



National Survey of **Early Care & Education**

## *Household Questionnaire*

*(revised 6/19/11)*

**CAPI: QUEXLANG**

PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW

1. ENGLISH
2. SPANISH

A\_INTRO.

Hello. I am \_\_\_\_\_ from NORC at the University of Chicago.

[IF R SCREENED IN AS ELIGIBLE THROUGH MAIL/FIELD, READ: You have recently completed a short questionnaire for the NSECE. NSECE is a study]

[IF R NOT SCREENED YET: We are conducting a study]

about how families use and think about child care and after-school programs for children under age 13. This study is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help policy-makers and child care providers better understand and support the services that are most needed in your area.

This interview takes about 45 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children, including reporting to authorities.

**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?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY->CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED->TURN OFF RECORDING FEATURE AND CONTINUE

[IF R SCREENED BY MAIL SCREENER: ASK A1. ELSE GO TO A4]

A1. First, our records have the address [SAMPLED ADDRESS]. Can you verify if you still live at this address?

1. YES, STILL AT THIS ADDRESS→GO TO A4
2. NO, NEVER AT THIS ADDRESS→GO TO A2
3. NO, BUT LIVED THERE BEFORE→GO TO A3

A2: Thank you very much. We need to speak to the household at [SAMPLED ADDRESS]. TERMINATE THE INTERVIEW AND SEND IT TO FIELD WITH A FRESH SCREENER

A3. Can you tell me where you live now?

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

IF ADDRESS IN THE SAME CLUSTER, CONTINUE WITH S1. ELSE TERMINATE AND DISPOSITION AS 'INELIGIBLE'

**Child Demographics**

**A4. First, how many children under 13 live in your household?**

**IF R REFUSED/DK, SAY: Our records indicate that there are (PRELOADED NUMBER OF CHILDREN) children under 13 living in this household. Is that correct? IF NOT CORRECT: how many children under the age of 13 live in your household?**

\_\_\_\_\_ **OF CHILDREN**

**IF A4>=1 GO TO A6.**

**IF A4=0, GO TO A5.**

**A5. Thank you very much. That is all I have. →DISPOSITION AS 'INELIGIBLE'**

A6. (IF A4>1: For each child under 13, starting with the youngest,) Can you tell me the first names (or initials) of all of the children under 13 who usually live in this household?

First names:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

A7. INTERVIEWER: ASK A8-A20 ABOUT EACH CHILD LISTED IN A6.

A8 (ASK IF NECESSARY:). Is (CHILD) a boy or a girl?

1. BOY
2. GIRL

A9. In what month and year was (CHILD) born?

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

A10. In what country was (CHILD) born?

\_\_\_\_\_ Country

CAPI: A1c1\_CNTRY [drop down list]

A11. Is (CHILD) of Hispanic or Latino origin?

- 1 YES
- 2 NO

A12. 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: \_\_\_\_\_)

A13. 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

A14. (IF A13 gt 2) Does child have a parent in the household?

(IF A13 eq 1 or 2) Does child have another parent in the household?

**(INTERVIEWERS: IF PARENT TEMPORARILY OUT OF TOWN/OUT OF COUNTRY ON BUSINESS OR AWAY ON MILITARY DEPLOYMENT, SELECT 'YES' TO THIS QUESTION)**

- 1 YES
- 2 NO
- 3 IF VOLUNTEERED: MOTHER DECEASED
- 4 IF VOLUNTEERED: FATHER DECEASED
- 5. DK
- 6. REF

A15. 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 A14=2 THEN GO TO A17. ELSE IF THIS IS THE SECOND OR LATER CHILD, AND A14=2, GO TO A16.

A16. 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 A21
- 2. YES, CHILD2-GO TO A21
- 3. YES, CHILD3-GO TO A21
- 4. YES, CHILD4-GO TO A21
- 5. YES, CHILD5-GO TO A21
- 6. NO, PARENT NOT PREVIOUSLY MENTIONED -ASK A17

A17 .You mentioned that (CHILD)'s parent does not live in the household. Can you tell me the zip code or city and state where he/she lives? CITY: \_\_\_\_\_

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

IF VOLUNTEERED: MOTHER DECEASED-GO TO A21  
IF VOLUNTEERED: FATHER DECEASED-GO TO A21  
IF DON'T KNOW/REFUSED-GO TO A21

A18. Last week, was s/he working full-time, part-time, , or something else?

1. WORKING FULL TIME
2. WORKING PART TIME
3. SOMETHING ELSE (SPECIFY: \_\_\_\_\_)
4. DON'T KNOW/REFUSED

A19. 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

A20. In the past 12 months, about how many times has he/she seen (CHILD)?  
\_\_\_\_\_ TIMES

A21. INTERVIEWER: HAVE TWO PARENTS BEEN ACCOUNTED FOR?

- 1 YES (SKIP TO A23)
- 2 NO (ASK A2G10A)

A22. Does (CHILD) have another parent who doesn't live in this household?

- 1 YES (GO TO A16 AND ASK ABOUT ANOTHER PARENT)
- 2 NO (GO TO A23)

A23. REPEAT A8-A20 FOR EACH CHILD UNDER 13 IN HOUSEHOLD

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

B1. These next questions are about your family and the other people who live in your household and are 13 years old or older. Including yourself, how many people 13 years old or older live in your household?

