

**NSECE Household Questionnaire**

Revised 1/21/11

A\_INTRO.

Hello, my name is [NAME] and I am calling from NORC at the University of Chicago. 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.

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. We are required by the Federal Privacy Act to develop and follow strict procedures to protect your information and use your answers only for research. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

**CATI:** In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

**CAPI:** Parts of this interview may be recorded for quality control purposes. This will not compromise the strict confidentiality of your responses. May I continue with the recording?

R CONSENTS TO PARTICIPATE IN THE SURVEY..... 1

R CONSENTS TO PARTICIPATE IN THE SURVEY BUT

DOES NOT WANT TO BE RECORDED..... 2

## Child Demographics

A1. (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. \_\_\_\_\_

A1a. INTERVIEWER: ASK A1B-A2g9 ABOUT EACH CHILD LISTED IN A1.

A1b (ASK IF NECESSARY:). Is (CHILD) a boy or a girl?

1. BOY
2. GIRL

A1c. In what month and year was (CHILD) born?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

A1c1. In what country was (CHILD) born?

\_\_\_\_\_ Country

A1c2. [if A1c1 not US] In what year did s/he first come to the U.S. to live?

\_\_\_\_\_ Year

A2d. Is (CHILD) of Hispanic or Latino origin?

- 1 YES
- 2 NO

A2e. Is (CHILD)...? SELECT ONE OR MORE.

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

A2f. 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

A2g. (IF A2f gt 2) Does child have a parent in the household?

(IF A2f 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

A2h. 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 A2G=2 THEN GO TO A2G2. ELSE IF THIS IS THE SECOND OR LATER CHILD, AND S2=5 OR A2G=2, GO TO A2G1.

A2G1. 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:

- 1. YES, CHILD1 -GO TO A2G10
  - 2. YES, CHILD2-GO TO A2G10
  - 3. YES, CHILD3-GO TO A2G10
  - 4. YES, CHILD4-GO TO A2G10
  - 5. YES, CHILD5-GO TO A2G10
- NO, PARENT NOT PREVIOUSLY MENTIONED -ASK A2G2

A2G2 .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-GO TO A2G10

IF VOLUNTEERED: FATHER DECEASED-GO TO A2G10

A2G3 (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 A2G10)

A2G4. What is his/her age?

\_\_\_\_\_years old

A2G5. 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

A2G6. 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

A2G7. 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

A2g8. 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

A2G9. In the past 12 months, about how many times has he/she seen (CHILD)?  
\_\_\_\_\_ TIMES

A2g10. INTERVIEWER: HAVE TWO PARENTS BEEN ACCOUNTED FOR?

- 1 YES (SKIP TO A2G10B)
- 2 NO (ASK A2G10A)

A2G10A. Does (CHILD) have another parent who doesn't live in this household?

- 1 YES (GO TO A2G1 AND ASK ABOUT ANOTHER PARENT)
- 2 NO (GO TO A2G10B)

A2G10B. REPEAT A2A-A2G8 FOR EACH CHILD UNDER 13 IN HOUSEHOLD

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

B1a. These next questions are about your family and the other people who live in your household and are 13 years old or older. We will start with you. Can you please state your first name or initials?

Now 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.

B1a. Names

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

B1b. How old (are you/ is [])? IF NEEDED: Your best guess is fine.

B1c. (Are you/Is []) male or female?

B1d. [IF HHMEM NOT R] What is your relationship to []?

- 1 SPOUSE (I.E., LEGALLY MARRIED)
- 7 PARTNER (I.E., NOT LEGALLY MARRIED)
- 2 PARENT OR PARENT-IN-LAW
- 3 CHILD
- 4 SIBLING OR SIBLING-IN-LAW
- 5 OTHER RELATIVE
- 6 NON-RELATIVE (SPECIFY: \_\_\_\_\_)

B1e. [if b1b >= 14 and HHMEM NOT R] Does [] have any children under the age of 13 in this household?

- 1 YES
- 2 NO

B1e\_1. [if b1e=1] Who are []'s children in this household?

B1f. [if b1b >= 14 AND HHMEM NOT R OR R'S spouse/partner AND hhmem has no children in hh] Does [] ever look after the young children in the household? IF NEEDED: How about for more than 5hours at a time?

B1g. [if b1b >12] Does anyone in this household over the age of 13 have a special need or disability that makes it difficult for him or her to be home alone without adult assistance?"

B1h. [if b1b >= 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: \_\_\_\_\_)

[IF HHMEM ISN'T 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:]

B1i. (Do you/Does ) currently attend regular school?

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

B1j. [if B1i = 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

[IF HHMEM IS R AND R REPORTED B1D=1, THEN SKIP TO B1M. IF HHMEM IS R'S SPOUSE (B1D=1), THEN SKIP TO B1M. ELSE IF HHMEM IS NOT R OR R'S SPOUSE AND IF B1B>=16, THEN ASK B1K:]

B1k. (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

B1l. [if b1b>=16 and B1k ne 1] Does  have a partner in the household?

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

B1m. (Are you/Is ) of Hispanic or Latino origin?

