Attachment 15a

2019 NSECE
Household Screener and Questionnaire

August 2018

Contents
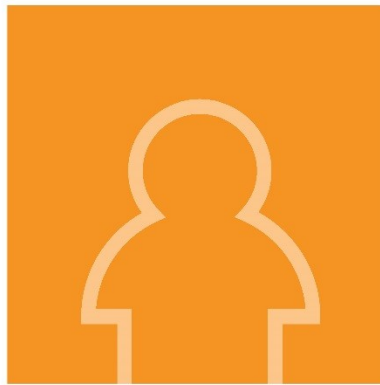
NATIONAL SURVEY OF **EARLY CARE** & **EDUCATION** | 2019

Household Screener

(revised August 2018)

Household Screener

S_INTRO.

Hello, my name is [NAME] and I'm from NORC at the University of Chicago. We're conducting a study sponsored by the U.S. Department of Health and Human Services about the supply and demand for social and educational services in your community. This will take about six minutes. Participation is voluntary and your responses will be kept private. May I speak to someone living in this household who is 18 years or older and is knowledgeable about the household?

1. Knowledgeable person 18 years or older available to talk→GO TO S1
2. Knowledgeable person 18 years or older, but not available now →MAKE APPOINTMENT TO CALLBACK
3. No one in the household is 18 years or older→TERMINATE
4. DK/REF→MAKE AN APPOINTMENT TO CALLBACK

S1_M.

First, I'd like to know how many children under 6 years of age are living in your household?

Number of children under 6:_____

S1_1.

How many children between 6 and 13 years old live in this household?

Number of children between 6 and 13:_____

S1_2.

Do you personally regularly look after any children under age 13 who are not your own? IF NEEDED: By regularly I mean five hours a week or more.

1. YES
2. NO

S1_3.

Does any other adult 18 years or older living in this household regularly look after any children under age 13 who are not his or her own? IF NEEDED: By regularly I mean five hours a week or more.

1. YES
2. NO

S1_4.

[IF YES TO S1_2 AND/OR S1_3]

Are children being looked after in someone's home or in a school or child-care center?

1. HOME
2. SCHOOL OR CENTER
3. BOTH
4. DK/REF

S1_5.

[IF S1_4 = (1 OR 3) and S1_3=1 (YES)] Please tell me the names of individuals 18 years or older living in this household who regularly look after children under age 13 who are not their own. IF NEEDED: I am only interested in people looking after children in someone's home, not in a center or school.

    a. _____
    b. _____
    c. _____

[IF S1_4 = (1 OR 3) and S1_3=2 (NO/Blank)] What is your name? d. _____

IF 0 TO S1 AND S1_1 AND (NO PERSON MENTIONED IN S1_5), THEN
END: We are looking for households with young children and people who provide home-based care to young children. Thanks very much for your time.

CREATE ELIGIBILITY FLAGS
HOUSEHOLD ELIGIBILITY: HH_ELIG FLAG RULES
- IF S1>0, HH_ELIG=1.
- IF S1=0 AND S1_1>0, HH_ELIG=1 BUT HOUSEHOLD CASE WILL NOT NECESSARILY BE SPAWNED. THESE CASES WITH SCHOOL-AGED CHILDREN ONLY IN THE HOUSEHOLD WILL BE RANDOMLY SELECTED SO THAT THEY HAVE AN 80% CHANCE OF BEING SPAWNED FOR A HOUSEHOLD INTERVIEW/20% CHANCE OF BEING SUBSAMPLED OUT.
  - IF THE CASE IS SUBSAMPLED OUT, HH_ELIG WILL BE RESET TO =2.
- IF S1=0 AND S1_1=0, HH_ELIG=0.

HOME-BASED (UNLISTED) ELIGIBILITY: HB_ELIG FLAG RULES
- IF S1_5=NOT NULL, HB_ELIG=1.
- IF S1_5=NULL, HB_ELIG=0.

IF TELEPHONE INTERVIEW AND:
HH_ELIG=1 OR HB_ELIG=1, THEN ASK S1_6.

IF PERSONAL INTERVIEW, GO TO INSTRUCTION BEFORE S2A.

S1_6_M.

May I verify that you live at (ADDRESS)?

1. YES→GO TO INSTRUCTIONS ABOVE S2A
2. NO→GO TO S1_7
3. DON'T KNOW/REFUSED→GO TO S1_7

S1_7.

May I know your street address?

_____

IF HH_ELIG=1, ASK S2a.

IF HH_ELIG=0 AND HB_ELIG=1 AND:

- IF ADDRESS APPEARS IN PROVIDER SAMPLING FRAME, GO TO S5_3 AND TERMINATE. DO NOT SPAWN FOR HOME-BASED QUESTIONNAIRE.
- IF ADDRESS DOES NOT APPEAR IN THE PROVIDER SAMPLING FRAME, AND IF S1_5 HAS ONLY ONE NAME, DISPOSITION SCREENER AS COMPLETE AND CONTINUE WITH HOME-BASED QUESTIONNAIRE.
- IF ADDRESS DOES NOT APPEAR IN THE PROVIDER SAMPLING FRAME, AND IF S1_5 HAS MORE THAN ONE NAME, RANDOMLY SELECT ONE HOME-BASED PROVIDER IN HOUSEHOLD THEN GO TO S5.

S2a.

Is the parent/guardian of the youngest child in the household at least 18 years of age?

1. YES→GO TO S2
2. NO→GO TO S3
3. PARENT/GUARDIAN DOES NOT LIVE IN HOUSEHOLD→GO TO S3
4. DK/REF →GO TO S3

S2.

May I speak to the parent/guardian of the youngest child in the household?

1. ALREADY SPEAKING WITH PARENT/GUARDIAN→GO TO C_INTRO
2. PARENT/GUARDIAN AVAILABLE→GO TO C_INTRO
3. PARENT/GUARDIAN LIVES IN HOUSEHOLD, NOT AVAILABLE AT THIS TIME→CALL BACK
4. PARENT/GUARDIAN NOT AVAILABLE DURING SURVEY PERIOD→GO TO S3
5. PARENT/GUARDIAN DOES NOT LIVE IN HOUSEHOLD→GO TO S3
6. DON'T KNOW→GO TO S3
7. REFUSED→GO TO S3

S3.

Is there anyone available at this time who is 18 years or older and knows how the youngest child spends his or her day?

1. YES→GO TO S4
2. NO, NOT AVAILABLE→MAKE AN APPOINTMENT TO CALL BACK
3. DON'T KNOW/REF→MAKE AN APPOINTMENT TO CALL BACK

S4.

May I speak with him/her please?

1. YES→GO TO S5_2
2. NO→CALL BACK TO CONDUCT HOUSEHOLD QUESTIONNAIRE
3. DON'T KNOW/REF→CALL BACK TO CONDUCT HOUSEHOLD QUESTIONNAIRE

S5.

May I speak to [SELECTED UNLISTED HOME-BASED PROVIDER]?

1. YES, ARE AVAILABLE→S5_2_END
2. NO, ARE NOT AVAILABLE AT THIS TIME→MAKE AN APPOINTMENT TO CALL BACK
3. NO, ARE NOT AVAILABLE DURING SURVEY PERIOD→SELECT ANOTHER PROVIDER IF MORE THAN ONE PERSON IS MENTIONED IN S1_5 AND ASK S5 AGAIN. OTHERWISE, GO TO S5_2 AND TERMINATE.

S5_2.

Thank you very much. We'd like to ask some questions about the child care resources you use. Please give me one minute to pull up the questionnaire.

S5_2_END

Thank you very much. We'd like to ask some additional questions about your/their experiences looking after children. Please give me one minute while I pull up the questionnaire.

S5_3.

Thank you very much for your time. That is all I have. TERMINATE AND DO NOT SPAWN FOR HOME-BASED QUESTIONNAIRE (COMPLETED SCREENER).

Mail Household Screener [not formatted]

National Survey of Early Care and Education

If you have any questions, please call 1-800-487-4609

We are conducting an important study to learn about young children in your community and who cares for them when they are not with their parents. This information will help inform school districts, state and federal agencies, and private organizations in their efforts to improve access to quality child care for all children. This study is sponsored by the U.S. Department of Health and Human Services (DHHS). Please have an adult (18 years or older) who lives in this household answer the following questions. They will take only about six minutes, and your participation is voluntary. Your information will be kept private and used only for statistical purposes. If you have any questions or would prefer to answer these questions by phone, please call toll-free at 1-800-487-4609.

Q1. First, how many adults (18 years and older) live in this household?

_____*NUMBER OF ADULTS*

Q2. How many children under the age of 6, including babies, live in this household?

_____*NUMBER OF CHILDREN*

Q3. How many children between 6 and 13 years old live in this household?

_____*NUMBER OF CHILDREN*

Q4. Do you regularly look after any children under age 13 who are not your own for 5 hours a week or more? Please include children you may live with as well as children from other households.

1. YES
2. NO → Go to Q6.

Q5. Do you look after those children in someone's home or in a school or child-care center?

1. Home
2. School or center
3. Both

Q6. Not including yourself, how many other adults in the household, if any, regularly look after any children under age 13 who are not his or her own, for 5 hours a week or more? Again, please include looking after children in this household.

_____Number of adults → Go to Q7. If none, go to Q8.

Q7. Do they look after children in someone's home or in a school or child-care center?

1. Home
2. School or center
3. Both

Q8. Are there any adults age 18 or over in this household who require assistance with daily activities such as eating or walking?
1. Yes
2. No

Q9. Does anyone in this household care for an adult who requires assistance with daily activities such as eating and walking? The care could be in this household or another.
1. Yes
2. No

Q10. In general, how do you feel about the quality and cost of child care and early education available to families with children in your community? Do you feel..
1. Very satisfied
2. Somewhat satisfied
3. Not satisfied at all
4. Or do you not have an opinion?

Q11. In general, how do you feel about the quality and cost of resources available to elderly or disabled people in your community? Do you feel..
1. Very satisfied
2. Somewhat satisfied
3. Not satisfied at all
4. Or do you not have an opinion?

Q12. What is the best phone number to reach you if we have any questions about your survey?

Name or Initial: _____   Phone: _ _ _ -_ _ _ -_ _ _

Thank you very much for your participation! Please return this form in the postage-paid envelope provided or mail it to:
> **National Survey of Early Care and Education**
> **NORC at the University of Chicago**
> **55 East Monroe Street, Ste 1900**
> **Chicago, IL 60603**
> **Toll-free number: 1-800-487-4609**

NATIONAL SURVEY OF **EARLY CARE** & **EDUCATION** | **2019**

Household Questionnaire

(revised August 2018)

Household Questionnaire

QUEXLANG.

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

1. ENGLISH
2. SPANISH

> IF R RETURNED MAIL SCREENER AND SENT TO FIELD FOR MAIN INTERVIEW, GO TO A_INTRO1.
> ELSE GO TO A_INTRO2.

A_INTRO1.