B2. Now please tell me the first names (or initials) of individuals over the age of 13 who usually live here. We will start with you. Can you please state your first name or initials?

IDENTIFY ALL HOUSEHOLD MEMBERS FIRST, THEN ASK QUESTIONS ABOUT EACH PERSON.

B3. Names

---

And the next individual over the age of 13 who usually lives here?

---

Another teenager or adult?

---

Now I have some questions about each person in the household. The questions may be different for different people. Let me start with you.

B4. How old (are you/ is [])? IF NEEDED: Your best guess is fine.

B5. (IF NOT OBVIOUS: ) (Are you/Is []) male or female?

B6. [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: \_\_\_\_\_)

B7. [if B4 >= 14 and HHMEM NOT R] [IF NOT OBVIOUS, ASK:] Does [] have any children under the age of 13 in this household? IF NEEDED: Please include biological and adopted children.

1 YES

2 NO

B1e\_1. [if B7=1] Who are []'s children in this household?

B8. [IF B4>= 14 AND HHMEM NOT R OR R'S SPOUSE AND HHMEM HAS NO CHILDREN IN HH]  
Does [] ever look after the young children in the household? IF NEEDED: How about for more than 5 hours at a time?

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

B9. 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 DK/REF-ASK FOLLOWUP

B10. (IF HHMEM IS R: ) Are you of Hispanic or Latino origin?

- 1 YES
- 2 NO

B11. (IF HHMEM IS R: )\_Which of the following are you...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

B12. (IF HHMEM IS R OR PARENT OF CHILD UNDER 13 IN HH: ) In which country was [] born?

\_\_\_\_\_

B1o\_CNTRY [drop down]

B13 (IF B12 answered and NOT "USA": )

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

\_\_\_\_\_

[ASK B4-B13 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.

B14. What language is usually spoken in this household? CHECK ALL THAT APPLY

\_\_\_\_\_ Language

B15. [Does your child/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 B3BB16)
- 2 NO (SKIP TO C1)

B16. 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

B17. 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:] 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. 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).

[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 hh members age 14 or older.

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.

**C2. Provider Name**

1.			
2.			
3.			
4.			
5.			
6.			

C3. Now I’d like to understand your child care schedule last week.

Thinking about **last** Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday (that is, FILL IN DATE FOR LAST MONDAY/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY), 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.

C4. (ASK THIS QUESTION ABOUT LAST MONDAY SCHEDULE) What time **last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday** did (PROVIDER) start to care for (CHILD)?



C5. When did the care with (PROVIDER) end on last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday?

\_\_\_\_\_

C6. Thinking about (CHILD)'s schedule for last week, was any day's schedule last week the same as last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday? SELECT ALL THAT APPLY.

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY

C7(FOR TUESDAY TO SUNDAY: )

[If day selected] [IF NEEDED: 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 C6) 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 C7)
2. SOME DIFFERENCES (GO TO C3)

NOTE TO PROGRAMMER: PLEASE ADD A FLAG IF THIS IS A CARE SPELL THAT PASSES MIDNIGHT.

[RE-ASK C3 UNTIL ALL PROVIDERS ASKED ABOUT FOR LAST WEEK FOR THIS CHILD.]

C8. 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 C9
2. NO-GO TO C12
7. DON'T KNOW/REFUSED-GO TO C12

C9 Who usually provides care for (CHILD) but didn't do so last week?

C10. (IF NOT OBVIOUS: ) Does that care usually take place at your home or somewhere else?

C11. How many hours per week does PROVIDER usually care for CHILD?

CHILD A

Provider \_\_\_\_\_

(IF NOT OBVIOUS: )Does that care usually take place at your home or somewhere else?:

\_\_\_\_\_

How many hours per week does [PROVIDER] usually care for [CHILD]? : \_\_\_\_\_

Provider \_\_\_\_\_

(IF NOT OBVIOUS: )Does that care usually take place at your home or somewhere else?:

\_\_\_\_\_

How many hours per week does [PROVIDER] usually care for [CHILD]? : \_\_\_\_\_

IF MORE THAN ONE CHILD, ASK C12. IF ONLY ONE CHILD OR LAST CHILD, GO TO C16.

C12: Was (CHILD 2/CHILD3/...)’s schedule **last**

**Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday** the same as another child’s Monday schedule?

1. YES, CHILD 1 →ASK C13
2. YES, CHILD 2→ASK C13
3. YES, CHILD →ASK C13
- ... (FILL IN ALL CHILDREN IN THE ROSTER IN A1)→ASK C13
13. NOT THE SAME AS ANY CHILD ALREADY REPORTED (GO TO C3 TO COLLECT FULL DAY SCHEDULE)

C13. [IF NEEDED: 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**

**Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday** identical to (CHILD SELECTED IN C12)’s Monday schedule, or were there some differences in when or where they spent time last Monday?

1. IDENTICAL →ASK C14)
2. SOME DIFFERENCES (GO TO C3 TO COLLECT FULL DAY SCHEDULE)

C14. What day last week was the same as (CHILD)’s (DAY OF WEEK) schedule last week? SELECT ALL THAT APPLY.

