



NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | 2024

Household Screener and Questionnaire

OMB Review Draft Updated June 2024

Reviewer Notes

Clarification regarding respondent response options:

- **Please note that while only some items may list a “DK/REF” (Don’t Know/Refused) option, respondents answering the survey in any mode always have the option to decline to answer any item. Any respondent declining to provide a response to an item is directed to the next survey item.**

2024 National Survey of Early Care and Education Household Questionnaire

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Questionnaire Key

Skip Patterns:

1. Simple skip patterns are identified with an arrow immediately following a response option, as in the example below:

A8A.

Is your program for profit, not for profit, or is it run by a government agency?

1. FOR PROFIT → SKIP TO A9
 2. NOT FOR PROFIT
 3. RUN BY A GOVERNMENT AGENCY
 4. OTHER, SPECIFY: _____
2. More complex skip patterns are identified with a bordered box, as in the example below. Skip Logic Boxes are titled in **bold** and numbered using the following naming convention: [Section]_S_[Sequential count].

Skip Logic Box A_S_1:

IF A8A = 1 OR 2 (“FOR PROFIT” OR “NOT FOR PROFIT”), ASK A9
ELSE, SKIP TO A11.

Loops:

A loop is a series of questions that are asked iteratively about one or more entities, for example, a series of personal characteristics asked about each child in the household. The loop’s questions appear once in the questionnaire, with skip instructions that indicate when the series starts and ends and for which entities the loop is asked. Sometimes one loop is nested within another.

1. Loop patterns are identified with a broken-line bordered box, as in the example below. All loops are bookended with a boxes designated as ‘Start of...’ and ‘End of...’ Loop. Loop boxes are titled in *italics* and numbered using the following naming convention: [Section]_L_[Sequential count].

*Start of B_L_1 Loop (*BL1):*

REPEAT B1_5 – B1_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

2. All questionnaire items within a loop are identified with a truncated loop title, preceded by a ‘*’ and formatted in *italics* with blue font. A single questionnaire item may be included in none, one, or multiple loops and will be identified accordingly in the questionnaire with zero, one, or multiple loop titles.

B1_5C. **BL1*

How many hours per week does that cover?

Ranges:

Numeric open-ended responses throughout the questionnaire, such as number of years or weeks, have a pre-assigned lower and upper limit in the computerized questionnaire to minimize error. These ranges are shown directly beneath such open-ended responses, as in the example below. Ranges are prefixed with “RANGE:” in all caps and formatted with purple font.

B5d.

How many of the children in your program have variation in the number of paid hours of care each week?

_____ Number of children

RANGE: 0-999

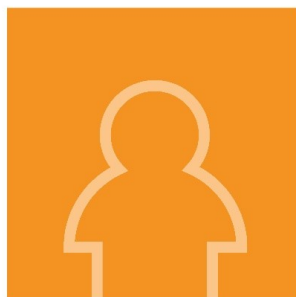
Programmatic fills:

Some questions have customized text that is programmatically filled during computerized administration. A descriptor of the customized text is indicated, and users can tell that customized rather than generic text was visible during the interview because the text is bracketed and in CAPS. Programmatic fills within the questionnaire are contained within brackets [...], as in the example below. The fill text within the brackets provides a brief description of what the fill is.

A2G9a. *AL1 *AL2

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
3. DK/REF



NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2024**

Household Screener

Household Screener (CATI/CAWI)

Skip Logic Box A_S_3:

IF MODE = 2 (FI ADMIN), ASK S_INTRO
ELSE, SKIP TO S_INTRO_CAWI

S_INTRO.

Hello, my name is [NAME], and I'm from NORC at the University of Chicago. We're conducting a study funded by the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions to learn about young children in your community and who cares for them when they are not with their parents. Your answers will help the government better support the people who care for our nation's children. 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 →ASK S1
2. KNOWLEDGEABLE PERSON 18 YEARS OR OLDER, BUT NOT AVAILABLE NOW → SHOW SCREEN THAT SAYS "INTERVIEWER: MAKE APPOINTMENT TO CALL/COME BACK"
3. NO ONE IN THE HOUSEHOLD IS 18 YEARS OR OLDER → TERMINATE
4. DK/REF → SHOW SCREEN THAT SAYS "INTERVIEWER: MAKE APPOINTMENT TO CALL/COME BACK"

S_INTRO_CAWI.

