare?

- Your family home
 The provider's family home
 A childcare center
 A public school building
 A private school building

26. How much time do you spend each day transporting your child to and from childcare? Please provide an estimate in minutes.

Minutes (round trip)

27. Is this childcare provider licensed by the state of Nebraska?

- Yes
- No
- Not sure

28. Does your childcare provider participate in the Nebraska Step Up to Quality Program?

- Yes
- No
- Not sure

29. Is this provider: (Select all that apply.)

- A Head Start program
- A Sixpence program
- Neither/Don't know

30. Do you pay this provider to care for your child?

- Yes
- No → Go to #32

31. How easy or difficult is it for you to pay for this care arrangement?

- Very difficult
- Difficult
- Neither easy nor difficult
- Easy
- Very easy

32. Do you have any difficulties talking with your provider because both of you are not comfortable speaking the same language?

- Yes
- No

33. In the past 12 months, have any of the following happened because of this child's behavior (things like hitting, kicking, biting, tantrums, or disobeying)?

	Yes	No
a. You were told to pick up your child early on 1 or more days	<input type="radio"/>	<input type="radio"/>
b. You were asked to keep your child home for 1 full day or more	<input type="radio"/>	<input type="radio"/>
c. You were told your child could no longer attend this childcare center or preschool	<input type="radio"/>	<input type="radio"/>

34. Following are challenges some families face in getting high quality early childhood care and education. To what extent did you experience each of these challenges in finding a childcare provider for this child?

	Not at all	A little	Some	A lot
a. Too few early childhood care and education programs available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Early childhood care and education programs are of low or poor quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Early childhood care and education programs are too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The hours of operation for early childhood care and education settings are not flexible enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Transportation problems getting to and from early childhood care and education settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Early childhood care and education programs don't understand my culture and/or speak my language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Lack of information (e.g., I don't know enough about available programs and how to access them)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUALITY OF SERVICES

35. In the past 12 months, how often have talked with this childcare provider about:

	Never	Once or twice a year	Almost every month	Almost every week	More than once per week
a. Your child's development	<input type="radio"/>				
b. Your child's behavior	<input type="radio"/>				
c. Parenting issues	<input type="radio"/>				
d. How to improve educational opportunities for your child	<input type="radio"/>				

36. When you think about choosing a childcare or education provider, how important is it that the childcare provider:

	Not important	Somewhat important	Important	Very important
a. Offers flexible hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Accepts childcare subsidies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Is located near my home or workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Has well-educated staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Has staff who are warm and kind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Is clean and sanitary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Uses a curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Can accommodate my child's special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Does a good job meeting my child's behavior and social-emotional needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Communicates with me regularly about my child's development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Provides plenty of exercise or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Provides healthy and nutritious food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Has staff who speak the same language as my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Provides a religious or faith-based education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Provides bilingual education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Can take all my children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Is licensed by the state of Nebraska	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Is recommended by a friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Connects families to other resources in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Overall, how satisfied are you with the quality of care and education that this provider gives to your youngest child?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

FAMILY ENGAGEMENT AND CHOICE

38. How satisfied or dissatisfied are you with the quality of early childhood care and education providers in the city or area where you live?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

39. Do you have access to the information you need to make informed decisions about your child's care and development?

- Yes
- No

40. Do you get information about services for children under 6 years old (such as childcare, preschool, medical care, subsidies) from any of these sources?

	Yes	No
a. Web searches	<input type="radio"/>	<input type="radio"/>
b. Newspaper	<input type="radio"/>	<input type="radio"/>
c. Government website	<input type="radio"/>	<input type="radio"/>
d. Social service agency	<input type="radio"/>	<input type="radio"/>
e. School district	<input type="radio"/>	<input type="radio"/>
f. Friends and neighbors	<input type="radio"/>	<input type="radio"/>

41. What information would be helpful in making decisions about early childhood care and education?

	Yes	No
a. A list of providers in the area	<input type="radio"/>	<input type="radio"/>
b. Estimated costs	<input type="radio"/>	<input type="radio"/>
c. User ratings	<input type="radio"/>	<input type="radio"/>
d. Quality scores	<input type="radio"/>	<input type="radio"/>

42. How confident are you in each of the following?

	Not at all confident	A little confident	Somewhat confident	Very confident
a. My ability to support my child's learning at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My ability to make sure my child's school meets my child's learning needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Would you be interested in getting parenting information on any of the following?

	Yes	No
a. Educational activities to do with my child	<input type="radio"/>	<input type="radio"/>
b. Understanding early childhood development and what to expect	<input type="radio"/>	<input type="radio"/>
c. Effective discipline	<input type="radio"/>	<input type="radio"/>
d. How to help my child develop self-control and skills like sharing and taking turns	<input type="radio"/>	<input type="radio"/>
e. How to help my child be ready for preschool and kindergarten	<input type="radio"/>	<input type="radio"/>
f. Health and nutrition	<input type="radio"/>	<input type="radio"/>

44. Would you like to receive parenting information in any of the following ways?

	Yes	No
a. A series of classes where my child(ren) and I can both participate	<input type="radio"/>	<input type="radio"/>
b. Print materials or books/newsletters	<input type="radio"/>	<input type="radio"/>
c. Community events (e.g., play dates in the park or field trips)	<input type="radio"/>	<input type="radio"/>
d. Online social networks	<input type="radio"/>	<input type="radio"/>
e. Parent gatherings at school	<input type="radio"/>	<input type="radio"/>
f. Parent workshops offering supervised childcare	<input type="radio"/>	<input type="radio"/>
g. Multimedia options like websites, podcasts, text messaging tips, or mobile apps	<input type="radio"/>	<input type="radio"/>
h. A call-in number for advice	<input type="radio"/>	<input type="radio"/>
i. Drop in lunch and learns	<input type="radio"/>	<input type="radio"/>
j. Someone who can come to my home and provide support	<input type="radio"/>	<input type="radio"/>
k. One-on-one conversations with a care provider or home visitor	<input type="radio"/>	<input type="radio"/>

ACCESS TO SERVICES

45. Has a health or education professional (e.g., doctor, nurse, counselor) told you that ANY of your children have any of the following conditions?

	Yes	No
a. An intellectual disability	<input type="radio"/>	<input type="radio"/>
b. A speech or language impairment	<input type="radio"/>	<input type="radio"/>
c. A serious emotional disturbance	<input type="radio"/>	<input type="radio"/>
d. Deafness or another hearing impairment	<input type="radio"/>	<input type="radio"/>
e. Blindness or another visual impairment not corrected with glasses	<input type="radio"/>	<input type="radio"/>
f. An orthopedic impairment	<input type="radio"/>	<input type="radio"/>
g. Autism	<input type="radio"/>	<input type="radio"/>
h. Pervasive Developmental Disorder (PDD)	<input type="radio"/>	<input type="radio"/>
i. Attention Deficit Disorder, ADD/ADHD	<input type="radio"/>	<input type="radio"/>
j. A specific learning disability	<input type="radio"/>	<input type="radio"/>
k. A developmental delay	<input type="radio"/>	<input type="radio"/>
l. Traumatic brain injury	<input type="radio"/>	<input type="radio"/>
m. Another health impairment lasting 6 months or more	<input type="radio"/>	<input type="radio"/>

46. Did you mark yes to any condition in #45?

- Yes
 No → Go to #51

QUESTIONS 47-50 ASK ABOUT SERVICES YOUR CHILD HAS RECEIVED FOR CONDITIONS LISTED IN #45. IF YOU HAVE MORE THAN ONE CHILD WITH A CONDITION, PLEASE THINK ABOUT THE CHILD UNDER AGE 6 WHOSE CONDITION REQUIRES THE MOST SERVICES.

47. Is this child receiving services for his/her condition?

- Yes
 No → Go to #51

48. Are these services provided by any of the following?

	Yes	No
a. Your local school district	<input type="radio"/>	<input type="radio"/>
b. A state or local health or social service agency	<input type="radio"/>	<input type="radio"/>
c. A doctor, clinic, or other health care provider	<input type="radio"/>	<input type="radio"/>
d. A private school	<input type="radio"/>	<input type="radio"/>

49. Are any of this child's services provided through an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)?

- Yes
 No

50. How difficult has it been to get the care that this child needed?

- Not difficult
 Somewhat difficult
 Very difficult
 It was not possible to obtain care

51. Have you used any of the following services for yourself and your family in the past 12 months?

52. How easy or difficult was it for you to access this service? If this service is not available in your community, please select "Not available."

	No	Yes		Very difficult	Difficult	Easy	Very easy	Not available
a. Health insurance for my child	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
b. Health insurance for adults in my family	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
c. Prenatal health care	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
d. Well-child visits	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
e. Medical care when my child is sick	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
f. Dental care for my child	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
g. Immunizations for my child	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
h. Family planning services	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
i. Depression screening and treatment for me or my partner	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
j. Services to address my child's social, emotional, and/or behavioral issues	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
k. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
l. Group parenting classes for parent of children with challenging behaviors	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
m. Assistance to find affordable housing	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
n. Assistance to apply for Medicaid	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
o. Assistance to apply for a childcare subsidy	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
p. Support for families experiencing domestic violence	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
q. Support for a family member with a disability	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				
r. Job training programs	<input type="radio"/>	<input type="radio"/>	If yes →	<input type="radio"/>				

HEALTH AND WELLBEING

53. Would you say that in general your health is:

- Poor
- Fair
- Good
- Very good
- Excellent

54. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

55. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

56. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

57. Is there another person in your household who is a primary caregiver for your child(ren)? A primary caregiver is the person(s) who has greatest responsibility for the care and rearing of a child.

- Yes
- No → Go to #61

58. What is the other primary caregiver's relationship to the child?

- Mother
- Father
- Grandparent
- Aunt/Uncle
- Other

59. How is the other primary caregiver's physical health?

- Poor
- Fair
- Good
- Very good
- Excellent

60. How is the other primary caregiver's mental or emotional health?

- Poor
- Fair
- Good
- Very good
- Excellent

61. How many times have you moved in the past 12 months?

- 0 times
- 1 time
- 2 times
- 3 or more times

62. Are you worried or concerned that sometime in the next 12 months you may not have stable housing that you own or rent?

- Yes
- No

63. Was there any time in the past 12 months when:

Yes No

- | | | |
|---|-----------------------|-----------------------|
| a. You did <u>not</u> have enough money to provide adequate shelter for you and your family? | <input type="radio"/> | <input type="radio"/> |
| b. You did <u>not</u> pay the full amount of the gas, water, or electricity bills? | <input type="radio"/> | <input type="radio"/> |
| c. You did <u>not</u> have enough money to pay for health care and/or medicines that you or your family needed? | <input type="radio"/> | <input type="radio"/> |

64. In the past 12 months, how often were the following statements true for your household?

Never true Sometimes true Often true

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| a. We worried whether our food would run out before we got money to buy more. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The food that we bought just did not last, and we did not have money to get more. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

FAMILY CHARACTERISTICS

65. Are you:

- Female
 Male

66. Are you of Hispanic, Latino/a, or Spanish Origin?

- Yes
 No

67. Are you: (You may select more than one.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other, specify:

68. What language is most frequently spoken in your household? Choose ONE option.

- English
 Spanish
 Other, specify:

69. What year were you born?

70. Please indicate the highest level of education that you have completed.

- 8th grade or less
 Some high school
 High school diploma/GED
 Some college, no degree (can include certificates)
 Associate's degree
 Bachelor's degree
 Some graduate school
 Graduate degree

71. In what year was your partner/spouse born?

- No spouse/partner → Go to #73

72. Please indicate the highest level of education your partner/spouse has completed.

- 8th grade or less
 Some high school
 High school diploma/GED
 Some college, no degree (can include certificates)
 Associate's degree
 Bachelor's degree
 Some graduate school
 Graduate degree

73. For the most recent tax year (2018), what is your best estimate of the total earned income for your family?

\$,

74. What is your zip code?

75. In what Nebraska county do you live (Lancaster, Dawes, Adams, etc.)?

76. In what school district do you live?

77. Do you live on an Indian reservation or in a tribal service area?

- Yes
 No

Thank you!

We greatly appreciate the time you have taken to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire.

Questions or requests from this survey can be directed to:

Bureau of Sociological Research
University of Nebraska-Lincoln
907 Oldfather Hall
PO Box 880325

Lincoln, NE 68588-0325

Phone: 1-800-480-4549 (toll free) E-mail: bosr@unl.edu

FAMILY CHARACTERISTICS

65. In a typical week, how often do you or any other family member do the following with your youngest child?

	Not at all	Once or twice	3 to 6 times	Every day
a. Read books to your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tell stories to your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sing songs with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Are you:

- Female
- Male
-

67. Are you of Hispanic, Latino/a, or Spanish Origin?

- Yes
- No

68. Are you: *(You may select more than one.)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other, specify:

69. For the most recent tax year (2018), what is your best estimate of the total earned income for your family?

\$,

70. What language is most frequently spoken in your household? Choose ONE option.

- English
- Spanish
- Other, specify:

71. What year were you born?

72. Please indicate the highest level of education that you have completed.

- 8th grade or less
- Some high school
- High school diploma/GED
- Some college, no degree (can include certificates)
- Associate's degree
- Bachelor's degree
- Some graduate school
- Graduate degree

73. In what year was your partner/spouse born?

- No spouse/partner → Go to #75

74. Please indicate the highest level of education your partner/spouse has completed.

- 8th grade or less
- Some high school
- High school diploma/GED
- Some college, no degree (can include certificates)
- Associate's degree
- Bachelor's degree
- Some graduate school
- Graduate degree

75. What is your zip code?

76. In what Nebraska county do you live (Lancaster, Dawes, Adams, etc.)?

77. In what school district do you live?

78. Do you live on an Indian reservation or in a tribal service area?

- Yes
- No

Thank you!

We appreciate the time you took to complete this survey. For your convenience, please use the postage-paid return envelope included in your survey packet to return your questionnaire.

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907 Oldfather Hall
PO Box 880325
Lincoln, NE 68588-0325

Phone: 1-800-480-4549 (toll free) E-mail: bosr@unl.edu

Enfoque en Las Familias de Nebraska

¿Hay un niño de 5 años o menos en su hogar?

- Sí → Diríjase, por favor, a la pregunta 1 y complete la encuesta.
 No ↓

Responda, por favor, solo esta pregunta y regrese la encuesta o llámenos a informar.

PARA USTED Y SU HOGAR

1. ¿Incluyéndose usted, cuantas personas en cada rango de edad viven en su casa?

- | | |
|-------------------|----------------------|
| a. Menos de 1 año | <input type="text"/> |
| b. 1 año | <input type="text"/> |
| c. 2 años | <input type="text"/> |
| d. 3 años | <input type="text"/> |
| e. 4-5 años | <input type="text"/> |
| f. 6-8 años | <input type="text"/> |
| g. 9-12 años | <input type="text"/> |
| h. 13-18 años | <input type="text"/> |
| i. Mas de 19 años | <input type="text"/> |

2. ¿Cuantas horas por semana usualmente trabaja usted fuera de casa?