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY (

(FOR LAST TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY: )

(IF DAY SELECTED IN C14, ASK C15 )

C15. [If day selected] [IF NEEDED: 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 C14) 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 C14)
2. SOME DIFFERENCES (GO TO C4 TO COLLECT FULL DAY SCHEDULE)

(IF DAY NOT SELECTED IN C14, ASK C12)

LOOP THROUGH DAYS OF WEEK UNTIL ALL DAYS ARE ASKED. THEN ASK C8 ABOUT (CHILD2). LOOP THROUGH ALL CHILDREN UNTIL ALL DAYS LAST WEEK AND REGULAR ARE ASKED FOR ALL CHILDREN.

C16. 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 PARENTAL CARE ONLY OR PROVIDER LIVES IN THIS HOUSEHOLD, SKIP TO INSTRUCTION  
BEFORE C29. ELSE ASK C17.  
ASK ONLY ONCE ABOUT EACH PROVIDER, REGARDLESS OF HOW MANY CHILDREN ARE CARED  
FOR BY THAT PROVIDER.]

C17. [IF NOT OBVIOUS, ASK:] Is (PROVIDER) an individual or an organization?

1 INDIVIDUAL ->GO TO C18

2 INDIVIDUAL WITH FAMILY DAY CARE -> GO TO INSTRUCTION BEFORE C22

3 ORGANIZATION ->GO TO INSTRUCTION BEFORE C22

C18. Did you have a personal relationship with (PROVIDER) before s/he began caring for your  
child/children?

1 YES -ASK C19

2 NO-GO TO C21

DK/REF-GO TO C21

C19. What is your relationship to (PROVIDER)?

1. R IS PROVIDER'S FORMER SPOUSE/PARTNER->GO TO C21

2. R IS PROVIDER'S CHILD/SON/DAUGHTER-IN-LAW->GO TO C20

3. R IS PROVIDER'S BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW ->GO TO C21

4. R IS PROVIDER'S OTHER RELATIVE->GO TO C21

5. R IS PROVIDER'S FRIEND->GO TO C21

6. R IS PROVIDER'S NEIGHBOR->GO TO C21

7. DK/REF-GO TO C21

C20. So (PROVIDER) is the CHILD's grandparent?

1 YES

2 NO

C21. (IF NOT OBVIOUS). Does this individual live in this household or provide care in this  
household?

1. YES, LIVES HERE (SKIP TO INSTRUCTION BEFORE C29)

3. YES, PROVIDES CARE HERE BUT DOES NOT LIVE HERE (SKIP TO INSTRUCTION BEFORE  
C29)

2. NO, NEITHER LIVES HERE NOR PROVIDES CARE HERE

[IF C17=2 OR 3, ASK C22. ELSE GO TO C24. ]

C22. (IF NOT APPARENT: ) What is the full name of {provider}? \_\_\_\_\_

C23. [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 C25. ELSE ASK C24.

C24. [IF C17=2 OR 3: 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 \_\_\_\_\_

C25. (INTERVIEWER: CODE OR ASK IF NECESSARY:) IS [PROVIDER] A REGULAR SCHOOL SUCH AS ELEMENTARY SCHOOLS K TO 6 OR K TO 8, MIDDLE SCHOOLS 6-8)? 1 YES

2 NO

[IF C17=3 AND (PROVIDER TYPE = K-6 OR IF C25=1), ASK C26. ELSE GO TO INSTRUCTION BEFORE C29.]

C26. 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 BEFORE C29.

C27. 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

C28. 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 C29. ELSE GO TO C16 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT

C29. Does [PROVIDER] care for (CHILD) regularly? By regularly, we mean at least five hours each week.

1. YES

2. NO

[RETURN TO C16 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT. IF LAST PROVIDER, GO TO INSTRUCTION BEFORE C30.]

These next questions are about your interactions with (PROVIDER) [LOOP THROUGH EACH PROVIDER THAT IS NOT A SINGLE ACTIVITY, THAT PROVIDES FIVE HOURS OR MORE PER WEEK OF CARE, THAT IS NOT A DROP-IN PROVIDER, THAT IS NOT A K-6 SCHOOL, THAT IS NOT A CO-RESIDENT PROVIDER AND THAT IS A USUAL PROVIDER.]

C30. (IF C17 NE 2 OR 3 – NOT AN ORGANIZATION OR FAMILY DAY CARE PROVIDER)

Please tell me whether this care usually takes place in your home or somewhere else.

1 R'S HOME

2 SOMEWHERE ELSE

C31. (IF PROVIDER NOT LIVING IN SAME HH) How did your child/children usually get to (provider) last week? (CODE ONE PER CHILD, DO NOT PROBE FOR ADDITIONAL.)

1. WALKING OR BICYCLE

2. CAR

3 . PUBLIC TRANSPORTATION

4 SCHOOL BUS

C32. (IF PROVIDER NOT LIVING IN SAME HH) Who usually took your child/children there?

<list PROVIDERS AND PARENTS>

C33 [IF (C17 =2 OR 3) OR (C17=1 AND C18=2)] 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

2 NO (SKIP TO INSTRUCTION BEFORE C34)

LOOP THROUGH NEXT PROVIDER BEGINNING WITH C10 UNTIL ALL NON-SCHOOL, NON-SINGLE ACTIVITY, NON-DROP-IN PROVIDERS, NON-CO-RESIDENT, USUAL PROVIDERS THAT PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK ARE ASKED ABOUT.

[C34\_SELECT: PROGRAMMER NOTE: RANDOMLY SELECT ONE CHILD FOR C34.]