- 1 YES
- 2 NO

B1n. Which of the following (are you/is )...SELECT ONE OR MORE

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

B1o. In which country was  born?

\_\_\_\_\_

B1o\_1 (IF B1o answered and NOT "USA": )  
In what year did s/he first come to USA?

\_\_\_\_\_

[ASK B1b-B1o\_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.

B2. What language do you usually speak at home?  
\_\_\_\_\_ Language

B3. Do your children have any relatives who live within 45 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 (ASK B3a)
- 2 No (SKIP TO C1)

B3a. How many adult relatives do you have who live within 45 minutes of your child's home? Count each adult relative separately – even if they live in the same household.

\_\_\_\_ Number of relatives

B3b. 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

B3c. 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**

C1. [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, other than you (or your spouse/partner). LIST ALL PROVIDERS CARING FOR CHILD LAST WEEK. LIST ALREADY INCLUDES R, 'CHILD HIM/HERSELF', AND 'ALL ADULTS AT HOME.' IF (CHILD) AGE 5 YEARS OR MORE, ALSO READ: If your child attended regular school for any grade from kindergarten through eighth grade,

please tell me the name of that school. If (CHILD) also attended a before or after-school program, either at the school or somewhere else, please mention that program separately.

C1A. Also, please tell me whether this care usually takes place in your home or somewhere else.

<u>C1A. Provider Name/Location</u>	<u>C1B. How did (CHILD) usually get to (provider) last week?</u>	<u>C1C. Who usually took (CHILD) there?</u>
1.		
2.		
3.		
4.		
5.		
6.		

C2. Now I'd like to understand your child care schedule last week. Thinking about **last Monday** (that is, FILL IN DATE FOR LAST MONDAY), other than you (and your [spouse/partner]) 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.

C2A1. (ASK THIS QUESTION ABOUT LAST MONDAY SCHEDULE) What time **last Monday** did (PROVIDER) start to care for (CHILD)?  
 \_\_\_\_\_ [GO TO C2D2]

C2A2/(FOR TUESDAY TO SUNDAY: ) Now I'd like to ask about (CHILD)' schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule the same as the schedule for another day you've already told me about?

1. Yes (ASK C2a2\_1)
2. No (GO TO C2A2\_3)

C2a2\_1. What day last week was the same as (CHILD)'s (DAY OF WEEK) schedule last week?

1. Monday (ASK C2a2\_2)
2. Tuesday (ASK C2a2\_2)
3. Wednesday (ASK C2a2\_2)
4. Thursday (ASK C2a2\_2)
5. Friday (ASK C2a2\_2)
6. Saturday (ASK C2a2\_2)
7. NO IDENTICAL DAY ALREADY REPORTED (GO TO C2A2\_3)



C2a2\_2. [If day selected] Sometimes a (CHILD)'s schedule on a specific day is different from his/her regular schedule for that day of the week.-Was (CHILD)'s schedule **last** (DAY OF WEEK) identical to (DAY OF WEEK SELECTED IN C2A\_1) that week, or were there some differences in when or where s/he spent time those two days?

1. identical (skip to next day of week in C2A2)
2. some differences (GO TO C2A2\_3)

C2A2\_3. What time **last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday** did (PROVIDER) start to care for (CHILD)?

\_\_\_\_\_

C2D. When did the care with (PROVIDER) end on last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday?

\_\_\_\_\_

[RE-ASK C2 UNTIL ALL PROVIDERS ASKED ABOUT FOR LAST WEEK FOR THIS CHILD.]

C3. 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 five hours each week.

1. YES- ASK C4
2. NO-GO TO C4C
7. DON'T KNOW-GO TO C4C
8. REFUSED-GO TO C4C

C4 Who usually provides care for (CHILD) but didn't do so last week?

C4a. Does that care usually take place at your home or somewhere else?

C4b. How many hours per week does PROVIDER usually care for CHILD?

CHILD A

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

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

IF MORE THAN ONE CHILD, ASK C4C. IF ONLY ONE CHILD OR LAST CHILD, GO TO C5.

C4C .. Is CHILD []'s schedule **last week** the same or essentially like another child's schedule?

1. YES ( GO TO C2A1, INTERVIEWER WILL CONFIRM EACH LINE OF THE SCHEDULE TABLE, EMPHASIZING 'LAST WEEK.')
2. No (GO TO C2A1 TO COLLECT FULL DAY SCHEDULE)

C5. 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 INSTRUCTION BEFORE C9. ELSE ASK C5A. ASK ONLY ONCE ABOUT EACH PROVIDER, REGARDLESS OF HOW MANY CHILDREN ARE CARED FOR BY THAT PROVIDER.]

C5A. [IF NOT OBVIOUS] Is (PROVIDER) an individual or an organization?

- 1 INDIVIDUAL ->GO TO C5B
- 2 INDIVIDUAL WITH FAMILY DAY CARE -> GO TO C6
- 3 ORGANIZATION ->GO TO C6

C5B. Is [provider] male or female?

- 1 MALE
- 2 FEMALE

C5C. Did you have a personal relationship with (PROVIDER) before s/he began caring for your child/children?

- 1 YES -ASK C5CA
- 2 NO-GO TO C5D

C5CA What is your relationship to (PROVIDER)?