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, local, state and federal agencies, and private organizations in their efforts to improve child care services for all children. This study is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services. Please have an adult (18 years or older) who lives in this household answer the following questions. Even if you do not have any children, it is important for us to hear from you so that every type of household is represented. If you have any questions or would prefer to answer these questions by phone, please call toll-free at 1-800-487-4609.

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 6/30/2026. Please send comments regarding the time required for this survey or any other aspect of this information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

S_A.

How old are you?

_____ years old

Range: 1-99

IF S_A ≥18 YEARS OLD OR DK/REF THEN ASK S_B
IF S_A <18 YEARS OLD OR DK/REF THEN TERMINATE

S_B.

Are you knowledgeable about the people in your household?

1. YES → SKIP TO S1
1. NO → TERMINATE
1. DK/REF → TERMINATE

TERMINATE.

Based on your responses, you are not eligible to participate. Thanks very much for your time.

S1.

First, we'd like to know how many children under 13 years of age are living in your household?

Number of children under 13: _____

Range: 0-12

Skip Logic Box S_S_1

IF S1 = 0 or DK/REF, skip to S1_2
ELSE, ASK S1_A

S1_A.

Are any of these children a foster child or child in shared custody?

1. YES
2. NO
3. DK/REF

S1_2.

Do you look after any children under age 13 who are not your own for five hours a week or more?

1. YES
2. NO

S1_3.

Does any other adult 18 years or older living in this household look after any children under age 13 who are not their own for five hours a week or more?

1. YES

2. NO

Skip Logic Box S_S_2

IF S1_2 =1 AND/OR S1_3=1, ASK S1_4
ELSE, SKIP TO S_S_4

S1_4.

[FI MODE: Are children being looked after in someone's home or in a school or child-care center?]

[Self-admin MODE: Where are children being looked after?]

1. [FI MODE: HOME] / [Self-admin MODE: In someone's home]
2. [FI MODE: SCHOOL OR CENTER] / [Self-admin MODE: In a school or child care center]
3. [FI MODE: BOTH] / [Self-admin MODE: Both in someone's home and a school or child care center]
4. DK/REF

Skip Logic Box S_S_2

IF MODE = 2 (FI ADMIN) AND
IF S1_3=1 AND S1_4 = (1 OR 3 OR 4), ASK S1_5 A-C
ELSE, SKIP TO S_S_3
IF MODE = CAWI, SKIP TO S_S_4

S1_5.

Please tell me the names of individuals 18 years or older living in this household, including yourself, who look after children under age 13 who are not their own for 5 hours a week or more. Names will remain private and used for the purposes of this study only.

IF NEEDED: I am only interested in people looking after children in someone's home, not in a center or school.

- a. _____
- b. _____
- c. _____

Skip Logic Box S_S_3

IF S1_2 =1 (YES) AND S1_3=2 (NO/BLANK) AND S1_4 = (1 OR 3 OR 4), ASK S1_5d
ELSE, SKIP TO S_S_4

What is your name?

d. _____

Skip Logic Box S_S_4:

IF BOTH S1=0 AND S1_2 AND S1_3 = 2 (NO) OR DK/REF, ASSIGN ELIGIBILITY FLAG SO HH_ELIG=0 and HB_ELIG = 0 AND (ACCESS_ISSUE NE 1 OR ACCESS_ISSUE_INCENTIVE NE 1) THEN GO TO "END"
ELSE IF BOTH S1=0 AND S1_2 AND S1_3 = 2 (NO) OR DK/REF AND ACCESS_ISSUE = 1 AND ACCESS_ISSUE_INCENTIVE =1 THEN ASSIGN ELIGIBILITY FLAG SO HH_ELIG=0 AND HB_ELIG = 0 AND SKIP TO GATED_INCENTIVE
ELSE, GO TO "CREATE ELIGIBILITY FLAGS" RULES

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, HH_ELIG=0.