[PROGRAMMER NOTE: PUT ALL QUESTIONS ON ONE SCREEN SO THAT ONE SEPARATE SCREEN FOR ONE TYPE OF CARE]

C34. These next questions are about how you view different types of childcare or after-school care for children of the same age as (SELECTED CHILD). Please think about each type of care in general, not any specific program you know of. The types of care I will ask you about are: center care, relative or friend care, family day care, and parental care,

C35: (Let's start with center care. Examples of center care include preschools, Head Start, an after school program at school, or a child care center.

/Let us continue with relative or friend care, where a relative or close family friend cares for a child in the relative's/friend's home or the child's home.

/Next let us think about family care, where an individual has a child care business in his or her own home and cares for a few or several children there.

/Last, let us talk about parental care, where the parents are the only care providers a child has).

Now how would you rate it on having a nurturing environment for children of the same age as (SELECTED CHILD IN C34)? Would you say: excellent, good, fair, poor? )

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C36: How would you rate (center care/relative or friend care/family care/parental care) on helping children be ready to learn in school for children of the same age as (SELECTED CHILD IN C34)? Would you say excellent, good, fair, poor?

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C37: How about (center care/relative or friend care/family care/parental care) for teaching children how to get along with other children ? (Would you say it is excellent, good, fair, poor for children of the same age as (SELECTED CHILD IN C34\_SELECT)?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C38. How about safety in center care/relative or friend care/family care/parental care (for children of the same age as (SELECTED CHILD IN C34))? (Would you say it is excellent, good, fair, poor for children of the same age as (SELECTED CHILD IN C34)?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C39: How about affordability in center care/relative or friend care/family care/parental care? (Would you say this type of care is excellent, good, fair, poor in terms of parents being able to afford it?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C40: How about flexibility for parents in center care/relative or friend care/family care/parental care? (Would you say this type of care is excellent, good, fair, poor for parents' flexibility?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

### **Respondent and Spouse Employment Schedules**

ASK FIRST FOR R, THEN ASK FOR R'S SPOUSE IF ANY IN HOUSEHOLD, THEN ASK FOR ANY OTHER PARENT OF A CHILD UNDER 13 IN HH, THEN ASK FOR ANY HH MEMBER WHO PROVIDED 5 OR MORE HOURS OF CARE LAST WEEK ().

D1. 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
3. DK/REF

D2. Last week, (did you/was s/he) attend classes in a high school, college or university?

1. YES, ATTENDED
2. NO, NOT ATTENDED
3. DK/REF

D3. 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
3. DK/REF

D4. 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 D5. OTHERWISE GO TO D8. ]

D5. 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/(S)/HE DID NOT WORK LAST  
MONDAY(/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY) –GO TO  
INSTRUCTION BEFORE D8

D6. What time did (you/s/he) end work last Monday(/Tuesday/Wednesday/Thursday/Friday)?

\_\_\_\_\_  
NOTE TO PROGRAMMER: PLEASE ADD A FLAG TO FLAG WORK SPELL THAT PASSES MIDNIGHT...

D7. Did (you/s/he) work another shift or job on  
Monday(/Tuesday/Wednesday/Thursday/Friday)?

IF YES, ASK D5. \_\_\_\_\_

IF NO, GO TO INSTRUCTION BEFORE D8

IF D2=1 THEN ASK D8. OTHERWISE GO TO INSTRUCTION BEFORE D11.]

D8. 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/(S)HE DID NOT ATTEND SCHOOL LAST  
MONDAY(/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY)—GO TO  
INSTRUCTION BEFORE D11.

D9. What time did (you/s/he) end school last Monday(/Tuesday/Wednesday/Thursday/Friday)?

D10. Did (you/s/he) go to school another time on  
Monday(/Tuesday/Wednesday/Thursday/Friday)?

IF YES, ASK D8.

IF NO, GO TO INSTRUCTION BEFORE D11.

[IF D3=1 THEN ASK D11. OTHERWISE GO TO INSTRUCTION BEFORE D13.]

D11. 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 D13.

D12. What time last Monday(/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) end training?

D13. What day/days last week is/are the same as your/his/her (DAY OF WEEK) schedule last week?

1. TUESDAY (ASK D14)
2. WEDNESDAY (ASK D14)
3. THURSDAY (ASK D14)
4. FRIDAY (ASK D14)
5. SATURDAY (ASK D14)
6. SUNDAY (ASK D14)



[FOR TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY: )  
IF SELECTED IN D13, THEN ASK D14. OTHERWISE, GO TO INSTRUCTION BEFORE D15.

D14. (Sometimes people's work/school schedule on a particular day is different from their regular work/school schedule for that day of the week.) Thinking about last (DAY OF WEEK), was your/his/her schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D13) that week, or were there some differences in when you/he/she arrived at or left work/school/training on those two days?

1. IDENTICAL (GO TO NEXT DAY)
2. SOME DIFFERENCES (ASK D5)

<CHECKS TO PICK UP INCONSISTENCIES>

[COMPARING EMPLOYMENT SCHEDULES AGAINST CHILD CARE SCHEDULES ON LAST MONDAY, IF THERE ARE PERIODS OF ONE HOUR OR MORE WHEN CHILD NOT IN ANY CARE AND PARENT(S) AT WORK/SCHOOL/TRAINING, ASK D15. ELSE MOVE ONTO NEXT DAY.