1. R is provider's FORMER SPOUSE/PARTNER->GO TO C5D
2. R is provider's CHILD/SON/DAUGHTER-IN-LAW->GO TO C5CB
3. R is provider's BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW ->GO TO C5CB
4. R is provider's OTHER RELATIVE->GO TO C5CB
5. R is provider's FRIEND->GO TO C5D
6. R is provider's NEIGHBOR->GO TO C5E

C5CB Is this the CHILD's grandparent?

- 1 Yes
- 2 No

C5D (IF NOT OBVIOUS). Does this individual live in this household?

1. YES
2. NO

C5E. 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 C6)
  - 2 No
- If C5E=2 and C5D=2, skip to C6  
If C5E=2 and C5D=1, skip to INSTRUCTION BEFORE C9

C6. What is the full name of {provider}? \_\_\_\_\_

IF ORGANIZATION, ASK C7. ELSE GO TO C8.

C7. [I have a list of most child care providers 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>

IF PROVIDER FOUND IN LIST, SKIP TO C8A.

C8. [IF ORGANIZATION: 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.

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

IF NEEDED: Could I know just the zip code and the intersection nearest [PROVIDER]? You can just tell me the two cross-streets and the zipcode, or the city and state and cross streets. IF NEEDED: We know that the location of child care is very important to parents and children. We only want the location of the provider in order to understand the distances between providers, the child's home, and other important locations.

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

C8A. INTERVIEWER: CODE OR ASK IF NECESSARY: Does {CHILD} attend regular school grades kindergarten through eight at {PROVIDER}?

- 1 YES
- 2 NO

IF PROVIDER TYPE = K-6 OR IF C8a=1, ASK C8\_1. ELSE GO TO INSTRUCTION BEFORE C9.

C8\_1. Last week, what were the hours of the regular school day at {PROVIDER}? IF HOURS VARIED BY DAY, RECORD LONGEST DAY LAST WEEK.

Start time: \_\_\_\_\_  
End time: \_\_\_\_\_

SKIP TO INSTRUCTION AFTER C9.

[IF ORGANIZATION OTHER THAN K-6 SCHOOL OR C8\_A=2, ASK C8\_2. ELSE GO TO INSTRUCTION BEFORE C9.

C8\_2. 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

C8.3. Some organizations provide a single type of activity for children, that many children may participate in for only a couple of hours each week. These could include tutoring programs, sports, or music or dance lessons. Would you say that [provider] offers a single type of activity or more than one type of activity?

- 1 SINGLE
- 2 MORE THAN ONE

C8\_4.] Some organizations offer drop-in care that parents can use on an unscheduled basis and without signing up in advance. Gyms, shopping malls, community centers and churches are some places that can offer drop-in care. Does {CHILD} attend [PROVIDER] on a drop-in basis?

- 1 YES
- 2 NO

IF PROVIDER PROVIDED CARE LAST WEEK, ASK C9. ELSE GO TO C5 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT. IF LAST PROVIDER AND PROVIDE DIDN'T CARE LAST WEEK, GO TO INSTRUCTION BEFORE C10.

C9. Does [PROVIDER] care for (CHILD) regularly? By regularly, we mean at least five hours each week.

- 1. YES
- 2. NO

[RETURN TO C5 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 THAT IS NOT A SINGLE ACTIVITY, THAT PROVIDES FEWER THAN FIVE HOURS PER WEEK OF CARE, A DROP-IN PROVIDER OR A K-6 SCHOOL.]

Let's start with (PROVIDER).

C10 [IF C5D NE 1] 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)

C11 [IF C5CA=5 OR 6 OR C5D NE 1] 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 C11A)
- 2 No (skip to C12)

C11A What language does (PROVIDER/your caregiver at PROVIDER) speak at home?

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

C12 How many times in the past month have you had conversations with (PROVIDER/ a caregiver at PROVIDER) on the following issues...

	Daily	3-4 times/ week	1-2 times/ week	1-2 times/ month	Every few months
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C14A. 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	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI
CHILD2	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI
CHILD3	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI

C15. Have you ever received the following services or a referral to these services from a person or organization that was caring for your child?

- |   |   |   |
|---|---|---|
| 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 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 5 OR MORE HOURS OF CARE LAST WEEK OR DOES SO USUALLY.

D1A. 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

D1B. Last week, (were you/was s/he) enrolled in a high school, college or university?

1. YES, ENROLLED
2. NO, NOT ENROLLED

D1C. 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

D1D. Next, I'd like to ask you about (your/his/her) day-to-day work/school/training schedule last week.