- Ninguna
 1-10
 11-20
 21-30
 31-40
 41-50
 51 o mas

3. ¿Participa usted en un programa educativo o de entrenamiento?

- Sí, tiempo completo
 Sí, medio tiempo
 No

4. ¿Busca usted activamente empleo?

- Sí
 No

5. ¿Cuál es su estado civil actual?

- Soltero(a), viviendo con mi pareja
 Casado, viviendo con mi esposo(a)
 Soltero(a), nunca he estado casad(a) → Diríjase a #9
 Casado(a), separado(a)
 Divorciado(a)
 Viudo(a)

6. ¿Cuantas horas por semana trabaja su pareja/esposo(a) fuera de casa usualmente?

- Ninguna
 1-10
 11-20
 21-30
 31-40
 41-50
 51 o mas

7. ¿Su pareja/esposo(a) participa en un programa educativo o de entrenamiento?

- Sí, tiempo completo
 Sí, medio tiempo
 No

8. ¿Su pareja/esposo(a) busca activamente empleo?

- Sí
 No

POR FAVOR RESPONDA LAS SIGUIENTES PREGUNTAS ÚNICAMENTE SOBRE EL NIÑO MENOR EN SU HOGAR.

9. ¿Cuál es la fecha de nacimiento del niño?

/ /
 MM DD AAAA

10. El niño(a) es:

- Su hijo biológico
 Adoptado(a) → Diríjase a #13
 Hijo(a) de acogida

11. ¿Durante el periodo de gestación del niño, cuando fue la primer visita de cuidado prenatal?

- Semanas O Meses
 No cuidado prenatal

12. ¿Experimentó su familia alguna de estas dificultades accediendo al cuidado prenatal del niño(a)?

	Sí	No
a. Costo	<input type="radio"/>	<input type="radio"/>
b. Transportación	<input type="radio"/>	<input type="radio"/>
c. Horario de trabajo	<input type="radio"/>	<input type="radio"/>
d. Falta de información sobre los servicios disponibles	<input type="radio"/>	<input type="radio"/>
e. Falta de información sobre cómo acceder a los servicios	<input type="radio"/>	<input type="radio"/>

13. El encargado principal del niño(a) es la persona que tiene la responsabilidad más grande sobre el cuidado y crianza del niño(a). El niño(a) puede tener más de un encargado principal. ¿Es usted un encargado principal de este niño(a)?

- Sí
 No

14. ¿Cuál es su relación con el niño?

- Hijo o hija (biológico o adoptado)
 Hijastro o hijastra
 Hermano o hermana
 Nieto
 Hijo de acogida
 Otro familiar (ej: sobrina o sobrino)
 No familiar

15. Es este niño:

- Femenino
 Masculino

16. ¿Es este niño de origen Hispano, Latino/a, o Español?

- Sí
 No

17. Es este niño: (Puede seleccionar más de una opción.)

- Indoamericano o Nativo de Alaska
 Asiático
 Negro o Afroamericano
 Hawaiano nativo o de otra isla del pacifico
 Blanco
 Otro, especifique:

ACCESO A CUIDADO

18. ¿Durante los últimos 12 meses, un prestador de servicios de la salud, prestador de cuidado infantil, o un visitante domiciliario llenó un formulario con usted sobre el progreso y/o desarrollo de su niño(a)?

- Sí
 No

19. ¿Ha alguna vez usted participado en un programa voluntario de visitas a hogares en donde un profesional entrenado le brindó orientación de paternidad, información de salud, u otros apoyos para usted y su niño(a) en su casa?

- Sí
 No

20. Durante los 3 últimos meses, por inconvenientes con el cuidado infantil, usted ha:

- | | Sí | No |
|---|-----------------------|-----------------------|
| a. ¿Faltado un día de trabajo completo? | <input type="radio"/> | <input type="radio"/> |
| b. ¿Llegado tarde al trabajo? | <input type="radio"/> | <input type="radio"/> |
| c. ¿Salido de trabajar más temprano de lo normal? | <input type="radio"/> | <input type="radio"/> |
| d. ¿Estado distraído mientras trabaja? | <input type="radio"/> | <input type="radio"/> |

21. ¿Ha experimentado alguna de las siguientes situaciones por problemas con el cuidado infantil?

- | | Sí | No |
|--|-----------------------|-----------------------|
| a. Rechazado una oferta de trabajo o ascenso | <input type="radio"/> | <input type="radio"/> |
| b. Rechazado una reasignación de trabajo | <input type="radio"/> | <input type="radio"/> |
| c. Reducido sus horas regulares de trabajo | <input type="radio"/> | <input type="radio"/> |
| d. Renunciado a su trabajo | <input type="radio"/> | <input type="radio"/> |

22. Por favor cuéntenos sobre todas las personas u organizaciones que cuidaron de su niño menor la anterior semana, aparte de usted (o su pareja/esposo(a)). Por favor infórmenos el número de horas que su niño estuvo con cada proveedor la anterior semana.

- | | | |
|--|----------------------|---------|
| a. Otro miembro de la familia que vive en su hogar | <input type="text"/> | Hora(s) |
| b. Miembro de la familia que no vive en su hogar | <input type="text"/> | Hora(s) |
| c. Amigo o vecino | <input type="text"/> | Hora(s) |
| d. Niñera o au pair | <input type="text"/> | Hora(s) |
| e. Centro de cuidado infantil o Guardería | <input type="text"/> | Hora(s) |
| f. Preescolar/Pre kínder | <input type="text"/> | Hora(s) |
| g. Pre kínder de educación especial | <input type="text"/> | Hora(s) |
| h. Kínder | <input type="text"/> | Hora(s) |

SI RESPONDIO CEROS A TODO EN #22, DIRÍJASE A #38.

23. ¿En los 12 meses anteriores, su familia usó cuidado infantil/Guardería para este infante cuando uno de sus padres estaba trabajando, estudiando, o en entrenamiento?

- Sí
 No

24. ¿Cuántas veces ha cambiado el arreglo de cuidado de este infante en los últimos 12 meses?

- Ninguna
 1 vez
 2 veces
 3 veces
 4 veces
 5 o más veces

RESPONDA LAS SIGUIENTES PREGUNTAS SOBRE EL ESCENARIO DE CUIDADO INFANTIL EN DONDE SU INFANTE PASA LA MAYORÍA DE HORAS CADA SEMANA.

25. ¿En donde recibe el cuidado infantil?

- Su hogar
 El hogar de la persona que cuida al infante
 Un centro de cuidado infantil
 Un edificio de una escuela pública
 Un edificio de una escuela privada

26. ¿Cuanto tiempo gasta cada día llevando a su infante desde y hasta donde recibe el cuidado infantil? Por favor escriba un estimado en minutos.

Minutos (ida y vuelta)

27. ¿La persona que presta el cuidado infantil está aprobada o licenciada por el estado de Nebraska?

- Sí
 No
 No estoy seguro(a)

28. ¿La persona que presta el servicio de cuidado infantil participa en el programa de aumento de calidad de Nebraska (Nebraska Step Up to Quality Program)?

- Sí
 No
 No estoy seguro(a)

29. Es el prestador del servicio: (Seleccione todas las que apliquen.)

- Un programa Head Start
 Un programa Sixpence
 Ninguno/No se

30. ¿Paga usted a el prestador de servicio por el cuidado de su infante?

- Sí
 No → Dirijase a #32

31. ¿Que tan fácil o difícil es para usted pagar por el cuidado del infante?

- Muy difícil
 Difícil
 Ni fácil ni difícil
 Fácil
 Muy fácil

32. ¿Tiene alguna dificultad comunicándose con el prestador de servicio porque los dos no se sienten cómodos hablando el mismo idioma?

- Sí
 No

33. ¿Durante los últimos 12 meses, alguna de las siguientes situaciones ha pasado por el comportamiento de su infante (cosas como golpear, patear, morder, berrinches, o desobediencia)?

	Sí	No
a. Le pidieron recoger a su infante más temprano 1 o más días	<input type="radio"/>	<input type="radio"/>
b. Le pidieron dejar a su infante en casa por 1 día completo o más	<input type="radio"/>	<input type="radio"/>
c. Le dijeron que su infante no podía atender más este centro de cuidado infantil o preescolar	<input type="radio"/>	<input type="radio"/>

34. Los siguientes son retos que algunas familias enfrentan para obtener educación y cuidado infantil temprano. ¿Hasta qué punto ha usted experimentado cada uno de estos retos para encontrar un prestador de servicio de cuidado infantil para su infante?

	Para nada	Un poco	A veces	Mucho
a. Muy pocos programas de cuidado y educación infantil para edad temprana disponibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Los programas de cuidado y educación infantil para edad temprana son de baja calidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Los programas de cuidado y educación infantil son muy costosos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Las horas de trabajo de los lugares que prestan el cuidado y educación infantil no son lo suficientemente flexibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Problemas de transportación para llegar hasta y desde el lugar de prestación de servicio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Los programas de cuidado y educación infantil no entienden mi cultura y/o no hablan mi idioma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Falta de información (ej: No se lo suficiente sobre los programas disponibles o como acceder a ellos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CALIDAD DE SERVICIOS

35. Durante los últimos 12 meses, que tan seguido se ha comunicado con el prestador de servicios para hablar sobre:

	Nunca	Una o dos veces al año	Casi todos los meses	Casi todas las semanas	Más de una vez por semana
a. El progreso de su infante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. El progreso de su infante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Problemas de paternidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Como mejorar las oportunidades educativas para el infante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Al escoger un prestador de servicios de cuidado y educación infantil, que tan importante es que el prestador del servicio:

	No es importante	Algo importante	Importante	Muy importante
a. Ofrezca un horario flexible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sea asequible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Acepte subsidios de cuidado infantil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Este ubicado cerca de mi casa o lugar de trabajo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. El personal es preparado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. El personal es acogedor y amigable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Es limpio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Implementa un plan de estudio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Puede acomodar las necesidades especiales del infante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Hace un buen trabajo satisfaciendo las necesidades de comportamiento y socioemocionales del infante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Me informa regularmente el progreso del infante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Realiza ejercicio o actividad física	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Provee comida saludable y nutriente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Tiene personal que habla el mismo idioma que mi familia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Provee una educación religiosa o basada en fe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Provee una educación bilingüe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Puede hacerse cargo de todos mis infantes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Esta aprobado o licenciado por el estado de Nebraska	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Es recomendado por un amigo o miembro de la familia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Conecta a las familias con otros servicios en la comunidad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. ¿En general, que tan satisfecho está usted con la calidad del cuidado y educación que el prestador de servicio le otorga a su infante menor?

- Muy insatisfecho
- Insatisfecho
- Ni satisfecho ni insatisfecho
- Satisfecho
- Muy satisfecho

COMPROMISO Y ELECCIÓN FAMILIAR

38. ¿Que tan satisfecho o insatisfecho está usted con la calidad de los prestadores de cuidado y educación infantil en la ciudad o área que usted habita?

- Muy insatisfecho
- Insatisfecho
- Ni satisfecho ni insatisfecho
- Satisfecho
- Muy satisfecho

39. ¿Tiene acceso a la información que necesita para tomar decisiones sobre el cuidado y progreso de su infante?

- Sí
- No

40. ¿Obtiene usted información sobre los servicios para infantes menores de 6 años (como cuidado infantil, preescolar, atención médica, subsidios) de alguna de las siguientes fuentes de información?

	Sí	No
a. Búsquedas en la web	<input type="radio"/>	<input type="radio"/>
b. Periódico	<input type="radio"/>	<input type="radio"/>
c. Sitio web del Gobierno	<input type="radio"/>	<input type="radio"/>
d. Agencia de servicios sociales	<input type="radio"/>	<input type="radio"/>
e. Distrito escolar	<input type="radio"/>	<input type="radio"/>
f. Amigos y vecinos	<input type="radio"/>	<input type="radio"/>

41. ¿Que información seria de ayuda para tomar decisiones sobre el cuidado y educación infantil de temprana edad?

	Sí	No
a. Una lista de los prestadores de servicio en el área	<input type="radio"/>	<input type="radio"/>
b. Costos estimados	<input type="radio"/>	<input type="radio"/>
c. Calificación de los usuarios	<input type="radio"/>	<input type="radio"/>
d. Puntajes de calidad	<input type="radio"/>	<input type="radio"/>

42. ¿Que tan seguro se siente usted en cada uno de las siguientes?

	Para nada seguro	Un poco seguro	Algo seguro	Muy seguro
a. Mi habilidad para apoyar la educación de mi infante en el hogar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Mi habilidad para asegurarme que la escuela satisface las necesidades de aprendizaje que mi infante necesita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. ¿Estaría usted interesado en obtener información de paternidad en una de las siguientes?

	Sí	No
a. Actividades educativas para realizar con mi infante	<input type="radio"/>	<input type="radio"/>
b. Entender el desarrollo infantil de edad temprana y que esperar	<input type="radio"/>	<input type="radio"/>
c. Disciplina efectiva	<input type="radio"/>	<input type="radio"/>
d. Como contribuir a que mi infante desarrolle auto control y habilidades como compartir y tomar turnos	<input type="radio"/>	<input type="radio"/>
e. Como contribuir a que mi hijo esté preparado para preescolar y jardín	<input type="radio"/>	<input type="radio"/>
f. Salud y nutrición	<input type="radio"/>	<input type="radio"/>

44. ¿Le gustaría recibir información de paternidad de alguna de las siguientes maneras?

	Sí	No
a. Sesiones de clases donde mi(s) infante(s) y yo podamos participar	<input type="radio"/>	<input type="radio"/>
b. Materiales impresos o libros/hoja informativa	<input type="radio"/>	<input type="radio"/>
c. Eventos comunitarios (ej: citas de juego en el parque o excursiones)	<input type="radio"/>	<input type="radio"/>
d. Redes sociales	<input type="radio"/>	<input type="radio"/>
e. Reunión de padres en la escuela	<input type="radio"/>	<input type="radio"/>
f. Talleres para padres que ofrezcan supervisión del cuidado infantil	<input type="radio"/>	<input type="radio"/>
g. Opciones multimedia como sitios web, podcasts, mensajes de texto, aplicaciones para el móvil.	<input type="radio"/>	<input type="radio"/>
h. Un numero al cual llamar para recibir consejos	<input type="radio"/>	<input type="radio"/>
i. Eventos de almuerzo y aprende	<input type="radio"/>	<input type="radio"/>
j. Alguien que me visite en casa y me brinde apoyo	<input type="radio"/>	<input type="radio"/>
k. Diálogos uno a uno con un prestador de cuidados o visitante domiciliario	<input type="radio"/>	<input type="radio"/>

ACCESO A SERVICIOS

45. ¿Algún profesional de la salud o educación (ej. médico, enfermera, consejero) le ha dicho que alguno de sus hijos tiene alguna de las siguientes

	Sí	No
a. Discapacidad intelectual	<input type="radio"/>	<input type="radio"/>
b. Discapacidad de habla o de lenguaje	<input type="radio"/>	<input type="radio"/>
c. Serios trastornos emocionales	<input type="radio"/>	<input type="radio"/>
d. Sordera u otra discapacidad auditiva	<input type="radio"/>	<input type="radio"/>
e. Ceguera u otra discapacidad visual	<input type="radio"/>	<input type="radio"/>
f. Discapacidad ortopédica	<input type="radio"/>	<input type="radio"/>
g. Autismo	<input type="radio"/>	<input type="radio"/>
h. Trastorno generalizado del desarrollo	<input type="radio"/>	<input type="radio"/>
i. Trastorno de déficit de atención e hiperactividad, TDA/TDAH	<input type="radio"/>	<input type="radio"/>
j. Una discapacidad de aprendizaje en	<input type="radio"/>	<input type="radio"/>
k. Desarrollo atrasado o retraso en el	<input type="radio"/>	<input type="radio"/>
l. Lesión cerebral traumática	<input type="radio"/>	<input type="radio"/>
m. Otra discapacidad/impedimento de la salud de duración de 6 meses o más	<input type="radio"/>	<input type="radio"/>

46. ¿Selecciono sí a alguna de las condiciones en la pregunta #45?