D15. It seemed that (CHILD) was not in any care and you (and your spouse/partner) were at work/school/training from [INSERT SPELL OF TIME]. Was (CHILD) with you (and/or your spouse/partner) at work/school/training, or did he/she care for himself/herself during that period of time?

1. CHILD WITH R/R SPOUSE/PARTNER AT WORK/SCHOOL/TRAINING
2. CHILD WITH R/SPOUSE/PARTNER AND R/SPOUSE NOT AT WORK/SCHOOL/TRAINING
2. CHILD CARED FOR HIM/HERSELF
3. CHILD WITH SIBLING LESS THAN 18
4. OTHER ARRANGEMENT (PLEASE SPECIFY: \_\_\_\_\_)

[LOOK AT CHILD'S CARE SCHEDULE, ASK D16 IF THERE ARE STILL GAPS. ELSE MOVE ONTO NEXT DAY.]

D16. It seemed that (CHILD) was not in any care last Monday from [INSERT SPELL OF GAPS]. Was (CHILD) with you (and/or your spouse/partner), or did he/she care for herself/himself, or was there some other arrangement during that period of time?

1. CHILD WITH R/R SPOUSE/PARTNER AT WORK/SCHOOL/TRAINING
2. CHILD CARED FOR HIM/HERSELF
3. CHILD WITH SIBLING LESS THAN 13
4. OTHER ARRANGEMENT (PLEASE SPECIFY: \_\_\_\_\_)

[REPEAT D15 - D16 FOR ALL 7 DAYS OF WEEK FOR CHILD 1. MOVE TO CHILD2/CHILD3'S SCHEDULES IF THERE ARE MORE THAN ONE CHILD]

[NOTE TO PROGRAMMER/INTERVIEWERS: IF HHMEMBER IS CHILD'S PARENT OR PARENT'S SPOUSE, ASK D17-D28. IF HHMEMBER IS NOT CHILD'S PARENT OR PARENT'S SPOUSE, THEN SKIP TO CHILD CARE PAYMENT AND SUBSIDY SECTION]

The next questions are about the people in this household who have young children or are caring for them. I may have different questions about each of you.

[IF D1=1 ASK D17. ELSE GO TO D24]

These next questions are about [you/[name]].

D17. Where is the place that (you/he/she) work(s) the most hours each week? Please tell me the city and state with the zip code or nearest major intersection.

- 1 Work from home
- 2 No set workplace
- 3 Enter city/state/zip code

D18. City \_\_\_\_\_ State \_\_\_\_\_  
ZIP \_\_\_\_\_ Cross streets \_\_\_\_\_ and \_\_\_\_\_

D19.

How far in advance (do you/he/she) usually know what days and hours you/he/she will need to work?

- 1) one week or less
- (2) between 1 and 2 weeks
- (3) between 3 and 4 weeks
- (4) 4 weeks or more

D20. Did (you/she/he) work (your/his/her) usual schedule last week, is there no usual schedule, or was last week's schedule not the usual one?

- 1 USUAL SCHEDULE
- 2 NO USUAL SCHEDULE
- 3 LAST WEEK UNUSUAL

D21. 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?

IF DON'T KNOW /REFUSED-GO TO D23

D22. What kind of business is that? RECORD FIRM NAME OR INDUSTRY DESCRIPTION IN TABLE BELOW. IF NECESSARY, What does the company make or do?

IF DON'T KNOW / REFUSED-GO TO D23

PROGRAMMER: SHOW UNIT OF TIME ON THE SAME SCREEN WITH D23. AND ACCEPT TWO DECIMAL PLACES.

D23. About how much are you paid at that job? Is that per....

\$ \_\_\_\_\_ per

Unit of time \_\_\_\_\_

[IF D1 NE 1 ASK D24. ELSE, GO TO INSTRUCTION AFTER D29.]

D24. [Have you/has s/he] ever worked for pay?

1 YES → GO TO D25.

2 NO → GO TO INSTRUCTION AFTER D28.

D25. What was the last job that you/he/she had? What was the job title or what were the main duties of the job?

Job: \_\_\_\_\_

D26. When did you/he/she last work at that job? ENTER 33/33 IF R STILL WORKS THERE.

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

D27. About how many hours did you/he/she usually work at that job each week when you/he/she stopped working there? Would you say it was less than 15, between 15 and 30, or more than 30 hours per week?

1 LESS THAN 15

2 15 TO 30

3 MORE THAN 30

4 DK

D28. About how much were you/was he/she paid at that job? Your best estimate is fine.

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

DK/REF

LOOP TO NEXT HHMEM BEGINNING AT INSTRUCTION BEFORE D17 UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

IF HH USES ONLY PARENTAL CARE , SKIP TO INSTRUCTION BEFORE D39.

ELSE IF R, ANOTHER PARENT OF CHILD < 13, OR REGULAR CAREGIVER IN HH EMPLOYED (D1=1), ASK D29.

For these next questions, please think about the adults in the household who have young children or care for them at least 5 hours per week. That is, you, [name, name, etc.]

D29. How many days in the past month did [one of] you 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

D30. During the past 3 months, how many days of work have [one of] you missed for any reason? Don't include scheduled holidays or vacation days.

\_\_\_\_\_ Days IF 0, SKIP TO D34.

D31. How many of these days did [one of] you miss because your provider was sick or on vacation?