[IF D1A=1 THEN ASK D1D\_1. OTHERWISE GO TO D1D\_5. ]

D1D\_1. What time did (you/s/he) begin work on last Monday(/Tuesday/Wednesday/Thursday/Friday)? Please include the time you spent commuting to and from work in your response. \_\_\_\_\_

☐ I did not work last Monday(/Tuesday/Wednesday/Thursday/Friday) –GO TO INSTRUCTION BEFORE D1D\_5

D1D\_2. What time did (you/s/he) end work last Monday(/Tuesday/Wednesday/Thursday/Friday)? \_\_\_\_\_

D1D\_2a. Did (you/s/he) work another shift or job on Monday(/Tuesday/Wednesday/Thursday/Friday)?  
IF YES, ASK D1D\_1. \_\_\_\_\_  
IF NO, GO TO INSTRUCTION BEFORE D1D\_5

[IF D1B=2 AND D1C=2 THEN ASK D1D\_C1 (GO TO NEXT DAY).  
IF D1B=1 THEN ASK D1D\_5. OTHERWISE GO TO INSTRUCTION BEFORE D1D\_9.]

D1D\_5. What time last Monday (/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) begin school? Please include the time you spent commuting to and from school in your response.  
\_\_\_\_\_

☐ I did not attend school last Monday(/Tuesday/Wednesday/Thursday/Friday)—GO TO INSTRUCTION BEFORE D1D\_9.

D1D\_6. what time did (you/s/he) end school last Monday(/Tuesday/Wednesday/Thursday/Friday)?

D1D\_6a. Did (you/s/he) go to school another time on Monday(/Tuesday/Wednesday/Thursday/Friday)?  
IF YES, ASK D1D\_5.  
IF NO, GO TO INSTRUCTION BEFORE D1D\_9.

[IF D1C=1 THEN ASK D1D\_9. OTHERWISE GO TO INSTRUCTION BEFORE D1D\_C1.]

D1D\_9. What time last Monday(/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) begin training? Please include the time you spent commuting to and from training in your response.

☐ I did not attend training last Monday(/Tuesday/Wednesday/Thursday/Friday).-GO TO INSTRUCTION BEFORE D1D\_C1.

D1D\_10. What time last Monday(/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) end training?

[ASK D1D\_C1-D1D\_C9 FOR TUESDAY TO SUNDAY SCHEDULES]  
[IF D1A=1 THEN ASK D1D\_C1. ELSE GO TO INSTRUCTION BEFORE D1D\_C4\*]

D1D\_C1. (FOR TUESDAY TO SUNDAY: ) Now I'd like to ask about (your/his/her) work schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule the same as another day you've already told me about?

1. Yes (ASK D1D\_C2)
2. No (ASK D1D\_1)

D1D\_C2. What day last week is the same as your/his/her (DAY OF WEEK) schedule last week?

1. Monday (ASK D1D\_C3)
2. Tuesday (ASK D1D\_C3)
3. Wednesday (ASK D1D\_C3)
4. Thursday (ASK D1D\_C3)
5. Friday (ASK D1D\_C3)
6. Saturday (ASK D1D\_C3)
7. NO IDENTICAL DAY ALREADY REPORTED (ASK D1D\_1)

D1D\_C3. Sometimes people's work schedule on a particular day is different from their regular work schedule for that day of the week. Thinking about last (DAY OF WEEK), was your/his/her work schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D1D\_C2) that week, or were there some differences in when you/he/she arrived at or left work on those two days?

1. IDENTICAL (GO TO INSTRUCTION BEFORE D1D\_C4)
2. SOME DIFFERENCES (ASK D1D\_1)

[IF D1B=1 THEN ASK D1D\_C4. ELSE GO TO D1D\_C7]

D1D\_C4. (FOR TUESDAY TO SUNDAY: ) Now I'd like to ask about (your/his/her) school schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule same as another day you've already told me about?

1. Yes (ASK D1D\_C5)
2. No (ASK D1D\_5)

D1D\_C5. What day last week is the same as your/his/her (DAY OF WEEK) school schedule last week?

1. Monday (ASK D1D\_C6)
2. Tuesday (ASK D1D\_C6)
3. Wednesday (ASK D1D\_C6)
4. Thursday (ASK D1D\_C6)
5. Friday (ASK D1D\_C6)
6. Saturday (ASK D1D\_C6)
7. NO IDENTICAL DAY ALREADY REPORTED (ASK D1D\_5)

D1D\_C6. Sometimes people's school schedule on a particular day is different from their regular school schedule for that day of the week. Thinking about last (DAY OF WEEK), was your/his/her school schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D1D\_C5) that week, or were there some differences in when you/he/she arrived at or left school on those two days?

1. IDENTICAL (GO TO INSTRUCTION BEFORE D1D\_C7)



2. SOME DIFFERENCES (ASK D1D\_5)

[IF D1C=1 THEN ASK D1D\_C7. ELSE GO TO D2]

D1D\_C7. (FOR TUESDAY TO SUNDAY: ) Now I'd like to ask about (your/his/her) training schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule the same as another day you've already told me about?

1. Yes (ASK D1D\_C8)
2. No (ASK D1D\_9)

D1D\_C8. What day last week is identical to your/his/her (DAY OF WEEK) training schedule last week?

1. Monday (ASK D1D\_C9)
2. Tuesday (ASK D1D\_C9)
3. Wednesday (ASK D1D\_C9)
4. Thursday (ASK D1D\_C9)
5. Friday (ASK D1D\_C9)
6. Saturday (ASK D1D\_C9)
7. NO IDENTICAL DAY ALREADY REPORTED (ASK D1D\_9)

D1D\_C9. Sometimes people's training schedule on a particular day is different from their regular schedule for that day of the week. Thinking about last (DAY OF WEEK), was your/his/her training schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D1D\_C8) that week, or were there some differences in when you/he/she arrived at or left training on those two days?