HOME-BASED (UNLISTED) ELIGIBILITY: HB_ELIG FLAG RULES

- IF S1_2 =1 OR S1_3 =1 AND S1_4 = 1 OR 3 OR 4 (DK/REF), HB_ELIG=1.
- IF S1_2 =1 OR S1_3 =1 AND S1_4 = 2, HB_ELIG=0.
- IF S1_2= 2 OR 3 (DK/REF) AND S1_3=2 OR 3 (DK/REF), HB_ELIG=0
- IF ADMINDUP PRELOAD=1 (1=CASE ON ADMIN LIST FOR LISTED HB PROVIDERS, 0=CASE IS NOT ON ADMIN LIST), HB_ELIG=2.

Skip Logic Box S_S_5:

IF MODE =2 (FI ADMIN) AND TELEPHONE INTERVIEW AND:
HH_ELIG=1 OR HB_ELIG=1, THEN ASK S1_6
ELSE IF IN-PERSON INTERVIEW, GO TO INSTRUCTION BEFORE S2A (S_S_7)
ELSE IF MODE =1 (CAWI) AND
HH_ELIG=1 AND/OR (HB_ELIG=1 AND S1_2 = 1), ASK S1_8
ELSE SKIP TO SKIP LOGIC BOX S_S_7

S1_6.

NORC at the University of Chicago may wish to invite you to participate further in the National Survey of Early Care and Education.

May I verify that you live at (ADDRESS)?

- YES → SKIP TO SKIP LOGIC BOX S_S_8
- NO
- DON'T KNOW/REFUSED

S1_7.

May I know your street address?

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Skip Logic Box S_S_6:

SKIP TO S_S_8

S1_8. What is the best way for us to reach you if we have any questions about your survey?

Name or Initials: _____

Email: _____

Phone: _____

Skip Logic Box S_S_7:

IF CAWI and HB_ELIG=1 (WHEN S1_3 = 1), ASK S1_9

ELSE IF ACCESS_ISSUE = 1 AND ACCESS_ISSUE_INCENTIVE =1 THEN SKIP TO GATED_INCENTIVE

ELSE GO TO CAWI_CLOSE1

S1_9. HB_CONTACT CLOSE

We see that someone else at this address regularly looks after a child under age 13 in a home-based setting. If we have follow-up or clarification questions for that person, how may we reach them?

Name or Initials: _____

Email: _____

Phone: _____

Skip Logic Box S_S_8:

IF ACCESS_ISSUE = 1 AND ACCESS_ISSUE_INCENTIVE =1 THEN ASK GATED_INCENTIVE

ELSE, SKIP TO CAWI_CLOSE2

GATED_INCENTIVE.

Thank you for taking the time to answer these questions. We would like to give you a \$5 gift card as a token of appreciation. You may choose a gift card to Amazon or Walmart. Electronic gift cards will be delivered by email. They will take 2-4 business days to arrive.

GATED_GC.

Which gift card would you prefer?

1. Amazon
2. Walmart
3. No gift card → SKIP TO CAWI_CLOSE1

GATED_EMAIL.

Please let us know the email address where you would like the gift card sent:

Email address: _____

GATED_CLOSE

Thank you, again! You will receive your gift card from nsece24survey@norc.org in 2-4 days.

SKIP TO S_S_9

CAWI_CLOSE1.

Thank you for taking the time to answer these questions. We appreciate the information you shared with us today.

SKIP TO S_S_9

CAWI_CLOSE2.

Thank you again for your time today. Please contact NORC at the University of Chicago if you have any questions about this survey at 1-800-487-4609 or nsece24survey@norc.org.

SKIP TO S_S_9

INSTRUCTIONS FOR SPAWNING QUESTIONNAIRES IF MODE = 1 (CAWI)

IF HH_ELIG = 1, SPAWN HH QUESTIONNAIRE WITH CONTACT INFORMATION COLLECTED AT S1_8.

IF HB_ELIG =1 WHEN S1_2 = 1 AND S1_3 = 2 OR DK/REF, SPAWN HB QUESTIONNAIRE WITH CONTACT INFO COLLECTED AT S1_8. IF NO NAME PRESENT, INCLUDE NAME REFUSED.

IF HB_ELIG =1 WHEN S1_2 = 0 OR DK/REF AND S1_3 = 1, SPAWN HB QUESTIONNAIRE WITH CONTACT INFO COLLECTED AT S1-9. IF NO NAME PRESENT, INCLUDE NAME REFUSED.