\_\_\_\_\_ Days

D32. How many days did [one of] you miss because a child was sick and had to stay home?

\_\_\_\_\_ Days

D33. [if D31 > 0 or D32 > 0] Did that person lose any pay because of missed work?

1 YES

2 NO

D34. During the past 3 months, how many days did [one of] you get to work late or have to leave early for any reason?

\_\_\_\_\_ Days IF 0, SKIP TO D37.

D35. How many of these days did [one of] you get to work late or leave early because of child care responsibilities?

\_\_\_\_\_ Days IF 0, SKIP TO D37

D36. Did that person lose any pay because of getting to work late or leaving early?

1 YES

2 NO

D37. Approximately how many days in the last 3 months did [one of] you have to make special arrangements for (CHILD)'s care because a provider was sick or unavailable? Don't count days that were holidays anyway.

\_\_\_\_\_ Days

D38. Approximately how many days in the last 3 months did [one of] you have to make special arrangements for (CHILD)'s care for some other reason (for example, a child was sick, transportation broke down, or any other reason)? Don't count days that were holidays anyway.

\_\_\_\_\_ Days

/\* IF R OR R'S SPOUSE EMPLOYED (D1=1), ASK D39. ELSE SKIP TO SECTION E.

D39. 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**

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

RESTRICT THIS TO ONLY HH MEMBERS WHO ARE AGE 14 OR OLDER

INTERVIEWER CHECK:

HAS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP 'S RESPONSE TO E7 (E7=2)?

YES- SKIP TO E28.

NO/NOT SURE-, SEE NEXT CHECK

CHECK: IS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT THE SAME AS THE PAYMENT FOR ANOTHER CHILD IN THIS ARRANGEMENT (E8=1)?

YES, SKIP TO E29

NO/NOT SURE, ASK E1.

E1. 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.

(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 E13
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 E11
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 E19
3. DON'T KNOW ->GO TO E19
4. REFUSED ->GO TO E19

E5. How much do you pay yourself?

\_\_\_\_\_

E6. 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:\_\_\_\_\_)

E7. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or does it cover more than one child?

1. CHILD ONLY (ASK E8)
2. OTHER CHILDREN (Which children? \_\_\_\_\_) (SKIP to e9)
3. DK (SKIP TO E9)
- 4 REF (SKIP TO e9)

E8. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Do you pay the same amount for each other child cared for by [PROVIDER] ?

1. YES
2. NO

E9. 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

E10. Did you work with a local resource and referral agency, such as [LOCAL CCDF AGENCY] to find this provider or arrange for payment?

1. YES->GO TO E19
2. NO ->GO TO E19

E11 So this care is provided free by [provider]?

- 1.YES ->GO TO e12
- 2.NO ->GO TO E2
- 7.DON'T KNOW-> GO TO E17
- 8.REFUSED->GO TO E17

IF C17=3 (ORGANIZATION AND CHILD LE 6 YRS OLD), ASK E12. ELSE GO TO INSTRUCTION BEFORE E23.

E12. 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 E23
- 2.NO -> GO TO INSTRUCTION BEFORE E23

E13. [IF C18=1 (NO PRIOR PERSONAL RELATIONSHIP), SKIP TO E7. ELSE, ASK E6][IF NEEDED: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 by [provider] determined by how much money you earn?

- 1.YES

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

E14. How much do you pay this [provider]?

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

E15. 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: \_\_\_\_\_)

E16. (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? \_\_\_\_\_)

E17. Is [provider] *also* paid or reimbursed directly by any person or program? IF NEEDED: Do not include payments, reimbursements or vouchers that went directly to you.

- 1.YES
- 2.NO ->GO TO E19
- 3.DON'T KNOW->GO TO E19
- 4.REFUSED ->GO TO E19

E18. 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

E19. 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 INSTRUCTION ABOVE E23
- 3. DON'T KNOW -> GO TO INSTRUCTION ABOVE E23
- 4. REFUSED -> GO TO INSTRUCTION ABOVE E23

E20. How much do you receive in payments, reimbursements or vouchers that are paid directly to you for [provider]?

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

E21. 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: \_\_\_\_\_)

E22. (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 E23 AND E11 FOR FIRST CHILD WITH EACH PROVIDER THAT IS A PRIOR RELATIONSHIP INDIVIDUAL (C18=1) ONLY. ELSE GO TO INSTRUCTION AFTER E32]

E23. 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 INSTRUCTION AFTER E32

E24. 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
- 4 HOUSING OR HOUSING EXPENSES

E25. What does it cost you to provide these things each time you give them? \$ \_\_\_\_\_

E26. How often do you give these things? \_\_\_\_\_

E27. How much time do you spend providing these things each time you give them?

\_\_\_\_\_ Hours SKIP TO INSTRUCTION AFTER E32

E28. You said that the [amount per unit] you pay to [PROVIDER] includes your payments for [CHILD] as well, is that correct?

- 1 Yes (GO TO INSTRUCTION BELOW E32)
- 2 No (ASK E30)
- 3 DK (ASK E30)
- 4 REF (ASK E30)

E29 You said that the [amount per unit] you pay to [PROVIDER] is the same as your payments for [CHILD]. Is that correct?

- 1 Yes (GO TO INSTRUCTION BELOW E12AB)
- 2 No (ASK E12A)

E30. How much do you pay this [provider]?