- IDENTICAL (ASKCHK1)  
SOME DIFFERENCES (ASK D1D\_9)

<CHECKS TO PICK UP INCONSISTENCIES>

[IF SUM OF WORK HOURS MORE THAN 40, GO TO CHK1. ELSE GO TO D2]

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

1. YES, CORRECT -GO TO D2
2. NO, INCORRECT ->GO TO D1D\_1

[IF SUM OF WORK /SCHOOL/TRAINING HOURS MORE THAN 50, GO TO CHK2. ELSE GO TO D2]

CHK2. 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 D1D\_1

/\*NOTE TO PROGRAMMER/INTERVIEWERS: IF HHMEMBER IS CHILD'S PARENT OR PARENT'S SPOUSE, ASK D2-D15. IF HHMEMBER IS NOT CHILD'S PARENT OR PARENT'S SPOUSE, IF D1A=1, ASK D2, D2A, AND D3D. IF D1A NE 1, ASK D4, D5B, AND D5D.

THEN SKIP TO CHILD CARE PAYMENT AND SUBSIDY SECTION \*/

[IF D1A=1 ASK D2. ELSE GO TO D4]

D2. 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?

D2A. What kind of business is that? RECORD FIRM NAME OR INDUSTRY DESCRIPTION IN TABLE BELOW. IF NECESSARY, What does the company make or do?

D2B. INTERVIEWER CHECK: DOES THIS JOB INVOLVE CARING FOR CHILDREN UNDER AGE 13 OTHER THAN ONE'S OWN IN A HOME-BASED SETTING?

1 YES

2 NO

D3D. About how much were you paid at that job?

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

[IF D1A NE 1 ASK D4. ELSE IF HHMEM IS R OR R'S SPOUSE/PARTNER, GO TO D6. ELSE IF HHMEM IS NOT R OR R'S SPOUSE/PARTNER, GO TO INSTRUCTION BEFORE D9]

D4. [Have you/has s/he] ever worked for pay?

1 Yes

2 No (skip to D7)

[IF D4=1 AND HHMEM IS R OR R'S SPOUSE/PARTNER, GO TO D5. IF D4=1 AND HHMEM IS NOT R NOR R'S SPOUSE/PARTNER, GO TO D5B]

D5. [Were you/was s/he] working at the time that (you/your spouse or partner) got pregnant with your oldest child?

1 Yes (ask D5a)

2 No (skip to D6)

D5A. What was that job that you had (when you got pregnant with your oldest child)?

D5B. When did you last work at that job? ENTER 33/33 IF R STILL WORKS THERE.

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

[IF HHMEM IS R OR R'S SPOUSE/PARTNER, ASK D5C. ELSE GO TO D5D]

D5C. About how many hours did you usually work at that job each week when you stopped working there? \_\_\_\_\_

D5D. About how much were you paid at that job?

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

[IF HHMEM IS R OR R'S SPOUSE/PARTNER AND D5B =3333, GO TO D6. IF HHMEM IS R OR R'S SPOUSE/PARTNER AND D5B NE 3333, ASK D5E. IF HHMEM IS NOT R NOR R'S SPOUSE/PARTNER, GO TO INSTRUCTION BEFORE D9]

D5E. Would you return to that job now if it were available to you?

1 Yes

2 No

D5F. 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

D6. 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-ASK D6A
- 2 No-GO TO D7

D6A. Did you take that opportunity?

- 1 Yes-ASK D6B
- 2 No-GO TO D6C

D6B. 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-GO TO D7
- 2 No-GO TO D7

D6C. 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

D7. [Have you/has s/he] searched for new or additional work in the past 12 months? This could include free-lance work or other work for your own business.

- 1 Yes-ASK D7A
- 2 No-GO TO D8

D7A. 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 D7b)
- 2 No (skip to D8)

D7B. Did you start work as a result of that opportunity?

- 1 Yes (ask D7c)
- 2 No (ask D7d)

D7C. 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 D8)
- 2 No (skip to D8)

D7D. 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 D7D1=y] Did you get a written or verbal offer with a specific job title and rate of pay? Y N
- 3. [if D7D2=y] Did you initially say that you would take the work? Y N

D7E. 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 D8)

D7F. Did concerns about child-care have anything to do with your not pursuing that opportunity further?

- 1 Yes -ASK D7G
- 2 No (go to D8)

D7G. 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

D8. [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 |

LOOP TO NEXT HHMEM BEGINNING AT INSTRUCTION BEFORE D2 UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

D9. In the past 3 months, about how many days have you [or your spouse/partner] worked from home?

\_\_\_\_\_ Days IF 0, SKIP TO D10.

D9A. 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

D10. 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 D11.

D10A. 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

D11. 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 D12.

D11A. How many of these days were you or your spouse late or did you leave early because of your child care responsibilities?