- Sí
 No → Dirijase a #51

LAS PREGUNTAS 47-50 SON SOBRE LOS SERVICIOS QUE SU NIÑO(A) HA RECIBIDO PARA LAS CONDICIONES DE #45. SI TIENE MAS DE UN NIÑO(A) CON UNA CONDIDCION, POR FAVOR RESPONDA BASANDOSE EN EL NIÑO(A) MENOR DE 6 AÑOS CUYA CONDIDCION REQUIERE DE MAS SERVICIOS.

47. ¿Recibe el niño(a) servicios para su condición?

- Sí
 No → Dirijase a #51

48. ¿Son los servicios prestados por alguno de los siguientes?

	Sí	No
a. Su distrito escolar local	<input type="radio"/>	<input type="radio"/>
b. Una agencia del estado, de salud local o de servicios sociales	<input type="radio"/>	<input type="radio"/>
c. Un médico, clínica u otro prestador de servicios de la salud	<input type="radio"/>	<input type="radio"/>
d. Una escuela privada	<input type="radio"/>	<input type="radio"/>

49. Los servicios prestados al niño(a) son mediante un Programa de Educación Individualizada (IEP) o mediante un Plan de Servicios Individualizados para Familias (IFSP)?

- Sí
 No

50. ¿Qué tan difícil ha sido obtener los cuidados que el niño(a) necesita?

- No ha sido difícil
 Ha sido algo difícil
 Ha sido muy difícil
 No fue posible obtener los cuidados

51. ¿Ha usado alguno de los siguientes servicios para usted y su familia en los últimos 12 meses?

52. ¿Qué tan fácil o difícil fue para usted acceder a este servicio? Si este servicio no está disponible en su comunidad, por favor seleccione "No disponible."

	No	Sí		Muy difícil	Difícil	Fácil	Muy fácil	No disponible
a. Seguro médico para mi niño(a)	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
b. Seguro médico para los adultos en mi familia	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
c. Seguro médico prenatal	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
d. Visitas de control del niño sano	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
e. Atención médica cuando mi niño(a) esta enfermo(a)	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
f. Atención dental para mi niño(a)	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
g. Vacunas para mi niño(a)	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
h. Servicios de planificación familiar	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
i. Detección de depresión y tratamiento para mí o para mi pareja	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
j. Servicios para tratar los problemas sociales, emocionales, y/o de comportamiento	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
k. El programa Especial de Nutrición Suplementaria para Mujeres, Infantes, y Niños (WIC)	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
l. Clases grupales de paternidad para padres de niños con comportamiento difícil	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
m. Asistencia para encontrar una vivienda asequible	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
n. Asistencia para aplicar a Medicaid	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
o. Asistencia para aplicar a un subsidio de cuidado infantil	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
p. Apoyo para familias que experimentan violencia doméstica	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
q. Apoyo para un miembro de la familia con alguna discapacidad	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				
r. Programas de entrenamiento laboral	<input type="radio"/>	<input type="radio"/>	Si seleccionó sí →	<input type="radio"/>				

SALUD Y BIENESTAR

53. Diría usted que en general su salud es:

- Mala
 Justa
 Buena
 Muy buena
 Excelente

54. Hablando ahora de su salud física incluyendo enfermedades físicas y lesiones, ¿por cuantos días de los últimos 30 su salud física no fue buena?

55. Hablando ahora de su salud mental incluyendo estrés, depresión, y problemas emocionales, ¿por cuantos días de los últimos 30 su salud mental no fue buena?

56. ¿Durante los últimos 30 días, alrededor de cuantos días su deteriorada salud física o mental no le permitió realizar sus actividades usuales, como de cuidado personal, trabajo, o recreativas?

57. ¿Hay otra persona en su casa que sea otro proveedor principal de cuidado para sus niños? Un proveedor principal de cuidado es la persona que tiene la responsabilidad más grande sobre el cuidado y crianza del niño(a).

- Sí
 No → Diríjase a #61

58. ¿Cuál es la relación del otro proveedor principal de cuidado con el niño?

- Madre
 Padre
 Abuelo(a)
 Tío(a)
 Otro

59. ¿Cómo es la salud física del otro proveedor principal de cuidado?

- Mala
 Justa
 Buena
 Muy Buena
 Excelente

60. ¿Cómo es la salud mental o emocional del otro proveedor principal de cuidado?

- Mala
 Justa
 Buena
 Muy Buena
 Excelente

61. ¿Cuántas veces se ha mudado durante los últimos 12 meses?

- 0 veces
 1 vez
 2 veces
 3 o más veces

62. ¿Le preocupa que en algún momento en los próximos 12 meses usted no pueda tener una vivienda estable que renta o es dueño(a)?

- Sí
 No

63. Hubo algún momento en los últimos 12 meses en el que usted:

	Sí	No
a. ¿No tuvo suficiente dinero para proveer una vivienda adecuada a su familia?	<input type="radio"/>	<input type="radio"/>
b. ¿No pago el valor total de la factura de gas, agua, o de electricidad?	<input type="radio"/>	<input type="radio"/>
c. ¿No tuvo suficiente dinero para pagar la atención médica y/o medicamentos que usted o su familia necesitaba?	<input type="radio"/>	<input type="radio"/>

64. ¿Qué tan verdaderas fueron las siguientes situaciones en su casa durante los últimos 12 meses?

	Nunca verdadero	Algunas veces verdadero	Frecuente mente verdadero
a. Estuvimos preocupados de que nuestra comida se acabara antes de que pudiéramos tener dinero para comprar más.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. La comida que compramos simplemente no duró y no tuvimos dinero para comprar más.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CARACTERÍSTICAS FAMILIARES

65. Es usted:

- Femenino
 Masculino

66. Es usted de origen Hispano, Latino/a, o Español?

- Sí
 No

67. Es usted: (Puede seleccionar más de una)

- Indoamericano o Nativo de Alaska
 Asiático
 Negro o Afroamericano
 Hawaiano nativo o de otra isla del pacífico
 Blanco
 Otro, especifique:

68. ¿Cuál es el idioma más hablado en su casa? Escoja

UNA opción.

- Inglés
 Español
 Otro, especifique:

69. ¿En qué año nació usted?

70. Por favor seleccione el nivel de educación más alto que usted haya completado.

- 8° grado o menos
 Un poco de escuela secundaria
 Diploma de secundaria/GED
 Un poco de college, sin título (puede incluir certificados)
 Grado Asociado
 Licenciatura
 Un poco de estudios de posgrado
 Título o diploma de posgrado

71. ¿En qué año nació su pareja/esposo(a)?

- No tengo pareja/esposo(a) → Dirijase a #73

72. Por favor seleccione el nivel de educación más alto que su pareja/esposo(a) haya completado.

- 8° grado o menos
 Un poco de escuela secundaria
 Diploma de secundaria/GED
 Un poco de college, sin título (puede incluir certificados)
 Grado Asociado
 Licenciatura
 Un poco de estudios de posgrado
 Título o diploma de posgrado

73. ¿Cuál es su mejor estimación del ingreso total de su familia para el año fiscal más reciente (2018)?

\$,

74. ¿Cuál es su código postal?

75. ¿En qué condado de Nebraska vive usted (Lancaster, Dawes, Adams, etc.)?

76. ¿En qué distrito escolar vive usted?

77. ¿Vive usted en una reserva india o en una are de servicios tribales?

- Sí
 No

¡Gracias!

Apreciamos mucho el tiempo que se ha tomado para completar esta encuesta. Para su conveniencia, por favor utilice el sobre con franqueo pagado incluido en su paquete para devolver el cuestionario.

Preguntas o solicitudes sobre esta encuesta pueden ser dirigidas a:

Bureau of Sociological Research
University of Nebraska-Lincoln
907 Oldfather Hall
PO Box 880325
Lincoln, NE 68588-0325
Teléfono: 1-800-480-4549 (línea gratuita)
Correo electrónico: bosr@unl.edu

CARACTERÍSTICAS FAMILIARES

65. En una semana típica, que tan seguido realiza usted u otro miembro de su familia lo siguiente con el niño mas joven?

	En lo absoluto	Una o dos veces	3 o 6 veces	Todos los días
a. Leerle libros al niño	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Contarle historias al niño	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cantar canciones con el niño	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. Es usted:

- Femenino
 Masculino

67. Es usted de origen Hispano, Latino/a, o Español?

- Sí
 No

68. Es usted: (Puede seleccionar más de una)

- Indoamericano o Nativo de Alaska
 Asiático
 Negro o Afroamericano
 Hawaiano nativo o de otra isla del pacifico
 Blanco
 Otro, especifique:

69. ¿Cuál es su mejor estimación del ingreso total de su familia para el año fiscal más reciente (2018)?

\$,

70. ¿Cuál es el idioma más hablado en su casa? Escoja

UNA opción.

- Inglés
 Español
 Otro, especifique:

71. ¿En qué año nació usted?

72. Por favor seleccione el nivel de educación más alto que usted haya completado.

- 8° grado o menos
 Un poco de escuela secundaria
 Diploma de secundaria/GED
 Un poco de college, sin título (puede incluir certificados)
 Grado Asociado
 Licenciatura
 Un poco de estudios de posgrado
 Título o diploma de posgrado

73. ¿En qué año nació su pareja/esposo(a)?

- No tengo pareja/esposo(a) → Diríjase a #75

74. Por favor seleccione el nivel de educación más alto que su pareja/esposo(a) haya completado.

- 8° grado o menos
 Un poco de escuela secundaria
 Diploma de secundaria/GED
 Un poco de college, sin título (puede incluir certificados)
 Grado Asociado
 Licenciatura
 Un poco de estudios de posgrado
 Título o diploma de posgrado

75. ¿Cuál es su código postal?

76. ¿En qué condado de Nebraska vive usted (Lancaster, Dawes, Adams, etc.)?

77. ¿En qué distrito escolar vive usted?

78. ¿Vive usted en una reserva india o en una are de servicios tribales?

- Sí
 No

¡Gracias!

Apreciamos el tiempo que tomó para completar esta encuesta. Para su conveniencia, por favor utilice el sobre con franqueo pagado incluido en su paquete para devolver el cuestionario.

Preguntas o solicitudes sobre esta encuesta pueden ser dirigidas a:

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 907 Oldfather Hall
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 Correo electrónico: bosr@unl.edu

Family Communication Language (English)

Invitation Letter



Date

«City» Resident «ID»
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear «City» Resident:

We are writing to ask you to help us learn more about early education and services for young children in Nebraska. We are sending this survey to a large number of randomly chosen Nebraska addresses. Answers from these households will represent the entire state. **If your household does not have a preschool-aged child (5 years old or younger), please either complete the first question on the survey and return it, or call to let us know.**

The enclosed survey is being conducted by the Buffett Early Childhood Institute at the University of Nebraska on behalf of the Nebraska Department of Health and Human Services (DHHS). The Buffett Institute is dedicated to transforming the lives of children by improving their learning and development, and asked the Bureau of Sociological Research at the University of Nebraska-Lincoln to conduct this survey in order to help meet this goal

To be successful, we need your help. We are asking that **an adult in your household who is the primary caregiver for your child(ren)** complete the survey. A primary caregiver is the person(s) who has the most responsibility for the care and rearing of a child.

Please answer the questions in this survey and return it in the envelope. These results will inform Nebraska's strategic plan for aligning and optimizing the availability of access to high quality early education and services for families and their children. The survey takes around 15 minutes to complete. Your participation is voluntary. All responses will be kept confidential. Your answers will be combined with other people's answers in all reports, papers, presentations, and analyses so nobody will be able to say who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

We are happy to answer any questions you may have about the survey. You can contact the Bureau of Sociological Research at 1-800-480-4549 or email bosr@unl.edu with any questions about filling out or returning your survey. If you have questions about the purpose of the survey, you may contact Dr. Kathleen Gallagher, Director of Research and Evaluation at the Buffett Early Childhood Institute, at 402-554-6505 or email mboyer@nebraska.edu.

We have enclosed a small token of our appreciation in the colored envelope to thank you for helping with the survey.

Sincerely,

Lindsey Witt-Swanson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Kathleen Gallagher, PhD
Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska



Bureau of Sociological Research
907 Oldfather Hall | P.O. Box 880325 | Lincoln, NE 68588-0325 | 402.472.3672 | 1.800.480.4549 | bosr@unl.edu
unl.edu

Reminder Letter



DATE

«City» Resident ID
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear «City» Resident,

A few weeks ago we asked your household to complete the Focus on Nebraska Families survey. If you have already completed and returned the survey, thank you for your help. If not, we have enclosed a second copy for you to complete. **If your household does not have a preschool-aged child (5 years old or younger), please either complete the first question on the survey and return it, or call to let us know.**

This survey will inform Nebraska's strategic plan for aligning and optimizing the availability of access to high quality early education and services for families and their children.

This effort can only be successful with your help. We need **an adult in your household who is the primary caregiver for your child(ren)** to do the survey. A primary caregiver is the person(s) who has the greatest responsibility for the care and rearing of a child.

The survey takes around 15 minutes to complete. Your participation is voluntary. All responses will be kept confidential. Your answers will be combined with other people's answers in all reports, papers, presentations, and analyses so nobody will be able to say who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

We are happy to answer any questions you have about the survey. You can contact the Bureau of Sociological Research at 1-800-480-4549 or email bosr@unl.edu with any questions in regards to filling out or returning your survey. If you have questions about the purpose of the survey, you may contact Dr. Kathleen Gallagher, Director of Research and Evaluation at the Buffett Early Childhood Institute at 402-554-6505 or email mboyer@nebraska.edu.

