

**NSCCSD Design Phase Feasibility Test**  
**Household Demand Survey – REVISED 12/17/08**

C\_INTRO.

We are conducting a study about the experiences and preferences of parents of children under age 13 with regard to the child care or after-school programs that are available for these children. The study is being paid for by the U.S. Department of Health and Human Services, and is designed to help the government understand how private decisions and public policies affect the supply and demand of child and school-age care in our country. We would like to talk with you for approximately 30 minutes about your children under 13 and the child care that you use or would like to use for them.

[if r has 3 or more children under age 13] We know that your time is very valuable. We would like to offer you a \$20 thank you if you complete the interview. We would send out the money to you by regular mail.

[all r's] Taking part is up to you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. There are no risks or benefits to being in this survey. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

CONTINUE WITH INTERVIEW  
CONSENT NOT GIVEN -> TERMINATE.

**Child demographics**

C2. (IF S1>1: For each child under 13, starting with the youngest,) Can you tell me the first names of all of the children under 13 who usually live in this household? It may help you to start with the youngest person.

First names: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

C2a. INTERVIEWER: ASK C2B-C2g8 ABOUT EACH CHILD LISTED IN C2.

C2b (ASK IF NECESSARY:). Is (CHILD) a boy or a girl?

- 1 BOY
- 2 GIRL

C2c. In what month and year was (CHILD) born?

\_\_\_\_\_MONTH  
\_\_\_\_\_YEAR

C2c1. In what country was (CHILD) born?

\_\_\_\_\_ Country

C2c2. [if c2c1 not US] In what year did s/he first come to the U.S. to live?

\_\_\_\_\_ Year

C2d. Is (CHILD) of Hispanic, Latino, or Spanish origin?

- 1 YES
- 2 NO

C2e. Is (CHILD)...? CHOOSE ALL THAT APPLY.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other (Please specify: \_\_\_\_\_)

C2f. What is (CHILD's) relationship to you?

- 1 Son or daughter (biological or adopted)
- 2 Stepson or stepdaughter
- 3 Brother or sister
- 4 Grandchild
- 5 Foster child
- 6 Other relative (e.g., niece or nephew)
- 7 Other nonrelative

C2g. (IF C2f gt 2) Does child have a parent in the household?

(IF c2f eq 1 or 2) Does child have another parent in the household?

- 1 YES
- 2 NO
- 3 IF VOLUNTEERED: MOTHER DECEASED
- 4 IF VOLUNTEERED: FATHER DECEASED

C2h. Does (CHILD) have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for him/her?

1. YES
2. NO

IF THIS IS THE FIRST CHILD AND IF S2=5 OR C2G=2 THEN GO TO C2G2. ELSE IF THIS IS THE SECOND OR LATER CHILD, AND S2=5 OR C2G=2, GO TO C2G1.

C2G1. You mentioned that CHILD's parent does not live in the household. Have you already told me about that other parent? IF YES, SELECT WHICH CHILD'S PARENT IS ALSO THE PARENT OF THIS CHILD:

- CHILD1
- CHILD2
- CHILD3
- CHILD4
- CHILD5

PARENT NOT PREVIOUSLY MENTIONED (ASK C2G2)

SKIP TO INSTRUCTION C2G8.

C2G2 .You mentioned that (CHILD)'s parent does not live in the household. Can you tell me where he/she lives? You can just tell me the city and the state he/she lives.

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

IF VOLUNTEERED: MOTHER DECEASED  
IF VOLUNTEERED: FATHER DECEASED

C2G3 (IF SAME STATE AS R): Approximately how long in minutes does it take from his/her home to yours?  
\_\_\_\_\_MINUTES  
\_\_\_\_\_HOURS

IF VOLUNTEERED: NOTHING KNOWN ABOUT PARENT/PARENT'S WHEREABOUTS (SKIP TO C2G9)

C2G4. What is his/her age?  
\_\_\_\_\_years old

C2G5. According to your best knowledge, what is his/her current marital status? Is he/she ....

1. Now married
2. Widowed
3. Divorced
4. Separated, or
5. Never married
6. DON'T KNOW

C2G5a. As far as you know, does s/he have a spouse or partner living in his/her household at this time?

- 1 Yes
- 2 No

C2G6. Last week, was s/he working full-time, part-time, going to school, keeping house, or something else?

1. working full time
2. working part time
3. with a job, but not at work because of temporary illness, vacation, strike,
4. unemployed, laid off, looking for work
5. retired
6. in school
7. keeping house, or
8. something else (SPECIFY: \_\_\_\_\_), or
9. DON'T KNOW

C2g7. What is the highest grade or level of schooling he/she has completed?

(READ IF NECESSARY)

1. 8th GRADE OR LESS
2. 9th-12th GRADE NO DIPLOMA
3. HIGH SCHOOL GRADUATE OR GED COMPLETED
4. SOME COLLEGE CREDIT BUT NO DEGREE
5. ASSOCIATE DEGREE (AA, AS)
6. BACHELOR'S DEGREE (BA, BS, AB)
7. GRADUATE OR PROFESSIONAL DEGREE
8. DON'T KNOW

C2G8. In the past 12 months, about how many times has he/she seen (CHILD)?

\_\_\_\_\_TIMES

C2g9. INTERVIEWER: HAVE TWO PARENTS BEEN ACCOUNTED FOR?

- 1 YES (SKIP TO C2G9B)
- 2 NO (ASK C2G9A)

- C2G9A. Does (CHILD) have another parent who doesn't live in this household?  
1 YES (GO TO C2G1 AND ASK ABOUT ANOTHER PARENT)  
2 NO (GO TO C2G9B)

C2G9B. <REPEAT C2A-C2G8 FOR EACH CHILD UNDER 13 IN HOUSEHOLD>

### **Respondent and Household Adults Demographics**

H1a. These next questions are about your family and the other people who live in your household and are 13 years old or older. Please tell me the first names or initials of the teenagers and adults who usually live here. IDENTIFY ALL HOUSEHOLD MEMBERS FIRST, THEN ASK QUESTIONS ABOUT EACH PERSON.

Now I have some questions about each person in the HH. Let me start with you.

b. How old (are you/ is )? IF NEEDED: Your best guess is fine.

c. (Are you/Is ) male or female?

d. [IF HHMEM NOT R] What is your relationship to ?

- 1 SPOUSE/PARTNER
- 2 PARENT OR PARENT-IN-LAW
- 3 CHILD
- 4 SIBLING OR SIBLING-IN-LAW
- 5 OTHER RELATIVE
- 6 NON-RELATIVE (SPECIFY: \_\_\_\_\_)

e. [if b >= 14 and HHMEM NOT R] Does  have any children under the age of 13 in this household?

- 1 YES
- 2 NO

e\_1. [if e=1] Who are 's children in this household?

f. [if b >= 14 AND HHMEM NOT R OR R'S spouse/partner AND hhmemb has no children in hh] Does  ever look after the young children in the household? IF NEEDED: How about for more than 2 hours at a time?

F\_1. [if f=no] Does  regularly look after any children under age 13 who are not in this household?

g. [if b >12] (Do you/Does ) have a special need or disability that requires help from others to complete basic daily activities such as eating, dressing, or bathing?

[if b <=12] (Do you/Does ) have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for him/her?

[IF HHMEM IS NOT RELATED TO R OR ISN'T THE R'S SPOUSE OR PARTNER, DOES NOT HAVE CHILDREN UNDER 13 IN THE HH AND DOES NOT CARE FOR THE CHILDREN UNDER 13 IN THE HOUSEHOLD, SKIP TO NEXT PERSON IN HOUSEHOLD. ELSE, ASK THE FOLLOWING:]

h. [if b >= 16] Last week, (were you/was ) working full time, part time, going to school, keeping house, or something else?