IF HB_ELIG =1 WHEN S1_2 = 1 AND S1_3 = 1, THEN SPAWN HB QUESTIONNAIRE WITH CONTACT INFO COLLECTED AT S1_8 50% OF THE TIME AND WITH CONTACT INFO COLLECTED AT S1_9 THE OTHER HALF.

Skip Logic Box S_S_9:

IF HH_ELIG = 0 and HB_ELIG = 0, TERMINATE AND DO NOT SPAWN HOUSEHOLD OR HOMEBASED QUESTIONNAIRE (COMPLETED SCREENER)

IF HH_ELIG=1, AND HB_ELIG=0, 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, GO TO S5. INTERVIEWER WILL USE SCREENER TO PURSUE HOME-BASED RESPONDENT. CASE DOES NOT GET HOUSEHOLD QUESTIONNAIRE, BUT DOES SPAWN 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 FROM S1_5 THEN GO TO S5.

IF HH_ELIG=1 AND HB_ELIG=1 AND:

- IF ADDRESS APPEARS IN PROVIDER SAMPLING FRAME, GO TO S2A TO COMPLETE SCREENER. CASE WILL GET HOUSEHOLD QUESTIONNAIRE BUT 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, GO TO S2A. INTERVIEWER WILL USE SCREENER TO PURSUE HOUSEHOLD RESPONDENT. CASE GETS BOTH HOUSEHOLD QUESTIONNAIRE AND SPAWNS HOME-BASED QUESTIONNAIRE (HB R IS THE NAME THAT WAS ENTERED IN S1_5).
- 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 FROM S1_5 THEN GO TO S5 (HB R IS THE NAME THAT WAS RANDOMLY SELECTED).

S2a.

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

- YES
- NO → SKIP TO S3
- PARENT/GUARDIAN DOES NOT LIVE IN HOUSEHOLD → SKIP TO S3
- DK/REF → SKIP TO S3

S2.

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

1. ALREADY SPEAKING WITH PARENT/GUARDIAN → SKIP TO S5_2
2. PARENT/GUARDIAN AVAILABLE → SKIP TO S5_2
3. PARENT/GUARDIAN LIVES IN HOUSEHOLD, NOT AVAILABLE AT THIS TIME → CALL BACK
4. PARENT/GUARDIAN NOT AVAILABLE DURING SURVEY PERIOD
5. PARENT/GUARDIAN DOES NOT LIVE IN HOUSEHOLD
6. DON'T KNOW/REFUSED

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
2. NO, NOT AVAILABLE → SHOW “INTERVIEWER: MAKE AN APPOINTMENT TO CALL BACK.”
3. DON’T KNOW/REF → SHOW “INTERVIEWER: MAKE AN APPOINTMENT TO CALL BACK.”

S4.

May I speak with him/her please?

1. YES
2. NO
3. DON’T KNOW/REFUSED

Skip Logic Box S_S_10

IF ADDRESS APPEARS IN PROVIDER SAMPLING FRAME AND S4 = 2 OR 3, THEN SKIP TO ‘SCHEDULE A CALL BACK TO CONDUCT HOUSEHOLD QUESTIONNAIRE’ PAGE
ELSE, IF ADDRESS DOES NOT APPEAR IN PROVIDER SAMPLING FRAME AND S4 = 2 OR 3, THEN ASK S5
ELSE, IF S4 = 1, THEN SKIP TO S5_2

S5.

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

1. YES, R AVAILABLE → S5_2_END
2. NO, R NOT AVAILABLE AT THIS TIME → SHOW “INTERVIEWER: SCHEDULE A CALL BACK.”
3. NO, R NOT AVAILABLE DURING SURVEY PERIOD → SELECT ANOTHER PROVIDER IF MORE THAN ONE PERSON IS MENTIONED IN S1_5 AND ASK S5 AGAIN. OTHERWISE, SKIP TO S5_3 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 while I 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.

Based on your responses, you are not eligible to participate. Thank you very much for your time. TERMINATE AND DO NOT SPAWN FOR HOME-BASED QUESTIONNAIRE (COMPLETED SCREENER).