Sincerely,

Lindsey Witt-Swanson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Kathleen Gallagher, PhD
Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska



Bureau of Sociological Research
907 Oldfather Hall | P.O. Box 880325 | Lincoln, NE 68588-0325 | 402.472.3672 | 1.800.480.4549 | bosr@unl.edu
unl.edu



DATE

«City» Resident ID
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear «City» Resident,

We need your help with an important survey. Unfortunately, we believe some of our surveys have not been delivered, so this may be the first time you are hearing about this opportunity. We carefully chose households from across the state for this survey to make sure that we would hear from families in all parts of the state. So far, we have not heard from many people in your area. Without more responses, we may not have enough information to understand the experiences and concerns of families in your community.

If you have one or more children under age 6, please complete the survey and send it back as soon as possible. It will take about 15 minutes. The survey should be filled out by **the adult who has the greatest responsibility for the care and rearing of the child(ren)**. The Buffett Early Childhood Institute and the Nebraska Department of Health and Human Services will look at answers from across the state to make sure that families like yours have access to good care and education for their young children. Your name will not be on the survey, so no one will be able to tell who gave which answers.

If there are no children under age 6 in your household, all you need to do is answer one question and mail the survey back. Even though it is just one question, your response is still needed. Just a little help from you makes a big difference for this study and for Nebraska families.

Please contact the Bureau of Sociological Research at 1-800-480-4549 or email bosr@unl.edu with any questions about filling out or returning your survey. If you have questions about the purpose of the survey, you may contact Dr. Kathleen Gallagher at the Buffett Early Childhood Institute by email at mboyer@nebraska.edu.

Sincerely,

Lindsey Witt-Swanson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Kathleen Gallagher, PhD
Director of Research and Evaluation
Buffett Early Childhood Institute
University of Nebraska



Bureau of Sociological Research
907 Oldfather Hall | P.O. Box 880325 | Lincoln, NE 68588-0325 | 402.472.3672 | 1.800.480.4549 | bosr@unl.edu
unl.edu

Appendix E: Family Communication Language (Spanish)

Invitation Letter



Date

Estimado residente de (City),

Le escribimos con el fin de pedirle su ayuda para una evaluación de educación preescolar y servicios para niños en Nebraska. Nosotros hemos enviado la evaluación aleatoriamente a un número de direcciones elegidas en Nebraska. Las respuestas de estos hogares representarán al estado completo. **Si en su hogar no tienen a un niño en educación preescolar (5 años o menos), por favor complete la primera pregunta en la evaluación y envíela de vuelta o llámenos para informarnos.**

La evaluación adjunta es realizada por Buffet Early Childhood Institute (Instituto Buffet de Edad Temprana) para beneficio de Nebraska Department of Health and Human Services (DHHS) (Departamento de salud y servicios humanos de Nebraska). El Instituto Buffett es un instituto dedicado a transformar la vida de los niños al mejorar su aprendizaje y desarrollo. Con el objetivo de ayudar con esta iniciativa, el Instituto Buffett pidió ayuda al Bureau of Sociological Research (Departamento de Investigación Social) de la Universidad de Nebraska-Lincoln para llevar a cabo esta evaluación.

Esta iniciativa solamente será exitosa con su ayuda. Necesitamos que **un adulto en su hogar quien sea el encargado principal de su(s) hijo(s)** complete la evaluación. El encargado principal es la persona que tiene la máxima responsabilidad del cuidado y la crianza del niño.

Por favor responda las preguntas y envíe de vuelta la evaluación en el sobre indicado. Los resultados van a informar al plan estratégico de Nebraska para alinear y optimizar la disponibilidad y accesos a educación preescolar de alta calidad y servicios para familias y sus hijos. La evaluación toma alrededor de 15 minutos para completar. Su participación es voluntaria. Todas las respuestas serán confidenciales. Sus respuestas serán combinadas con las respuestas de otras personas en todos los reportes, papeles, presentaciones y otros análisis, de esta forma nadie podrá saber quién brindó la información específicamente. Ninguna información identificada será reportada. Además, no hay ningún riesgo previsto en participar.

Estaremos complacidos de responder sus preguntas acerca de la evaluación. Usted puede contactar al Bureau of Sociological Research (Departamento de Investigación Social) al número 1-800-480-4549 o al correo bosr@unl.edu para cualquier pregunta con respecto a completar o enviar de vuelta la evaluación. Si usted tiene preguntas sobre el propósito de la evaluación, puede contactar a la Dra. Kathleen Gallagher, directora de investigación y evaluación de Buffett Early Childhood Institute (Instituto Buffet de Edad Temprana) al número 402-554-6505 o al correo mboyer@nebraska.edu

Hemos incluido una muestra de apreciación en el sobre de color para agradecerle por haber ayudado con la evaluación.

Atentamente,

Lindsey Witt-Swason
Subdirectora
Bureau of Sociological Research
Universidad de Nebraska-Lincoln

Kathleen Gallagher, PhD
Directora de investigación y evaluación
Buffet Early Childhood
Universidad de Nebraska



Bureau of Sociological Research
907 Oldfather Hall | P.O. Box 880325 | Lincoln, NE 68588-0325 | 402.472.3672 | 1.800.480.4549 | bosr@unl.edu
unl.edu

Reminder Letter



DATE

Estimado residente de (City),

Hace unas semanas le solicitamos a su hogar completar la evaluación Focus de Familias de Nebraska. Si usted ya completó y devolvió la evaluación, le agradecemos por su ayuda. Sino, hemos incluido una segunda copia para que usted la pueda completar. **Si en su hogar no tienen a un niño en educación preescolar (5 años o menos), por favor complete la primera pregunta en la evaluación y envíela de vuelta o llámenos para informarnos.**

Esta evaluación informará al plan estratégico de Nebraska para alinear y optimizar la disponibilidad y accesos a educación preescolar de alta calidad y servicios para familias y sus hijos.

Esta iniciativa solamente será exitosa con su ayuda. Necesitamos que **un adulto en su hogar quien sea el encargado principal de su(s) hijo(s)** complete la evaluación. El encargado principal es una persona que tenga la máxima responsabilidad del cuidado y la crianza del niño.]

La evaluación toma 15 minutos para completar. Su participación es voluntaria. Todas las respuestas serán confidenciales. Sus respuestas serán combinadas con las respuestas de otras personas en todos los reportes, papeles, presentaciones y otros análisis, de esta forma nadie podrá saber quién brindó la información específicamente. Ninguna información identificada será reportada. Además, no hay ningún riesgo previsto en participar.

Estaremos complacidos de responder sus preguntas acerca de la evaluación. Usted puede contactar al Bureau of Sociological Research Research (Departamento de Investigación Social) al número 1-800-480-4549 o al correo bosr@unl.edu para cualquier pregunta con respecto a completar o enviar de vuelta la evaluación. Si usted tiene preguntas sobre el propósito de la evaluación, puede contactar a la Dra. Kathleen Gallagher, directora de investigación y evaluación de Buffett Early Childhood Institute (Instituto Buffet de Edad Temprana) al número 402-554-6505 o al correo mboyer@nebraska.edu.

Atentamente,

Lindsey Witt-Swanson
Subdirectora
Bureau of Sociological Research
Universidad de Nebraska-Lincoln

Kathleen Gallagher, PhD
Directora de investigación y evaluación
Buffet Early Childhood
Universidad de Nebraska



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907 Oldfather Hall | P.O. Box 880325 | Lincoln, NE 68588-0325 | 402.472.3672 | 1.800.480.4549 | bosr@unl.edu
unl.edu

Family Postcard Reminder (English and Spanish)

Front



University of Nebraska-Lincoln
Bureau of Sociological Research
907 Oldfather Hall
P.O. Box 880325
Lincoln, NE 68588-0325

RETURN SERVICE REQUESTED

Non Profit
US Postage
PAID
UNL

[City] Resident
[Address]
[City], NE, [Zip]-[Zip4]

[ID]

Back

Dear [City] Resident,

A questionnaire was sent to you last week because your household was randomly selected to participate in the Focus on Nebraska Families survey. If someone at your address has already completed and returned the questionnaire, please accept our sincere thanks. If not, please have **an adult in your household who is the primary caregiver for your child(ren)** complete the questionnaire right away. If you do not have a preschool-aged child (5 years old or younger), please also let us know by returning the survey or calling. We appreciate your help with this assessment.

While participation is voluntary, you can help us by having the correct person in your household take a few minutes to share their experiences.

If you did not receive a questionnaire or if it was misplaced, please call 1-800-480-4549 and we will send another one immediately. Again, we appreciate your help and look forward to receiving your questionnaire.

Sincerely,

Lindsey Witt-Swanson
Lindsey Witt-Swanson, Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Estimado residente de [City]

Un cuestionario le fue enviado la semana pasada porque su hogar fue seleccionado aleatoriamente para participar en Focus on Nebraska Families survey (Evaluación Focus para Familias de Nebraska). Si alguien en su dirección ya completó y envió el cuestionario de vuelta por favor acepte nuestro más sincero agradecimiento. Sino, por favor que **un adulto en su hogar quien sea el encargado principal de su(s) hijo(s)** complete el cuestionario de la forma más rápida posible. Si en su hogar no hay un niño en educación preescolar (5 años o menos), por favor infórmenos al devolver la evaluación o llamándonos. Le agradecemos por su ayuda con esta evaluación.

Al ser de carácter voluntario, usted puede ayudarnos informándole a la persona correcta en su hogar para que tome unos cuantos minutos y comparta sus experiencias.

Si usted no recibió un cuestionario o si este fue extraviado, por favor llame al 1-800-480-4549 y le enviaremos otro de inmediato. Nuevamente, apreciamos su ayuda y esperamos recibir su cuestionario.

Atentamente,

Lindsey Witt-Swanson
Lindsey Witt-Swanson, Subdirectora
Bureau of Sociological Research
Universidad de Nebraska-Lincoln

Family Survey Estimate of Sampling Error

Table 2 presents margins of sampling error for some of the most likely sample sizes *not* taking the design effect from the weighting into account. Exact margins of error for alternative specifications of sample size and reported percentages can be easily computed by using the following formula for the 95% confidence level:

$$\text{Margin of error} = 1.96 * \text{square root } (p(1-p)/n)$$

p = the expected proportion selecting the answer
n = number of responses

Table 2. Approximate Margins of Error of Percentages by Selected Sample Size NOT Accounting for Design Effect

	Full Sample*	75% Sample	50% Sample	33.3% Sample	25% Sample	10% Sample
Reported Percentage	n=3350	n=2512	n=1675	n=1116	n=837	n=335
50	1.69%	1.96%	2.39%	2.93%	3.39%	5.35%
40 or 60	1.66%	1.92%	2.35%	2.87%	3.32%	5.25%
30 or 70	1.55%	1.79%	2.19%	2.69%	3.10%	4.91%
20 or 80	1.35%	1.56%	1.92%	2.35%	2.71%	4.28%
10 or 90	1.02%	1.17%	1.44%	1.76%	2.03%	3.21%
5 or 95	0.74%	0.85%	1.04%	1.28%	1.48%	2.33%

* 95% confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value

When accounting for design effects due to weighting, the adjusted sampling error will be increased as is shown when comparing Table 2 to Table 3 where the sampling design effect is incorporated:

$$\text{Margin of error} = \text{square root } (deff) * 1.96 * \text{square root } (p(1-p)/n)$$

deff = design effects
p = the expected proportion selecting the answer
n = number of responses

Table 3. Approximate Margins of Error of Percentages by Selected Sample Size Accounting for the Design Effect of Weighting

	Full Sample*	75% Sample	50% Sample	33.3% Sample	25% Sample	10% Sample
Reported Percentage	n=3350	n=2512	n=1675	n=1116	n=837	n=335
50	2.78%	3.21%	3.93%	4.81%	5.56%	8.79%
40 or 60	2.72%	3.14%	3.85%	4.72%	5.45%	8.61%
30 or 70	2.55%	2.94%	3.60%	4.41%	5.09%	8.05%
20 or 80	2.22%	2.57%	3.14%	3.85%	4.45%	7.03%
10 or 90	1.67%	1.93%	2.36%	2.89%	3.34%	5.27%
5 or 95	1.21%	1.40%	1.71%	2.10%	2.42%	3.83%

* 95% confidence interval states that in 95 out of 100 samples drawn using the same sample size and design, the interval will contain the population value

Early Childhood Program and Leadership Survey

Program Characteristics

- In what county is your program located?
- What is the zip code where your program is located?
- In what school district is your program located?
- Is your program for-profit, not-for-profit, or publicly funded?
 For-profit
 Not-for-profit
 Publicly-funded (Head Start, school district) **Go to #6**
 Other, specify:
- Which of the following best describes your program?
 Independently owned & operated
 Franchise
 Part of a chain
 School
 Other, specify:
- Does your program receive funding from any of the following sources?

	Yes	No
a. Sixpence (Early Childhood Endowment Fund)	<input type="radio"/>	<input type="radio"/>
b. Head Start/Early Head Start	<input type="radio"/>	<input type="radio"/>
c. Early Childhood Education Grants (NDE)	<input type="radio"/>	<input type="radio"/>
d. Local school district or Educational Service Unit	<input type="radio"/>	<input type="radio"/>
e. State pre-K	<input type="radio"/>	<input type="radio"/>
f. Title 1 in this program	<input type="radio"/>	<input type="radio"/>
g. Community organizations in this program (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	<input type="radio"/>	<input type="radio"/>
- How long has your program been operating in its current location?
 Year(s) and Month(s)

- Does your program operate year round (12 months per year)?
 Yes
 No
- Which of the following best describes your program?
 Family Child Care Home I (Licensed)
 Family Child Care Home II (Licensed)
 License-exempt (serving fewer than 4 children)
 Child Care Center (Licensed)
 School-Age-Only Center (Licensed)
 Preschool (Licensed)
 Not subject to licensing (e.g. Head Start, public school program) **Go to #19**
 Not licensed
 Other, specify:

Family Childcare Homes

- Why did you choose to provide childcare in your home?
Select ALL that apply.
 - It is my personal calling or career
 - It is a step toward a related career
 - To earn money
 - To have a job that lets me work from home
 - To help children
 - To help children's parents
 - To care for my own children at home
- How many days last week did you do any of the following as a planned activity with children under age 5? *Please enter "0" if you did not do these things with children any day last week.*
 - Learning activities that you planned for child(ren) such as learning letters and reading or numbers and counting
 - Free time for children to read or explore on their own
 - Vigorous activity in games that you organize and supervise
 - Vigorous activity that the children select and do without direct supervision
 - Singing and movement planned in advance

12. While children are with you, how often do they use something with a screen, such as a TV, computer or electronic game?

- Every day
- 2-3 times per week
- 2-4 times per month
- Once a month or less
- Never

13. The last time you were sick, did you make any of the following arrangements for the children you normally care for?

	Yes	No
a. You told parents you could not look after children	<input type="radio"/>	<input type="radio"/>
b. You had someone else come to take care of the children	<input type="radio"/>	<input type="radio"/>
c. You sent the children to a different location	<input type="radio"/>	<input type="radio"/>
d. You took care of the children anyway	<input type="radio"/>	<input type="radio"/>

14. In the past 12 months, have you participated in any of the following activities to help you maintain or improve your skills in caring for children?