Hello. I am _____from NORC at the University of Chicago. We are conducting a survey about how families use and think about child care and after-school programs. Someone in your household recently completed a short questionnaire for this study and we have some additional questions we'd like to ask. May I speak to the parent/guardian of the child under 13 in the household?

1. Speaking with parent/guardian →GO TO A_INTRO2
2. Parent/guardian not available →GO TO ADR_3

A_INTRO2.

(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, READ: We are conducting a study...

...about how families use and think about child care 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 child care services that are most needed in your area.

This interview takes about an hour, 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.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name and addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is MM/DD/YEAR. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: [Name and address to be added].

1. R CONSENTS TO PARTICIPATE IN THE SURVEY   → CONTINUE
2. R DOES NOT CONSENT TO PARTICIPATE   → TERMINATE AND INQUIRE ABOUT
   ALTERNATE RESPONDENT

Section A. Child Demographics

S1.

First, how many children under 6 live in your household?

IF R SAYS ZERO OR DK/REFUSED, READ PROBE BELOW BEFORE RECORDING FINAL RESPONSE.

IF R SAYS 0, OR DK/REFUSED, SAY: Someone in your household participated in an earlier part of our study and said that there were [X] children under age 13 living in this household. They may not be your own children or they may be living here only temporarily. Please tell me how many children under age 13 live in this household currently.

> Number of children under 6 years: _____
> Range: -999999999-10
> ☐ DK/REF

S1_SA.

Next, how many children ages six to thirteen years live in your household?
> Number of children 6 to 13 years old: _____
> Range: -999999999-10
> ☐ DK/REF

IF S1>=1	→ GO TO A1
IF S1=0	→ GO TO S1_TERM
IF DK/REF	→ GO TO S1_TERM

S1_TERM.

Thank you very much. That is all I have.

CODE DISPOSITION AS 'INELIGIBLE'

A1.

[IF S1>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?

> Child #1: _____
> Child #2: _____
> Child #3: _____
> Child #4: _____
> Child #5: _____
> Child #6: _____

Child #7: _____

Child #8: _____

Child #9: _____

Child #10: _____

ASK A1B-A2G10A ABOUT EACH CHILD LISTED IN A1.

A1b.

(ASK IF NECESSARY:). Is [CHILD NAME] a boy or a girl?

1. BOY
2. GIRL
3. DK/REF

A1c

In what month and year was [CHILD NAME] born?

MONTH: _____

Range: 1-12

-1 ☐ DK/REF

YEAR: _____

Range: 2006-2019

HH_AGECALC_X (X=1 to 9): CALCULATED AGE OF CHILD

A1c1.

In what country was [CHILD NAME] born?

1. UNITED STATES →SKIP TO A2d
2. NOT IN U.S.   →ASK A1c1_CNTRY
3. DK/REF   →SKIP TO A2d

A1c1_CNTRY [drop down list]

In what country was [CHILD NAME] born?

1. Don't know/Refused	8. Angola	15. Ashmore and Cartier Islands
2. Afghanistan	9. Anguilla	
3. Akrotiri	10. Antarctica	16. Australia
4. Albania	11. Antigua and Barbuda	17. Austria
5. Algeria	12. Argentina	18. Azerbaijan
6. American Samoa	13. Armenia	19. Bahamas
7. Andorra	14. Aruba	20. Bahrain

21. Bangladesh
22. Barbados
23. Bassas da India
24. Belarus
25. Belgium
26. Belize
27. Benin
28. Bermuda
29. Bhutan
30. Bolivia
31. Bosnia and Herzegovina
32. Botswana
33. Bouvet Island
34. Brazil
35. British Indian Ocean Territory
36. British Virgin Islands
37. Brunei
38. Bulgaria
39. Burkina Faso
40. Burma
41. Burundi
42. Cambodia
43. Cameroon
44. Canada
45. Cape Verde
46. Cayman Islands
47. Central African Republic
48. Chad
49. Chile
50. China
51. Christmas Island
52. Clipperton Island
53. Cocos (Keeling) Islands
54. Colombia
55. Comoros
56. Congo
57. Cook Islands
58. Coral Sea Islands
59. Costa Rica
60. Cote d'Ivoire
61. Croatia
62. Cuba
63. Cyprus

64. Czech Republic
65. Denmark
66. Dhekelia
67. Djibouti
68. Dominica
69. Dominican Republic
70. Ecuador
71. Egypt
72. El Salvador
73. Equatorial Guinea
74. Eritrea
75. Estonia
76. Ethiopia
77. Europa Island
78. Falkland Islands (Islas Malvinas)
79. Faroe Islands
80. Fiji
81. Finland
82. France
83. French Guiana
84. French Polynesia
85. French Southern and Antarctic Lands
86. Gabon
87. Gambia
88. Gaza Strip
89. Georgia
90. Germany
91. Ghana
92. Gibraltar
93. Glorioso Islands
94. Greece
95. Greenland
96. Grenada
97. Guadeloupe
98. Guam
99. Guatemala
100. Guernsey
101. Guinea
102. Guinea-Bissau
103. Guyana
104. Haiti
105. Heard Island and McDonald Islands

106. Holy See (Vatican City)
107. Honduras
108. Hong Kong
109. Hungary
110. Iceland
111. India
112. Indonesia
113. Iran
114. Iraq
115. Ireland
116. Isle of Man
117. Israel
118. Italy
119. Jamaica
120. Jan Mayen
121. Japan
122. Jersey
123. Jordan
124. Juan de Nova Island
125. Kazakhstan
126. Kenya
127. Kiribati
128. North Korea
129. South Korea
130. Kuwait
131. Kyrgyzstan
132. Laos
133. Latvia
134. Lebanon
135. Lesotho
136. Liberia
137. Libya
138. Liechtenstein
139. Lithuania
140. Luxembourg
141. Macau
142. Macedonia
143. Madagascar
144. Malawi
145. Malaysia
146. Maldives
147. Mali
148. Malta
149. Marshall Islands
150. Martinique

151. Mauritania
152. Mauritius
153. Mayotte
154. Mexico
155. Micronesia, Federated States of
156. Moldova
157. Monaco
158. Mongolia
159. Montserrat
160. Morocco
161. Mozambique
162. Namibia
163. Nauru
164. Navassa Island
165. Nepal
166. Netherlands
167. Netherlands Antilles
168. New Caledonia
169. New Zealand
170. Nicaragua
171. Niger
172. Nigeria
173. Niue
174. Norfolk Island
175. Northern Mariana Islands
176. Norway
177. Oman
178. Pakistan
179. Palau
180. Panama
181. Papua New Guinea
182. Paracel Islands
183. Paraguay
184. Peru
185. Philippines
186. Pitcairn Islands

187. Poland
188. Portugal
189. Puerto Rico
190. Qatar
191. Reunion
192. Romania
193. Russia
194. Rwanda
195. Saint Helena
196. Saint Kitts and Nevis
197. Saint Lucia
198. Saint Pierre and Miquelon
199. Saint Vincent and the Grenadines
200. Samoa
201. San Marino
202. Sao Tome and Principe
203. Saudi Arabia
204. Senegal
205. Serbia and Montenegro
206. Seychelles
207. Sierra Leone
208. Singapore
209. Slovakia
210. Slovenia
211. Solomon Islands
212. Somalia
213. South Africa
214. South Georgia and the South Sandwich Islands
215. Spain
216. Spratly Islands
217. Sri Lanka
218. Sudan

219. Suriname
220. Svalbard
221. Swaziland
222. Sweden
223. Switzerland
224. Syria
225. Taiwan
226. Tajikistan
227. Tanzania
228. Thailand
229. Timor-Leste
230. Togo
231. Tokelau
232. Tonga
233. Trinidad and Tobago
234. Tromelin Island
235. Tunisia
236. Turkey
237. Turkmenistan
238. Turks and Caicos Islands
239. Tuvalu
240. Uganda
241. Ukraine
242. United Arab Emirates
243. United Kingdom
244. United States
245. Uruguay
246. Uzbekistan
247. Vanuatu
248. Venezuela
249. Vietnam
250. Virgin Islands
251. Wake Island
252. Wallis and Futuna
253. West Bank

A2d.

Is [CHILD NAME] of Hispanic or Latino origin?

1. Yes
2. No
3. DK/REF

A2e.

Is [CHILD NAME]…(SELECT ONE OR MORE)?

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

A2e_OS.

      (PLEASE SPECIFY:) _____
      ☐ DK/REF

A2f.

What is [CHILD NAME]'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
8. DK/REF

A2g.

[IF A2f = 2, 3, 4, 5, 6, 7 OR 8] Does [CHILD NAME] have a parent in the household?

[IF A2f =1 OR 2] Does [CHILD NAME] have another parent in the household?

INTERVIEWER: 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/REF

A2h.

Does [CHILD NAME] have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for [him/her]?

---

1. Yes
2. No
3. DK/REF

IF THIS IS THE FIRST CHILD AND IF HH SCREENER VAR 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.

IF A2G = 1, 3, 4, OR 5, GO TO INSTRUCTION BEFORE B1A1.

A2G1.

You mentioned that [CHILD NAME]'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
6. YES, CHILD6   → GO TO A2G10
7. YES, CHILD7   → GO TO A2G10
8. YES, CHILD8   → GO TO A2G10
9. YES, CHILD9   → GO TO A2G10
10. YES, CHILD10   → GO TO A2G10
11. No, parent not previously mentioned   → GO TO A2G2
12. DK/REF   → GO TO A2G10

A2G2.

You mentioned that [CHILD NAME]'s parent does not live in the household. Can you tell me the zip code or city and state where he/she lives?

1. ENTER ZIP CODE   → GO TO A2G2_ZIP
2. ENTER CITY AND STATE   → GO TO A2G2_CS
3. If volunteered: mother deceased   → GO TO A2G10
4. If volunteered: father deceased   → GO TO A2G10
5. DK/REF   → GO TO A2G7

A2G2_ZIP.

ENTER PARENT'S ZIP CODE.

ZIP CODE: _____ → GO TO A2G7

Range: 0-99999

-1 ☐ DK/REF

A2G2_CS.

ENTER PARENT'S CITY AND STATE.

CITY: _____

-1 ☐ DK/REF

STATE: _____ → GO TO A2G7

-1 ☐ DK/REF

A2G7.

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

1   Working full time

2   Working part time

3   Something else

4   DK/REF

5   Added: Incarcerated

6   Added: Unemployed/not working

7   Added: Unable to work because of illness/disability

8   Added: Enrolled in school/college/training

9   Added: Retired

SPECIFY**:**

_____

☐ DK/REF

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.   DK/REF

A2G9.

In the past 12 months, about how many times has he/she seen [CHILD NAME]?

TIMES: _____

Range: 0-999

☐ DK/REF

A2G9a.

In the past 12 months, has he/she contributed $500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?

1. Yes

2 No

☐ DK/REF

A2g10.

Have you accounted for two parents for this child?

1. Yes → GO TO SKIP INSTRUCTION BEFORE B1A1

2. No → GO TO A2G10A

A2G10A.

Does [CHILD NAME] have another parent who doesn't live in this household?

