

OMB Control No.: XXXX-XXXX
Expiration Date: XX/XX/XXXX
Length of time for questionnaire: 4 minutes

INSTRUMENT 5: PARENT FOCUS GROUP BRIEF DEMOGRAPHICS QUESTIONNAIRE

Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reading and responding to questions. This information collection is voluntary. 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 Office of Management and Budget (OMB) control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NORC at the University of Chicago (Attn: Rupa Datta) 55 E. Monroe St, 30th Floor, Chicago, IL 60603.

Father

Legal guardian

Grandmother

Grandfather

Other relative

Other nonrelative

2. **How old are you?** _____ years

3. **Are you of Hispanic, Latino/a, or Spanish origin?**

Yes

No

4. **What is your race? Select one or more.**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other, please specify: _____

5. **What language(s) do you feel most comfortable using to get information about child care?
Select one or more.**

Amharic

Chinese

English

French

Korean

Portuguese

Spanish

Vietnamese

Other, please specify: _____

6. Are you currently employed, in school or in a job training program? Select all that apply.

Yes, employed

Yes, in school or job training program

No

7. Do you receive [NAME OF SUBSIDY PROGRAM] that reduces how much you pay for child care?

Yes

No ----> 8. Are you on a waiting list for [SUBSIDY PROGRAM]? Yes No

Not sure