1. WORKING FULL TIME
2. WORKING PART TIME
3. WITH A JOB, BUT NOT AT WORK BECAUSE OF TEMPORARY ILLNESS, VACATION, STRIKE
4. UNEMPLOYED, LAID OFF, LOOKING FOR WORK
5. RETIRED
6. IN SCHOOL

- 7. KEEPING HOUSE
- 8. OTHER (SPECIFY: \_\_\_\_\_)

i. (Do you/Does ) currently attend regular school?

- 1 YES
- 2 NO
- 3 if volunteered: HOME-SCHOOLED

j. [if h1i = 2 or DK/REF] What is the highest grade or level of schooling that (you have/ has) ever completed?  
(READ IF NECESSARY)

- 1. 8th GRADE OR LESS
- 2. 9th-12th GRADE NO DIPLOMA
- 3. HIGH SCHOOL GRADUATE OR GED COMPLETED
- 4. SOME COLLEGE CREDIT BUT NO DEGREE
- 5. ASSOCIATE DEGREE (AA, AS)
- 6. BACHELOR'S DEGREE (BA, BS, AB)
- 7. GRADUATE OR PROFESSIONAL DEGREE

k. [if b>= 16] (Are you/Is ) now married, widowed, divorced, separated, or (has/have) (he/she/you) never been married?

- 1. Now married
- 2. Widowed
- 3. Divorced
- 4. Separated
- 5. Never married

l. [if b>=16 and h2d ne 1 hhmemb not self and h1k ne 1] Does  have a partner in the household?

- 1 Yes → Who is that? \_\_\_\_\_
- 2 No

m. (Are you/Is ) of Hispanic or Latino origin?

- 1 YES
- 2 NO

n. Which of the following (are you/is )...CODE ALL THAT APPLY

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

o. In which country was  born?

\_\_\_\_\_

O\_1 (IF H1o answered and NOT "USA": )

In what year did s/he first come to USA?

---

ASK H1b-H1o\_1 ABOUT ALL REMAINING INDIVIDUALS IN HH.

Now I have some additional questions about your household and other family. These questions are about the whole household and not just individual people.

I4k. What language do you usually speak at home?

\_\_\_\_\_ Language

C4. Do your children have any relatives who live within 15 minutes of your child's home? Please include relatives on your side of the family as well as relatives of the child's other parent. IF NEEDED: Please report all relatives, even if they could not or would not provide care for a child.

1 Yes (go to C4a)

2 No.(skip to C5)

C4a. How many adult relatives do you have who live within 15 minutes of your child's home? Count each adult relative separately – even if they live in the same household.

\_\_\_\_\_ Number of relatives

C4b. Would any of these relatives be able to care for your child/children on a regular basis with no payment or only payment that covers transportation costs?

1 Yes

2 No

C4c. Would any of these relatives be able to care for your child if you were to pay them?

1 yes

2 No

C5. Do your children have any relatives that live between 15 and 45 minutes of your child's home?

1 Yes (ask C5a)

2 No (Skip to Q1)

C5a. How many adult relatives do you have who live between 15 and 45 minutes of your child's home? Count each adult relative separately – even if they live in the same household.

\_\_\_\_\_ Number of relatives

C5b. Would any of these relatives be able to care for your child/children on a regular basis with no payment or only payment that covers transportation costs?

1 Yes

2 No

C5c. Would any of these relatives be able to care for your child if you were to pay them?

1 yes

2 No

### **Child Care: Types and Hours**

Q1. [READ FOR FIRST CHILD ONLY:] Next I have some questions about various people who cared for your child/children during the last week (that is, FILL IN DATES FOR LAST MONDAY AND LAST SUNDAY. In addition to a child's parents, a child may be cared for by other adults in the household, by relatives or friends outside of the household, or by a child-care professional in a center or someone's home.

[Let's start with the youngest child (CHILD)./Now let's talk about (CHILD2/etc.).] Please tell me all of the people or organizations that cared for him/her last week. I know that you cared for (CHILD). Shall I put (spouse/partner) on the list as well? Who else? LIST ALL PROVIDERS CARING FOR CHILD LAST WEEK. LIST ALREADY INCLUDES R, 'CHILD HIM/HERSELF', AND 'ALL ADULTS AT HOME.' Q1\_1. Also, please tell me whether this person usually takes care of (CHILD) in your home or somewhere else.

Provider	Usual location of care	
1. _____	1 r's home	2 other
2. _____	1 r's home	2 other
3. _____	1 r's home	2 other
4. _____	1 r's home	2 other
5. _____	1 r's home	2 other
6. _____	1 r's home	2 other

Q1A\_11. Now I'd like to understand your child care schedule last week. Thinking about **last Monday** (that is, FILL IN DATE FOR LAST MONDAY), who/who else cared for (CHILD)? IF NEEDED: Please tell me about last week, even if it was an unusual week. I'll ask you other questions about your usual schedule later on.

Q1A\_12. What time **last Monday** did (PROVIDER) start to care for (CHILD)?

\_\_\_\_\_

Q1a\_14. [IF Q1\_1 =2] How did (CHILD) get to [provider]?

- 1 Walking or bicycle
- 2 Car
- 3 Public transportation
- 4 School bus
- 5 Other

Q1A\_15. Who took (CHILD) there?

<select from providers or hhmembers>

Q1A\_16. When did the care with (PROVIDER) end on last Monday?

\_\_\_\_\_

SCHEDULE for CHILD 1 FROM LAST WEEK						
	Q1A_11 PROVIDER NAME	Q1A_12. STARTING TIME OF CARE		Q1A_14. HOW DID CHILD GET THERE	Q1A_15. WHO TOOK CHILD THERE	Q1A_16. ENDING TIME OF CARE
MONDAY						
1						
2						
3						
4						
TUESDAY						
5						
6						
7						
8						

WEDNESDAY						
9						
10						
11						
12						
THURSDAY						
13						
14						
15						
16						
FRIDAY						
17						
18						
19						
20						
SATURDAY						
21						
SUNDAY						
22						

RE-ASK QA\_11 UNTIL ALL PROVIDERS ASKED ABOUT FOR LAST WEEK FOR THIS CHILD.



Q3. Does anyone else regularly care for (CHILD), even if they didn't happen to care for him/her last week? By regularly I mean at least two hours each week.

1. YES
2. NO
7. DON'T KNOW
8. REFUSED

Q4 (IF Q3=1: ) Who usually provides care for (CHILD) but didn't do so last week? Q4\_1. Does that care usually take place at your home or somewhere else? Q4\_2. How many hours per week does PROVIDER usually care for CHILD?

Provider \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_  
Provider \_\_\_\_\_ Location: \_\_\_\_\_ Hours: \_\_\_\_\_

RETURN TO Q1 AND COLLECT FULL CHILD-CARE SCHEDULE LAST WEEK FOR NEXT CHILD, THEN FOR EACH CHILD UNTIL ALL CHILDREN UNDER 13 ASKED ABOUT. PARENT CAN REPORT THAT CHILD I'S SCHEDULE IS ESSENTIALLY LIKE CHILD J'S. THEN INTERVIEWER WILL CONFIRM EACH LINE OF THE SCHEDULE TABLE, EMPHASIZING 'LAST WEEK.'

Q1B. Now I have a few more questions about each person/organization that cares for your child/children.

LOOP THROUGH EACH PROVIDER (LAST WEEK AND REGULAR) FOR EACH CHILD. IF PROVIDER LIVES IN THIS HOUSEHOLD, SKIP TO Q4A\_11. ELSE ASK Q1B\_11. ASK ONLY ONCE ABOUT EACH PROVIDER, REGARDLESS OF HOW MANY CHILDREN ARE CARED FOR BY THAT PROVIDER.

Q1B\_11. [IF NOT OBVIOUS] Is (PROVIDER) an individual or an organization?

- 1 INDIVIDUAL ->GO TO Q1C\_11
- 2 INDIVIDUAL WITH FAMILY DAY CARE -> GO TO Q3A\_11
- 3 ORGANIZATION ->GO TO Q3A\_11

Q1C\_11. Is [provider] male or female?

- 1 MALE
- 2 FEMALE

Q2A\_11. Did you have a personal relationship with (PROVIDER) before s/he began caring for your child/children?