Mail Household Screener

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, local, state and federal agencies, and private organizations in their efforts to improve child care services for all children. This study is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services. Please have an adult (18 years or older) who lives in this household answer the following questions. Even if you do not have any children, it is important for us to hear from you so that every type of household is represented. This 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

Range: 1-10

Q2.

How many children under the age of 13, including babies, live in this household?

-----NUMBER OF CHILDREN

Q4.

Do you 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 → SKIP 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, 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

IF Q6=0, THEN SKIP TO Q8
ELSE, ASK Q7

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

QA.

Are any of these children a foster child, a spouse or partner's child, or child with shared custody?

1. YES
2. NO

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 one.

1. YES
2. NO

Q10.

In general, how satisfied are you about the quality and cost of child care and early education available to families with children in your community?

1. Extremely satisfied
2. Very satisfied
3. Somewhat satisfied
4. A little satisfied
5. Not at all satisfied

Q11.

In general, how satisfied are you about the quality and cost of resources available to elderly or disabled people in your community?

1. Extremely satisfied
2. Very satisfied
3. Somewhat satisfied
4. A little satisfied
5. Not at all satisfied

Q12. What is the best way for us to reach you if we have any questions about your survey?

Name or Initial: _____ Phone: ____-____-_____

Email: _____

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

nsece24survey@norc.org

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NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2024**

Household Questionnaire

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, 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 → SKIP TO CHECK_S
2. PARENT/GUARDIAN NOT AVAILABLE → SKIP TO ADR_3

ADR_3.

Thank you very much. I will try back at another time to reach the parent/guardian.

TERMINATE INTERVIEW AND ATTEMPT AT ANOTHER TIME.

CHECK_S

WAS THIS CASE COMPLETED BETWEEN MAY 31, 2024 AND AUGUST 12, 2024?

1. YES
2. NO

CHECK_SY

WAS THIS CASE COMPLETED ON OR AFTER AUGUST 12, 2024?

1. YES
2. NO

A_INTRO2.

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

IF R SCREENED IN AS ELIGIBLE THROUGH MAIL/FIELD AT PRIOR TIME, READ: [You recently completed a short questionnaire for the 2024 National Survey of Early Care and Education.] IF R SCREENED ELIGIBLE WITH INTERVIEWER: [Thank you for answering those questions.] We are looking to speak further with parents of young children to help us understand how families use and think about child care for children under age 13. This study is funded by the Administration for Children and Families, of 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 IF CHECK_S=2: [about an hour] IF CHECK_S=1 OR CHECK_SY = 1: [about 45 minutes], and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. 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 or others, 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 the study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

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 06/30/2026. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict privacy of your responses. These recordings will be shared only with authorized personnel associated with the study. Recordings will be maintained until we finalize our notes. May I continue with the recording?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY → CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED → TURN OFF RECORDING FEATURE AND CONTINUE
3. R DOES NOT CONSENT TO PARTICIPATE → BREAK OFF AND INQUIRE ABOUT ALTERNATE RESPONDENT

Section A. Child Demographics

S1_Check.

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

Number of children under 6 years: _____

Range: 0-12

-4. DK/REF

S1_SA.

Next, how many children between six and thirteen years old live in your household?

Number of children 6 to 13 years old: _____

Range: 0-12

-4. DK/REF

IF S1_CHECK >0 OR S1_SA>0, SKIP TO A1
IF BOTH S1_CHECK AND S1_SA=0 OR DK/REF, ASK S_PROBE

S_PROBE.

Someone in your household participated in an earlier part of our study and said that there were [X=SUM OF ALL CHILDREN UNDER 13 FROM SCREENER] 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 13: _____

Range: 0-12

-4. DK/REF

IF S_PROBE=0 OR DK/REF, SKIP TO S1_TERM
ELSE SKIP TO A1

CREATE "S1" VARIABLE TO USE THROUGHOUT QUEX:

- IF R DID NOT GET S_PROBE, S1=SUM OF S1_Check AND S1_SA.
- IF S1_Check OR S1_SA=DK/REF, S1=THE REMAINING VALID VALUE.
- IF R DID GET S_PROBE, S1=S_PROBE.

THROUGHOUT QUEX, ANY TIME THE VALUE OF "S1" IS USED, USE THIS CALCULATED VARIABLE.