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



E31. 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: \_\_\_\_\_)

E32. (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 E32 FOR ALL USUAL 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**

F1. 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.]

Please think about the last time you searched for care for [CHILD SELECTED FOR C34 ABOVE].

What year and month was that? IF NEEDED: Please think about when you last wanted to start a new arrangement for someone to care for him/her, even if you knew who would provide that care. What year and month was that?

\_\_\_Year \_\_\_Month

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

(IF R HAS MORE THAN ONE CHILD: )

F2. Were you also searching for care for another child at the same time?

CHECK ALL THAT APPLY

1. NO OTHER CHILD
2. CHILD
3. CHILD2
4. CHILD3
- ...
- N. CHILD N

- F3. What is the main reason that you were looking 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 OR SUMMER BREAK)
  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. Characteristics of care may be more or less important for different children depending on the age or personality of the child. (Thinking about (CHILD SELECTED IN C34)), how important was a loving environment for him/her? Would you say very important, somewhat important, or not very important?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPINION
5. REFUSED

F6. How about helping children being ready to learn in school? (Would you say it was very important, somewhat important, or not very important for (CHILD SELECTED IN C34))?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPINION
5. REFUSED

**F7. How about learning how to get along with other children?** (Would you say it was very important, somewhat important, or not very important for (CHILD SELECTED IN C34))?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPINION
5. REFUSED

**F8. How about affordability?** (Would you say it was very important, somewhat important, or not very important)?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT

3. NOT VERY IMPORTANT
4. NO OPINION
5. REFUSED

F9. How about flexibility for you? (Would you say it was very important, somewhat important, or not very important)?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPINION
5. REFUSED

F10. Thinking about your last child care search for [child] in (YEAR in F1), 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 F13)
2. ONLY ONE PROVIDER CONSIDERED

F11 (IF NOT ALREADY STATED: ) What type of provider is this?

1. HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH → ASK F13
2. HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH →
3. CENTER-BASED CARE →
4. OTHER (SPECIFY: \_\_\_\_\_) →

F12 (IF F11=2,3,4) How did you know about this provider?

- <RECORD VERBATIM AND CODE> \_\_\_\_\_
- I. SELF/FAMILY MEMBERS/ FRIENDS WORK OR WORKED IN THE CENTER
  - II. KNEW PROVIDER PERSONALLY
  - III. SELF/FRIENDS/FAMILY HAVE USED THIS PROVIDER IN THE PAST
  - IV. PROVIDER HAS GOOD REPUTATION IN THE COMMUNITY
  - V. NO OTHER PROVIDERS OF THIS TYPE IN THE AREA
  - VI. SAW ADVERTISEMENT ONLINE OR ELSEWHERE
  - VII. RESOURCE AND REFERRAL AGENCY

<IF F10=1 THEN ASK F13. OTHERWISE GO TO F22>

F13. How did you look for providers in your last search? CODE FIRST TWO MENTIONS.

- 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: \_\_\_\_\_)

F14. What was the specific information you tried to learn about providers?

RECORD VERBATIM AND CODE UP TO THREE MENTIONS, 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)

F15. 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 2 providers you considered the most carefully. I'll ask you about them one by one.

- F16. What type of provider was the (first/second) provider you considered?
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: \_\_\_\_\_)

F17. How much would it have cost you to have that provider care for care for [child]?  
\$ \_\_\_\_\_

- F18. is that per
1. Hour
  2. Day
  3. Week
  4. Month
  5. Other\_\_\_\_

F19. How many minutes would it take in travel time for you or some one else to take [child] to [provider]?  
\_\_\_\_\_

- F20. 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

F21. How would you rate the overall quality of [provider]?

1. Best I can imagine
2. Better than I had expected to find 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 F15-F21 FOR ALL CANDIDATE PROVIDERS CONSIDERED>

F22. [if center care not mentioned] Did you consider any [child-care] centers or organizations for [school-age] children as part of your search?

- 1 YES
- 2 NO

F23. [If provider with prior relationship not mentioned]: Did you consider asking someone you know to care for your child, for example a family member, friend or neighbor?

- 1 YES
- 2 NO

F24. [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
- 2 NO

F25. 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: \_\_\_\_\_)

F26. (IF F25=1 and F10=1) Did you choose the first or second provider you told me about?

- 1 FIRST
- 2 SECOND

F27. 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: \_\_\_\_\_)

### **Household Characteristics**

G1. Do [you/you or your spouse/you or your partner] own this home, do you rent, or something else?

- 1 OWN-GO TO G3
- 2 RENT-GO TO G3
- 3 OTHER, NEITHER OWN NOR RENT-ASK G2
- 1. DK/REF-ASK G2

G2 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

G3. (IF NOT OBVIOUS: )\_Do you have a car?

- 1 Yes
- 2 No

G4. Approximately what was your total household 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. Include income from pensions or from government programs like food stamps or unemployment insurance.

\$ \_\_\_\_\_ (ask G5)  
IF DK/REF, GO TO G3B

G5. Is that before or after taxes and other deductions?

- 1 before taxes-GO TO G7
- 2 after taxes-GO TO G7
- 3 don't know-GO TO G7

G6. 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 total household 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

G7. And how about all of last year, that is, 2011, what was the total amount of your household income that year?