- 1 Yes
- 2 No

Q2a\_11\_1 What is your personal relationship with (PROVIDER)?

1. FORMER SPOUSE/PARTNER->GO TO Q2B\_11
2. CHILD/SON/DAUGHTER-IN-LAW->GO TO Q2B\_11
3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW ->GO TO Q2B\_11
4. OTHER RELATIVE->GO TO Q2B\_11
5. FRIEND->GO TO Q2B\_11
6. NEIGHBOR->GO TO Q4A\_11

Q2B\_11 (IF NOT OBVIOUS). Does this individual live in this household?

1. YES
2. NO

Q2C\_11. Does (PROVIDER) usually care for children from other families while caring for your child/children? Don't count his/her own children if they are around as well.

- 1 Yes (skip to q3b\_11)
- 2 No (skip to instruction above q4a\_11)

IF ORGANIZATION, ASK Q3A\_11.

Q3A\_11. What is the full name of {provider}? \_\_\_\_\_

Q3B\_11. [I have a list of most child care programs in the area, and I'll see if this program is on my list. In that case, I won't have to ask you quite as many questions about their care.] In what city is (PROVIDER) located? On what street? <LOOK UP IN PROVIDER LIST>

Q3Ba\_11. I'm not finding the listing. Could you tell me the street address where (s/he lives/they are)? IF NEEDED: Your answers to this and all other questions will be confidential and released only in statistical form. IF NEEDED: Could I know just the zip code and the intersection nearest your house? You can just tell me the two cross-streets

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_

OR

ZIP \_\_\_\_\_  
 Street 1 \_\_\_\_\_  
 Street 2 \_\_\_\_\_

Q3C\_11. [IF ORGANIZATION] In what kind of building is provider located?

- 1. Public school
- 2. Private building used only by provider
- 3. Church or other religious building
- 4. Private home that is also a residence
- 5. Private home where no one lives currently
- 6. Private building used by provider and other businesses
- 7. other

IF PROVIDER PROVIDED CARE LAST WEEK, ASK Q4A\_11.

Q4A\_11. Does [PROVIDER] care for (CHILD) regularly? By regularly, we mean at least two hours each week.

- 1. YES
- 2. NO

NON-PARENTAL PROVIDER INFORMATION				
	PROVIDER1	PROVIDER2		
Q1B_11 INDIVIDUAL OR ORGANIZATION				
Q2A_11. RELATIONSHIP TO CHILD				
Q2B_11. LIVING IN HOUSEHOLD				
Q3A_11. FULL NAME OF PROVIDER				

Q3B_11. FOUND IN LOOK-UP TABLE				
Q3Ba_11. LOCATION OF PROVIDER				
Q3C_11. TYPE OF BUILDING				
Q4A_11. REGULAR CARE OR ONE-TIME				

RETURN TO Q1B AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT.

These next questions are about your interactions with (PROVIDER) and what you think about your child/ren’s experience with him/her/them. LOOP THROUGH EACH PROVIDER.

Let’s start with (PROVIDER).

Q5a\_11 Before (PROVIDER) started caring for your child/ren for the first time, which of the following did you do to learn about (him/her/them) CODE ALL THAT APPLY:

1. Talk to the provider
2. Observe the provider myself
3. See how my child reacts
4. Ask friends and family
5. Ask parents who use the provider
6. Read about the provider in paper or on-line materials
7. Look up quality rating systems
8. Ask teachers
9. Other(specify)

Q5B\_11 [IF PROVIDER NOT HHMEMBER OR RELATIVE] Do you have any difficulties talking with (PROVIDER/your caregiver at PROVIDER) because both of you aren’t comfortable speaking the same language?

- 1 Yes (ASK Q5b\_11)
- 2 No (skip to q5c\_11)

Q5b1\_11 What language does (PROVIDER/your caregiver at PROVIDER) speak at home?

- 1 English
- 2 Spanish
- 3 Other (SPECIFY \_\_\_\_\_)
- 4 Other (DON’T KNOW LANGUAGE)

Q5c\_11 How many times in the past month have you had conversations with (PROVIDER/ a caregiver at PROVIDER) on the following issues...

- Q5c1\_11. Your concerns about something your child’s teacher/caregiver is doing with the child or group
  - 1 Never
  - 2 once or twice
  - 3 three or more times
- Q5c2\_11 Your concerns about the child’s behavior
  - 1 Never
  - 2 once or twice
  - 3 three or more times

- Q5c3\_11 Your concerns about your child's development
- 1 Never
- 2 once or twice
- 3 three or more times
- Q5c4\_11 Seeking direction for how to support children's learning at home
- 1 Never
- 2 once or twice
- 3 three or more times
- Q5c5\_11 Seeking direction for how to discipline the child at home
- 1 Never
- 2 once or twice
- 3 three or more times

[READ FOR FIRST CHILD ONLY:] Sometimes the children can have different experiences with the same provider, even if they receive care at the same time. LOOP THROUGH EACH CHILD RECEIVING CARE WITH THIS PROVIDER. How often would you say that...

Q6a\_11. (CHILD) feels completely safe and secure in (PROVIDER)'s care.

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

Q6b\_11. (CHILD) gets a great deal of individual attention while in the care of (PROVIDER).

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

Q6c\_11. (PROVIDER/My caregiver at PROVIDER) is very open to new information and learning.

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

Q6d\_11. (PROVIDER)'s care is just what my child needs

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

LOOP THROUGH NEXT CHILD CARED FOR BY PROVIDER BEGINNING WITH Q6A\_11. AFTER ALL CHILDREN COMPLETE FOR THIS PROVIDER, RETURN TO q5A\_11 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT.

- Q7. Has a child-care provider ever provided you with or referred you to any of the following services?
- |  |   |   |
|--|---|---|
| a. Health screening: medical, dental, vision, hearing, or speech?  | Y | N |
| b. Development assessments?  | Y | N |
| c. Counseling services for children or parents?  | Y | N |
| d. Social services to families such as<br>housing assistance, food stamps, financial aid, or medical care. | Y | N |

### Respondent and Spouse Employment Schedules

ASK FIRST FOR R, THEN ASK FOR R'S SPOUSE/PARTNER IF ANY IN HOUSEHOLD, THEN ASK FOR ANY HH MEMBER WHO PROVIDED 8 OR MORE HOURS OF CARE LAST WEEK OR DOES SO USUALLY.

E1A. I'm going to ask you about (your/HHMEM's) current work situation. Last week, did (you/s/he) do any work for pay? IF NEEDED: Please include freelance work, work in the military, work for a family-owned business even if (you/s/he) did not get paid, and work on (your/his/her) own business or farm.

1. YES
2. NO

E1C. Last week, (were you/was s/he) enrolled in a high school, college or university?

1. YES, ENROLLED
2. NO, NOT ENROLLED

E1D. Other than high school, college, or university, did (you/s/he) attend any courses or training programs last week designed to help people find a job, improve their job skills, or learn a new job?

1. YES, IN TRAINING
2. NO, NOT IN TRAINING

E1E. Next, I'd like to ask you about (your/his/her) day-to-day work/school/training schedule last week.

IF E1A=1 THEN ASK E1E\_1. OTHERWISE GO TO E1E\_5.

E1E\_1. What time did (you/s/he) begin work on last Monday?

E1E\_2. What time did (you/s/he) end work last Monday?

E1E\_2A. Did (you/s/he) work another shift or job on Monday? IF YES, ASK E1E\_1.

IF E1C=2 AND E1D=2 THEN ASK E1E\_3. OTHERWISE GO TO E1E\_5.

E1E\_3. How long did it take (you/him/her) to commute to work from home last Monday?

E1E\_4. How long did it take (you/him/her) to get home from work last Monday?

IF E1C=1 THEN ASK E1E\_5. OTHERWISE GO TO E1E\_9.

E1E\_5. What time last Monday did (you/s/he) begin school?

E1E\_6. what time did (you/s/he) end school last Monday?