	Yes	No
a. Went to a workshop sponsored by a community agency or family child-care network	<input type="radio"/>	<input type="radio"/>
b. Had help from a home-visitor or coach	<input type="radio"/>	<input type="radio"/>
c. Took a course about caring for children at a college or university	<input type="radio"/>	<input type="radio"/>
d. Spoke with other childcare providers about their best practices	<input type="radio"/>	<input type="radio"/>
e. Read books or articles	<input type="radio"/>	<input type="radio"/>

15. In the past 12 months, have you participated in any of the following activities to help you maintain or develop your skills for operating a business?

	Yes	No
a. Went to a workshop sponsored by a community agency or family child-care network	<input type="radio"/>	<input type="radio"/>
b. Took a business course at a college or university	<input type="radio"/>	<input type="radio"/>
c. Completed an online training program	<input type="radio"/>	<input type="radio"/>
d. Read books or articles	<input type="radio"/>	<input type="radio"/>

16. What is your current estimated gross income from your family childcare business? Indicate weekly income or monthly income, whichever is easiest.

per week \$, ,
 or
 per month \$, ,

17. To what extent do the following challenges affect the success of your childcare business?

	Not at all	Very little	Somewhat	A lot
a. Families not paying fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Subsidy reimbursement rates do not cover the cost of providing quality services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Administrative costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. 3 and 4 year olds are enrolling in school- or community-based programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Can't maintain full enrollment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Revenues don't cover per-child costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Trouble finding assistants to help care for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other, specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does anyone outside your household help you care for children?

- Yes
- No → Go to #33

About Your Staff

In this section, we will ask about the adults who care for children in your program. We use the term "caregiver" to refer to any adult who works directly with young children in an early childhood care and education program.

19. How many caregivers are in your program? *If you are the only caregiver, write "1" in the box below.*

20. How many caregivers in your program...
Count yourself in if you are a caregiver in your program.

- a. have a Bachelor's degree or higher?
- b. have a Child Development Associate (CDA) certificate?
- c. have a teaching endorsement in early childhood?
- d. have a teaching endorsement in another area (e.g. elementary education)?
- e. work full-time?
- f. work part-time?

21. How many openings or vacancies do you have for caregiver positions?

22. Think of the last time that you had an opening for a caregiver in your program. How long did it take to fill that position?

 Month(s) or Week(s)

23. Have you had difficulty hiring caregivers because prospective candidates did not have appropriate training and/or certification?

- Yes
- No

24. In the past 12 months, how many LEAD teachers have left and had to be replaced? *Enter "0" if none.*

25. In the past 12 months, how many ASSISTANT teachers have left and had to be replaced? *Enter "0" if none.*

26. When caregivers accept other positions, what is the MOST common reason they leave?

- Higher salary
- Better hours
- Move to a new community
- Occupational change- take a different type of job (other than child care)

27. To what extent have the following factors made it difficult for you to hire caregivers?

	Not at all	Very little	Somewhat	A lot
a. Lack of qualified candidates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Inability to pay enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inability to provide benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Program hours are undesirable for candidates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Program location is remote or difficult to access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Complicated hiring process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Candidates cannot pass background checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. In the past year, have caregivers in your program received training from any of the following groups or organizations?

	Yes	No
a. Nebraska Cooperative Extension	<input type="radio"/>	<input type="radio"/>
b. Early Childhood Training Center	<input type="radio"/>	<input type="radio"/>
c. Providers' network in your community or area	<input type="radio"/>	<input type="radio"/>
d. Educational Service Unit	<input type="radio"/>	<input type="radio"/>
e. Early Learning Connection Partners (e.g., ECCOA or Panhandle Area Education Consortium)	<input type="radio"/>	<input type="radio"/>
f. Nebraska AEYC	<input type="radio"/>	<input type="radio"/>
g. Coaching or mentoring from a trained coach	<input type="radio"/>	<input type="radio"/>
h. Local school or district	<input type="radio"/>	<input type="radio"/>
i. Online training from any source	<input type="radio"/>	<input type="radio"/>

29. Which of the following professional development activities do you or your program provide for caregivers?

	Yes	No
a. Formal conferences with teachers to talk with them about their work and progress	<input type="radio"/>	<input type="radio"/>
b. Training during the school day (provided by you or others)	<input type="radio"/>	<input type="radio"/>
c. Training after hours or on the weekend	<input type="radio"/>	<input type="radio"/>
d. Attendance at regional, state, or national early childhood conferences	<input type="radio"/>	<input type="radio"/>
e. Paid preparation/planning time	<input type="radio"/>	<input type="radio"/>
f. Formal recognition for excellence (awards night, etc.)	<input type="radio"/>	<input type="radio"/>
g. Participation in a mentor program	<input type="radio"/>	<input type="radio"/>
h. Other, specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

30. When caregivers attend training outside their regular work hours, do they receive compensation?

- Yes
- No

31. How many hours of professional development do you require for caregivers in your program annually? Enter "0" if none.

Hours/Year

32. To what extent have the following challenges prevented your staff from participating in professional development?

	Not at all	Very little	Somewhat	A lot
a. Professional development is too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Staff feel that sessions are not engaging or worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of compensation for staff to attend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are not enough professional development sessions offered in our region	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sessions are offered at inconvenient times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. We do not get enough notice about upcoming professional development opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Not enough caregivers to care for children when someone is absent for professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About Your Program

33. Are you participating in the Nebraska Step Up to Quality Program?

- Yes
- No → Go to #35

34. What Step (1 through 5) are you on?

→ Go to #37

35. Do you plan to participate in Nebraska Step Up to Quality in the future?

- Yes
- No

36. Have any of these issues prevented you from participating in Step Up To Quality?

	Yes	No
a. Don't know about the program	<input type="radio"/>	<input type="radio"/>
b. Participation would not be beneficial for my program	<input type="radio"/>	<input type="radio"/>
c. Don't have time to complete training sessions	<input type="radio"/>	<input type="radio"/>
d. Don't have time to complete other requirements (e.g. self-assessment)	<input type="radio"/>	<input type="radio"/>
e. My staff do not want to participate	<input type="radio"/>	<input type="radio"/>
f. I prefer not to have my program evaluated by an outside person	<input type="radio"/>	<input type="radio"/>
g. My program may not meet quality standards for curriculum, learning environments, and interactions	<input type="radio"/>	<input type="radio"/>
h. My program may not meet standards for child outcomes	<input type="radio"/>	<input type="radio"/>
i. My program may not meet standards for professional development and training	<input type="radio"/>	<input type="radio"/>
j. My program may not meet standards for family engagement and partnerships	<input type="radio"/>	<input type="radio"/>
k. My program may not meet standards for staffing, business practices, and facilities	<input type="radio"/>	<input type="radio"/>
l. I have heard negative things about the program	<input type="radio"/>	<input type="radio"/>

37. Have you entered a profile into the Nebraska Early Childhood Professional Record System?

- Yes → Go to #39
 No

38. What is your primary reason for not doing so?

- Too time consuming
 Don't know about it
 Participation would not be beneficial
 Other, specify:

39. Is your program accredited with any of the following?

	Yes	No
a. National Accreditation Commission for Early Care and Education Program	<input type="radio"/>	<input type="radio"/>
b. National Association for the Education of Young Children (NAEYC)	<input type="radio"/>	<input type="radio"/>
c. National Early Childhood Program Accreditation (NECPA)	<input type="radio"/>	<input type="radio"/>
d. National Association for Family Child Care (NAFCC)	<input type="radio"/>	<input type="radio"/>
e. Association Montessori International (AMI)	<input type="radio"/>	<input type="radio"/>
f. American Montessori Society (AMS)	<input type="radio"/>	<input type="radio"/>
g. National After School Association	<input type="radio"/>	<input type="radio"/>
h. Division of Early Childhood (DEC)	<input type="radio"/>	<input type="radio"/>
i. Council for Exceptional Children (CEC)	<input type="radio"/>	<input type="radio"/>
j. National After School Association (NAA)	<input type="radio"/>	<input type="radio"/>
k. Local Child Care Group, specify:	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		
l. Other, specify:	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

40. Have facilities (the building or physical space where your program operates) been a barrier to your participation in Step Up To Quality, licensure, or accreditation?

- Yes
 No

41. In the past 12 months, have you been visited by any consultants or coaches who have provided you or staff with information and resources for your child care work?

- Yes
 No → Go to #45

42. About how many visits have you received?

 Visits

43. What was/is the focus of these visits?

44. What agency employs this person(s) ?

45. Programs have many goals they are working toward. How important are each of the following goals for children and families to your program?

	Not at all important	A little important	Important	Very important
a. Enhancing overall child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Promoting child health and physical development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Identifying developmental delays to provide early intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Improving parenting skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Improving parent self-sufficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Promoting positive, nurturing parent-child relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Enhancing parents' knowledge of child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Providing family mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Providing support to families with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Expanding services to meet community needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>				

46. Does your program use a curriculum or prepared set of learning and play activities in the classroom?

- Yes
- No → Go to #48

47. What is the name of the curriculum or approach used?

- Creative Curriculum
- HighScope
- Assessment, Evaluation, and Programming System (AEPS)
- Tools of the Mind
- Curiosity Corner
- Learn Every Day
- Learn from the Start
- Montessori
- Reggio Emilia
- Opening the World of Learning
- A curriculum developed by our center/program
- Curriculum developed by school district or school
- Other, specify:

48. Does your program use a formal child assessment system?

- Yes
- No → Go to #50

49. Which formal child assessment system does your program use?

- Creative Curriculum/Teacher Strategies GOLD
- HighScope/CORE Assessment
- Evaluation, and Programming System (AEPS)
- Work Sampling System
- Ages and Stages
- An assessment developed by our center/program
- Other, specify:

50. Do you participate in the Nebraska Early Childhood Exchange?

- Yes
- No
- Don't know

51. How important do you think the following items are to the overall quality of early childhood settings?

	Not important	Somewhat important	Important	Very important
a. Curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Teacher-child interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Staff Qualifications (including professional development and training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Teacher-to-child ratio, group sizes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Family engagement and partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Assessment of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Program administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Physical environment and materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Are the following services available in your program?

	Yes	No
a. Part-time care	<input type="radio"/>	<input type="radio"/>
b. Full-time care	<input type="radio"/>	<input type="radio"/>
c. Care before 6am	<input type="radio"/>	<input type="radio"/>
d. Care after 6pm	<input type="radio"/>	<input type="radio"/>
e. Drop-in care	<input type="radio"/>	<input type="radio"/>
f. Sick child care	<input type="radio"/>	<input type="radio"/>
g. Emergency care	<input type="radio"/>	<input type="radio"/>
h. Before and/or after school care for school-aged children	<input type="radio"/>	<input type="radio"/>
i. Transportation services between home and your program site	<input type="radio"/>	<input type="radio"/>
j. Meals for children (not including snacks)	<input type="radio"/>	<input type="radio"/>
k. Developmental screening/assessments	<input type="radio"/>	<input type="radio"/>
l. Health screenings	<input type="radio"/>	<input type="radio"/>

53. In the past year, have you turned away children who wanted to enroll because you did not have an available slot?

- Yes
 No

54. Do you have a waitlist for your program?

- Yes
 No → Go to #56

55. How many children are on your waitlist?

56. IN THE PAST 12 MONTHS, have any of the following happened because of a child's behavior (things like hitting, kicking, biting, tantrums or disobeying)?

	Yes	No
a. You asked a parent to pick up their child early on 1 or more days	<input type="radio"/>	<input type="radio"/>
b. You asked a parent to keep their child home for 1 full day or more	<input type="radio"/>	<input type="radio"/>
c. You told a parent that their child could no longer attend your program	<input type="radio"/>	<input type="radio"/>

57. Do you have access to a family support resource/mental health consultant/guidance counselor to help support children with challenging behaviors or needs?

- Yes
 No

58. What language do adults speak with the children in your program?

- Mostly or all English
 Mostly or all Spanish
 A mix of English and Spanish
 Mostly a language other than English or Spanish, specify other language:

- A mix of English and a language other than Spanish, specify other language:

Characteristics of Children and Families Served

We would like to have some information about the children in your program. For each item, please give the total number of children in your program with the following characteristics.

59. How many children are there TOTAL in your program?

- Don't know

60. How many children are there in your program...

	Children	Don't know
a. who are of Hispanic or Latino origin?	<input type="text"/>	<input type="radio"/>
b. who are White?	<input type="text"/>	<input type="radio"/>
c. who are Black or African American?	<input type="text"/>	<input type="radio"/>
d. who are Native American?	<input type="text"/>	<input type="radio"/>
e. who are multiracial or mixed race?	<input type="text"/>	<input type="radio"/>
f. who speak a language other than English at home?	<input type="text"/>	<input type="radio"/>
g. who are on full or partial child care subsidy?	<input type="text"/>	<input type="radio"/>
h. who have an IEP/IFSP?	<input type="text"/>	<input type="radio"/>
i. who have a physical condition that affects how you care for them?	<input type="text"/>	<input type="radio"/>
j. who have an emotional, developmental, or behavioral condition that affects the way you care for them?	<input type="text"/>	<input type="radio"/>
k. who reside in an unsafe neighborhood?	<input type="text"/>	<input type="radio"/>
l. who experience family violence?	<input type="text"/>	<input type="radio"/>
m. whose parent is a teen?	<input type="text"/>	<input type="radio"/>
n. whose parent has a mental health problem?	<input type="text"/>	<input type="radio"/>
o. whose parent has a substance abuse problem?	<input type="text"/>	<input type="radio"/>

61. How many children does your program care for in each age range?

	Children
a. Birth through 12 months	<input type="text"/>
b. 1 year old	<input type="text"/>
c. 2 years old	<input type="text"/>
d. 3 years old	<input type="text"/>
e. 4 years old	<input type="text"/>
f. 5 years old or older	<input type="text"/>

62. How many MORE children would your program be willing and able to serve in each age range?

	Children
a. Birth through 12 months	<input type="text"/>
b. 1 year old	<input type="text"/>
c. 2 years old	<input type="text"/>
d. 3 years old	<input type="text"/>
e. 4 years old	<input type="text"/>
f. 5 years old or older	<input type="text"/>

Family Engagement and Choice

63. Do you need help speaking with families because you speak different languages?

- Yes
 No

64. Do you do any of the following to help parents understand what kind of care you offer?

	Yes	No
a. Invite families looking for care to visit and observe	<input type="radio"/>	<input type="radio"/>
b. Tell parents about your overall quality rating (for example, accreditation, Step Up To Quality)	<input type="radio"/>	<input type="radio"/>
c. Register with an online resource and referral system	<input type="radio"/>	<input type="radio"/>
d. Advertise on social media	<input type="radio"/>	<input type="radio"/>
e. Billboards or yard signs	<input type="radio"/>	<input type="radio"/>
f. Advertisements in newspapers or magazines	<input type="radio"/>	<input type="radio"/>
g. Advertisements on television or radio	<input type="radio"/>	<input type="radio"/>
h. Share information through local networking groups	<input type="radio"/>	<input type="radio"/>

65. What percentage of the children in your program have parents who participate in your program in any of the following ways?

