

[ASK ONLY TO RESPONDENTS WHO - IN FAMILY GRID- HAVE CHILDREN UNDER 6 YEARS OLD WHO HAVE BEEN OR ARE CURRENTLY IN THE U.S.A.]

Now I'd like to ask you some questions about child care. There are many places and persons that take care of children while parents work. Parents use childcare or a neighbor's home; other times the kids stay at home with their mother, siblings or other relatives...

HS1. ...Now that you're working here in [NAME OF LOCALITY], how have you arranged for your child(-dren) to be taken care of while you work (FW)?
Please tell me all the types of child care arrangements you have used **[IF ONLY ONE RESPONSE, PROBE FOR MORE. CHECK ALL THAT APPLY]**

- a. MSHS
- b. Spouse
- c. Child(-ren)'s older sibling(s).Age(s)?: _____
- d. Other relatives (not spouse or child(-dren)'s older siblings)
- e. Out of home (DAYCARE / CENTER / BABYSITTER)
- f. Friends / Neighbors
- g. Take them to the field (FW)
- z. Other (specify): _____

HS2. [IF MORE THAN ONE ANSWER IN HS1, ASK]:
Which one do you use most often during an average work week (FW)? **[ENTER LETTER CODE IN HS1]:**

HS3. Why do you use this type the most while doing FW? [CHECK ALL]

- a. Trust
- b. Flexible / Convenient hours
- c. Convenient location
- d. Culturally compatible (same language, food, staff, etc.)
- e. Prepares child for school (e.g., English)
- f. Don't know (e.g., spouse decides)
- z. Other (specify): _____

[IF MSHS ("a") WAS NOT MENTIONED IN "HS1", ASK]:

HS4. Have you ever heard of MSHS? [IF NEEDED, EXPLAIN MSHS. MENTION LOCAL MSHS NAMES]

- 0 NO **[SKIP TO "A15" NEXT SECTION]**
- 1 YES

HS5. Has/Have your child(-dren) ever used MSHS? (When?)

- 0 NO **[ASK ONLY "HS6"]**
- 1 YES. **NOW, IN THIS LOCATION [SKIP TO "HS7"]**
- 2 YES. **NOT NOW, BUT WITHIN THE LAST 12 MONTHS. [ASK HS6 AND HS7]**
- 3 YES. **BUT, MORE THAN 12 MONTHS [ASK ONLY "HS6"]**

HS6. Why aren't you (or your spouse) using MSHS at this location? [CHECK ALL THAT APPLY]

- a. Prefer own child care arrangements
- b. No MSHS in this area
- c. MSHS not open right time of year (FOR FW)
- d. Inconvenient hours
- e. MSHS full (applied, but no openings)
- f. Applied, but did not qualify
- g. Does not serve infants / older children
- h. Do not like it. Specify: _____
- z. Other (specify): _____

HS7. [ASK QUESTIONS IN REFERENCE TO CHILDREN WHO USE/ USED MSHS IN THE LAST 12 MONTHS]

a	b	c	d	e	f
CHILD(-REN) WHO USE/USED MSHS [ENTER NAMES]	DATE LAST USED MSHS? (MONTH/YEAR)	LOCATION (CITY/STATE)?	NAME OF CENTER?	HOW DID YOU LEARN ABOUT MSHS? [ENTER CODE]	[INTERVIEWER: CHECK IF CENTER IN "d" is in MSHS LIST]
1	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES
2	START: _____ / _____ END: _____ / _____	CITY: _____ STATE: _____			<input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES

CODES FOR "e":

- 1 = PREVIOUS MSHS REFERRED US
- 2 = RECRUITER FROM MSHS CONTACTED US
- 3 = SOCIAL WORKER (AGENCY, CLINIC, ETC.) REFERRED ME (SPOUSE)
- 4 = SAW A FLYER WITH MSHS INFORMATION
- 5 = A RELATIVE/FRIEND TOLD US ABOUT IT
- 6 = OTHER: _____