E1E\_6A. Did (you/s/he) go to school another time on Monday? IF YES, ASK E1E\_5.

E1E\_7. How long did it take (you/him/her) to commute to school last Monday?

E1E\_8. How long did it take (you/him/her) to get to your next destination from school?

IF E1D=1 THEN ASK E1E\_9. OTHERWISE GO TO TUESDAY SCHEDULE.

E1E\_9. What time last Monday did (you/s/he) begin training?

E1E\_10. What time last Monday did (you/s/he) end training?

E1E\_11. How long did it take (you/him/her) to commute to training last Monday?

E1E\_12. How long did it take (you/him/her) to get to your next destination from training?

R EMPLOYMENT SCHEDULE	MON-DAY	TUES-DAY	WEDNES DAY	THURS-DAY	FRIDAY	SATUR-DAY	SUNDAY
E1E_1. TIME BEGAN WORK							
E1E_2. TIME END WORK							
E1E_3. COMMUTE TO WORK							
E1E_4. COMMUTE BACK FROM WORK							
E1E_5. TIME BEGAN SCHOOL							
E1E_6. TIME END SCHOOL							
E1E_7. COMMUTE TO SCHOOL							
E1E_8. COMMUTE BACK FROM SCHOOL							
E1E_9. TIME BEGAN TRAINING							
E1E_10. TIME END TRAINING							
E1E_11. COMMUTE TO TRAINING							
E1E_12. COMMUTE BACK FROM TRAINING							

<CHECKS TO PICK UP INCONSISTENCIES>

IF SUM OF WORK HOURS MORE THAN 50, GO TO CHK1.

CHK1. The computer shows that (you/him/her) worked more than 40 hours last week. Is it correct?

1. YES, CORRECT
2. NO, INCORRECT ->GO TO E1E\_1

CHK1. The computer shows that (you/him/her) spent more than 50 hours on work and school and training last week. Is that correct?

1. YES, CORRECT
2. NO, INCORRECT ->GO TO E1E\_1

IF R/HHMEM NOT CURRENTLY WORKING, SKIP TO PC9. IF R/HHMEM CURRENTLY WORKS FOR PAY, ASK PC7:

PC7. What kind of work (do you/does s/he) do? RECORD JOB OR OCCUPATION NAME IN TABLE BELOW. IF NECESSARY, What is (your/his/her) title or the name of (your/his/her) job? PROBE: Is there other work that (you do/s/he does), for example in (your/his/her) own business or in a family business, whether or not (you are/s/he is) paid?

PC7\_1. What kind of business is that? RECORD FIRM NAME OR INDUSTRY DESCRIPTION IN TABLE BELOW. IF NECESSARY, What does the company make or do?

WHEN UP TO 4 JOBS HAVE BEEN ROSTERED, ASK:

PC7A. (Do you/does s/he) usually work the same number of hours per week at that job?

PC7B. About how many hours (do you/does s/he) usually work at that job each week?

PC7c. (Do you/does s/he) usually work the same days and hours each week at that job?

PC7d. About how much (are you/is s/he) paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

PC7e. How long (have you/has s/he) had that job/worked for that employer?

PC7f. What is the zip code where (you work/s/he works)? IF LOCATION VARIES, RECORD 00000.

	<b>job1</b>	<b>job 2</b>	<b>job 3</b>	<b>job 4</b>
PC7. Title or Name of Job				
PC7_1. Name of firm or work they do				
PC7a. Same number of hours per week?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
PC7b. Usual hours per week				
PC7c. Same days and hours each week?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
PC7d. Usual Wage and Time Unit	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
pc7e. Years at this job				
PC7f. ZIP code at job location				
Pc7g. [Do you/Does s/he] work the same days and times each week?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
[if pc7g=no]	1 Less than 24 hours	1 Less than 24 hours	1 Less than 24 hours	1 Less than 24 hours

PC7h. How far in advance [do you/does s/he] generally know [your/his/her] work schedule?	2 1-3 days 3 4-7 days 4 8 days or more	2 1-3 days 3 4-7 days 4 8 days or more	2 1-3 days 3 4-7 days 4 8 days or more	2 1-3 days 3 4-7 days 4 8 days or more
pc7i. How much control [do you/does s/he] have over [your/his/her] work schedule?	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER
pc7j. [Do you/does s/he] ever have to travel for work so that you are away from home overnight?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
pc7k. Is it possible for [you/him/her] to work from home occasionally?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
pc7l. What happens at this job if [you are/s/he is] 30 minutes late for work? IF NEEDED: What would happen on a normal day, when nothing special was scheduled?	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other
pc7m. [Do you/does s/he] get any paid holidays?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
pc7n. [Are you/is s/he] allowed any	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No



paid time off for personal illness?				
pc7o. Can your children or a provider get in touch with [you/him/her] while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
pc7p. Can [you/she/he] get in touch with your child(ren) or a provider while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
pc7q. [Are you/is s/he] allowed to take a few days off to care for a sick child without losing pay, without losing vacation days AND without having to make up some other reason for the absence?	1 Yes 2 No  IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUCTION AFTER PC13.	1 Yes 2 No  IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUCTION AFTER PC13.	1 Yes 2 No  IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUCTION AFTER PC13.	1 Yes 2 No  IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUCTION AFTER PC13.
pc7r. Please tell me how much you agree with the following statement: at the place where [you work/s/he works], employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree

family needs are less likely to get ahead in their jobs. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?				
--	--	--	--	--

PC9. [If not currently working] [Have you/has s/he] ever worked for pay?

- 1 Yes
- 2 No (skip to PC12)

PC10. [Were you/was s/he] working at the time that (you/your spouse or partner) got pregnant with your oldest child?

- 1 Yes (ask PC10a)
- 2 No (skip to PC11)

PC10a. What was that job that you had (when you got pregnant with your oldest child)?

PC10b. When did you last work at that job? ENTER 33/33 IF R STILL WORKS THERE.

Month \_\_\_\_ Year \_\_\_\_\_

PC10c. About how many hours did you usually work at that job each week when you stopped working there? \_\_\_\_\_

PC10d. About how much were you paid at that job?

\$ \_\_\_\_\_ per Unit of time \_\_\_\_\_

PC10e. [skip to pc11 if PC10b=3333] Would you return to that job now if it were available to you?

- 1 Yes
- 2 No

PC10f. What is the main reason you would not return to that job now?

- 1. Not enough pay
- 2. Not enough hours
- 3. Too many hours
- 4. Too unpredictable/unreliable
- 5. Didn't like the work
- 6. OTHER

Pc11. In the past 12 months, [have you/has s/he] been offered a new assignment, a promotion, or another opportunity at work that you thought would have been good for [your/his/her] career?

- 1 Yes
- 2 No

[if yes to pc11] pc11a. Did you take that opportunity?

- 1 Yes
- 2 No

[if pc11a=yes] pc11b. Did you have to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

- 1 Yes
- 2 No

[if pc11a=no] pc11c. Would you have had to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

- 1 Yes
- 2 No

Pc12. [Have you/has s/he] searched for new or additional work in the past 12 months? This could include freelance work or other work for your own business.

- 1 Yes
- 2 No

[if pc12=yes] pc12a. Did you find an opportunity that was satisfactory to you in terms of type of work, pay and benefits, and location of work?

- 1 Yes (ask pc12b)
- 2 No (skip to pc13)

pc12b. Did you start work as a result of that opportunity?

- 1 Yes (ask pc12c)
- 2 No (ask pc12d)

Pc12c. Did you have to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

- 1 Yes (skip to pc13)
- 2 No (skip to pc13)

pc12d. I'd like to understand how far you pursued that opportunity.

- |   |   |   |
|---|---|---|
| 1. Did you provide written materials, an application, or meet with someone?                       | Y | N |
| 2. [if pc12d1=y] Did you get a written or verbal offer with a specific job title and rate of pay? | Y | N |
| 3. [if pc12d2=y] Did you initially say that you would take the work?                              | Y | N |

Pc12e. Would you have had to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

- 1 Yes
- 2 No (go to pc13)

PC12f. Did concerns about child-care have anything to do with your not pursuing that opportunity further?