	0%	1-25%	26-75%	76-100%	Don't know
a. As members of a parent council or other governing bodies	<input type="radio"/>				
b. As classroom volunteers	<input type="radio"/>				
c. By doing maintenance, chores, or shopping for the program	<input type="radio"/>				
d. By helping at special events or activities	<input type="radio"/>				
e. By attending special events and activities, such as performances, holiday parties, etc.	<input type="radio"/>				
f. By attending parent education or group activities	<input type="radio"/>				
g. By attending parent-teacher conferences	<input type="radio"/>				

Transition to Kindergarten

66. How much do you agree or disagree with each of the following statements on children's preparation for school?

	Strongly disagree	Disagree	Agree	Strongly agree
a. Attending preschool (e.g. pre-kindergarten, or Head Start) is very important for success in kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Children who begin formal reading and math instruction in preschool will do better in elementary school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Most children should learn to read in kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. How important do you believe the following characteristics are for a child to be ready for kindergarten?

	Not important	Not very important	Somewhat important	Very important	Essential
a. Finishes tasks	<input type="radio"/>				
b. Can count to 20 or more	<input type="radio"/>				
c. Takes turns and shares	<input type="radio"/>				
d. Has good problem-solving skills	<input type="radio"/>				
e. Is able to use pencils and paint brushes	<input type="radio"/>				
f. Is not disruptive of the class	<input type="radio"/>				
g. Knows the English language	<input type="radio"/>				
h. Is sensitive to other children's feelings	<input type="radio"/>				
i. Sits still and pays attention	<input type="radio"/>				
j. Knows most of the letters of the alphabet	<input type="radio"/>				
k. Can follow directions	<input type="radio"/>				
l. Identifies primary colors and shapes	<input type="radio"/>				
m. Communicates needs, wants, and thoughts verbally in their home language	<input type="radio"/>				
n. Writes own name	<input type="radio"/>				
o. Reads or pretends to read storybooks	<input type="radio"/>				

68. The following activities relate to transitioning children into kindergarten. Do each of the following activities occur in your program?

	Yes	No
a. Children will visit a kindergarten classroom	<input type="radio"/>	<input type="radio"/>
b. Teachers will visit a kindergarten classroom	<input type="radio"/>	<input type="radio"/>
c. A kindergarten teacher will visit our classroom	<input type="radio"/>	<input type="radio"/>
d. There will be a spring orientation about kindergarten for children	<input type="radio"/>	<input type="radio"/>
e. There will be a spring orientation about kindergarten for parents of children	<input type="radio"/>	<input type="radio"/>
f. There will be a school/program-wide activity in which children are involved (assemblies, spring programs, etc.)	<input type="radio"/>	<input type="radio"/>
g. We will hold individual meetings with parent(s) of children about kindergarten issues	<input type="radio"/>	<input type="radio"/>
h. We will share written records of children's experience and status with elementary school personnel	<input type="radio"/>	<input type="radio"/>
i. We will have contact with kindergarten teacher(s) about curriculum or specific children	<input type="radio"/>	<input type="radio"/>

Systems that Support Early Childhood Care and Education

69. Are you aware of the tax credit available for quality early childhood programs in Nebraska?

- No
- Yes, but I did not apply for the tax credit
- Yes, and I did apply for the tax credit

70. Does your program accept Title 20 childcare subsidy?

- Yes → Go to #72
- No

71. Do any of the following factors prevent you from accepting childcare subsidy?

	Yes	No
a. Requires too much paperwork	<input type="radio"/>	<input type="radio"/>
b. There are no eligible families in our program	<input type="radio"/>	<input type="radio"/>
c. Our program is not eligible for reimbursement under Title 20	<input type="radio"/>	<input type="radio"/>
d. Other, specify:	<input type="radio"/>	<input type="radio"/>

72. Please indicate which of the following characterize your relationship with the local school district.

	Yes	No
a. We plan transitions for children moving to preschool or kindergarten	<input type="radio"/>	<input type="radio"/>
b. The school(s) provide special education services for some of our children	<input type="radio"/>	<input type="radio"/>
c. We engage in professional development activities together	<input type="radio"/>	<input type="radio"/>
d. We communicate about children who attend both our programs	<input type="radio"/>	<input type="radio"/>
e. We coordinate transportation	<input type="radio"/>	<input type="radio"/>
f. We provide care and/or enrichment activities for children during school breaks	<input type="radio"/>	<input type="radio"/>
g. We provide before-and-after school care	<input type="radio"/>	<input type="radio"/>
h. Teachers represent families at parent-teacher conferences/meetings	<input type="radio"/>	<input type="radio"/>
j. Teachers participate in IFSP/IEP meetings	<input type="radio"/>	<input type="radio"/>
k. We collaborate to offer one or more of our classrooms together	<input type="radio"/>	<input type="radio"/>

73. Does your program have any formal or informal relationships with other programs (other than public schools) to share access to resources or professional development?

- No
- Yes, please list:

74. Does your program participate in the USDA Child and Adult Care Food Program (CACFP)?

- Yes, we are currently enrolled → Go to #76
- No, we are not currently enrolled, but have been in the past
- No, we have never been enrolled

75. Why does your program not participate in CACFP?

- I do not know about the program
- My program does not qualify
- The program requires too much paperwork
- It would not be beneficial to my program
- Other, specify:

76. Do you or your child care program receive child care information, support, or services from any of the following?

	Yes	No
a. Resource and Referral Agency	<input type="radio"/>	<input type="radio"/>
b. Educational Service Unit	<input type="radio"/>	<input type="radio"/>
c. University of Nebraska Cooperative Extension	<input type="radio"/>	<input type="radio"/>
d. Early Childhood Training Center	<input type="radio"/>	<input type="radio"/>
e. Early Learning Connection	<input type="radio"/>	<input type="radio"/>
f. Planning Region team	<input type="radio"/>	<input type="radio"/>
g. Teacher or provider network in your community or area	<input type="radio"/>	<input type="radio"/>
h. Other organized child care support or training effort, specify:	<input type="radio"/>	<input type="radio"/>

77. Please indicate if you offer any of the following services to families directly, by referral, or not at all.

	Provided on-site	Referrals provided	Not provided at all
a. Pediatrician services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Adult health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Family planning services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Services for family members with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Emergency assistance for families in crisis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Education or job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Mental health screenings, assessment and/or treatment for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Parenting classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Help to apply for childcare subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Help to apply for other forms of public assistance (WIC, Medicaid, public housing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

78. Does your program offer or make available any of the following services for families of Dual Language Learners (DLL)?

	Yes	No
a. Assessment of English language skills	<input type="radio"/>	<input type="radio"/>
b. Assessment of basic reading and writing skills	<input type="radio"/>	<input type="radio"/>
c. Activities and workshops for parents of Dual Language Learners	<input type="radio"/>	<input type="radio"/>
d. Assistance applying for medical insurance	<input type="radio"/>	<input type="radio"/>
e. Assistance scheduling appointments for pre-Kindergarten screening	<input type="radio"/>	<input type="radio"/>
f. Information about adult ESL education	<input type="radio"/>	<input type="radio"/>

About You

79. What is your title?

- Director
- Director/Teacher
- Assistant Director
- Program Coordinator
- Owner/operator
- Lead Teacher
- Family childcare provider
- Other, specify:

80. How long have you been in your present position?

 Year(s) and Month(s)

81. How many years of paid experience (not babysitting) do you have working with children who are under age 8? Please include any paid experiences in a home or center-based setting.

 Year(s) and Month(s)

82. For about how many more years do you plan to be in your present position?

 Year(s)

83. Which of the following credentials do you hold? Check ALL that apply.

- Child Development Associate
- Teaching certificate – Unified or Early Childhood
- Teaching certificate – Early Childhood Education
- Teaching certificate – Early Childhood Special
- Teaching certificate – Elementary Education
- Other, specify:

84. Please indicate the highest level of education that you have completed.

- 8th grade or less
- Some high school
- High School diploma/GED
- Some College, but no degree (can include certificates)
- Associate's Degree
- Bachelor's Degree
- Some Graduate School
- Graduate degree

85. In the past 12 months, have you participated in any professional development activities to help you develop your skills in any of the following areas?

	Yes	No
a. Hiring and managing staff	<input type="radio"/>	<input type="radio"/>
b. Improving interactions between adults and children	<input type="radio"/>	<input type="radio"/>
c. Improving program quality	<input type="radio"/>	<input type="radio"/>
d. Building community partnerships	<input type="radio"/>	<input type="radio"/>
e. Increasing family engagement	<input type="radio"/>	<input type="radio"/>
f. Managing program finances	<input type="radio"/>	<input type="radio"/>

86. Would you say that in general your health is...

- Poor
- Fair
- Good
- Very good
- Excellent

87. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Day(s)

88. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Day(s)

89. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Day(s)

90. Are you:

- Female
- Male
-

91. What year were you born?

Year

92. Are you of Hispanic, Latino/a, or Spanish origin?

- Yes
- No

93. What is your race? *Mark ALL that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other, specify:

94. What is your current marital status?

- Single, never married
- Single, living with a partner
- Married, living with spouse
- Married, separated
- Divorced
- Widowed

95. What language is most frequently spoken in your household?

- English
- Spanish
- Other, specify:

96. Please use the space below to provide any comments or feedback.

Thank you!

Please use the postage-paid return envelope included in your survey packet to return your questionnaire.

Questions or requests from this survey can be directed to:

Bureau of Sociological Research
University of Nebraska-Lincoln
907 Oldfather Hall | PO Box 880325
Lincoln, NE 68588-0325
Phone: 1-800-480-4549 (toll free)
E-mail: bosr@unl.edu

Provider Communication Language

Invitation Letter



BUREAU OF SOCIOLOGICAL RESEARCH

Department of Sociology
907 Oldfather Hall
P.O. Box 880325
Lincoln, NE 68588-0325
(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bosr@unl.edu

DATE

[Provider]
«Street» «Apt»
«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [Provider],

We are writing to ask for your help with a needs assessment of early childhood care and education for children in Nebraska. The enclosed survey is conducted by the Buffett Early Childhood Institute on behalf of the Nebraska Department of Health and Human Services (DHHS). The Buffett Early Childhood Institute is an institute of the University of Nebraska dedicated to transforming the lives of children by improving their learning and development. In order to help with this effort, the Buffett Institute and DHHS have asked the Bureau of Sociological Research at the University of Nebraska-Lincoln to administer this survey.

We sent this survey to all Child Care Providers in Nebraska, and we ask that **the person who directly oversees the day-to-day operations of this early care and education program** complete the survey. This helps ensure that the survey represents all providers in the state. The results will inform Nebraska's strategic plan for improving access to high quality early education and services for all young children and their families, and aligning services to make them more efficient. This effort can only be successful with your help.

To complete the survey, please answer the questions and return the survey in the envelope provided. The survey takes around 15-20 minutes to complete. Your participation is voluntary. All responses will be kept confidential. Your answers will be combined with other people's answers in all reports, papers, presentations, and other analyses so nobody can tell who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

We are happy to answer any questions you have about the survey. You can contact the Bureau of Sociological Research at 1-800-480-4549 or email bosr@unl.edu with any questions in regards to filling out or returning your survey. If you have questions about the purpose of the survey, you may contact Dr. Kathleen Gallagher, Director of Research and Evaluation at the Buffett Early Childhood Institute by email at mboyer@nebraska.edu.

We have enclosed a small token of appreciation to thank you for helping with the survey.

Sincerely,

A handwritten signature in blue ink that reads "Lindsey Witt-Swanson".

Lindsey Witt-Swanson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Postcard Reminder

Front

	<p>DEPARTMENT OF SOCIOLOGY Bureau of Sociological Research</p>	<p>NON PROFIT US POSTAGE PAID UNL</p>
<p>907 Oldfather Hall P.O. Box 880325 Lincoln, NE 68588-0325</p>		
<p>RETURN SERVICE REQUESTED</p>		

Back

A survey was sent to you last week as part of a needs assessment of early childhood education and services for children in Nebraska. If you have already completed and returned the survey, please accept our sincere thanks. If not, please have **the person who directly oversees the day-to-day operations of this early care and education program** complete the survey right away. While participation is voluntary, you can help us improve early childhood care and education for all young Nebraskans by having the director take a few minutes to share their thoughts.

If you did not receive a survey or if it was misplaced, please call 1-800-480-4549 and we will send another one immediately. Again, we appreciate your help and look forward to receiving your survey.

Sincerely,
Lindsey Witt-Swanson, Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Reminder Letter



BUREAU OF SOCIOLOGICAL RESEARCH

Department of Sociology
907 Oldfather Hall
P.O. Box 880325
Lincoln, NE 68588-0325
(402) 472-3672
FAX (402) 472-4568
1-800-480-4549
Email: bosr@unl.edu

DATE

[Provider]

«Street» «Apt»

«City», «STATE_ABBR» «ZIP»-«ZIP4»

Dear [Provider],

A few weeks ago, we asked the director of your childcare facility to complete the Early Childhood Program Leadership Survey. We have not yet received your facility's completed survey.

The survey is intended to inform Nebraska's strategic plan for improving access to high quality early education and services for all young children and their families, and aligning services to make them more efficient.

This effort can only be successful with your help. We need the person who directly oversees the day-to-day operations of this early care and education program to do the survey. To complete the survey, please answer the questions and return the survey in the enclosed return envelope. The survey takes around 15-20 minutes. Your participation is voluntary. All responses will be kept confidential. Your answers will be combined with other people's answers in all reports, papers, presentations, and other analyses so no one can tell who gave which answers. No identifying information will be reported. Thus, there are no known risks to participating.

We are happy to answer any questions you have about the survey. You can contact the Bureau of Sociological Research at 1-800-480-4549 or email bosr@unl.edu with any questions about filling out or returning your survey. If you have questions about the purpose of the survey, you may contact Dr. Kathleen Gallagher, Director of Research and Evaluation at the Buffett Early Childhood Institute by email at mboyer@nebraska.edu.

Sincerely,

Lindsey Witt-Swanson
Assistant Director
Bureau of Sociological Research
University of Nebraska-Lincoln

Reminder call script

Hi [Provider Name],

My name is [name] and I am with the Bureau of Sociological Research at the University of Nebraska-Lincoln. We have been contacting all Early Childhood Care and Education providers in Nebraska as part of a needs assessment of systems that serve Nebraska's young children. We recently sent you the Early Childhood Program and Leadership Survey with some information about the survey and its purpose.

Has your organization received our survey package?

- **[If yes and they still have the survey]**

Great! This survey needs to be completed by the person who directly oversees the day-to-day operations of your program. It takes only 15-20 minutes to complete. It is intended to inform Nebraska's strategic plan for improving access to high quality care and education for all children. Your participation is completely voluntary, and your licensing status will never be affected by your responses. All responses will be kept strictly confidential and no identifying information will be available in any format in the final report.