\_\_\_\_\_ Days

D12. Approximately how many days in the last 3 months did you have to make special arrangements for (CHILD)'s care because a provider was sick or unavailable? Don't count days when you would have had a holiday anyway.

\_\_\_\_\_ Days

D13. 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

D14. Who cared for your child the last time your regular child care was not available and neither you nor your spouse missed work? \_\_\_\_\_

D15. 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 have some more questions about the regular child care arrangements you use for your child/children whether you used them last week or not.

LOOP THROUGH ALL PROVIDERS WHO ARE NOT A PUBLIC SCHOOL, SINGLE-ACTIVITY, OR DROP-IN, AND THAT PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK.

INTERVIEWER CHECK:

HAS THIS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP 'S RESPONSE TO E4C?

YES- SKIP TO E12.

NO/NOT SURE-, ASK E1

E1. (Starting with the youngest child,) Does (PROVIDER FILLED IN FROM C1A) charge you anything directly for the care of (CHILD)? Please include charges even if you are later reimbursed.

1. YES ->GO TO E6

2. NO -> GO TO E2

E2. 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 E5

7. DON'T KNOW

8. REFUSED

E3. 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

E4. 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 E9
3. DON'T KNOW ->GO TO E9
4. REFUSED ->GO TO E9

E4A. How much do you pay yourself?

\_\_\_\_\_

E4B. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY OTHER WEEK
5. PER MONTH
6. SOMETHING ELSE (SPECIFY: \_\_\_\_\_)

E4C. (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? \_\_\_\_\_)

E2A. Would you lose your child's spot at this provider if you lost your job or had your hours cut back?

1. YES
2. NO

E2B. Did you work with [LOCAL CCDF AGENCY] to find this provider or arrange for payment?

1. YES->GO TO E9
2. NO ->GO TO E9

E5 So this care is provided free by [provider]?

- 1.YES ->GO TO E5A
- 2.NO ->GO TO E2
- 7.DON'T KNOW-> GO TO E8
- 8.REFUSED->GO TO E8

E5A. Two programs that might not charge parents for taking care of their young children are Head Start and [LOCAL NAME FOR PRE-K]. Do you happen to know if [provider] is one of these types of programs?

- 1.YES ->GO TO INSTRUCTION BEFORE E10

2.NO ->GO TO E2

E6. 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

E7. How much do you pay this [provider]?

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

E7A. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY OTHER WEEK
5. PER MONTH
6. SOMETHING ELSE (SPECIFY:\_\_\_\_\_)

E7B. (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? \_\_\_\_\_)

E8.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 E9
- 3.DON'T KNOW->GO TO E9
- 4.REFUSED ->GO TO E9

E8A. 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

E9. 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 E10
3. DON'T KNOW -> GO TO E10
4. REFUSED -> GO TO E10

E9A. How much do you receive in payments, reimbursements or vouchers that are paid directly to you for [provider]?

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

E9B. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY OTHER WEEK
5. PER MONTH
6. SOMETHING ELSE (SPECIFY: \_\_\_\_\_)

E9C. (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 E10 AND E11 FOR FIRST CHILD WITH EACH PROVIDER ONLY. ELSE GO TO INSTRUCTION BEFORE F2]

E10. 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-> GO TO E11

E10A. 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

E10B. What does it cost you to provide these things each time you give them? \$ \_\_\_\_\_

E10B1. How often do you give these things? \_\_\_\_\_

E10B2. How much time do you spend providing these things each time you give them?  
\_\_\_\_\_ Hours

E11. Do you occasionally give gifts or help out [provider] even if it's not regular payment for caring for your (child/children)?

- 1 Yes
- 2 No-> GO TO INSTRUCTION BEFORE F2

E11A. What does it cost you to provide these things each time you give them? \$ \_\_\_\_\_

E11A2. How much time do you spend providing these things each time you give them?  
\_\_\_\_\_ Hours



E12. 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 E12AB)
- 2 No (ASK E12A)

E12A. How much do you pay this [provider]?

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

E12AA. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY OTHER WEEK
5. PER MONTH
6. SOMETHING ELSE (SPECIFY: \_\_\_\_\_)

E12AB. (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 E1 TO E12AB FOR ALL PROVIDERS MENTIONED IN C1 THAT ARE NON-PARENTAL, NON-SCHOOL, NON-SINGLE ACTIVITY, NON-DROP-IN, AND THAT PROVIDE 5 OR MORE HOURS OF CARE PER WEEK FOR ALL CHILDREN UNDER 13.]

### **Non-Parental Child Care Search**

F2. 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: )

F2A. For which of your children were you searching for care?

CHECK ALL THAT APPLY

1. CHILD
2. CHILD2

3. CHILD3
4. TWO OR MORE CHILDREN TOGETHER

F3. 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. CHILD NO LONGER ELIGIBLE FOR PREVIOUS CARE (E.G., AGED OUT)
10. OTHER(SPECIFY: \_\_\_\_\_)

F4. At the time of that last search, what type of child care were you mostly using for [child]?

- 1) PARENTAL CARE ONLY
- 2) HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH
- 3) HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH
- 4) CENTER-BASED CARE
- 5) OTHER (SPECIFY: \_\_\_\_\_)

F5. 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 F7)
2. ONLY ONE PROVIDER CONSIDERED

F6. Who was the one provider whom you considered during your search?