1. Yes → GO TO A2G1 AND ASK ABOUT ANOTHER PARENT

2. No → GO TO INSTRUCTION BEFORE B1A1

3. DK/REF → GO TO INSTRUCTION BEFORE B1A1

REPEAT A1B-A2G10A FOR EACH CHILD UNDER 13 IN HOUSEHOLD.

HH_ATIME_R SECTION A TIMESTAMP

Section B. Respondent and Household Adults Demographics

B1a1.

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

> NUMBER OF PEOPLE: _____
>
> Range: 1-99
>
> -1 ☐ DK/REF

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

B1A.

[IF FIRST HHM:] 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?

[IF SECOND OR HIGHER HHM:] (Please tell me the name (or initials) of the next individual over the age of 13 who usually lives here.)

> NAME: _____
>
> -1 ☐ DK/REF

ASK B1B- B1O_1 FOR FIRST HHM.

IF THERE IS MORE THAN 1 HHM, REPEAT B1B-B1O_1 FOR EACH HHM.

IF B1A = DK/REF, GO TO SKIP INSTRUCTION BEFORE B2.

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

B1b.

[IF FIRST HHM:] How old are you?

[IF SECOND OR HIGHER HHM:] How old is [HHM NAME]?

IF NEEDED: Your best guess is fine.

> AGE: _____
>
> Range: 1-99
>
> -1 ☐ DK/REF

B1c.

IF NOT OBVIOUS:

[IF FIRST HHM:] Are you male or female?

[IF SECOND OR HIGHER HHM:] Is [HHM NAME] male or female?

1. Male
2. Female
3. DK/REF

IF HHMEM NOT R, GO TO B1D.
ELSE GO TO INSTRUCTION BEFORE B1E.

B1d.
What is your relationship to [HHM NAME]?

1. Spouse (i.e., legally married)
2. Partner (i.e., not legally married)
3. Parent or Parent-in-law
4. Child or child-in-law
5. Sibling or sibling-in-law
6. Other relative
7. Non-relative
8. DK/REF
9. Added: Friend/roommate
10. Added: Rental relationship (landlord, tenant, etc)
11. Added: Live-in nanny
12. Added: Other household staff
13. Added: Relative of partner, boyfriend/girlfriend
14. Added: Partner of related HH member
15. Added: Ex-wife/husband/partner

IF B1B >= 14 AND HHMEM NOT R, GO TO B1E.
ELSE GO TO INSTRUCTION BEFORE B1F.

B1e.
IF NOT OBVIOUS, **ASK**:
Does [HHM NAME] have any children under the age of 13 in this household?
IF NEEDED: Please include biological and adopted children.

1. Yes → GO TO B1e_1
2. No → GO TO B1f
3. DK/REF → GO TO B1f

B1e_1.
Who are [HHM NAME]'s children in this household?

[SELECT ALL THAT APPLY]

1. Child1
2. Child2
3. Child3
4. Child4
5. Child5
6. Child6
7. Child7
8. Child8
9. Child9

IF B1B >= 14 AND HHMEM NOT R OR R'S SPOUSE AND HHMEM HAS NO CHILDREN IN HH, GO TO B1F.
ELSE GO TO B1J.

B1f.

Does [HHM NAME] ever look after the young children in the household?

IF NEEDED: How about for more than 5 hours at a time?

1. Yes
2. No
3. DK/REF

IF HHM IS NOT R'S SPOUSE, AND DOES NOT HAVE CHILDREN UNDER 13 IN THE HH AND DOES NOT CARE FOR THE CHILDREN UNDER 13 IN THE HOUSEHOLD, GO TO INSTRUCTION AFTER B1O_1. ELSE, GO TO B1J.

B1j.

What is the highest grade or level of schooling that [you have/[HHM NAME] 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
8. DK/REF

IF FIRST HHM, GO TO B1M.
IF SECOND OR HIGHER HHM, GO TO INSTRUCTION BEFORE B1O.

B1m_M.

What is your ethnicity?

Is [HHM NAME] of Hispanic or Latino origin?

1. Hispanic or Latino
2. Not Hispanic or Latino
3. DK/REF

B1n_M.

What is your race...

Which of the following is [HHM NAME]...

(SELECT ONE OR MORE)

5 American Indian or Alaska Native

3 Asian

2 Black or African American

4 Native Hawaiian or Other Pacific Islander

1 White

6   IF VOLUNTEERED: OTHER

7 DK/REF

IF HHMEM IS R OR PARENT OF CHILD UNDER 13 IN HH, GO TO B1O.

ELSE, GO TO INSTRUCTION AFTER B1O_1.

B1o.

[IF FIRST HHM:] In which country were you born?

[IF SECOND OR HIGHER HHM:] In which country was [HHM NAME] born?

1. United States → GO TO INSTRUCTION AFTER B1O_1
2. Not in U.S. → GO TO B1o_CNTRY
3. DK/REF → GO TO INSTRUCTION AFTER B1O_1

B1o_CNTRY

[IF FIRST HHM:] In which country were you born?

[IF SECOND OR HIGHER HHM:] In which country was [HHM NAME] born?

[drop down]

1. Don't know/Refused	6. American Samoa	11. Antigua and Barbuda
2. Afghanistan	7. Andorra	12. Argentina
3. Akrotiri	8. Angola	13. Armenia
4. Albania	9. Anguilla	14. Aruba
5. Algeria	10. Antarctica	

15. Ashmore and Cartier Islands
16. Australia
17. Austria
18. Azerbaijan
19. Bahamas
20. Bahrain
21. Bangladesh
22. Barbados
23. Bassas da India
24. Belarus
25. Belgium
26. Belize
27. Benin
28. Bermuda
29. Bhutan
30. Bolivia
31. Bosnia and Herzegovina
32. Botswana
33. Bouvet Island
34. Brazil
35. British Indian Ocean Territory
36. British Virgin Islands
37. Brunei
38. Bulgaria
39. Burkina Faso
40. Burma
41. Burundi
42. Cambodia
43. Cameroon
44. Canada
45. Cape Verde
46. Cayman Islands
47. Central African Republic
48. Chad
49. Chile
50. China
51. Christmas Island
52. Clipperton Island
53. Cocos (Keeling) Islands
54. Colombia
55. Comoros
56. Congo
57. Cook Islands
58. Coral Sea Islands
59. Costa Rica
60. Cote d'Ivoire
61. Croatia
62. Cuba
63. Cyprus
64. Czech Republic
65. Denmark
66. Dhekelia
67. Djibouti
68. Dominica
69. Dominican Republic
70. Ecuador
71. Egypt
72. El Salvador
73. Equatorial Guinea
74. Eritrea
75. Estonia
76. Ethiopia
77. Europa Island
78. Falkland Islands (Islas Malvinas)
79. Faroe Islands
80. Fiji
81. Finland
82. France
83. French Guiana
84. French Polynesia
85. French Southern and Antarctic Lands
86. Gabon
87. Gambia
88. Gaza Strip
89. Georgia
90. Germany
91. Ghana
92. Gibraltar
93. Glorioso Islands
94. Greece
95. Greenland
96. Grenada
97. Guadeloupe
98. Guam
99. Guatemala
100. Guernsey
101. Guinea
102. Guinea-Bissau
103. Guyana
104. Haiti
105. Heard Island and McDonald Islands
106. Holy See (Vatican City)
107. Honduras
108. Hong Kong
109. Hungary
110. Iceland
111. India
112. Indonesia
113. Iran
114. Iraq
115. Ireland
116. Isle of Man
117. Israel
118. Italy
119. Jamaica
120. Jan Mayen
121. Japan
122. Jersey
123. Jordan
124. Juan de Nova Island
125. Kazakhstan
126. Kenya
127. Kiribati
128. North Korea
129. South Korea
130. Kuwait
131. Kyrgyzstan
132. Laos
133. Latvia
134. Lebanon
135. Lesotho
136. Liberia
137. Libya
138. Liechtenstein
139. Lithuania
140. Luxembourg
141. Macau
142. Macedonia
143. Madagascar
144. Malawi
145. Malaysia
146. Maldives
147. Mali

148. Malta	184. Peru	219. Suriname
149. Marshall Islands	185. Philippines	220. Svalbard
150. Martinique	186. Pitcairn Islands	221. Swaziland
151. Mauritania	187. Poland	222. Sweden
152. Mauritius	188. Portugal	223. Switzerland
153. Mayotte	189. Puerto Rico	224. Syria
154. Mexico	190. Qatar	225. Taiwan
155. Micronesia, Federated States of	191. Reunion	226. Tajikistan
	192. Romania	227. Tanzania
156. Moldova	193. Russia	228. Thailand
157. Monaco	194. Rwanda	229. Timor-Leste
158. Mongolia	195. Saint Helena	230. Togo
159. Montserrat	196. Saint Kitts and Nevis	231. Tokelau
160. Morocco	197. Saint Lucia	232. Tonga
161. Mozambique	198. Saint Pierre and Miquelon	233. Trinidad and Tobago
162. Namibia	199. Saint Vincent and the Grenadines	234. Tromelin Island
163. Nauru		235. Tunisia
164. Navassa Island	200. Samoa	236. Turkey
165. Nepal	201. San Marino	237. Turkmenistan
166. Netherlands	202. Sao Tome and Principe	238. Turks and Caicos Islands
167. Netherlands Antilles	203. Saudi Arabia	239. Tuvalu
168. New Caledonia	204. Senegal	240. Uganda
169. New Zealand	205. Serbia and Montenegro	241. Ukraine
170. Nicaragua	206. Seychelles	242. United Arab Emirates
171. Niger	207. Sierra Leone	243. United Kingdom
172. Nigeria	208. Singapore	244. United States
173. Niue	209. Slovakia	245. Uruguay
174. Norfolk Island	210. Slovenia	246. Uzbekistan
175. Northern Mariana Islands	211. Solomon Islands	247. Vanuatu
176. Norway	212. Somalia	248. Venezuela
177. Oman	213. South Africa	249. Vietnam
178. Pakistan	214. South Georgia and the South Sandwich Islands	250. Virgin Islands
179. Palau		251. Wake Island
180. Panama	215. Spain	252. Wallis and Futuna
181. Papua New Guinea	216. Spratly Islands	253. West Bank
182. Paracel Islands	217. Sri Lanka	
183. Paraguay	218. Sudan	

B1o_1.

[IF FIRST HHM:] In what year did you first come to USA?

[IF SECOND OR HIGHER HHM:] In what year did [he/she] first come to USA?

YEAR: _____

Range: 1900-2019

-1 ☐ DK/REF

IF THERE ARE ADDITIONAL HHMS NOT ASKED ABOUT, RETURN TO B1B AND ASK B1b-B1o_1 FOR EACH REMAINING INDIVIDUAL IN HH.
ELSE GO TO B_HHSTR_CHK.

B_HHSTR_CHK.
1) DETERMINE WHETHER THERE ARE ANY CHILDREN UNDER 13 IN SECTION A FOR WHOM NO PARENTS ARE LISTED IN SECTION B. IF YES, ASK B1_CUST FOR EACH CHILD WITH NO ADOPTIVE OR BIOLOGICAL PARENTS IN THE HH.