Would you please kindly remind the person who directly oversees the day-to-day operations to complete the survey? The input from your program is extremely important to us.

- **[If the answer is no or they need a new survey]**

That is fine. We can mail you another package of the survey and you will expect to receive it in a few days. May I verify your mailing address?

Once you receive it, please have the person who directly oversees the day-to-day operations of your child care program fill it out.

Do you have any questions at this moment?

- **[If they ask questions]**

Answer their questions.

For questions about the purpose of the survey, provide them with the contact information of Kathleen Gallagher, Director of Research and Evaluation at the Buffett Early Childhood Institute at mboyer@nebraska.edu.

- **[If they do not have questions]**

We are happy to answer any questions or concerns you may have about the survey. Simply give us a call at (800) 480-4549 or email bosr@unl.edu with any questions in regards to filling out or returning your survey.

Explicit refusal

- I appreciate your time to talk to me. I hope you can give it a second consideration. If you change your mind and need a copy of this survey, don't hesitate to call us at (800) 480-4549 or email bosr@unl.edu. Thanks!

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Questions

Any questions regarding this report or the data collected can be directed to the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln by calling (402) 472-3672 or by sending an e-mail to bosr@unl.edu. A list of references for this methodology can be found in below.

Appendix B: Data Collection Methods for Family Focus Groups

Sample Recruitment

Nine focus groups were conducted in cities across Nebraska. These focus groups were conducted in Norfolk, Scottsbluff, Kearney, North Platte, Omaha, Valentine, O'Neill, and Lincoln. One focus group was conducted in each city with the exception of Lincoln. Due to the logistics of reaching vulnerable populations, two focus groups were conducted in Lincoln. One was held at the Center for People in Need and one was held at the University of Nebraska-Lincoln.

Nebraska parents or guardians with children under the age of six were the target of these focus groups. Participants were recruited using a couple methods. Flyers were created with information about the date, time, and city of each of the focus groups (see below). These flyers were then distributed to childcare providers, posted at local businesses, and shared through social media sites (e.g. Facebook, Twitter). Stakeholders local to each of these areas assisted BOSR with the dissemination of these flyers. People interested in participating in these focus groups used the contact information provided on the flyer to call BOSR for additional information and screening. Screening was done in order to verify participants had a child that was under the age of six, about half of the participants recruited were either low education (high school diploma or less) or low income (total family income less than \$30,000), and adequate numbers of participants were recruited for each location. For call-in script language, please see below.

Focus group participants were also recruited using BOSR's NebrASKa Voices panel. Panel members that indicated they had a child 18 or younger in their household and whose addresses were located near any of the focus group cities were identified. BOSR then emailed and called these panel members to recruit them for a nearby focus group. A total of 42 panel members were contacted about this opportunity. The email and phone scripts for the recruitment of the NebrASKa Voices panel members can be found below. All recruitment materials were in English only.

On September 12th, BOSR was asked to facilitate one additional focus group with members of the Santee Tribe in Niobrara, Nebraska. The Buffett Early Childhood Institute managed the recruitment for this focus group.

Special populations

In addition to these general population focus groups, BECI worked with community organizations to recruit families from targeted demographic groups for 5 additional focus groups.

- The Migrant Education program at Kearney Public contacted participants in their program to recruit Spanish-speaking families who have recently immigrated to central Nebraska.
- The Learning Community of South Omaha contacted participants in their parent education program, all of whom are Hispanic/Latino, many of whom are recent immigrants.
- The Nebraska Early Childhood Training Center worked through several community organizations in North Omaha to recruit African American families.
- The Head Start grantee on the Santee Sioux Tribal Reservation recruited Native American Families from the Santee tribe.

Data Collection Process

Upon recruitment, participants were provided with the exact location of the focus group and also provided reminders on the date and time.

The focus group at the Center for People in Need took place on July 23rd at 1:30 pm. There was a total of six participants. The focus group in Norfolk took place on July 30th at 6:00 pm at the WellCare of Nebraska office. There was a total of two participants. The focus group at the University of Nebraska-Lincoln took place on July 31st at 6:00 pm at the East Campus Union. There was a total of six participants. The focus group in Scottsbluff took place on August 1st at 6:00 pm at the Panhandle Public Health office. There was a total of four participants. The focus group in Kearney took place on August 2nd at 6:00 pm at the Buffalo County Community Health Partners office. There was a total of five participants. The focus group in North Platte took place on August 5th at 6:00 pm at North Platte Public Schools. There was a total of four participants. The focus group in Omaha took place on August 6th at 6:00 pm at the Region Six Behavioral Healthcare office. There was a total of three participants. The focus group in Valentine took place on August 7th at 6:00 pm at the Niobrara Lodge. There was a total of five participants. The focus group in O’Neill took place on August 8th at 6:00 pm at the Central Nebraska Community Action Partnership office. There was a total of three participants. The focus group with the Santee Tribe took place on September 25th at 5:00 pm at the David Frazier Memorial Office Building in Niobrara. There was a total of 12 participants. All focus groups lasted between 40 to 80 minutes.

Upon conclusion of the focus groups, participants were asked to complete a questionnaire in order to gather additional feedback about their household. Of the 50 total focus group participants, 48 completed this questionnaire. Two participants at the Center for People in Need could not complete this questionnaire due to language barriers. Participants were also given a participant disclosure form so they could fill in their address to receive their compensation, which can be found below. All participants received \$30 for their time.

Two experienced BOSR staff members facilitated all of the focus groups. Additional trained BOSR staff assisted with taking notes. The list of questions can be found below. The focus groups were audio recorded, and transcribed by trained BOSR transcriptionists. All focus group materials were in English only.

Special Populations

All six focus groups with special populations were facilitated in partnership with representatives for the community organizations named above. 8 Hispanic/Latino immigrant families in Kearney participated in a focus group, entirely in Spanish, on September 15th, at 5pm. 19 Hispanic/Latino families in South Omaha participated in two focus groups, entirely in Spanish, on September 25th, at 11am and 12:30pm. 7 African American families participated in a focus group in North Omaha on October 3rd at 5pm. 6 Santee Sioux families participated in a focus group on September 25th at 5pm.

Supporting Documents

Focus Group Questions

Hello. Thank you for taking the time to join the Family Focus Group. My name is [name] and I am a [title] at [organization]. Assisting me with some note-taking is [name] with [organization].

The purpose of this focus group today is to understand your experiences with care and education for your child or children from birth through age 5. If you have multiple children, please feel free to share about any or all of them.

We will be discussing your experiences and opinions. There are no right or wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Your participation is completely voluntary and will not help or harm your relationship with the Buffett Early Childhood Institute.

Before we begin, let me share some ground rules. Please speak up. Only one person should talk at a time. We are recording this focus group because we do not want to miss any of your comments. However, if several are talking at the same time, the tape will be inaudible and we will miss your comments. I ask that out of respect for each other that we keep the comments made here within these walls.

Does anybody have any questions before we get started?

Q1. Think back to the first time you had to find someone, other than you or your partner, to care for your child while you worked or went to school. What was that experience like for you? How old was your child? How did you find out about childcare options in your area? How many different options did you consider? What kinds of things did you think about in making the decision about where to send your child?

Since this first experience, have you had to change childcare arrangements? Why? Tell me about the process of finding a new care arrangement.

How easy or challenging has it been to find care that fits your work schedule?

Q2. Tell me about where your child(ren) under 6 years old currently goes when you are at work or school. Does your child receive care in more than one place or by more than one person (other than you and your partner)?

What do you like most about your current arrangement?

What concerns or frustrations do you have?

Q3. Thinking about the people who care for your child, how do they help you understand what happens while you're gone? How does your child(ren)'s teacher or caregiver communicate with you about the day? How often? What kinds of things does s/he tell you? In what ways do you get to be involved at your child's school or day care?

Q4. How does your child(ren)'s teacher/caregiver handle discipline? What happens when kids misbehave? Is this similar or different from the way you handle behavior at home? What happens with behaviors like hitting, kicking, biting, etc.

Have you ever been asked to pick your child up or keep them home because of their behavior?

Where would you go for help if you were worried about your child's behavior?

Q5. What ideas and concerns do you have (or have you had in the past) about your child(ren) transitioning to Kindergarten? *Do you worry that your child will not be ready for kindergarten? How so? Do you do (or have you done) anything specific to prepare your child for Kindergarten? What would you like their teacher/caregiver to do to help with the transition to Kindergarten?*

Q6. In a perfect world, what would you want your child(ren) to experience in the years before s/he starts school? *Ideally, what kind of environment do you want for them when you are at work or school?*

Focus Group Post-Questionnaire

Focus Group Questionnaire

1. We recently mailed the Focus on Nebraska Families Survey to a select number of households across the state to learn more about the care and education of children 5 years old or younger. Did you receive this survey in the mail?
 - Yes
 - No → Go to #3
 - Not sure

2. Did you complete the Focus on Nebraska Families Survey? *(We will not connect any of the information you provide in this questionnaire or the focus group with your Focus on Nebraska Families Survey responses. This information will only be used to help us better understand how many Nebraskans have contributed to this project.)*
 - Yes
 - No
 - Not sure

3. Please tell us about all of the people or organizations that cared for your youngest child last week, other than you (or your spouse/partner). Please indicate the number of hours that your child spent last week with each provider.

a. Other family member who lives in your home	<input type="text"/> Hour(s)
b. Family member who does not live in your home	<input type="text"/> Hour(s)
c. Friend or neighbor	<input type="text"/> Hour(s)
d. Nanny or au pair	<input type="text"/> Hour(s)
e. Childcare center/daycare provider	<input type="text"/> Hour(s)
f. Preschool/Prekindergarten	<input type="text"/> Hour(s)
g. Special education prekindergarten classroom	<input type="text"/> Hour(s)
h. Kindergarten	<input type="text"/> Hour(s)

About Yourself

4. Are you:
 - Male
 - Female
 -

5. Are you: *(You may select more than one.)*
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White
 - Other, specify:

6. Are you of Hispanic, Latino/a, or Spanish origin?
 - Yes
 - No

7. What year were you born?

--	--	--	--

8. What is the highest degree you have attained?
 - No diploma
 - High School Diploma/GED
 - Some college, but no degree
 - Technical/Associate/Junior College (2 yr, LPN)
 - Bachelor's Degree (4 yr, BA, BS, RN)
 - Graduate Degree (Masters, PhD, Law, Medicine)

9. How many hours per week do you usually work outside the home?
 - None
 - 1-10
 - 11-20
 - 21-30
 - 31-40
 - 41-50
 - 51 or more

10. What is your current marital status?
 - Single, living with a partner
 - Married, living with spouse
 - Single, never married
 - Married, separated → Go to #17
 - Divorced
 - Widowed

About Your Partner/Spouse

11. Is your partner/spouse:

- Male
 Female

12. Is your partner/spouse: (You may select more than one.)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 Other, specify:

13. Is your partner/spouse of Hispanic, Latino/a, or Spanish origin?

- Yes
 No

14. What year was your partner/spouse born?

15. What is the highest degree your partner/spouse has completed?

- No diploma
 High School Diploma/GED
 Some college, but no degree
 Technical/Associate/Junior College (2 yr, LPN)
 Bachelor's Degree (4 yr, BA, BS, RN)
 Graduate Degree (Masters, PhD, Law, Medicine)

16. How many hours per week does your partner/spouse usually work outside the home?

- None
 1-10
 11-20
 21-30
 31-40
 41-50
 51 or more

About Your Household

17. What language is most frequently spoken in your household? Choose ONE option.

- English
 Spanish
 Other, specify:

18. Please indicate the category that describes your total family income in the last 12 months.

- Less than \$10,000
 \$10,000 to less than \$20,000
 \$20,000 to less than \$30,000
 \$30,000 to less than \$40,000
 \$40,000 to less than \$50,000
 \$50,000 to less than \$75,000
 \$75,000 to less than \$100,000
 \$100,000 to less than \$150,000
 \$150,000 or more

19. What is your zip code?

20. In a typical week, how often do you or any other family member do the following with your youngest child?

	Not at all	Once or twice	3 to 6 times	Every day
a. Read books to your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tell stories to your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sing songs with your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Please answer the following questions about all of your children who are 5 years old or younger.

	Child 1 ↓	Child 2 ↓	Child 3 ↓	Child 4 ↓
How old is your child?				
Years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this child: (You may select more than one.)				
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this child of Hispanic, Latino/a, or Spanish origin?				
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does this child have a physical condition that affects the kind of care they need?				
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does this child have an emotional or behavioral condition that affects the kind of care they need?				
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have more than four children who are 5 years old or younger, please turn to the back page for additional answer spaces.

	Child 5 ↓	Child 6 ↓	Child 7 ↓	Child 8 ↓
How old is your child?				
Years	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this child: (You may select more than one.)				
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is this child of Hispanic, Latino/a, or Spanish origin?				
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does this child have a physical condition that affects the kind of care they need?				
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does this child have an emotional or behavioral condition that affects the kind of care they need?				
Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Focus Group Research Participant Disclosure Form



Research Participant Disclosure Form

Buffett Early Childhood Institute Focus Group

I, the undersigned, acknowledge the receipt of compensation in the amount of \$30 for my time as a participant in the above research study. I also acknowledge that the information provided below will be shared with the central business office of the University of Nebraska-Lincoln in order to send my check for \$30 in the mail.

Name: _____

Address: _____

Participant Signature

Date



EARN \$30 FOR YOUR OPINION



Do you have a child who is
5 years old or younger?

WE NEED YOUR HELP!

We are looking for Nebraska parents to share their thoughts in a focus group. If you qualify, you will receive \$30 for about an hour of your time. Your thoughts and experiences will help to improve access to high quality early education and services for Nebraska families. These focus groups will be held at **CITY** during the week of **MONTH** **##-##**.

For more information and to see if you qualify, PLEASE CALL the Bureau of Sociological Research at **402-472-3672**



NebrASKa Voices Panel Focus Group Recruitment Communications

Email Invitation

Subject Line: Voice your opinions to help early childhood care and education

Dear [Name],

The Buffett Early Childhood Institute is conducting focus groups across the State in order to improve Nebraska families' access to high quality early childhood care and education. We would like to bring together groups of Nebraska parents with children five years old or younger to share their thoughts and help us learn more about the care and education of these children. As a NebrASKa Voices panelist, we wanted to reach out to you about this opportunity.

We will be hosting a focus group in **[City]** on **[Date]** at **[Time]**. This focus group will take about an hour and **each participant will receive \$30** for their time.

If you have a child that is five years old or younger and you would be interested in participating, **please contact us** by phone at (402) 472-3672 or email me at kmeiergerd2@unl.edu. If you do not have a child that is five year old or younger, please let us know and we will make sure you do not receive further communications about this focus group.

Sincerely,

Kim Meiergerd
Project Manager
Bureau of Sociological Research
University of Nebraska - Lincoln

Email First Reminder

Subject Line: [City] area parents, we need your feedback!

Dear [Name],

We recently sent you an email notifying you about the chance to provide feedback on early childhood care and education in Nebraska. As a NebrASKa Voices panelist, we wanted to reach out to you again about this opportunity.