- 1 Yes
- 2 No (go to pc13)

Pc12g. What concerns about child-care did you have? (code all that apply)

- 1 couldn't find care quickly enough
- 2 couldn't find anyone for enough hours
- 3 couldn't find anyone for the specific schedule (e.g., nights, weekends, variable, etc.)
- 4 found care but didn't like the quality
- 5 child care costs would be too high compared to income
- 6 did not want to work as many hours as required
- 7 other

PC13. [Have you/has s/he] changed, reduced or increased [your/his/her] usual weekly work hours...

Because you wanted to use less child care?	Y	N
Because of when you could get child care?	Y	N
Because you were trying to reduce the amount you pay for child care?	Y	N
So that you could earn enough to pay for child care?	Y	N
Because you had to to keep your subsidy or eligibility for child care?	Y	N

RETURN TO INSTRUCTION ABOVE E1A UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

PC14. In the past 3 months, about how many days have you [or your spouse/partner] worked from home?

\_\_\_\_\_ Days IF 0, SKIP TO PC15.

PC14A. How many of those days did you [or your spouse/partner] work from home for a child-care related reason, such as wanting to stay nearby for a sick child, you didn't have a child-care arrangement in place, or your child-care provider was sick?

\_\_\_\_\_ Days

PC15. During the past 3 months, how many days of work have you or your spouse missed for any reason? Don't include scheduled holidays or vacation days.

\_\_\_\_\_ Days IF 0, SKIP TO PC16.

PC15A. How many of these days did you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home?

\_\_\_\_\_ Days

PC16. During the past 3 months, how many days were you or your spouse late to work or did you have to leave early for any reason?

\_\_\_\_\_ Days IF 0, SKIP TO PC17.

PC16A. How many of these days were you or your spouse late or did you leave early because of your child care responsibilities?

\_\_\_\_\_ Days

PC17. Approximately how many days in the last 3 months did you have to make special arrangements for (CHILD)'s care because (PROVIDER) was sick or unavailable? Don't count days when you would have had a holiday anyway.

\_\_\_\_\_ Days

PC18. Approximately how many days in the last 3 months did you have to make special arrangements for (CHILD)'s care for some other reason (for example, your child was sick, your transportation broke down, or any other reason)? Don't count days when you would have had a holiday anyway.

\_\_\_\_\_ Days

PC19. Who cared for your child the last time your regular child care was not available and neither you nor your spouse missed work?

---

PC20. Do you or your spouse participate in a cafeteria-style flexible spending account at work so that you can pay for child care expenses out of pre-tax income?

- 1 Yes
- 2 No

**Child Care Payment and Subsidy to Each Provider**

Now I've some more questions about the regular child care arrangements you use for your child/children whether you used them last week or not.

/\* HAS THIS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP 'S RESPONSE TO QP4C? IF YES, SKIP TO P11. ELSE, ASK P1\*/

P1. (Starting with the youngest child,) Does (PROVIDER FILLED IN FROM Q1) charge you anything directly for the care of (CHILD)? Please include charges even if you are later reimbursed.

1. YES ->GO TO P6
2. NO -> GO TO INSTRUCTION ABOVE P10

P2. Is the [provider] paid by someone or someplace else for the care of (CHILD)? Do not include payments, reimbursements or vouchers that go directly to you.

1. YES
2. NO ->GO TO P5
7. DON'T KNOW
8. REFUSED

P3. Who pays them? MARK ALL THAT APPLY

- 1.WELFARE OR OFFICE OF EMPLOYMENT SERVICES
- 2.AGENCY FOR CHILD DEVELOPMENT
- 3.LOCAL OR COMMUNITY PROGRAM
- 4.COMMUNITY OR RELIGIOUS GROUP
- 5.FAMILY OR FRIEND
- 6.EMPLOYER
- 7.OTHER
- 8.DON'T KNOW
- 9.REFUSED

P4. In addition to the payments made by (this source/these sources), do you have a co-payment? In other words, do you need to pay [PROVIDER] yourself with money out of your own pocket?

- 1.YES
2. NO ->GO TO P8
3. DON'T KNOW ->GO TO P8
4. REFUSED ->GO TO P8

P4A. How much do you pay yourself?

---

P4B. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

- 1.HOURLY
- 2.DAILY
- 3.WEEKLY
- 4.BI-WEEKLY
- 5.MONTHLY
- 6.SOMETHING ELSE (SPECIFY:\_\_\_\_\_)

P4c. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

1. CHILD ONLY
2. OTHER CHILDREN (Which children? \_\_\_\_\_)

P5 So this care is provided free by [provider]?

- 1.YES ->GO TO P8
- 2.NO ->GO TO P2
- 7.DON'T KNOW-> GO TO P8
- 8.REFUSED->GO TO P8

P6. Now think about the money you pay for [provider]. Sometimes the amount of money that a parent is charged for a child care arrangement or program depends on how much the family earns. This is sometimes called a sliding fee scale. Is the amount you are charged for the care provided by [provider] determined by how much money you earn?

- 1.YES
- 2.NO
- 7.DON'T KNOW
- 8.REFUSED

P7A. How much do you pay this [provider]?

\$\_\_\_\_\_

P7AA. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

- 1.HOURLY
- 2.DAILY
- 3.WEEKLY
- 4.BI-WEEKLY
- 5.MONTHLY
- 6.SOMETHING ELSE (SPECIFY:\_\_\_\_\_)

P7AB. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

1. CHILD ONLY
2. OTHER CHILDREN (Which children? \_\_\_\_\_)

P8.Is [provider] *also* paid or reimbursed directly by any person or program? Do not include payments, reimbursements or vouchers that went directly to you.

- 1.YES
- 2.NO ->GO TO S1
- 3.DON'T KNOW->GO TO S1
- 4.REFUSED ->GO TO S1

P8A. Who pays them? MARK ALL THAT APPLY

- 1.WELFARE OR OFFICE OF EMPLOYMENT SERVICES
- 2.AGENCY FOR CHILD DEVELOPMENT
- 3.LOCAL OR COMMUNITY PROGRAM
4. COMMUNITY OR RELIGIOUS GROUP
- 5.FAMILY OR FRIEND
6. EMPLOYER
- 7.OTHER
- 8.DON'T KNOW
- 9.REFUSED

P9A. Do you receive payments, reimbursements or vouchers that are paid directly to you to cover some portion of the payments you make to [provider] for (CHILD)'s care?

1. YES
2. NO-> GO TO S1
3. DON'T KNOW -> GO TO S1
4. REFUSED -> GO TO S1

P9B. How much do you receive in payments, reimbursements or vouchers that are paid directly to you for [provider]?  
\$ \_\_\_\_\_

P9BB. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

- 1.HOURLY
- 2.DAILY
- 3.WEEKLY
- 4.BI-WEEKLY
- 5.MONTHLY
- 6.SOMETHING ELSE (SPECIFY:\_\_\_\_\_)

P9BC. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

1. CHILD ONLY
2. OTHER CHILDREN (Which children? \_\_\_\_\_)

[ASK P10 AND P11 FOR FIRST CHILD WITH EACH PROVIDER ONLY.]

P10. Do you (also) give [provider] anything other than money in exchange for caring for [CHILD]? For example, do you provide groceries or transportation, or do work such as caring for children or small repair jobs in exchange for the care that {} receives?

- 1 YES
- 2 NO

P10a. What do you give [provider] in exchange for caring for your (child/children)?

- 1 groceries
- 2 transportation
- 3 services such as child-care or small repair jobs

P10b. What does it cost you to provide these things? \$ \_\_\_\_\_

P10b1. Is that per week, per month, or something else?

- 1 Per week
- 2 Per month

3 Something else \_\_\_\_\_

P10b2. How much time do you spend providing these things? \_\_\_\_\_ Hours

P10b3. . Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else \_\_\_\_\_

P11. Do you occasionally give gifts or help out [provider] even if it's not regular payment for caring ou're your (child/children)?