2) COUNT THE NUMBER OF INDIVIDUALS IN SECTION B WHO ARE THE BIOLOGICAL OR ADOPTIVE PARENT OF A CHILD UNDER 13 IN THIS HOUSEHOLD. IF 3 OR MORE, ASK B1_STRUCT BELOW.

IF ALL CHILDREN HAVE AT LEAST ONE PARENT IN HH AND NO MORE THAN TWO PARENTS IN HH, GO TO B2.

[IF CHILD IN HH WITH NO PARENTS IN HH, ASK:]

B1_CUST.

I do not have a parent recorded for [CHILD] in this household. Who is a guardian for [CHILD]?

> < list of B adults>
> 1. No guardian
> 2. Guardian or parent outside of household only

B1_CUST_a.

Is that a formal relationship such as foster care or legal guardianship, or an informal arrangement?

> 1. Foster
> 2. Legal, not foster
> 3. Informal

[IF 3 OR MORE PARENTS IN HH, ASK:]

B1_STRUCT.

I see that there are [x] number of parents of young children in this household. Could you describe the family, marriage or other relationships between the [x] parents? INTERVIEWER: FOR EXAMPLE, 1 PARENT MAY BE THE DAUGHTER OF ANOTHER PARENT, OR TWO SISTERS AND THEIR HUSBANDS MAY BE LIVING IN THE SAME HOUSEHOLD.

VERBATIM: _____

B2.

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

What language is usually spoken in this household? (CHECK ALL THAT APPLY)

LANGUAGE:

0	No other language provided	39	Cape Verdean
1	Arabic	40	Chamorro
2	Armenian	41	Chuukese
3	Chinese	42	Creole
4	English	43	Czech
5	French (including Patois, Cajun)	44	Creole
6	French creole	45	Dutch
7	German	46	Ethiopian
8	Greek	47	Fijian
9	Guajarati	48	African dialects
10	Hebrew	49	Igbo
11	Hindi	50	Ilocano
12	Hungarian	51	Indian dialects
13	Italian	52	Indonesian
14	Japanese	53	Moratai
15	Korean	54	Jamaican/Haitian Creole
16	Laotian	55	Kannada
17	Miao, Hmong	56	Karen
18	Mon-Khmer, Cambodian	57	Kurdish
19	Navajo	58	Lakota
20	Persian	59	Latvian
21	Polish	60	Mixteco
22	Portuguese or Portuguese Creole	61	Nepali
23	Russian	62	Mongolian
24	Serbo-Croatian	63	Norwegian
25	Spanish or Spanish Creole	64	Oromo
26	Tagalog	65	Pashto
27	Thai	66	Punjabi
28	Urdu	67	Romanian
29	Vietnamese	68	Samoan
30	Yiddish	69	Somali
31	Other	70	Swahili
32	DK/REF	71	Tamil
33	American Sign Language	72	Telugu
34	Amharic	73	Tigrinya
35	Albanian	74	Turkish
36	Bengali	75	Twi
37	Bulgarian	76	Ukrainian
38	Burmese	77	Visyan/Cebuano/Bisaya

78	Yoruba	83	Hawaiian
79	Malayalam	84	Mandinka
80	Pennsylvanian Dutch	85	Finnish
81	Tongan	86	Pidgin
82	Nahuatl	87	Sesotho

B2_SPEC.

SPECIFY LANGUAGE

_____

-1 ☐ DK/REF

B3_M.

[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   → GO TO B3B
2. No   → GO TO C1
3. DK/REF   → GO TO C1
4. IF VOLUNTEERED: YES, BUT CHILD HAS NO RELATIONSHIP WITH THEM -> GO TO C1

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
3. DK/REF

B3c.

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

1. Yes
2. No
3. DK/REF

Section C.
Child Care: Types and Hours

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

C1_INTRO.
[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. Older children may sometimes care for themselves. Next I have some questions about various people who cared for your child/children during the last week (that is, Monday, [MONDAY DATE] to Sunday, [SUNDAY DATE]).

IN SLOTS 1-15, LIST ALL HHMS WHO ARE NOT THE RESPONDENT, ARE NOT THE RESPONDENT'S SPOUSE (HH_B1D_RLTION_R_X NOT 1), AND DO NOT HAVE A CHILD IN THE HH (HH_B1E_HAVECHILD_X NOT 1).

C1.
[Let's start with [CHILD 1 NAME]./Now let's talk about [CHILD X NAME].] Please tell me all of the people or organizations that cared for [him/her] last week. Do not include any parent of a child under 13 in this household or his or her spouse.

[IF CHILD AGE 5 YEARS OR MORE]: If your child attended regular school for any grade from kindergarten through eighth grade, please tell me the name of that school. If [CHILD NAME] also attended a before or after-school program, either at the school or somewhere else, please mention that program separately.

Please also include any other activities, such as playdates or babysitters.

1. [HHM 1]
2. [HHM 2]
3. [HHM 3]
4. [HHM 4]
5. [HHM 5]
6. [HHM 6]
7. [HHM 7]
8. [HHM 8]
9. [HHM 9]
10. [HHM 10]
11. [HHM 11]
12. [HHM 12]
13. [HHM 13]
14. [HHM 14]
15. [HHM 15]
16. [PROV 1]
17. [PROV 2]
18. [PROV 3]

19. [PROV 4]
20. [PROV 5]
21. [PROV 6]
22. [PROV 7]
23. [PROV 8]
24. [PROV 9]
25. [PROV 10]
26. [PROV 11]
27. [PROV 12]
28. [PROV 13]
29. [PROV 14]
30. [PROV 15]
31. ADD PROVIDER   → GO TO C1A1
32. CHILD HIM/HERSELF   → GO TO C1A_MORE
33. USED PARENTAL CARE ONLY   → GO TO C3
34. DK/REF   → GO TO C1A_MORE

C1A1.
ENTER PROVIDER NAME.

_____

-1 ☐ DK/REF

C1A_MORE.
Is there another provider for [CHILD]?

1. Yes   → GO TO C1 FOR [CHILD], NEXT PROVIDER
2. No   → GO TO C1 FOR NEXT CHILD, FIRST PROVIDER
3. DK/REF   → GO TO C1 FOR NEXT CHILD, FIRST PROVIDER

REPEAT C1 LOOP FOR ALL CHILDREN UNDER 13

IF CHILD IS AGE 8 YEARS OR OLDER AND NO PROVIDERS ARE INDICATED, ASK:
C1A_SA_CHECK. I don't have any providers recorded for [CHILD]. Some children his or her age who do not have any providers are home-schooled or have an illness or disability that limits their activities. Is there anything you'd like to share about how [CHILD] spends his or her time?

       VERBATIM:

_____

C2_INTRO.
Now I'd like to understand your child care schedule last week.

C2.

FOR CARE ARRANGEMENT REPORTED BY RESPONDENT, SELECT PROVIDER FROM THE DROP-DOWN MENU AND ASK C2A1 AND C2D BELOW. IF A PROVIDER CARED FOR CHILD MULTIPLE TIMES IN THE DAY, EACH SESSION OF CARE SHOULD BE REPORTED SEPARATELY.

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.

	C2. Thinking about **last [DAY]** (that is, [FILL DATE]), who cared for [CHILD NAME]? Do not include any parent of a child under 13 in this household or his or her spouse.	**C2A1.** What time **last [DAY]** did [PROVIDER] start to care for [CHILD NAME]? START TIME:	**C2D**. When did the care with [PROVIDER] end last [DAY]? END TIME:	
1	1. Select Provider 2. {prov} 3. {prov} 4. {prov} 5. {prov} 6. {prov} 7. {prov} 8. {prov} 9. {prov} 10. {prov} 11. {prov} 12. {prov} 13. {prov} 14. {prov} 15. {prov} 16. {prov} 17. {prov} 18. {prov} 19. {prov} 20. {prov} 21. {prov} 22. Used parental care only 23. Add new provider	_____ __ -1 ☐ DK/REF	_____ ___ -1 ☐ DK/REF	And who cared for him/her next that day?

| 2 | 1. Select Provider
   2. {prov}
   3. {prov}
   4. {prov}
   5. {prov}
   6. {prov}
   7. {prov}
   8. {prov}
   9. {prov}
  10. {prov}
  11. {prov}
  12. {prov}
  13. {prov}
  14. {prov}
  15. {prov}
  16. {prov}
  17. {prov}
  18. {prov}
  19. {prov}
  20. {prov}
  21. {prov}
  22. Used parental care only
  23. Add new provider | _____
__

-1 ☐ DK/REF | _____
___

-1 ☐ DK/REF | |
| 3 | 1. Select Provider
   2. {prov}
   3. {prov}
   4. {prov}
   5. {prov}
   6. {prov}
   7. {prov}
   8. {prov}
   9. {prov}
  10. {prov}
  11. {prov}
  12. {prov}
  13. {prov}
  14. {prov}
  15. {prov}
  16. {prov}
  17. {prov}
  18. {prov}
  19. {prov}
  20. {prov}
  21. {prov}
  22. Used parental care only
  23. Add new provider | _____
__

-1 ☐ DK/REF | _____
___

-1 ☐ DK/REF | |

| 4 | 1. Select Provider
2. {prov}
3. {prov}
4. {prov}
5. {prov}
6. {prov}
7. {prov}
8. {prov}
9. {prov}
10. {prov}
11. {prov}
12. {prov}
13. {prov}
14. {prov}
15. {prov}
16. {prov}
17. {prov}
18. {prov}
19. {prov}
20. {prov}
21. {prov}
22. Used parental care only
23. Add new provider | _____
__

-1 ☐ DK/REF | _____
___

-1 ☐ DK/REF | |
| 5 | 1. Select Provider
2. {prov}
3. {prov}
4. {prov}
5. {prov}
6. {prov}
7. {prov}
8. {prov}
9. {prov}
10. {prov}
11. {prov}
12. {prov}
13. {prov}
14. {prov}
15. {prov}
16. {prov}
17. {prov}
18. {prov}
19. {prov}
20. {prov}
21. {prov}
22. Used parental care only
23. Add new provider | _____
__

-1 ☐ DK/REF | _____
___

-1 ☐ DK/REF | |

C2D2.

Thinking about [CHILD NAME]'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.

PROVIDER:	START TIME:	END TIME:

1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday
6. Saturday
7. Sunday
8. NO IDENTICAL DAYS

IF DAY SELECTED (C2D2=1 TO 7), GO TO C2A2.
IF C2D2 = 8 (NO IDENTICAL DAYS), GO TO C2 FOR NEXT DAY OF THE WEEK.

C2A2.

[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 NAME]'s schedule last [DAY SELECTED IN C2D2] identical to [ORIGINAL DAY] that week, or were there some differences in when or where s/he spent time those two days?