We would like to bring together a group of parents with children five years old or younger for a focus group in **[City]** on **[Date]** at **[Time]**. The focus group will take about an hour and **each participant will receive \$30** for their time.

If you have a child that is five years old or younger and you would be interested in participating, **please contact us** by phone at (402) 472-3672 or email me at kmeiergerd2@unl.edu. If you do not have a child that is five year old or younger, please let us know and we will make sure you do not receive further communications about this focus group.

Sincerely,

Kim Meiergerd
Project Manager
Bureau of Sociological Research
University of Nebraska - Lincoln

Phone script

Hello [Name],

My name is [Your Name] and I am with the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln (UNL). Since you are NebrASKa Voices panelist, we wanted to reach out to you about the opportunity to share your thoughts on early childhood care and education in Nebraska.

We would like to bring together a group of parents with children five years old or younger for a focus group in [City] on [Date] at [Time]. The focus group will take about an hour and each participant will receive \$30 for their time.

Do you have a child that is five years old or young?

[If yes] Would you be interested in participating in this focus group?

[If yes] Thank you so much for your willingness to participate! [go through the Call-in Recruitment Script document with them for screening]

Focus Group Recruitment Call-in Script

Thank you so much for calling in. We are conducting focus groups across that State for the Buffett Early Childhood Institute in order to improve Nebraska families' access to high quality early childhood care and education. We would like to bring together groups of Nebraska parents with children 5 years old or younger to share their thoughts and help us learn more about the care and education of these children.

1. **Do you have a child 5 years old or younger?**
 - a. If yes, go to #2.
 - b. If no: ["I am sorry, but we are looking for parents with children 5 years old or younger. Thank you so much for your time and interest in helping with this project."] (end the call)
2. **What focus group location are you calling about?** (Options: Omaha, Lincoln – UNL or Center for People in Need, Kearney, Norfolk, North Platte, Scottsbluff, Valentine, or O'Neill)
 - a. If we have already met the max # of recruits for that area: ["I am sorry, but there are no more open spaces available to sign up for the focus group in this area. Thank you so much for your time and interest in helping with this project."] (end call)
 - b. If calling about the focus group at the Center for People in Need: **Do you receive food or services at the Center for People in Need?**
 - i. If yes: ["Thank you so much. You are eligible to be a part of this focus group. It will take about an hour to complete and you will receive \$30 for your time. The focus group will be held at location on date/time."] (end call)
 - ii. If no: ["I am sorry, but for this focus group we are looking for people that receive services from the Center for People in Need. Thank you so much for your time and interest in helping with this project."] (end the call)
3. **Part A: What is the highest degree you have attained?** (No diploma, High School Diploma/GED, Technical/Associate/Junior College, Bachelor's Degree, Graduate Degree)
Part B: What is your total family income in the last 12 months? (Less than \$30,000, \$30,000 to \$60,000, \$60,000 to \$100,000, \$100,000 or higher)
 - a. If we have already met our quota for low education (High School Diploma or less)/low income (\$30,000 or less): ["We are trying to gather information from a wide variety of people across the State. Unfortunately, we have already met our quota on the number of people with your education and income level. Thank you so much for your time and interest in helping with this project."] (end call)
 - b. If we have already met our quota for all other income/education levels: ["We are trying to gather information from a wide variety of people across the State. Unfortunately, we have already met our quota on the number of people with your education and income level. Thank you so much for your time and interest in helping with this project."] (end call)
4. **[If #1-3 are OK R qualifies for focus group]** "Thank you so much. You are eligible to be a part of this focus group. It will take about an hour to complete and you will receive \$30 for your time. The focus group will be held at location on date/time."

Appendix C: Summary Family Childcare Study

Study purpose and Methods

Research questions. More than 50% of young children in Nebraska are cared for in family childcare settings, yet the enrollment of family childcare in the Step Up to Quality system is less than 10% of all licensed providers. This study was initiated as part of Nebraska's Preschool Development Grant needs assessment to provide information on family childcare providers' perceptions and engagement in SUTQ and other training within the state of Nebraska. The purpose of the study was to inform the following questions:

- 1) What do providers see as the strengths and challenges of their programs?
- 2) Why do providers decide to join SUTQ? What incentives or barriers do they perceive in being part of SUTQ?
- 3) For SUTQ providers, what value do they perceive from the program? For providers who are not part of SUTQ, where else do they receive training and support, and what incentives would encourage them to join SUTQ?
- 4) What changes to the SUTQ program do the providers recommend?

This memo outlines initial themes and findings, to be supplemented by a full report of both qualitative and quantitative data to be completed before the end of the year.

Methodology. The study was conducted between June and September 2019 by a team of researchers at the University of Nebraska. Priority was placed on hearing from four different groups of family childcare providers: 1) providers who are presently participating in SUTQ; 2) providers who are licensed but not participating in SUTQ; 3) providers representing both rural and urban areas; and 4) providers who are non-English speaking. Providers were recruited to participate in this study through several avenues, including recruitment at a statewide childcare conference; through the existing statewide family childcare networks; and through community-based organizations providing support to family childcare. There were three points of contact for data collection: two surveys, and a focus group or interview. Before participating in a focus group, providers were asked to fill out a survey with basic information on their program, participation in SUTQ and other training, and location of residence. If the provider indicated willingness to participate in an interview or focus group, they were contacted by a member of the research team and were scheduled to complete a focus group or interview either in-person or virtual (video conference). The focus groups questions were focused on providers experiences, challenges and strengths and on SUTQ and training. After completing the focus group, a more detailed survey was administered with questions on education, income, and perceptions of quality and access to childcare. A total of 101 providers filled out one or both surveys, and 50 providers participated in the focus groups. Information on the characteristics of providers participating in the survey appears below.

Themes

Below please find a summary of the top themes that emerged from our focus groups. We report first across all providers, and then specify themes that characterized unique groups of providers.

Strengths and Challenges

Strengths.

- Several providers emphasized the importance of continuity in relationships with children and families throughout young children’s lives as a key strength that is unique to family childcare. The importance of building relationships, and the emphasis on children’s social/emotional development (especially relationships with children of all different ages) was also mentioned.
- Providers also noted the flexibility and diversity of activities within family childcare homes, including the ability to integrate learning into daily activities and the advantages of having home environments with outdoor and indoor space.
- Providers also identified their own professionalism and experience as indicators of quality within their programs.

Challenges.

- Many providers mentioned the long hours and administrative demands including paperwork and billing as notable challenges. Providers reported working as many as 12 hours a day, with some providers open 24/7 to respond to the needs of the families.
- Burnout was frequently mentioned as challenge faced by family childcare providers. Providers mentioned the lack of ability to take days off for personal needs.
- Perceived lack of appreciation for their professionalism was also mentioned as a challenge. Providers stated that family childcare may be perceived as lower quality or “just playing with kids” whereas they perceive themselves as bringing professionalism and dedication to their work.

Step Up to Quality

Why enroll?

- The decision to enroll in SUTQ was driven by two main factors among our sample: 1) a personal dedication to learning and improvement; and 2) encouragement to join from colleagues and friends who are also family childcare providers. Providers who were enrolled in SUTQ reported being motivated by their personal dedication to their learning, growth and professionalism. Some reported having completed all available training classes, and they were eager for additional support from a coach. Neither financial incentives nor parent demand for SUTQ were mentioned as reasons to enroll.
- Both providers who were enrolled and those who were not reported finding the information about SUTQ difficult to understand. This was especially true for non-English speaking providers, who commented on the lack of translated materials.

Experiences with SUTQ

Positive

- While SUTQ does not have a formal mechanism for linking participating providers to one another, many providers mentioned the sense of connection and comradery that emerged when participating in SUTQ.
- Participating providers also mentioned the value of learning new things and improving their programs.

Negative

- The criteria for rating quality, and the measurement tools used for evaluating quality, were perceived as not relevant to family childcare. There was frustration with the lack of alignment with the elements of quality that providers perceived their programs as having (such as an emphasis on relationships with families and children), and the inappropriateness of the measures for rating home environments with a range of physical spaces and layouts.
- Coaches and SUTQ staff were sometimes perceived as a positive benefit to participation, but other times were not seen as such. The quality of coaches, in particular the coaches' knowledge of family childcare, was perceived to vary considerably from one place to the next, and providers felt at the mercy of the system in receiving a coach that was either a good fit or not.
- The lack of clear communication and consistency between expectations from SUTQ, licensing, and other support agencies was mentioned as a strongly negative experience by many providers.
- Critically, providers reported that SUTQ was not valued by parents or community members. Providers reported that parents viewed the initial 1-star rating as a negative; lack of interest or awareness on the value of SUTQ by community leaders and government officials; and parents' overall lack of knowledge or understanding of SUTQ and indicators of quality in general.
- Financial incentives were not viewed as adequate for encouraging participation in the program. While some providers mentioned the value of the incentives, many did not perceive the value of the incentives as a reason to enroll.

Important Emerging Themes

- Providers participating in other training programs beyond SUTQ also mentioned the value of Nebraska Children and Families Foundation, Rooted in Relationships, and Sixpence, but expressed frustration in the patchwork of training offered across the state and the inability for providers to engage in programs due to limited reach, within both rural and urban areas.
- Subsidy-receiving providers reported considerable challenges in working with families to receive payments and in providing adequate support to families.
- Providers expressed extreme frustration at the unwillingness of state and local authorities to close unlicensed facilities, which in turn caused them to question their own involvement in state licensing and quality improvement activities.
- The cost and lack of available and appropriate training also emerged as an important theme and barrier to improving quality in Nebraska.
- Family childcare providers are offering essential childcare to many families. Few providers reported low rates of enrollment, and instead stated that families take whatever care they can get – emphasizing that family childcare is and will continue to be an important element of the statewide early childhood system, likely for years to come.

1) Recommendations

The following recommendations emerged from our work:

Improve SUTQ program design:

- Improve measurement tools for family childcare.

- Widen the list of training programs and activities that family childcare providers can participate in, considering the demands on family childcare providers' schedules.
- Increase the financial incentives for participating in the program, perhaps especially by increasing financial incentives for providers who participate in the Title 20 program.
- Invest in expanding the number and quality of coaches, through a dedicated effort within SUTQ to reach family childcare providers.

Improve STUQ program implementation:

- Increase and improve outreach to family childcare providers about SUTQ and support during enrollment and invest in peer mentoring or promotion of the program.
- Improve communication of SUTQ, by encouraging community leaders and parents to acknowledge and support providers who choose to participate in the program and ensuring that all materials are available in the spoken languages of each community, at a minimum Spanish, Arabic and Vietnamese.
- Invest in networks of family childcare providers, by partnering with existing provider networks and expanding SUTQ to include a network/provider connection function as a key element for improving quality.
- Provide a streamlined and easily accessible list of all training available throughout the state, and information on how and where to access that training.

Address issues in state licensing:

- Provide mandatory training for licensing free of charge to all providers.
- Enforce state licensing laws for family childcare, and/or improve communication at a community level on the value of high-quality care and the importance of asking for licensure before enrolling children.
- Improve reach-out to providers who are not licensed, but may want to become licensed, especially within immigrant and refugee communities.

Support all family childcare providers more effectively:

- Recognize the central role that family childcare providers play in supporting working families. This group of providers is essential for the functioning of many families and by extension, their communities, yet they receive little support or acknowledgement.
- Provide resources such as "day off" funding for respite providers and/or other ways of acknowledging the importance of family childcare and ensuring that the care is as high-quality as possible, especially in places with limited access to other forms of childcare.

Appendix D: Previous Needs Assessment Reports Included in Analysis

Brennan, Alison Ph.D., North Central Regional Center for Rural Development. *Access to Quality, Affordable Child Care in Rural Areas* (A1).

Nebraska Early Childhood Coordinating Council Biennial Report to the Governor (2016-18). *Common Ground* (A2).

Tonkinson, Chrissy M.P.H., Voices for Children in Nebraska (2018). *Kids Count in Nebraska Report* (A3).

Buffett Early Childhood Institute/Gallup Survey on Early Childhood Care and Education (2017). *Nebraska Parents Speak About Early Care and Education* (A4).

Buffett Early Childhood Institute/Gallup Survey on Early Childhood Care and Education (2016). *Nebraskans Speak About the Early Care and Education Workforce* (A5).

Buffett Early Childhood Institute/Gallup Survey on Early Childhood Care and Education (2017). *Urban and Rural Nebraskans Speak About Early Care and Education* (A6).

Buffett Early Childhood Institute/Gallup Survey on Early Childhood Care and Education (2016). *Nebraskans Speak About Early Care and Education* (A7).

Northwest Community Action Partnership (2018). *Head Start/Early Head Start 2018 Community Assessment* (B1).

Community Action Partnership of Mid-Nebraska (2017-18). *CAP Mid-NE Head Start 0-5 Community Assessment* (B2).

Nebraska Educational Service Unit (ESU) 13 (2018). *2018 Community Assessment* (B3).

Head Start Child & Family Development Program, Inc. (2018). *Community Assessment* (B4).

Buffett Early Childhood Institute Partner Report (2019). *The Nebraska Panhandle: An Assessment of Birth – Grade 3 Care and Education* (B5).

Southeast Nebraska Community Action Partnership, Inc. (2018). *2018 Update to the Community Demographic and Assessment Information for the Nebraska Counties of Cass, Johnson, Nemaha, Otoe, Pawnee, and Richardson* (B6).

Community for Kids Community Snapshots (C1).

Appendix E: Vulnerability Factors by Race and Ethnicity among Family Survey Respondents

Indicator of Vulnerability	White	Black/African American	American Indian/Native American	Asian	Multiple	Non-Hispanic	Hispanic
Frequent Mental Distress	10.4%	15.8%	18.2%	11.1%	12.3%	10.2%	19.6%
Spouse/Partner Mental Health Poor or Fair	5.9%	10%	15.4%	0%	8.1%	5.7%	11.4%
Federal Poverty Level 200% or lower	24.5%	58.1%	43.8%	40.9%	44.2%	24.1%	61.5%
Housing Insecure	19.6%	57.1%	68.2%	37%	36.8%	19.8%	40.3%
Food Insecure	17.1%	41.1%	59.1%	18.5%	29.8%	16.6%	38.8%
Inadequate Prenatal Care x	1.9%	2.1%	0%	8.7%	7.3%	1.8%	6.4%
Primary Caregiver Education less than High School	8.5%	18.5%	18.2%	22.2%	19.6%	7.9%	41.6%
Partner/Spouse Education less than High School	16.6%	44.1%	31.3%	28%	25%	15.3%	60.4%
Language Other than English	2.4%	7.3%	0%	28.6%	1.8%	0.5%	49%
Child has a disability or disorder	26.2%	28.6%	13.6%	11.5%	25%	25.8%	23.9%
Child is in foster care	0.4%	3.5%	0%	0%	0%	0.4%	0.7%
Accessed services for support for domestic violence	1.6%	11.3%	4.8%	3.8%	9.1%	1.8%	5.0%