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

F6A (IF NOT ALREADY STATED: ) What type of provider is this?

1. HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH
2. HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH
3. CENTER-BASED CARE
4. OTHER (SPECIFY: \_\_\_\_\_)

F6a\_1. (IF F6A=1) What is your relationship to this person?

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

F6B (IF F6A=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 F5=1 THEN ASK F7. OTHERWISE GO TO F10>

F7. How did you look for providers in your last search? CODE ALL THAT APPLY.

- 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) Healthcare provider
- 8) Other (SPECIFY: \_\_\_\_\_)

F8. How many providers did you get some information about in your last search?

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

F8A. Did you do the following to learn about providers during that search:

F8A1. Talk to the provider

1 YES

2 NO

F8A2. Observe the provider myself

1 YES

2 NO

F8A3. See how my child reacts

1 YES

2 NO

F8A4. Ask friends and family

1 YES

2 NO

F8A5. Ask parents who use the provider

1 YES

2 NO

F8A6. Read about the provider in paper or on-line materials

1 YES

2 NO

F8A7. Look up quality rating systems

1 YES

2 NO

F8A8. Ask teachers

1 YES

2 NO

F8A9. Other(specify)

1 YES

2 NO

F8B. What was the specific information you tried to learn about providers?

RECORD VERBATIM AND CODE ALL THAT APPLY, 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)

F9. I am going to ask you some more questions about the providers that you considered most carefully before you made your final decision. Please think about the 3 providers you considered the most carefully.

F9A. What is the name of the (first/second/third) provider?

\_\_\_\_\_

F9B. What is the address of [provider]?

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

F9C. What type of provider is that?

1. HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH
2. HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH
3. CENTER-BASED CARE
4. OTHER (SPECIFY: \_\_\_\_\_)

F9D. (IF F9C=1) 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

F9E. How much would it have cost you to have [provider] care for [child]?  
\$ \_\_\_\_\_

F9F. is that per  
1. Hour  
2. Day  
3. Week  
4. Month  
5. Other\_\_\_\_

F9G. Does the [provider] take subsidies or vouchers?  
1. YES  
2. NO  
3. I DIDN'T ASK

F9H. Does the [provider] offer some other financial assistance?  
1. YES  
2. NO  
3. I DIDN'T ASK

F9I. (IF F9G=1 or F9H=1) Was the price you quoted just now reflecting those discounts?  
1. YES  
2. NO

F9J. How many minutes would it take in travel time for you or some one else to take [child] to [provider]?  
\_\_\_\_\_

F9L. 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

F9M. 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

<REPEAT F9A-F9M FOR ALL CANDIDATE PROVIDERS CONSIDERED>

F10. [if center care not mentioned] Did you consider any [child-care] centers or pre-schools for [school-age] children as part of your search?  
1 Yes ADD TO LIST -> GO TO F10A  
2 No → what was the main reason you didn't consider center care?

1. Don't like center care-> GO TO F11
2. None available-> GO TO F11
3. Don't know how to find them -> GO TO F11
4. Don't think I can afford it-> GO TO F11
5. Don't like the centers around here-> GO TO F11
6. Other-> GO TO F11

F10A. What was the main reason a center or pre-school wasn't in the top three providers that you chose from?

- 1 Didn't like the ones I found
- 2 Couldn't find any that had space available
- 3 Couldn't find any nearby
- 4 Couldn't afford the ones I found
- 5 The ones I found couldn't meet my schedule needs
- 6 Liked other options better
- 7 Other (specify\_\_\_\_\_)

F11. [If relative 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 Don't feel comfortable asking
  - 7 Other

F12. [if family day care not mentioned]: Did you consider someone who provides care at home but whom you didn't know before as part of your search?

- 1 Yes ADD TO LIST-> GO TO F12A
- 2 No -> What was the main reason you didn't consider family day care?
  1. Don't like family day care->GO TO F13
  2. None available->GO TO F13
  3. Don't know how to find them->GO TO F13
  4. Don't think I can afford it->GO TO F13
  5. Don't like the family day cares around here->GO TO F13
  6. Other->GO TO F13

F12A. What was the main reason someone who provides care at home but whom you didn't know before wasn't in the top three providers that you chose from?

- 1 Didn't like the ones I found
- 2 Couldn't find any that had space available
- 3 Couldn't find any nearby
- 4 Couldn't afford the ones I found
- 5 The ones I found couldn't meet my schedule needs
- 6 Liked other options better

7 Other (specify \_\_\_\_\_)

F13. 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: \_\_\_\_\_)

F13A. (IF F13=1 and F5=1: ) Which one of the candidate providers did you choose?

\_\_\_\_\_

F14. 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. Provider had space available
8. Other (SPECIFY: \_\_\_\_\_)

IF F5=2, SKIP TO G1.

F15. How long was it between when you started looking and when you made this decision in your last search?

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

F16. Did you find at least one provider who offered everything you were looking for?

1. YES-GO TO F17
2. NO-ASK F16A

F16A If not, what was missing? \_\_\_\_\_

F17. Were you able to enroll your child in your first-choice provider?