PROVIDER:	START TIME:	END TIME:

1. identical   → GO TO NEXT DAY OF WEEK IN C2
2. some differences   → GO TO CURRENT DAY OF WEEK IN C2

REPEAT C2/C2A1/C2D, C2D2, C2A2 UNTIL CHILD CARE SCHEDULE IS COMPLETE FOR ALL DAYS (MONDAY TO SUNDAY).
WHEN SCHEDULE IS COMPLETE, GO TO C3.

ASK C3 TO C4B FOR UP TO 2 PROVIDERS PER CHILD WHO USUALLY PROVIDE CARE BUT DID NOT PROVIDE CARE LAST WEEK.

C3. (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1st and 2nd usual-but-not-last-week provider for the child)
Does anyone else regularly care for [CHILD NAME], 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   → GO TO C4
2. NO   → GO TO INSTRUCTION BEFORE C4C
3. DK/REF → GO TO INSTRUCTION BEFORE C4C

C4. (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1st and 2nd usual-but-not-last-week provider for the child)
Who usually provides care for [CHILD NAME] but didn't do so last week?
NAME:

_____
   -1 ☐ DK/REF

C4a. (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1st and 2nd usual-but-not-last-week provider for the child)
Does that care usually take place at your home or somewhere else?

1. R's home
2. Somewhere else
3. DK/REF

C4b. (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1st and 2nd usual-but-not-last-week provider for the child)

How many hours per week does [C4 PROVIDER] usually care for [CHILD NAME]?
NAME:

_____

   -1 ☐ DK/REF

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

C4c.

Was (CHILD)'s schedule last Monday the same as another child's Monday schedule?

   1.   Yes ➔ GO TO C4C1
   2.   No ➔ GO TO C2/C2A1/C2D FOR THIS CHILD, MONDAY

C4C1.

Which child had the same [DAY] schedule?

   1.   Child 1
   2.   Child 2
   3.   Child 3
   4.   Child 4
   5.   Child 5
   6.   Child 6
   7.   Child 7
   8.   Child 8
   9.   Child 8
   10. Child 10

C4C2.

[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 NAME]'s schedule last [DAY] identical to [CHILD SELECTED IN C4C1]'s schedule, or were there some differences in when or where s/he spent time last [DAY]?

   1.   IDENTICAL   ➔ GO TO C2D2
   2.   SOME DIFFERENCES ➔ GO TO C2 FOR [CHILD] ON [DAY]

REPEAT C2/C2A1/C2D, C2D2, C2A2, C4C, C4C1, C4C2 UNTIL CHILD CARE SCHEDULE IS COMPLETE FOR ALL DAYS (MONDAY TO SUNDAY).
WHEN SCHEDULE IS COMPLETE, GO TO C3.

C5.

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

LOOP THROUGH C5 TO C9 FOR EACH PROVIDER (LAST WEEK AND REGULAR) FOR EACH CHILD.

IF PARENTAL CARE ONLY OR PROVIDER LIVES IN THIS HOUSEHOLD, GO 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, ASK**:] Is (PROVIDER) an individual or an organization?

1. Individual → GO TO C5C
2. VOLUNTEERED ONLY: INDIVIDUAL WITH FAMILY DAY CARE → GO TO C6
3. Organization → GO TO C6
4. DK/REF → GO TO C8_M

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

1. YES → GO TO C5CA_M
2. NO → GO TO C5D
3. DK/REF → GO TO C5D

C5CA_M.
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 C5D)
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 C5D)
7. R HAD ANOTHER NON-RELATIVE RELATIONSHIP WITH PROVIDER
8. DK/REF (GO TO C5D)

C5CB.
(IF C5CA_M = 2) So (PROVIDER) Is the CHILD's grandparent? / (IF C5CA_M = 4) Is this [CHILD]'s grandparent?

1. Yes
2. No
3. DK/REF

C5CB2.

As far as you know, does (PROVIDER) care for four or more children each week, not counting his or her own children?

    1. Yes

    2. No

    3. DK/REF

C5D.

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

    1.   YES, LIVES HERE (SKIP TO INSTRUCTION BEFORE C9)

    2.   YES, PROVIDES CARE HERE BUT DOES NOT LIVE HERE (SKIP TO INSTRUCTION BEFORE C9)

    3.   NO, NEITHER LIVES HERE NOR PROVIDES CARE HERE (SKIP TO C8_M)

    4.   DK/REF (SKIP TO C8_M)

C5E.

Do you usually pay this person for looking after your child(ren)?

    1. Yes

    2 No

    3 DK/REF

    FOR EACH CHILD CARED FOR BY PROVIDER, ASK:

C5F.

How old was [CHILD] when [PROVIDER] started regularly looking after him or her?

    _____ Months ___ Years

C6.

(IF NOT OBVIOUS:) What is the full name of [PROVIDER NAME]?

INTERVIEWER INSTRUCTION: RE-ENTER FULL NAME OF PROVIDER IF OBVIOUS.

    _____

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.

    SELECT STATE PROVIDER LOCATED IN

C7_2.

IN WHAT CITY IS [PROVIDER NAME] LOCATED?

    CITY:

C7_3.

PLEASE SELECT PROVIDER. IF PROVIDER NOT LISTED, SELECT "NOT ON LIST".

IF PROVIDER FOUND IN LIST, SKIP TO C8A. ELSE ASK C8_M.

C8_M.
[IF C5A=2 OR 3]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 private and released only in statistical form.

IF NEEDED: Could I know just the zip code and the intersection nearest provider? You can just tell me two cross-streets and the zip code, 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.

1. ENTER ADDRESS   → GO TO C8_ADDR2
2. ENTER ZIP AND CROSS STREETS   → GO TO C8_CROSS
3. ENTER CITY/STATE AND CROSS STREETS   → GO TO C8_CROSS2
4. DK/REF   → GO TO C8A

C8_ADDR2.
ENTER ADDRESS INFORMATION:
  ADDRESS _____
   -1 ☐ DK/REF
  CITY _____
   -1 ☐ DK/REF
  STATE _____
   -1 ☐ DK/REF
  ZIP _____
   -1 ☐ DK/REF

C8_CROSS.
CROSS-STREETS
  ZIP _____
   -1 ☐ DK/REF
  STREET 1 _____
   -1 ☐ DK/REF
  STREET 2 _____
   -1 ☐ DK/REF

C8_CROSS2.

CROSS-STREETS

        CITY _____

               -1 ☐ DK/REF

        STATE _____

               -1 ☐ DK/REF

        STREET 1 _____

               -1 ☐ DK/REF

        STREET 2 _____

               -1 ☐ DK/REF

        [IF C5A = 1, SKIP TO INSTRUCTION ABOVE C9. ELSE ASK C8_3.]

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
        3 DK/REF

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
        3 DK/REF

        [IF PROVIDER PROVIDED CARE LAST WEEK, ASK C9 FOR EACH CHILD LINKED TO PROVIDER. ELSE GO TO C5 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT.]

INSTRUCTION: BEGIN CHILD-SPECIFIC CENTER-BASED PROVIDER LOOP FOR ALL CHILDREN IN NON-DROP-IN, NON-SINGLE ACTIVITY.

C9.

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

1.   YES
2.   NO (SKIP TO INSTRUCTION ABOVE C1A2_INTRO)
3.   DK/REF

C8B.

(IF [PROVIDER] IS AN ELEMENTARY SCHOOL IN SAMPLE FRAME AND CHILD IS AGE 60 MONTHS OR OLDER, ASK c8B. ELSE SKIP TO INSTRUCTION ABOVE C1a2_INTRO) Is [CHILD] enrolled in regular elementary or middle school, grades kindergarten through eight, at [PROVIDER]?

1.   YES
2.   NO
3.   DK/REF

C8C.

(IF CHILD IS 54 MONTHS TO 71 MONTHS, ASK) Is [CHILD] enrolled in kindergarten (IF CALIFORNIA: or transitional kindergarten) at [PROVIDER]?

>   1 Yes (KINDERGARTEN OR CALIFORNIA TRANSITIONAL KINDERGARTEN)
>   2 No (INCLUDES Pre-Kindergarten)

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: _____
>   -1 ☐ DK/REF
>   END TIME: _____
>   -1 ☐ DK/REF

IF CHILD < 72 MONTHS AND NOT IN KINDERGARTEN, ASK:

C8_2.

Does [CHILD] participate in a Head Start or Public Pre-Kindergarten program at [PROVIDER]?

>   1. YES
>   2. NO

RETURN TO C5 AND ASK C5 TO C9 ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT. IF LAST PROVIDER, GO TO INSTRUCTION BEFORE C1A2.

C1A2_INTRO.

These next questions are about your interactions with [PROVIDER]

[LOOP THROUGH C1A2 TO C11 FOR ALL PROVIDERS WHO ARE NON-SCHOOL (HH_C8A_X NOT 1 AND HH_PROVPTYPE_X NOT 06), NON-SINGLE ACTIVITY (HH_C8_3_X NOT 1), NON-DROP-IN (HH_C8_4_X NOT 1), NON-HHM (HH_PTYPE_X NOT 1-15), AND PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK (HH_REGCAREFLAG_X = 1) ARE ASKED ABOUT.]

> [IF C5A = 2 OR 3 SKIP TO C1B, ELSE ASK C1a2]

C1a2.

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

> 1 R'S HOME   → GO TO INSTRUCTION BEFORE C11
> 2 SOMEWHERE ELSE   → GO TO C1B
> 3 DK/REF   → GO TO C1B

C1B.

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
5. Other
6. DK/REF

C1C.

Who usually took your child/children there?

<list PROVIDERS AND PARENTS>

-1 ☐ DK/REF

> [IF C5A = 2 OR 3, OR C5A = 1 AND C5C= 2, GO TO C11. ELSE GO TO INSTRUCTIONS BEFORE C14.]

C11.

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
> 3 DK/REF

[LOOP THROUGH C1A2 TO C11 FOR ALL PROVIDERS WHO ARE NON-SCHOOL (HH_C8A_X NOT 1 AND HH_PROVPTYPE_X NOT 06), NON-SINGLE ACTIVITY (HH_C8_3_X NOT 1), NON-DROP-IN (HH_C8_4_X NOT 1), NON-HHM (HH_PTYPE_X NOT 1-15), AND PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK (HH_REGCAREFLAG_X = 1) ARE ASKED ABOUT.]

C14INTRO.

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.

C14_1.

[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 C14_SELECT)? Would you say: excellent, good, fair, poor?

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

C14_2.

How would you rate (center care/relative or friend care/family day care/parental care) on helping children be ready to learn in school for children of the same age as (SELECTED CHILD IN C14_SELECT)? Would you say excellent, good, fair, poor?

1. Excellent
2. Good
3. Fair

4. Poor
5. No opinion
6. DK/REF

C14_3.

How about (center care/relative or friend care/family day care/parental care) for teaching children how to get along with other children? (Would you say it is excellent, good, fair, poor very good, somewhat good, or not very good for children of the same age as (SELECTED CHILD IN C14_SELECT)?)

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

C14_4.

How about safety in center care/relative or friend care/family day care/parental care (for children of the same age as (SELECTED CHILD IN C14_SELECT))? (Would you say it is excellent, good, fair, poor for children of the same age as (SELECTED CHILD IN C14_SELECT)?)