1 Yes

2 No

P11a. What does it cost you to provide these gifts or help? \$ \_\_\_\_\_

P11a1. Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else \_\_\_\_\_

P11a2. How much time do you spend providing these gifts or help? \_\_\_\_\_ Hours

P11a3. Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else \_\_\_\_\_

REPEAT P1 TO P12ab FOR ALL NON-PARENTAL, NON-SCHOOL PROVIDERS MENTIONED IN Q1 FOR ALL CHILDREN UNDER 13.

P12. You said that the [amount per unit] you pay to [arrangement] includes your payments for [CHILD] as well, is that correct?

1 Yes (GO TO INSTRUCTION BELOW P12AB)

2 No (ASK P12A)

P12A. How much do you pay this [provider]?

\$ \_\_\_\_\_

P12AA. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

1.HOURLY

2.DAILY

3.WEEKLY

4.BI-WEEKLY

5.MONTHLY

6.SOMETHING ELSE (SPECIFY: \_\_\_\_\_)

P12AB. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

1. CHILD ONLY

2. OTHER CHILDREN (Which children? \_\_\_\_\_)



<REPEAT P1 TO P12aB FOR ALL NON-PARENTAL, NON-SCHOOL PROVIDERS MENTIONED IN Q1 FOR ALL CHILDREN UNDER 13>

P10. Do you plan to take a Child and Dependent Care Federal Income Tax Credit for the 2009 tax year?

- 1 Yes
- 2 No

**Non-Parental Child Care Search**

SE1. These next questions are about how you view different types of childcare or after-school care. Please think about the type of care in general, not any specific program you know of. The types of care I will ask you about are: center care, for example, preschools, Head Start or an after-school program at school; relative or friend care, where a relative or close family friend cares for a child in the relative’s home or the child’s home; family day care, where an individual has a child care business in his or her own home and cares for a few or several children there; and parental care, where the parents are the only care providers a child has.

Let’s start with center care. How would you rate it on having a nurturing environment for children? Would you say: very good, somewhat good, or not very good. CONTINUE WITH OTHER CATEGORIES FOR CENTER CARE. THEN ASK ABOUT OTHER FORMS OF CARE.

	nurturing environment	educational preparedness	social interactions	safety	affordability	flexibility for parents
Center care	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
Relative or friend care	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
Family day care	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
Parental care only						

SE1a. These characteristics of care may be more or less important for different children depending on the age or personality of the child. How important are each of these characteristics in a child-care arrangement for your children.

Let’s begin with your youngest child {CHILD}. How important is a nurturing environment for him/her. Would you say very important, somewhat important, or not very important? CONTINUE WITH OTHER CATEGORIES FOR YOUNGEST CHILD. THEN ASK FULL LIST FOR OTHER CHILDREN.

	nurturing environment	educational preparedness	social interactions	safety	affordability	flexibility for parents
CHILD1	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
CHILD2	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
CHILD3	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG

SE2. Next, I’m going to ask you some questions about your latest search for child care, whether or not a new arrangement resulted from the search. We are interested in things like what you were looking for, how you were searching, and what

you considered during your search. [FOR SCHOOL AGE CHILDREN: Please think about before or after-school care you searched for, or activities, lessons or other programs outside of the regular school day.]

What year and month did you last search for child care?

\_\_\_\_ Year \_\_\_\_ Month IF LAST SEARCH 25 MONTHS OR MORE AGO, SKIP TO HOUSEHOLD CHARACTERISTICS SECTION BELOW.

(IF R HAS MORE THAN ONE CHILD: )

SE2a. For which of your children were you searching for care?

1. CHILD
2. CHILD2
3. CHILD3
4. TWO OR MORE CHILDREN TOGETHER

SE3. What is the main reason that you searched for child care at that time?

- 1 SO THAT I COULD WORK/CHANGE IN WORK SCHEDULE
- 2 TO PROVIDE MY CHILD EDUCATIONAL OR SOCIAL ENRICHMENT
- 3 TO GIVE ME SOME RELIEF
- 4 TO FILL IN GAPS LEFT BY MY MAIN PROVIDER OR BEFORE/AFTER SCHOOL
6. WASN'T SATISFIED WITH CARE
7. WANTED TO REDUCE CHILD CARE EXPENSES
8. PROVIDER STOPPED PROVIDING CARE
9. OTHER(SPECIFY: \_\_\_\_\_)

SE4. At the time of that last search, what type of child care were you mostly using for [child]?

- 1) PARENTAL CARE ONLY
- 2) RELATIVE CARE
- 3) FAMILY DAY CARE
- 4) CENTER-BASED CARE
- 5) OTHER (SPECIFY: \_\_\_\_\_)

SE6. Did you consider more than one provider as part of your search or did you considered only one provider? Please include providers you asked about, read about, or talked to, even if you didn't consider them seriously in your decision.

1. MORE THAN ONE PROVIDER CONSIDERED (SKIP TO SE8)
2. ONLY ONE PROVIDER CONSIDERED

SE7. Who was the one provider whom you considered during your search?

Provider name: \_\_\_\_\_

SE7A (IF NOT ALREADY STATED: ) What type of provider is this?

1. Relative
2. family day care
3. Center-based care
4. Other

SE7B (IF SE7A=2,3,4) How did you know about this provider?

<RECORD VERBATIM AND CODE>

- 
- i. knew provider personally
  - ii. friends/family have used this provider in the past

- iii. provider has good reputation in the community
- iv. no other providers of this type in the area
- v. saw advertisement online or elsewhere
- vi. resource and referral agency

<IF SE6=1 THEN ASK SE8. OTHERWISE GO TO NEXT SECTION>

SE8. How did you look for providers in your last search?

- 1) Asked friends and family with children
- 2) Asked potential contacts who are providers
- 3) COMMUNITY SERVICE, Resource and referral lists
- 4) Posted an ad/Responded to an ad
- 5) Yellow pages/NEWSPAPERS\BULLETIN BOARDS
- 6) WELFARE OR SOCIAL SERVICES
- 7) HEALTH CARE PROVIDER
- 8) Other (SPECIFY: \_\_\_\_\_)

SE9. How many providers did you get some information about in your last search?

Number of candidate providers: \_\_\_\_\_

SE10. I am going to ask you some more questions about the providers you considered.

SE10a. What is the name of the (first/second/..) provider?

\_\_\_\_\_

SE10b. What is the address of [provider]?

Address: \_\_\_\_\_

SE10c. What type of provider is that?

- 1. Relative
- 2. Family day care
- 3. Center-based care
- 4. Other (SPECIFY)

SE10d. (IF SE10c=1 OR 2) What is your relationship to [PROVIDER]?

- 1. FORMER SPOUSE/PARTNER
- 2. CHILD/SON/DAUGHTER-IN-LAW
- 3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW
- 4. OTHER RELATIVE
- 5. FRIEND
- 6. NEIGHBOR
- 7. NO RELATIONSHIP

SE10E. (IF SE10c ne 1): Where did you first hear about [PROVIDER] as a provider for [child]?

- 1 Asked friends and family with children
- 2 Asked potential contacts who are providers
- 3 COMMUNITY SERVICE, Resource and referral lists
- 4 Posted an ad/Responded to an ad
- 5 Yellow pages/NEWSPAPERS\BULLETIN BOARDS
- 6 WELFARE OR SOCIAL SERVICES
- 7 HEALTH CARE PROVIDER
- 8 Other (SPECIFY: \_\_\_\_\_)

SE10F. Did you do any of the following to learn about [provider]?

1. Talk to the provider
2. Observe the provider myself
3. See how my child reacts
4. Ask friends and family
5. Ask parents who use the provider
6. Read about the provider in paper or on-line materials
7. Look up quality rating systems
8. Ask teachers
9. Other(specify)

SE10G. What was the specific information you tried to learn about [provider]?