S1_TERM.

Thank you very much. That is all I have.

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: _____

*Start of A_L_1 Loop (*AL1):*
ASK A3-A8 FOR EACH CHILD LISTED IN A1

A3. *AL1

Is [CHILD NAME] a boy or a girl?

1. BOY
2. GIRL

A1c. *AL1

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

MONTH: _____

Range: 1-12

YEAR: _____

Range: 2011-2024

A1c1. *AL1

In what country was [CHILD NAME] born?

1. UNITED STATES → SKIP TO A2d
2. NOT IN U.S.

3. DK/REF → SKIP TO A2d

A1c1_CNTRY [drop down list] *AL1

In what country was [CHILD NAME] born?

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

- | | | |
|--------------------------------------|---|-------------------------------|
| 152. Mauritius | 187. Poland | 221. Swaziland |
| 153. Mayotte | 188. Portugal | 222. Sweden |
| 154. Mexico | 189. Puerto Rico | 223. Switzerland |
| 155. Micronesia, Federated States of | 190. Qatar | 224. Syria |
| 156. Moldova | 191. Reunion | 225. Taiwan |
| 157. Monaco | 192. Romania | 226. Tajikistan |
| 158. Mongolia | 193. Russia | 227. Tanzania |
| 159. Montserrat | 194. Rwanda | 228. Thailand |
| 160. Morocco | 195. Saint Helena | 229. Timor-Leste |
| 161. Mozambique | 196. Saint Kitts and Nevis | 230. Togo |
| 162. Namibia | 197. Saint Lucia | 231. Tokelau |
| 163. Nauru | 198. Saint Pierre and Miquelon | 232. Tonga |
| 164. Navassa Island | 199. Saint Vincent and the Grenadines | 233. Trinidad and Tobago |
| 165. Nepal | 200. Samoa | 234. Tromelin Island |
| 166. Netherlands | 201. San Marino | 235. Tunisia |
| 167. Netherlands Antilles | 202. Sao Tome and Principe | 236. Turkey |
| 168. New Caledonia | 203. Saudi Arabia | 237. Turkmenistan |
| 169. New Zealand | 204. Senegal | 238. Turks and Caicos Islands |
| 170. Nicaragua | 205. Serbia and Montenegro | 239. Tuvalu |
| 171. Niger | 206. Seychelles | 240. Uganda |
| 172. Nigeria | 207. Sierra Leone | 241. Ukraine |
| 173. Niue | 208. Singapore | 242. United Arab Emirates |
| 174. Norfolk Island | 209. Slovakia | 243. United Kingdom |
| 175. Northern Mariana Islands | 210. Slovenia | 244. United States |
| 176. Norway | 211. Solomon Islands | 245. Uruguay |
| 177. Oman | 212. Somalia | 246. Uzbekistan |
| 178. Pakistan | 213. South Africa | 247. Vanuatu |
| 179. Palau | 214. South Georgia and the South Sandwich Islands | 248. Venezuela |
| 180. Panama | 215. Spain | 249. Vietnam |
| 181. Papua New Guinea | 216. Spratly Islands | 250. Virgin Islands |
| 182. Parcel Islands | 217. Sri Lanka | 251. Wake Island |
| 183. Paraguay | 218. Sudan | 252. Wallis and Futuna |
| 184. Peru | 219. Suriname | 253. West Bank |
| 185. Philippines | 220. Svalbard | 254. Western Sahara |
| 186. Pitcairn Islands | | 255. Yemen |
| | | 256. Zambia |
| | | 257. Zimbabwe |

A2d. *AL1

Is [CHILD NAME] of Hispanic or Latino origin?

1. YES
2. NO
3. DK/REF

A2e_M. *AL1

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. IF VOLUNTEERED: OTHER

IF A2e=6 ASK A2e_6OS
ELSE, SKIP TO A2H

A2e_6OS. *AL1

(PLEASE SPECIFY:) _____

A2h. *AL1

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

A2f. *AL1

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. *AL1

IF A2f = 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

IF A2F = 3,4,5,6,7 OR 8 AND A2G = 1 THEN ASK A4
ELSE, SKIP TO A5

A4. *AL1

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

A5. *AL1

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

1. YES
2. NO → SKIP TO END OF A_L_1 LOOP
3. DK/REF → SKIP TO END OF A_L_1 LOOP

A6. *AL1

Does [CHILD NAME] live at this address and another address (for example, because of a joint custody arrangement)? Do not include vacation properties.