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

C14_5.

How about affordability of 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

C14_6.

How about flexibility for parents who use 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

LOOP THROUGH C14_1 TO C14_6 FOR ALL TYPES OF CARE

Section D. Respondent and Spouse Employment Schedules

ASK FOR RESPONDENT, AND R'S SPOUSE IF ANY IN HOUSEHOLD (HH_B1D_RLTION_R_X = 1), AND FOR ANY OTHER PARENT OF A CHILD UNDER 13 IN HH (HH_B1E_HAVECHILD_X = 1), AND FOR ANY HH MEMBER WHO PROVIDED 5 OR MORE HOURS OF CARE LAST WEEK (HH_PTYPE_Y = X AND HH_REGCAREFLAG_Y = 1 (Y=PROVIDER 1 TO 12, X=HHM ROSTER POSITION 1 to 12)).

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
3. DK/REF

D1B.

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

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
3. DK/REF

ASK PARENT CALENDAR FOR ANY PARENT OF A CHILD < 13 IN THE HH OR ANY SPOUSE OR PARTNER OF A PARENT OF A CHILD < 13 OR A GUARDIAN IN A NON-PARENTAL HH. DO NOT ASK ONLY FOR CAREGIVERS WHO ARE NOT PARENTS, THEIR SPOUSES/PARTNERS OR GUARDIANS.

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 DISPLAY WORK AS AN OPTION IN THE CALENDAR DROP DOWN.
IF D1B=1 THEN DISPLAY SCHOOL AS AN OPTION IN THE CALENDAR DROP DOWN.
IF D1C=1 THEN DISPLAY TRAINING AS AN OPTION IN THE CALENDAR DROP DOWN.

SELECT ACTIVITY FROM THE DROP-DOWN MENU AND ASK D1D_1 AND D1D_2 BELOW. IF R DID AN ACTIVITY MULTIPLE TIMES IN THE DAY, EACH SCHEDULE SHOULD BE REPORTED SEPARATELY.

	D1D. Thinking about last [DAY], [FILL DATE], did you go to work/school/training?	**D1D_1.** What time did you begin [work/school/training] on **last [DAY]**? (Please include time you spent commuting to and from [work/school/training] in your response.) TIME STARTED:	**D1D_2.** What time did you end [work/school/training] on **last [DAY]**? TIME ENDED:	And did you attend work/ school/ training any other time that day?
SCHEDULE 1	1. Select Activity 2. Work 3. School 4. Training 5. NO WORK/SCH/TRNG ACTIVITY 6. DK/REF	_____ ☐ DK/REF	_____ ☐ DK/REF	

SCHEDULE 2	1. Select Activity 2. Work 3. School 4. Training 5. NO WORK/SCH/TRNG ACTIVITY 6. DK/REF	_____ ☐ DK/REF	_____ ☐ DK/REF	
SCHEDULE 3	1. Select Activity 2. Work 3. School 4. Training 5. NO WORK/SCH/TRNG ACTIVITY 6. DK/REF	_____ ☐ DK/REF	_____ ☐ DK/REF	
SCHEDULE 4	1. Select Activity 2. Work 3. School 4. Training 5. NO WORK/SCH/TRNG ACTIVITY 6. DK/REF	_____ ☐ DK/REF	_____ ☐ DK/REF	
SCHEDULE 5	1. Select Activity 2. Work 3. School 4. Training 5. NO WORK/SCH/TRNG ACTIVITY 6. DK/REF	_____ ☐ DK/REF	_____ ☐ DK/REF	

D1D_C2.

What day(s) last week is (are) the same as [your/his/her] [DAY OF WEEK] schedule last week for work, school or training?

1. Monday
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. Sunday   (ASK D1D_C3)
8. No identical days

[FOR TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY:
IF SELECTED IN D1D_C2, THEN ASK D1D_C3. OTHERWISE, GO TO INSTRUCTION BEFORE D1D_1]

[COMPARING EMPLOYMENT SCHEDULES AGAINST CHILD CARE SCHEDULES ON LAST [DAY], IF THERE ARE PERIODS OF ONE HOUR OR MORE WHEN CHILD NOT IN ANY CARE AND PARENT(S) AT WORK/SCHOOL/TRAINING, ASK CHK3. ELSE ASK CHK4]

FOR THE GAP CHECK, UP TO 7 GAPS WERE ASKED ABOUT FOR EACH CHILD AND DAY.

CHK3.

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
3. Child cared for him/herself
4. Child with sibling less than 18
5. OTHER ARRANGEMENT   → GO TO CHK3_SPECIFY

CHK3_SPECIFY.
ENTER ANY ADDITIONAL INFORMATION ABOUT CHILD CARE GAP:

_____

HH_CHK3 was recoded in order to incorporate the other specify information. Then this recoded data was applied to the child and adult calendars. Please see documentation on the calendars for further information.

REPEAT CHK3 FOR ALL CHILDREN WITH GAPS.

D1D_C3.

Sometimes people's schedule on a specific day is different from their regular schedule for that day of the week. Thinking about last [DAY SELECTED IN D1D_C2] , was your/his/her schedule last [DAY SELECTED IN D1D_C2] identical to last [DAY D1D_C2 ASKED ABOUT] that week, or were there some differences in when you/he/she arrived at or left work, school, or training on those two days?

1. Identical   → CHECK FOR GAPS, GO TO NEXT DAY
2. Some differences   → GO TO D1D FOR DAY SELECTED IN D1D_C2

[NOTE TO PROGRAMMER/INTERVIEWERS: IF HHMEMBER IS CHILD'S PARENT OR PARENT'S SPOUSE, ASK D2-D5d. IF HHMEMBER IS NOT CHILD'S PARENT OR PARENT'S SPOUSE, THEN SKIP INSTRUCTION BEFORE D9A]

D2_1INTRO.

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 D1A=1 ASK D2. ELSE GO TO D4]

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

D2_1.

Where is the place that (you/he/she) work(s) the most hours each week? Please tell me the address or nearest major intersection.

1. Work from home   → GO TO D2_2
2. No set workplace   → GO TO D2_2
3. Enter address   → GO TO D2_ADDR
4. Enter cross-streets   → GO TO D2_CROSS
5. DK/REF   → GO TO D2_2

D2_ADDR.

ENTER ADDRESS INFORMATION:

ADDRESS _____
      -1 ☐ DK/REF
CITY _____
      -1 ☐ DK/REF
STATE _____
      -1 ☐ DK/REF
ZIP _____
      -1 ☐ DK/REF

D2_CROSS.
CROSS-STREETS

STREET 1 _____

          -1 ☐ DK/REF

STREET 2 _____

          -1 ☐ DK/REF

CITY _____

          -1 ☐ DK/REF

D2_TRANS.
How (do you/ does he/she) usually get to work?

    1 car

    2 public transportation

    3 bicycle

    4 taxi or carpool

    5 walking

    6 VARIES/ OTHER METHOD

D2_COMMUTE.
On average, how long does it take (you/him/her) to make the trip to or from work? IF NECESSARY: Your best guess is fine.

    _____ minutes for one-way commute

D2_2.
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
5. DK/REF

D2_3.
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
4. DK/REF

D2.
What kind of work (do you/does he/she) 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: What are the usual activities on that job?

_____

☐ DK/REF   → GO TO D3D

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?
PERSON X

_____

-1 ☐ DK/REF   → GO TO D3D

D3D.
About how much are you paid at that job?
[FILL D2 JOB NAME]

RECORD WAGE:

_____

-1 ☐ DK/REF

D3D.
Is that per...?

RECORD UNIT:

1. Per hour
2. Per day
3. Per week
4. Bi-weekly
5. Per month
6. Per year
7. OTHER

8. DK/REF

IF D1A=1 GO TO INSTRUCTION AFTER D5D9a, ELSE ASK D4

D4.

[Have you/has he/she] ever worked for pay?

1. Yes → GO TO D5A
2. No → GO TO INSTRUCTION AFTER D5D
3. DK/REF → GO TO INSTRUCTION AFTER D5D

D5A.

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

_____

D5B.

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

MONTH: _____
Range: 1-12
YEAR: _____
Range: 1900-2019

D5C.

About how many hours [did/do] (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/REF

D5D.

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

AMOUNT:

_____

-1 ☐ DK/REF

PER UNIT OF TIME

1. Per hour
2. Per day
3. Per week
4. Bi-weekly
5. Per month
6. Per year
7. OTHER
8. DK/REF
9. Added: per hour plus tips/commission
10. Added: per piece/job

LOOP TO NEXT HHMEM BEGINNING AT INSTRUCTION BEFORE D2_1 UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

IF HH USES ONLY PARENTAL CARE , SKIP TO INSTRUCTION BEFORE D15. ELSE IF R, ANOTHER PARENT OF CHILD < 13, OR REGULAR CAREGIVER IN HH EMPLOYED (D1A1=1), ASK D9A.

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 [INSERT NAME(S)].

D9A.
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:_____
Range: 0 - 31
-1 ☐ DK/REF

D10.
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 D11)
Range: 0 - 100
-1 ☐ DK/REF

D10A.
How many of these days did [one of] you miss because your provider was sick or on vacation?

DAYS:_____
Range: 0 - 100
-1   ☐ DK/REF

D10B.

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

DAYS:_____
Range: 0 - 100
-1   ☐ DK/REF

IF D10A > 0 OR D10B > 0, GO TO D10C, ELSE GO TO D11.

D10C.

Did that person lose any pay because of missed work?

1 YES
2 NO

D11.

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 D12)
Range: 0 - 100
-1   ☐ DK/REF

D11A.

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 D12)
Range: 0 - 100
-1   ☐ DK/REF

D11B.

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

1 YES
2 NO

D12.

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:_____
Range: 0 - 100
-1 ☐ DK/REF

D13.

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:_____
Range: 0 - 100
-1 ☐ DK/REF

IF R OR R'S SPOUSE EMPLOYED (D1A1=1), ASK D15. ELSE SKIP TO SECTION E.

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
3 DK/REF

HH_DTIME_R: SECTION D TIMESTAMP

Section J. Nonparental Care Payment and Subsidy to Each Provider

[if (S1 + B1a1) >=8, then E0_subelig = 1 and ask E1_M. If HHMs <= 7, ask E0_subelig]

E0_subelig.

In order to understand whether or not child care is affordable to American families, we need to know your household's income. Was your total household income in 2018, before taxes and other deductions, below [$26,000 if (S1 + B1a1) = 2, $39,000 if (S1 + B1a1) = 3, $52,000 if (S1 + B1a1) = 4, $65,000 if (S1 + B1a1) = 5, $78,000 if (S1 + B1a1) = 6, $91,000 if (S1 + B1a1) = 7]?

1. Yes
2. No
3. DK/REF

ASK SECTION E (E1_M TO E12_1) LOOPING THROUGH PROVIDERS WITHIN A CHILD.
ASK ABOUT CHILD 1-PROVIDER 1, THEN CHILD 1-PROVIDER 2,...,THEN CHILD2-PROVIDER 1, AND SO ON.