TOTAL AMOUNT FOR THE PAST 12 MONTHS: \$ \_\_\_\_\_ GO TO G15

IF DK/REFUSED THEN GO TO G8.

G8. (IF DK TO G7, READ: ) You may not be able to give us an exact figure for your household income, but would it amount to \$30,000 or more?

(IF REFUSED TO G7, READ: ) In order to understand whether or not child care is affordable to American families, we need to know your household's income. You may not be able to give us an exact figure, but was your household income last year through wages and salaries from all jobs ...

1. YES, \$30,000 OR MORE → GO TO G9
2. NO, LESS THAN \$30,000 → GO TO G12

G9. Would it amount to \$50,000 or more?

1. YES → ASK G10
2. NO → ASK G11

G10. Would it amount to \$75,000 or more?

1. YES → GO TO G15
2. NO → GO TO G15

G11. Would it amount to \$40,000 or more?

1. YES → GO TO G15
2. NO → GO TO G15

G12. Would it amount to \$15,000 or more?

1. YES → ASK G13
2. NO → ASK G14

G13. Would it amount to \$20,000 or more?

1. YES → GO TO G15
2. NO → GO TO G15

G14. Would it amount to \$10,000 or more?

1. YES
2. NO

G15. How many different people's job earnings did you count in that 2011 household income?

\_\_\_\_\_ Number of people

G16. Again, thinking about the 2011 household income that you reported, **was any of that from from sources other than job earnings** -- for example, from child support, pensions, government assistance programs, or interest from a bank account?

- 1 YES (ASK G17)
- 2 NO
- 3 DK

G17. How much of your 2011 total household income was from sources other than job earnings?

\_\_\_\_\_ Amount from non-job sources

If DK/REF

G18. You may not be able to give us an exact figure for, but were non-job household earnings in 2011 ....

1. less than \$2,500,
2. \$2,500 to less than \$5,000
3. \$5,000 to less than \$7,500
4. \$7,500 to less than \$10,000
5. \$10,000 to less than \$12,500
6. \$12,500 to less than \$15,000
7. \$15,000 to less than \$20,000
8. \$20,000 or more?

G19. In the last calendar year did your household receive any public assistance or welfare payments?

1. YES
2. NO

[PROGRAMMER: PICK THE C34 child TO FILL IN G20]

G20. What kind of health insurance or health care coverage does [C34 CHILD] have? (CODE FIRST MENTION, USE CATEGORIES TO PROBE AS NEEDED).

1. PRIVATE HEALTH INSURANCE PLAN FROM R's or R's SPOUSE/PARTNER'S EMPLOYER OR WORKPLACE
2. PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
3. PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM
4. MEDICAID
5. MEDICARE
6. MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
7. NO COVERAGE OF ANY TYPE
8. OTHER (SPECIFY)

**IF A4>1 (TWO OR MORE CHILDREN IN THE HH) THEN ASK G21, ELSE GO TO G22.**

**G21. Besides (YOUNGEST CHILD), how many of your other children under 13 have some sort of health insurance or health care coverage? \_\_\_\_\_NUMBER OF CHILDREN**



G22. Which of these statements best describes the food eaten in your household in the last 12 months: We always had enough to eat, sometimes we did not have enough to eat, or, often, we did not have enough to eat? (CODE ONE ONLY)

- ALWAYS ENOUGH TO EAT.....1
- SOMETIMES NOT ENOUGH TO EAT.....2
- OFTEN NOT ENOUGH TO EAT. ....3

G23. Do you or your [child/children] receive food stamps, WIC or participate in a reduced or free school meals program? (CODE ALL THAT APPLY)

IF NEEDED: By school meals I mean reduced or free lunch, breakfast program or after school meals program for children of low-income families.

IF NEEDED: WIC is the Women, Infants and Children supplemental nutrition program.

- 1.FOOD STAMPS
- 2.WIC ONLY
- 3. SCHOOL MEALS PROGRAM

G24. If you needed to borrow \$500 for three months, is there some person or place you could borrow it from? (IF NEEDED: I'm just asking a hypothetical question.)

- 1. YES → SKIP TO SECTION H
- 2.NO → SKIP TO SECTION H
- 3.WOULD NOT BORROW → Skip to Section H

**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 GO TO H4
- NO.....2 GO TO H2
- REFUSED.....99 GO TO H5

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

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

GO TO H7

H3 Capture Interviewer ID upon entering question H3

H4 We are asking your permission to search state or local government records for child-care subsidy, Supplemental Nutritional Assistance Program (Food Stamps), TANF, WIC, Medicaid, or

other programs that provide assistance to families. We would give the state agency basic information that identifies (FILL NAME OF CHILD 1...N), and request that information about (his/her) participation in government programs be sent to the U.S. Department of Health and Human Services or its contractors, for study purposes only. Do we have your permission to do so?

- YES.....1 →GO TO H6
- NO.....2 →GO TO H5
- REFUSED→GO TO H5

H5 (SUGGESTED SCRIPT) State or local government program records can provide additional information about the child care and financial assistance for care that a child and his/her family may be receiving. (IF NEEDED: 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. Even if your (child has/children have) not received subsidies or (has/have) never been in child care, it is still important for us to have your permission so that we can compare families like yours against those that do enroll in programs. 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 H6
- Respondent still refuses.....2 GO TO H7

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 help improve understanding of the experiences and preferences of parents with young children regarding the care that those children receive [outside of the school day].