RECORD VERBATIM AND CODE, DO NOT READ CATEGORIES

---

- 1) Type of care
- 2) Hours of care
- 3) Willingness to accept or availability of subsidies
- 4) Financial aid available
- 5) Fees charged
- 6) Geographic location
- 7) Public transportation accessibility
- 8) Content of program
- 9) Year round care
- 10) Services provided (e.g., transportation, meals, etc.)
- 11) Languages spoken
- 12) Curriculum/philosophy (including religion)
- 13) Licensing status
- 14) Teacher tenure/turnover
- 15) Other (SPECIFY)

SE10I. How much would it have cost you to have [provider] care for [child]?

\$\_\_\_\_\_

SE10J. is that per

1. Hour
2. Day
3. Week
4. Month
5. Other\_\_\_\_\_

SE10K. Does the [provider] take subsidies or vouchers?

1. YES
2. NO
3. I DIDN'T ASK

SE10L. Does the [provider] offer some other financial assistance?

1. YES

2. NO
3. I DIDN'T ASK

SE10M. (IF SE10K=1 or SE10L=1) Was the price you quoted just now reflecting those discounts?

1. YES
2. NO

SE10N. How many minutes would it take in travel time for you or some one else to take [child] to [provider]?

\_\_\_\_\_

SE10O. How well would the provider's schedule have covered the hours of care you needed?

1. Would have covered hours of care I needed
2. Would have covered most of hours I needed
3. Would not have covered most of hours I needed
4. Would not have covered hours at all

SE10P. How would you rate the overall quality of [provider]?

1. Best I can imagine
2. Better than I had hoped for my child
3. Good for my child
4. Good enough for my child, but not as good as I'd wish for
5. Only good enough for the short-term
6. Not good enough for my child

SE10Q. How much do you think [provider] share your values?

1. A great deal
2. Somewhat
3. Not at all

SE10R. How often do you think (CHILD) would have felt completely safe and secure in (PROVIDER)'s care?

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

SE10S. How often do you think (CHILD) would have gotten a great deal of individual attention while in the care of (PROVIDER)?

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

SE10T. How often do you think (PROVIDER/your caregiver at PROVIDER) would have been very open to new information and learning?

- 1 Rarely
- 2 Sometimes
- 3 Usually

- 4 Frequently
- 5 Always

SE10U. How often do you think you would have felt that (PROVIDER)'s care was just what your child needed?

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

<REPEAT SE10A-SE10U FOR ALL CANDIDATE PROVIDERS CONSIDERED>

SE11. [if center care not mentioned] Did you consider any [child-care] centers for [school-age] children as part of your search?

- 1 Yes ADD TO LIST
- 2 No → what was the main reason you didn't consider center care?
  - 1. Don't like center care
  - 2. None available
  - 3. Don't know how to find them
  - 4. Don't think I can afford it
  - 5. Don't like the centers around here
  - 6. Other

SE12. [if family day care/neighbors not mentioned]: Did you consider any family day-cares for [school-age]children as part of your search?

- 1 Yes ADD TO LIST
- 2 No -> What was the main reason you didn't consider family day care?
  - 1. Don't like family day care
  - 2. None available
  - 3. Don't know how to find them
  - 4. Don't think I can afford it
  - 5. Don't like the family day cares around here
  - 6. Other

SE13. [If FFN not mentioned]: Did you consider asking someone you know to care for your child, for example a family member, friend or neighbor?

- 1 Yes -> ADD TO LIST
- 2 No -> What was the main reason you didn't consider asking someone you know?
  - 1 Don't like that type of care
  - 2 No friends/family/neighbors
  - 3 Don't feel comfortable asking
  - 4 Don't think I can afford it
  - 5 Don't think friends/family/neighbors would provide good care
  - 6 Other

SE14. What was the result of this search for child care?

- 1) Found care
- 2) Stayed with existing provider

- 3) Decided not to use care other than parents
- 4) Gave up search for another reason
- 5) Other (SPECIFY: \_\_\_\_\_)

SE14A. (IF SE14=1: ) Which one of the candidate providers did you choose?

\_\_\_\_\_

SE15. What was the main reason you made that decision?

- 1. Had no other choices
- 2. Cost
- 3. Schedule
- 4. Location
- 5. Quality of care
- 6. 'Best feeling'
- 7. Other (SPECIFY: \_\_\_\_\_)

SE16. How long was it between when you started looking and when you made this decision in your last search?

\_\_\_\_\_ Months  
 \_\_\_\_\_ Weeks  
 \_\_\_\_\_ Days

SE17. Did you find at least one provider who offered everything you were looking for?

- 1. YES
- 2. NO

SE17A (IF NO TO SE17: ) If not, what was missing?

\_\_\_\_\_

SE15. Were you able to enroll your child in your first-choice provider?

- 1. YES
- 2. NO

SE15A (IF NO TO SE15: ) What prevented you from enrolling your child in your first-choice provider?

\_\_\_\_\_

**Household Characteristics**

H1. In order to better understand how families and child-care providers interact, we'd like to be able to study your household in relation to the child-care providers that are located near you. Could I have the street address where your household is located? IF NEEDED: Your answers to this and all other questions will be confidential and released only in statistical form. IF NEEDED: Could I know just the zip code and the intersection nearest your house? You can just tell me the two cross-streets

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_ State \_\_\_\_\_

OR

ZIP \_\_\_\_\_  
 Street 1 \_\_\_\_\_  
 Street 2 \_\_\_\_\_

H1. Do [you/you or your spouse/you or your partner] own this (house/apartment), do you rent, or something else?

1 OWN

2 RENT

3 OTHER, NEITHER OWN NOR RENT

H1A (IF OTHER TO H1: ) What is your situation?

1 Live with parent(s)

2 Live with spouse's/partner's parent(s)

3 Housing is part of job compensation; live-in servant; housekeeper; gardener; farm laborer

4 Housing is a gift paid for by an HU resident other than R or spouse/partner

5 Housing is a gift paid for by a friend or relative outside of the HU

6 Housing paid for by a government agency/welfare/charitable institution

7 Sold home, not moved out of it yet

8 Living in house which R will inherit; estate in progress

9 Living in temporary quarters (garage, shed) while home is under construction

10 Live here without formal arrangements; staying temporarily; squatting

97 Other

H2. Do you have a car?

1 Yes

2 No

H3. In order to understand whether or not child care is affordable to American families, we need to know your household's income. Approximately what was your total income last month? IF NEEDED: Please include the income of anyone who contributes to household expenses and child care costs, also include any child support you may receive if that contributes to household expenses or child care costs. Also include income from pensions or from government programs like food stamps or unemployment insurance.

\$ \_\_\_\_\_ (ask H3b)

IF DK/REF, GO TO H3B

H3a. Is that before or after taxes and other deductions?

1 before taxes

2 after taxes

3 don't know

SKIP TO H4.

H3b. [if DK/REF] Let me assure you that your responses to this and all other questions in this survey will not be revealed to any agency except in summary form for all study participants combined. Which of the following categories do you think best describes your income after taxes from all sources last month. Just stop me when I get to the right category:

1 Less than \$1200

2 \$1200 to \$1999

3 \$2000 to \$2999

4 \$3000 to \$4199

5 \$4200 to \$5499

6 \$5500 or more



H3A1. And how about all of last year. What is the total amount of income you yourself made in last calendar year through wages, salary, commissions, bonuses, or tips from all jobs? Please report the total amount before deductions for taxes, bonds, due or other items.

TOTAL AMOUNT FOR THE PAST 12 MONTHS: \$ \_\_\_\_\_

IF DK THEN GO TO H3A1\_DK.

IF REFUSED THEN GO TO H3A1\_REF.

H3A1\_DK. You may not be able to give us an exact figure for your income through wages, salary, commissions, bonuses, or tips from all jobs in last calendar year, but was it ....

- a) less than \$8,000,
- b) \$8,000 to less than \$15,000
- c) \$15,000 to less than \$25,000
- d) \$25,000 to less than \$40,000
- e) \$40,000 to less than \$60,000
- f) \$60,000 or more?