INTERVIEWER CHECK 1.

HAS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP'S RESPONSE (E7B=2)?

1. YES → GO TO E12
2. NO/NOT SURE → GO SEE NEXT CHECK

INTERVIEWER CHECK 2.

IS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT THE SAME AS THE PAYMENT FOR ANOTHER CHILD IN THIS ARRANGEMENT (E7B1=1)?

1. YES → GO TO E12_1
2. NO/NOT SURE → GO TO E1_M

E1_M.

Now I have some more questions about the regular child care arrangements you use.

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

1. Yes → GO TO E6_M
2. No
3. DK/REF

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
3. DK/REF   → GO TO E5

E3.

Who pays them? MARK ALL THAT APPLY

      Welfare or office of employment services
      Agency for child development
      Local or community program
      Community or religious group
      Family or friend
      Employer
      Other

      -1. Don't Know/Refused

[IF C5A=2 OR 3 (INDIVIDUAL WITH A FAMILY DAY CARE ORGANIZATION) AND CHILD < OR = 6 YRS OLD, ASK E5A. ELSE GO TO E2A.]

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 E2A
2. No   → GO TO E2A
3. DK/REF   → GO TO E2A

E5.

So this care is provided free by [PROVIDER]?

1. Yes   → GO TO E5A
2. No   → GO TO E2
3. DK/REF   → GO TO E2A IF PROVIDER INDIVIDUAL (C5A = 1), ELSE GO TO E8

[IF C5C = 1 (R HAS PRIOR RELATIONSHIP WITH PROVIDER), SKIP TO E7. ELSE ASK E6_M.]

E6_M.

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 pay to [PROVIDER] determined by how much money you earn??

1. Yes
2. No
3. DK/REF

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

$_____
-1. DK/REF   → GO TO E4_M

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:_____)
7. DK/REF
8. Added: Year
9. Added: School year
10. Added: Per X # months
11. Added: Semester
12. Added: Session
13. Added: Quarter
14. Added: Half-day
15. Added: One -time fee
16. Added: Flat rate
17. Added: Per day for 2 children
18. Added: Per weekend
19. Added: Per X # weeks
20. Added: Whole program
21. Added: Bi-monthly
22. Added: Per day for 3 children

E4_M.

Is this amount you pay provider [PROVIDER] a co-payment?

1. Yes
2. No
3. DK/REF

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   → GO TO E7B1
2. OTHER children   → GO TO E7B_OTHCHLDRN
3. DK/REF   → GO TO E8

E7B_OTHCHLDRN.

(IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Which children?

Child 1   → GO TO E8
Child 2   → GO TO E8
Child 3   → GO TO E8
Child 4   → GO TO E8
Child 5   → GO TO E8
Child 6   → GO TO E8
Child 7   → GO TO E8
Child 8   → GO TO E8
Child 9   → GO TO E8
Child 10   → GO TO E8
DK/REF   → GO TO E8

E7B1.

(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

3. DK/REF

E8.

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 E2A
3. DK/REF   → GO TO E2A

E8A_M.

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

-1. Don't Know/Refused

[IF HOUSEHOLD IS ABOVE 200 FPL (E0_subelig = 2), GO TO E10;
 IF HOUSEHOLD IS BELOW 200 FPL (E0_subelig = 1 OR E0_subelig = 3) AND PROVIDER IS INDIVIDUAL (C5A = 1) AND PROVIDER IS UNPAID (E1_M = 2), GO TO E9;ELSE: GO TO E2A.]

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
3. DK/REF

E2B.

Did you work with a local resource and referral agency to find this provider or arrange for payment?

1. Yes
2. No
3. DK/REF

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. DK/REF   → GO TO E10

E9A.

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

$_____
DK/REF   → GO TO E9C

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:_____)
7. DK/REF
8. Added: Per year

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   → GO TO E9NEW
2. Other children   → GO TO E9C_OTHCHLDRN
3. DK/REF   → GO TO E10

E9C_OTHCHLDRN.

(IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Which children?

   Child 1   → GO TO E10
   Child 2   → GO TO E10
   Child 3   → GO TO E10
   Child 4   → GO TO E10
   Child 5   → GO TO E10
   Child 6   → GO TO E10
   Child 7   → GO TO E10
   Child 8   → GO TO E10
   Child 9   → GO TO E10
   Child 10   → GO TO E10
   DK/REF   → GO TO E10

E9_NEW.

(IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount received for each other child cared for by [PROVIDER] ?

1. Yes
2. No
3. DK/REF

[ASK E10 FOR FIRST CHILD WITH EACH PROVIDER THAT IS A PRIOR RELATIONSHIP INDIVIDUAL (C5C=1) ONLY. ELSE GO TO E12.]

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   → (IF E7B =2 GO TO E12, ELSE END OF LOOP)
3. DK/REF   → (IF E7B = 2 GO TO E12, ELSE END OF LOOP)

E10B1.

How often do you give these things?

_____

-1.   DK/REF

[IF E7B = 2, GO TO E12, ELSE END OF LOOP]

E12.

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

1.   Yes   → END OF LOOP
2.   No   → GO ASK E12A
3.   DK/REF   → GO ASK E12A

E12A.

How much do you pay this [PROVIDER]?

$_____
DK/REF

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:_____)
7.   DK/REF
8.   Added: Per year

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   → END OF LOOP

    2. Other children   → GO TO E12AB_OTHCHLDRN

    3. DK/REF   → END OF LOOP

E12AB_OTHCHLDRN.

(IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Which children?

    Child 1   → END OF LOOP

    Child 2   → END OF LOOP

    Child 3   → END OF LOOP

    Child 4   → END OF LOOP

    Child 5   → END OF LOOP

    Child 6   → END OF LOOP

    Child 7   → END OF LOOP

    Child 8   → END OF LOOP

    Child 9   → END OF LOOP

    Child 10   → END OF LOOP

    DK/REF   → END OF LOOP

E12_1.

You said that the [AMOUNT] per [UNIT] you pay to [PROVIDER] is the same as your payments for [CHILD NAME]. Is that correct?

    1. Yes

    2. No

    3. DK/REF

IF THERE IS ANOTHER PROVIDER FOR THIS CHILD, THE INSTRUMENT RETURNS TO E1_M AND ASKS SECTION E FOR NEXT PROVIDER FOR THIS CHILD.

IF THERE IS NOT ANOTHER PROVIDER FOR THIS CHILD, THE INSTRUMENT RETURNS TO E1_M AND ASKS SECTION E FOR NEXT CHILD, PROVIDER 1.

IF THERE ARE NO MORE PROVIDERS AND CHILDREN NOT ASKED ABOUT, GO TO SECTION F.

Section F. Non-Parental Child Care Search

SECTION F ASKS QUESTIONS ABOUT CHILD SELECTED IN C14.

F2_INTRO.

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.]

F2.

Please think about the last time you searched for care for [SELECTED CHILD NAME].

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?

ENTER 99 IF R DID NOT DO SEARCH

MONTH: _____
> Range: 1-12, 99
> -1 ☐ DK/REF

YEAR: _____
> Range: 99, 1990-2019
> -1 ☐ DK/REF

IF YEAR=99, GO TO G1.
IF MONTH=99 AND YEAR=DK/REF, GO TO G1.
IF MONTH=DK/REF AND YEAR=DK/REF, GO TO G1.
IF MONTH=DK/REF AND YEAR=2 YEARS AGO OR MORE, GO TO G1.
IF MONTH=99 AND YEAR=10 YEARS AGO OR MORE, GO TO G1.
IF LAST SEARCH 25 MONTHS OR MORE AGO, GO TO G1.
ELSE, CONTINUE.

IF S1>1 (TWO OR MORE CHILDREN IN THE HH) THEN GO TO F2A.

ELSE GO TO F3.

F2A.

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

    CODE ALL THAT APPLY

    1. NO OTHER CHILD
    2. Child1
    3. Child2
    4. Child3
    5. Child4
    6. Child5
    7. Child6
    8. Child7
    9. Child8
    10. Child9
    11. Child10
    12. DK/REF

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
    5. WASN'T SATISFIED WITH CARE
    6. WANTED TO REDUCE CHILD CARE EXPENSES
    7. PROVIDER STOPPED PROVIDING CARE
    8. CHILD NO LONGER ELIGIBLE FOR PREVIOUS CARE (E.G., AGED OUT OR SUMMER BREAK)
    11. SO THAT R OR R'S SPOUSE COULD GO TO SCHOOL/SCHOOL SCHEDULE CHANGED
    9. OTHER   → GO TO F3_OS
    10. DK/REF

    F3_OS.

    SPECIFY

    _____

      -1 ☐ DK/REF

F4.

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

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 → GO TO F4_OS
6   DK/REF

F4_OS.

SPECIFY

_____

-1 ☐ DK/REF

C14A_GRID.

Characteristics of care may be more or less important for different children depending on the age or personality of the child.

	1. Very Important	2. Somewhat Important	3. Not Very Important	4. NO OPINION	5. DK/REF
C14A. Thinking about [SELECTED CHILD NAME], how important was a loving environment for him/her? Would you say very important, somewhat important, or not very important?					
C14A_2. How about helping children being ready to learn in school? (Would you say it was very important, somewhat important, or not very important for [SELECTED CHILD NAME])?					

C14A_3. How about learning how to get along with other children? (Would you say it was very important, somewhat important, or not very important for [SELECTED CHILD NAME])?					
C14A_5. How about affordability? (Would you say it was very important, somewhat important, or not very important)?					
C14A_6. How about flexibility for you? (Would you say it was very important, somewhat important, or not very important)?					

F5.

Thinking about your last child care search for [SELECTED CHILD NAME] in [YEAR from F2], did you consider more than one provider as part of your search or did you consider 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 → GO TO F7
2.   Only one provider considered
3.   DK/REF   → GO TO F10

F6A.

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

1.   Home-based provider I had prior personal relationship with   → GO TO F10
2.   Home-based provider I didn't have prior personal relationship with → GO TO F6B
3.   Center-based care   → GO TO F6B
4.   OTHER   → GO TO F6B
5.   DK/REF   → GO TO F10

F6B.

How did you know about this provider?

[RECORD VERBATIM AND CODE]

_____

-1 ☐ DK/REF

1. Self/family members/friends work or worked in the center
2. Knew provider personally
3. Self/friends/family have used this provider in the past
4. Provider has good reputation in the community
5. No other providers of this type in the area
6. Saw advertisement online or elsewhere
7. Resource and referral agency
8. DK/REF

IF F5=1 THEN GO TO F7.
ELSE GO TO F10.

F7. 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 → GO TO F7_OS
9. DK/REF

F7_OS.
SPECIFY

_____

-1 ☐ DK/REF

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

RECORD VERBATIM AND CODE UP TO THREE MENTIONS, DO NOT READ CATEGORIES

_____

-1 ☐ DK/REF

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
16. DK/REF

F9.

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

ASK F9C-F9M FOR FIRST PROVIDER, THEN RETURN TO F9C AND ASK F9C-F9M FOR SECOND PROVIDER.