1. YES-GO TO G1
2. NO-ASK F17A

F17A What prevented you from enrolling your child in your first-choice provider?  
\_\_\_\_\_

### **Household Characteristics**

G1. Do [you/you or your spouse/you or your partner] own this (house/apartment), do you rent, or something else?

1 OWN-GO TO G2

2 RENT-GO TO G2

3 OTHER, NEITHER OWN NOR RENT-ASK G1A

G1A 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

G2. Do you have a car?

- 1 Yes
- 2 No

G3. 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 G3A)  
IF DK/REF, GO TO G3B

G3A. Is that before or after taxes and other deductions?

- 1 before taxes-GO TO G4A
- 2 after taxes-GO TO G4A
- 3 don't know-GO TO G4A

G3B. 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



G4A. 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: \$ \_\_\_\_\_ GO TO G4B

IF DK THEN GO TO G4A1.

IF REFUSED THEN GO TO G4A2.

G4A1. 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,-GO TO G4B
- b) \$8,000 to less than \$15,000-GO TO G4B
- c) \$15,000 to less than \$25,000-GO TO G4B
- d) \$25,000 to less than \$40,000-GO TO G4B
- e) \$40,000 to less than \$60,000-GO TO G4B
- f) \$60,000 or more? -GO TO G4B

G4A2. 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?

G4B. 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 G4B1
- 2. NO ->GO TO G4C

G4B1: What is the total amount of public assistance or welfare payments you received in the last calendar year?

\$ \_\_\_\_\_ GO TO G4C

IF DK THEN ASK G4B2.

IF REFUSED THEN ASK G4B3.

G4B2. 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 GO TO G4C
- b) \$500 to less than \$1000 GO TO G4C
- c) \$1000 to less than \$1500 GO TO G4C
- d) \$1500 to less than \$2000 GO TO G4C
- e) \$2000 to less than \$5000 GO TO G4C
- f) \$5000 or more GO TO G4C

G4B3. 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

G4C. Did you have any income from alimony or child care support in the last calendar year?

- 1. YES->GO TO G4C1
- 2. NO->GO TOINSTRUCTION BEFORE G5A

G4C1. What is the total amount of alimony or child care support you received in the last calendar year? \_\_\_\_\_ GO TOINSTRUCTION BEFORE G5A

IF DK, ASK G4C2.

IF REFUSED, ASK G4C3.

G4C2. 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 GO TOINSTRUCTION BEFORE G5A
- b) \$500 to less than \$1000 GO TOINSTRUCTION BEFORE G5A
- c) \$1000 to less than \$1500 GO TOINSTRUCTION BEFORE G5A
- d) \$1500 to less than \$2000 GO TOINSTRUCTION BEFORE G5A
- e) \$2000 to less than \$5000 GO TOINSTRUCTION BEFORE G5A
- f) \$5000 or more GO TOINSTRUCTION BEFORE G5A

G4C3. 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 G5A. ELSE GO TO G6A]

G5A 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: \$ \_\_\_\_\_ GO TO G6A

IF DK THEN GO TO G5A1.

IF REFUSED THEN GO TO G5A2.

G5A1. 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,-GO TO G6A
- b) \$8,000 to less than \$15,000-GO TO G6A
- c) \$15,000 to less than \$25,000-GO TO G6A
- d) \$25,000 to less than \$40,000-GO TO G6A
- e) \$40,000 to less than \$60,000-GO TO G6A
- f) \$60,000 or more?-GO TO G6A

G5A2. 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?

G6A. 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 G6A1
- 2. NO-GO TO G7

G6A1: What is the total amount of other income your household had in the last calendar year?  
\$\_\_\_\_\_ -GO TO G7

IF DK THEN GO TO G6A1.

IF REFUSED THEN GO TO G6A2.

G6A2. You may not be able to give us an exact figure for, but was it ....

- a) less than \$2,500, -GO TO G7
- b) \$2,500 to less than \$5,000, -GO TO G7
- c) \$5,000 to less than \$7,500-GO TO G7
- d) \$7,500 to less than \$10,000-GO TO G7
- e) \$10,000 to less than \$12,500-GO TO G7
- f) \$12,500 to less than \$15,000-GO TO G7
- g) \$15,000 to less than \$20,000-GO TO G7
- h) \$20,000 or more? -GO TO G7

G6A3. 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?

G7. Did you take a Child or Dependent Care Federal Income Tax Credit when you filed your 2009 income taxes?

- 1 Yes
- 2 No
- 3 Didn't file/Haven't filed yet
- 4 Don't know

G8. Do you plan to take a Child and Dependent Care Federal Income Tax Credit for the 2010 tax year?

- 1 Yes
- 2 No

**Parental consent to access administrative records**

H1. 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 H3
- NO.....2 GO TO H2
- REFUSED.....99 GO TO H3

H2. May I know who would be able to authorize such a release?

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

GO TO H7

H3 (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 H4

Respondent still refuses.....2 GO TO H7 (on callback)

H4 Capture Interviewer ID upon entering question H3

H5 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

H6 /\*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: \_\_\_\_\_

H7 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].