1. YES
2. NO → SKIP TO A_S_1
3. DK/REF → SKIP TO A_S_1

A7. *AL1

What nights last week did [CHILD] spend with a parent who doesn't live in this household at another address? (**SELECT ALL THAT APPLY**)

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

Skip Logic Box A_S_1:

IF THIS IS THE FIRST CHILD AND IF HH SCREENER VAR S2=5 OR A5=1, THEN SKIP TO A2G2

ELSE, IF THIS IS THE SECOND OR LATER CHILD, AND S2=5 OR A5=1, ASK A2G1

Start of A_L_2 Loop (*AL2):

ASK A2G1-A8 ONCE FOR EACH CHILD LISTED IN A1 WHO ANSWERED IF A5=1 OR VAR S2=5

A2G1. *AL1 *AL2

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]
2. YES, [CHILD2]
3. YES, [CHILD3]
4. YES, [CHILD4]
5. YES, [CHILD5]
6. YES, [CHILD6]
7. YES, [CHILD7]
8. YES, [CHILD8]
9. YES, [CHILD9]
10. YES, [CHILD10]
11. NO, PARENT NOT PREVIOUSLY MENTIONED
12. DK/REF → SKIP TO END OF A_L_2_LOOP

A2G2. *AL1 *AL2

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
2. ENTER CITY AND STATE → SKIP TO A2G2_CS
3. IF VOLUNTEERED: MOTHER DECEASED → SKIP TO END OF A_L_2_LOOP
4. IF VOLUNTEERED: FATHER DECEASED → SKIP TO END OF A_L_2_LOOP
5. DK/REF → SKIP TO OF END A_L_2_LOOP

A2G2_ZIP. *AL1 *AL2

ENTER PARENT'S ZIP CODE.

ZIP CODE: _____

SKIP TO A2G8

A2G2_CS. *AL1 *AL2

ENTER PARENT'S CITY AND STATE.

CITY: _____

STATE: _____

A2G8. *AL1 *AL2

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

A2G9. *AL1 *AL2

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

TIMES: _____

Range: 0-999

A2G9a. *AL1 *AL2

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

A8. *AL1 *AL2

Does he/she have a spouse or partner that lives in their household?

1. YES
2. NO

End of A_L_2 Loop (*AL2):

REPEAT A2G1-A8 ONCE FOR EACH CHILD LISTED IN A1 WHO ANSWERED IF A5=1 OR VAR S2=5

End of A_L_1 Loop (*AL1):

REPEAT A3-A8 FOR EACH CHILD LISTED IN A1

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?

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

NUMBER OF PEOPLE: _____

Range: 1-99

-4. DK/REF

*Start of B_L_0 Loop (*BLO):*

REPEAT B1A FOR ALL INDIVIDUALS OVER 13 WHO USUALLY LIVE IN THE HOUSEHOLD LISTED IN B1A1 WHERE B1A1≠ DK/REF OR BLANK

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: _____

-4. DK/REF → SKIP TO B_S_7

*End of B_L_0 Loop (*BLO):*

REPEAT B1A FOR ALL INDIVIDUALS OVER 13 WHO USUALLY LIVE IN THE HOUSEHOLD LISTED IN B1A1 WHERE B1A1≠ DK/REF OR BLANK

*Start of B_L_1 Loop (*BL1):*

ASK B1B-B1O_1 FOR EACH NAMED HHM LISTED IN B1A1 WHERE B1A1≠ DK/REF OR BLANK

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. *BL1

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

B4. *BL1

IF FIRST HHM: You may select more than one answer. Are you:

IF SECOND OR HIGHER HHM: You may select more than one answer. Is [HHM NAME]:

1. Male
2. Female
3. Transgender, non-binary, or another gender

Skip Logic Box B_S_1:

IF HHM NOT R, ASK B1D

ELSE SKIP TO B_S_2

B1d. *BL1

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

IF B1D=7 ASK B1D_SPEC

ELSE, SKIP TO B1E

B1D_SPEC. *BL1

(SPECIFY:) _____

Skip Logic Box B_S_2:

IF B1B >= 14 AND HHM NOT R, ASK B1E

ELSE SKIP TO SKIP B_S_3

B1e. *BL1

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
2. NO → SKIP TO B_S_3
3. DK/REF → SKIP TO B_S_3

B1e_1. *BL1

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

Skip Logic Box B_S_3:

IF B1B >= 14, B1D ≠1, AND B1E = 2 OR 3, ASK B1F
ELSE, SKIP TO B1J

B1f. *BL1

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

IF NEEDED: How about for more than 5 hours per week?