H3A1\_REF. Income is important in analyzing the child care demand information we collect. For example, this information helps us to learn whether persons in one group use non-parental child care more or less than those in another group. Now you may not be able to give us an exact figure, but was your personal income last year through wages and salaries from all jobs ....

- g) less than \$8,000,
- h) \$8,000 to less than \$15,000
- i) \$15,000 to less than \$25,000
- j) \$25,000 to less than \$40,000
- k) \$40,000 to less than \$60,000
- l) \$60,000 or more?

H3A2. In the last calendar year did you receive any public assistance or welfare payments from the state or local welfare office?

- 1. YES ->GO TO H3A2\_AMT
- 2. NO ->GO TO H3A3

H3A2\_AMT: What is the total amount of public assistance or welfare payments you received in the last calendar year?  
\$ \_\_\_\_\_

IF DK THEN ASK H3A2\_DK.

IF REFUSED THEN ASK H3A2\_REF.

H3A2\_DK. You may not be able to give us an exact figure for the public assistance or welfare payments you received in the last calendar year, but was it ....

- a) less than \$500
- b) \$500 to less than \$1000
- c) \$1000 to less than \$1500
- d) \$1500 to less than \$2000
- e) \$2000 to less than \$5000
- f) \$5000 or more

H3A2\_REF. Income information is important in analyzing the child care demand information we collected. You may not be able to give us an exact figure for the public assistance or welfare payments you received in the last calendar year, but was it ....

- a) less than \$500
- b) \$500 to less than \$1000
- c) \$1000 to less than \$1500
- d) \$1500 to less than \$2000
- e) \$2000 to less than \$5000
- f) \$5000 or more

H3A3. Did you have any income from alimony or child care support in the last calendar year?

- 1. YES->GO TO H3A3\_AMT
- 2. NO->GO TO H3B

H3A3\_AMT. What is the total amount of alimony or child care support you received in the last calendar year?

\_\_\_\_\_

IF DK, ASK H3A3\_DK.

IF REFUSED, ASK H3A3\_REFUSED.

H3A3\_DK. You may not be able to give us an exact figure for the amount of alimony or child care support you received in the last calendar year, but was it ....

- a) less than \$500
- b) \$500 to less than \$1000
- c) \$1000 to less than \$1500
- d) \$1500 to less than \$2000
- e) \$2000 to less than \$5000
- f) \$5000 or more

H3A3\_REF. Income information is important in analyzing the child care demand information we collected. You may not be able to give us an exact figure for the amount of alimony or child care support you received in the last calendar year, but was it ....

- a) less than \$500
- b) \$500 to less than \$1000
- c) \$1000 to less than \$1500
- d) \$1500 to less than \$2000
- e) \$2000 to less than \$5000
- f) \$5000 or more

IF R HAS SPOUSE/PARTNER, ASK H3B.

H3B What is the total amount of income your spouse/partner made in last calendar year through wages, salary, commissions, bonuses, or tips from all jobs? Please report the total amount before deductions for taxes, bonds, due or other items.

TOTAL AMOUNT FOR THE PAST 12 MONTHS: \$ \_\_\_\_\_

IF DK THEN GO TO H3B\_DK.

IF REFUSED THEN GO TO H3B\_REF.

H3B\_DK. You may not be able to give us an exact figure for his/her income through wages, salary, commissions, bonuses, or tips from all jobs in last calendar year, but was it ....

- a) less than \$8,000,
- b) \$8,000 to less than \$15,000
- c) \$15,000 to less than \$25,000
- d) \$25,000 to less than \$40,000
- e) \$40,000 to less than \$60,000
- f) \$60,000 or more?

H3B\_REF. Income is important in analyzing the child care demand information we collect. For example, this information helps us to learn whether persons in one group use non-parental child care more or less than those in another group. Now you may not be able to give us an exact figure, but was his/her personal income last year through wages and salaries from all jobs ....

- a) less than \$8,000,
- b) \$8,000 to less than \$15,000
- c) \$15,000 to less than \$25,000
- d) \$25,000 to less than \$40,000
- e) \$40,000 to less than \$60,000
- f) \$60,000 or more?

H3C. Did your household have any other source of income in the last calendar year that we haven't talked about yet?

1. YES->GO TO H3C\_AMT
2. NO

H3C\_AMT: What is the total amount of other income you had in the last calendar year?

\$ \_\_\_\_\_

H3C\_DK. You may not be able to give us an exact figure for, but was it ....

- a) less than \$2,500,
- b) \$2,500 to less than \$5,000,
- c) \$5,000 to less than \$7,500
- d) \$7,500 to less than \$10,000
- e) \$10,000 to less than \$12,500
- f) \$12,500 to less than \$15,000
- g) \$15,000 to less than \$20,000
- h) \$20,000 or more?

H3C\_REF. Income is important in analyzing the child care demand information we collect. You may not be able to give us an exact figure, but was it...

- a) less than \$2,500,
- b) \$2,500 to less than \$5,000,
- c) \$5,000 to less than \$7,500
- d) \$7,500 to less than \$10,000
- e) \$10,000 to less than \$12,500
- f) \$12,500 to less than \$15,000
- g) \$15,000 to less than \$20,000
- h) \$20,000 or more?

H4. Did you take a Child or Dependent Care Federal Income Tax Credit when you filed your 2008 income taxes?

- 1 Yes
- 2 No

- 3 Didn't file/Haven't filed yet
- 4 Don't know

**Parental consent to access administrative records**

CON1. I need to verify that I am speaking with someone who can authorize the release of state government program records for [NAME OF ELIGIBLE CHILD(REN)]. Are you that person?

- YES.....1 CON3
- NO.....2 GO TO CON2
- REFUSED.....99 GO TO CON3

CON2. May I know who would be able to authorize such a release?

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

GO TO CON7

CON3 (SUGGESTED SCRIPT) State government program records can provide additional information about the child care and financial assistance for care that a child may be receiving. For example, some pre-schools or after-school programs may be receiving government subsidies that parents are not aware of. These subsidies would be recorded in state program data on child care subsidies or such child care-related programs as Head Start or Universal Pre-Kindergarten. NORC requests your permission to search child-care related government program records for information about your child or about the providers who serve your children. We would not provide the state agency with any of the answers you've told me today, other than your name and the name(s) of your child/ren, and enough information to find them in state records.

All information about your child and your child's care provider is held in strict confidence and used for study purposes only. Any names of children, as well as any names of childcare providers, will not be used in reporting the study results. We will never release any information that may identify you or your child. The information will be reported in statistical form to the U.S. Department of Health and Human Services as part of the results of this study.

- Continue.....1 GO TO CON4
- Respondent still refuses.....2 GO TO CON7 (on callback)

CON4 Capture Interviewer ID upon entering question CON3

CON5 Do we have your permission to search state government child-care subsidy records, give the state agency basic information that identifies (Fill Var: name of first/second/...ninth child), and request that information relevant to (his/her) receipt of child care subsidies be sent to the U.S. Department of Health and Human Services or its contractors for study purposes only?

- YES.....1
- NO (Only choose this when you have made all appropriate aversion attempts).....2

CON6 /\*CONFIRM THAT WE HAVE CHILD/REN'S FULL NAME(S), DATES OF BIRTH, ADDRESS, AND FULL NAME OF AUTHORIZING ADULT. IF NOT, COMPLETE BELOW:

CHILD/REN'S FULL NAME(S) 1. \_\_\_\_\_ DOB \_\_\_\_\_  
2. \_\_\_\_\_ DOB \_\_\_\_\_  
3. \_\_\_\_\_ DOB \_\_\_\_\_  
4. \_\_\_\_\_ DOB \_\_\_\_\_  
5. \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AUTHORIZING ADULT: \_\_\_\_\_

CON7

Thank you very much for speaking with me today. Those are all of the questions I have for you. We are grateful for your contribution to our improved understanding of the experiences and preferences of parents with young children regarding the care that those children receive [outside of the school day].