F9C.

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 → GO TO F9C_OS
5 DK/REF

F9C_OS.

SPECIFY:

_____

-1 ☐ DK/REF

F9E.

How much would it have cost you to have that provider care for [SELECTED CHILD NAME]?

_____

Range: 0-99999

-1 ☐ DK/REF → GO TO F9J

F9F.

Is that per...

1. Hour
2. Day
3. Week
4. Month
5. OTHER → GO TO F9F_OS
6. DK/REF

F9F_OS.

SPECIFY:

_____

-1 ☐ DK/REF

F9J.

How many minutes would it take in travel time for you or some one else to take [SELECTED CHILD NAME] to that provider?

_____

Range: 1-999

-1 ☐ DK/REF

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
5. DK/REF

F9M.

How would you rate the overall quality of that 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
7. DK/REF

IF FIRST PROVIDER, RETURN TO F9C AND ASK F9C-F9M FOR SECOND PROVIDER.
IF SECOND PROVIDER, CONTINUE TO F10.

IF CENTER CARE NOT MENTIONED (F6A IS NOT 3 AND F9C IS NOT 3), GO TO F10.
ELSE GO TO INSTRUCTION BEFORE F11.

F10.

Did you consider any [child-care] centers or organizations for [school-age] children as part of your search?

1. Yes
2. No
3. DK/REF

IF PROVIDER WITH PRIOR RELATIONSHIP NOT MENTIONED (F6A IS NOT 1 AND F9C IS NOT 1), GO TO F11.
ELSE GO TO INSTRUCTION BEFORE F12.

F11.

Did you consider asking someone you know to care for your child, for example a family member, friend or neighbor?

1. Yes
2. No
3. DK/REF

IF FAMILY DAY CARE NOT MENTIONED (F6A IS NOT 2 AND F9C IS NOT 2), GO TO F12.
ELSE GO TO F13.

F12.

As part of your search, did you consider someone who provides care at home but whom you didn't know before?

1. Yes
2. No
3. DK/REF

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
    7   Still searching/looking
    5   OTHER → GO TO F13_OS
    6   DK/REF

F13_OS.

SPECIFY:

    _____

    ☐ DK/REF

IF F5 = 1 AND F13 = 1 ASK F13A, ELSE GO TO F14

F13A.

Did you choose the first or second provider you told me about?

    1.   First [FILL FIRST PROVIDER TYPE FROM F9C]
    2.   Second [FILL SECOND PROVIDER TYPE FROM F9C]
    3.   DK/REF

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 → GO TO F14_OS
    9   DK/REF

F14_OS.

SPECIFY:

_____

-1 ☐ DK/REF

F15.

During your search, did you ask any providers or other organizations about getting help paying for care, for example:

    a. child care subsidies

        1. Yes

        2. No

    b. scholarships

        1. Yes

        2. No

    c. sliding fee scales or discounts

        1. Yes

        2. No

    d. payment plans

        1. Yes

        2. No

    e. fees for part-time enrollment

        1. Yes

        2. No

HH_FTIME_R: SECTION F TIMESTAMP

Section G. 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 G2
2.	Rent	→ GO TO G2
3.	Other, neither own nor rent	→ GO TO G1A
4.	DK/REF	→ GO TO 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
11. Other
12. DK/REF

G2.

Do you have a car?

1. Yes
2. No
3. DK/REF

G3.

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.

> TOTAL INCOME: $_____   → GO TO G3A
> Range: 0-999999999
> -1 ☐ DK/REF   → GO TO G3B_M

G3A.

Is that before or after taxes and other deductions?

    1. Before taxes   → GO TO G4A_M

    2. After taxes   → GO TO G4A_M

    3. DK/REF   → GO TO G4A_M

G3B_M.

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. This information helps us better describe the affordability of different types of early care and education. 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

    7. DK/REF

G4A_M.

And how about all of last year, that is, 2018. What was the total amount of your household income that year?

    Total amount for the past 12 months: $_____   → GO TO G4B
    Range: 0-999999999
    -1 ☐ DK/REF   → GO TO G4A1

G4A1.

You may not be able to give us an exact figure for your household income but would it amount to $30,000 or more?

In order to understand whether or not child care 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 G4A2

    2. No, less than $30,000   →GO TO G4A5

    3. DK/REF   →GO TO G4A5

G4A2.

Would it amount to $50,000 or more?

1. YES→ASK G4A3
2. NO   →ASK G4A4
3. DK/REF   →ASK G4A4

G4A3.

Would it amount to $75,000 or more?

1. YES→GO TO G4B
2. NO   →GO TO G4B
3. DK/REF   →GO TO G4B

G4A4.

Would it amount to $40,000 or more?

1. YES→GO TO G4B
2. NO   →GO TO G4B
3. DK/REF   →GO TO G4B

G4A5.

Would it amount to $15,000 or more?

1. YES→ASK G4A6
2. NO   →ASK G4A7
3. DK/REF   →ASK G4A7

G4A6.

Would it amount to $20,000 or more?

1. YES→GO TO G4B
2. NO   →GO TO G4B
3. DK/REF   →ASK G4B

G4A7.

Would it amount to $10,000 or more?

1. Yes
2. No
3. DK/REF

G4B.

How many different people's job earnings did you count in that 2018 household income?

NUMBER OF PEOPLE: _____

Range: 1-20

-1 ☐ DK/REF

G4c_M.

Again, thinking about the 2018 household income that you reported, *was any of that from sources other than job earnings* -- for example, from child support, pensions, government assistance programs, or interest from a bank account?

1. YES   → GO TO G4D_M
2. NO   → GO TO G4B1_M
3. DK/REF   → GO TO G4B1_M

G4d_M.

How much of your 2018 total household income was from sources other than job earnings?

Amount from non-job sources: _____   → GO TO G4B1_M

Range: 0-999999999

-1 ☐ DK/REF   → GO TO G4E_M

G4e_M.

You may not be able to give us an exact figure for, but were non-job household earnings in 2018 ….

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?
9. DK/REF

G4B1_M.

In the last calendar year did your household receive any payments from a welfare or public assistance program like the Supplemental Security Income or SSI program or from TANF or Temporary Assistance for Needy Families?

1. Yes
2. No
3. DK/REF

Q G10 ASKS ABOUT CHILD SELECTED IN C14.

G10.

What kind of health insurance or health care coverage does [SELECTED CHILD NAME] have?

(CODE FIRST MENTION, USE CATEGORIES TO PROBE AS NEEDED).

0 not selected

1 selected

1. PRIVATE HEALTH INSURANCE PLAN FROM YOUR EMPLOYER OR WORKPLACE
2. PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S WORKPLACE
3. PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
4. PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM, INCLUDING A MARKETPLACE FROM HEALTHCARE.GOV

5. MEDICAID
6. MEDICARE
7. MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP – VA
8. NO COVERAGE OF ANY TYPE
9. OTHER SPECIFY   GO TO G10. OS

G10_OS.

PLEASE SPECIFY.

_____

-1 ☐ DK/REF

IF S1>1 (TWO OR MORE CHILDREN IN THE HH) THEN GO TO G10A.
ELSE GO TO G11.

G10A.

Besides (YOUNGEST CHILD), how many of your other children under 13 have some sort of health insurance or health care coverage?

NUMBER OF CHILDREN: _____
Range: 0-10
-1 ☐ DK/REF

G11.

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)

1. Always enough to eat
2. Sometimes not enough to eat

3. Often not enough to eat
4. DK/REF

G12.

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. YES	2. NO	3. DK/REF
Food stamps			
WIC only			
School meals program			

G12A.

Did you receive an Earned Income Tax Credit (EITC) on your most recent income tax return?

1. Yes
2. No
3. DK/REF

G12B.

In the past 12 months, did anyone in this household receive child care subsidies for children of working parents such as [PROGRAM NAME]?

1. Yes (ASK G12C)
2. No (SKIP to G13)
3. DK/REF (SKIP to G13)

G12C.

How many months in the past year did anyone in this household receive child care subsidies?

_____ [Range:0-12]

G12D.

What was the main reason that child care subsidies ended?

1. PARENT LOST ELIGIBILITY
2. CHILD DID NOT NEED CARE ANYMORE

3. DID NOT LIKE CARE

4. SUBSIDY PROGRAM WAS TOO DIFFICULT TO PARTICIPATE IN

5. STILL RECEIVING SUBSIDIES

G13.

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
2. No
3. DK/REF

G14.

Do you have access to the Internet at home?

1. Yes
2. No
3. DK/REF

G14a.

Is your Internet access using

a. A cellphone or tablet

1. Yes
2. No

b. A desktop or laptop computer

1. Yes
2. No

HH_GTIME_R: SECTION G TIMESTAMP

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(S) OF ELIGIBLE CHILD(REN)]. Are you that person?

1. Yes → GO TO H4
2. No → GO TO H2
3. DK/REF → GO TO H2

H2.

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

ENTER PHONE NUMBER AS ###-###-####

NAME: _____

-1 ☐ DK/REF

PHONE: _____

-1 ☐ DK/REF

RELATIONSHIP TO CHILD: _____

-1 ☐ DK/REF

GO TO H7

H4.

PLEASE ENTER YOUR INTERVIEWER ID

_____

REPEAT H5 FOR EACH CHILD IN HH.

H5.

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 [CHILD NAME], 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?

1. Yes → GO TO H6
2. No → GO TO H3

H3.

(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 will be considered private 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.

1. Continue   → GO TO H6
2. Respondent still refuses (ONLY CHOOSE THIS WHEN YOU HAVE MADE ALL APPROPRIATE AVERSION ATTEMPTS) → GO TO INSTRUCTION BEFORE H7_ADDR

> IF R HAS GIVEN PERMISSION FOR AT LEAST ONE CHILD AND H3=2, GO TO H6 AND DISPLAY ROWS FOR THE CHILD/REN WITH PERMISSION.
> IF R STILL REFUSES FOR ALL CHILDREN, GO TO INSTRUCTION BEFORE H7_ADDR.

H6.

Can you please tell me the full name and date of birth for each child under age 13 in your household?
CHILD/REN'S FULL NAME(S)

	FULL NAME:	DOB MONTH:	DOB DAY:	DOB YEAR: Range: 1995-2012
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

H6_ADULT .

As the authorizing adult, can you please tell me your full name?

NAME: _____

-1 ☐ DK/REF

IF R RETURNED MAIL SCREENER AND ADR_1 IS BLANK (I.E., NOT CONFIRMED ADDRESS) GO TO H7_ADDR. ELSE GO TO H7.

H7_ADDR

Our records have [ADDRESS1], [ADDRESS2], [CITY], [STATE], [ZIP]. Can I confirm that you are still living at that address?

1. Correct   → GO TO H7
2. Not correct → GO TO H7_ADDR2

H7_ADDR2.

What is your correct address then?

ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____

H7.

Thank you very much for speaking with me today. Those are all of the questions I have for you. Your contribution is greatly appreciated and will help improve the understanding of the experiences and preferences of parents regarding the care of their young children.