1. YES
2. NO

Skip Logic Box B_S_4:

IF B1D≠1, B1E≠1, AND B1F≠1, SKIP TO END OF B_L_1 LOOP
ELSE, ASK B1J

B1j. *BL1

What is the highest grade or level of schooling that [you have/[HHM NAME] has] ever completed?

INTERVIEWER: 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

Skip Logic Box B_S_5:

IF FIRST HHM, ASK B5

IF SECOND OR HIGHER HHM, SKIP TO B_S_6

B5. *BL1

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

(SELECT ONE OR MORE)

1. No, not of Hispanic, Latino/a, or Spanish origin
2. Yes, Mexican, Mexican American, Chicano/a
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, of another Hispanic, Latino/a or Spanish origin

B1n_M. *BL1

What is your race?

(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

B6.

Which of the following best represents how you think of yourself?

1. Gay or lesbian
2. Straight, that is not gay or lesbian
3. Bisexual
4. I use a different term: _____

5. I don't know

Skip Logic Box B_S_6:

IF FIRST HHM OR B1E=1, ASK B1O
ELSE, SKIP TO END OF B_L_1 LOOP

B1o. *BL1

IF FIRST HHM: In which country were you born?

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

1. UNITED STATES → SKIP END OF B_L_1 LOOP
2. NOT IN U.S.
3. DK/REF → SKIP TO END OF B_L_1 LOOP

B1o_CNTRY *BL1

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 | 30. Bolivia | 59. Costa Rica |
| 2. Afghanistan | 31. Bosnia and Herzegovina | 60. Cote d'Ivoire |
| 3. Akrotiri | 32. Botswana | 61. Croatia |
| 4. Albania | 33. Bouvet Island | 62. Cuba |
| 5. Algeria | 34. Brazil | 63. Cyprus |
| 6. American Samoa | 35. British Indian Ocean Territory | 64. Czech Republic |
| 7. Andorra | 36. British Virgin Islands | 65. Denmark |
| 8. Angola | 37. Brunei | 66. Dhekelia |
| 9. Anguilla | 38. Bulgaria | 67. Djibouti |
| 10. Antarctica | 39. Burkina Faso | 68. Dominica |
| 11. Antigua and Barbuda | 40. Burma | 69. Dominican Republic |
| 12. Argentina | 41. Burundi | 70. Ecuador |
| 13. Armenia | 42. Cambodia | 71. Egypt |
| 14. Aruba | 43. Cameroon | 72. El Salvador |
| 15. Ashmore and Cartier Islands | 44. Canada | 73. Equatorial Guinea |
| 16. Australia | 45. Cape Verde | 74. Eritrea |
| 17. Austria | 46. Cayman Islands | 75. Estonia |
| 18. Azerbaijan | 47. Central African Republic | 76. Ethiopia |
| 19. Bahamas | 48. Chad | 77. Europa Island |
| 20. Bahrain | 49. Chile | 78. Falkland Islands (Islas Malvinas) |
| 21. Bangladesh | 50. China | 79. Faroe Islands |
| 22. Barbados | 51. Christmas Island | 80. Fiji |
| 23. Bassas da India | 52. Clipperton Island | 81. Finland |
| 24. Belarus | 53. Cocos (Keeling) Islands | 82. France |
| 25. Belgium | 54. Colombia | 83. French Guiana |
| 26. Belize | 55. Comoros | 84. French Polynesia |
| 27. Benin | 56. Congo | 85. French Southern and Antarctic Lands |
| 28. Bermuda | 57. Cook Islands | |
| 29. Bhutan | 58. Coral Sea Islands | |

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
254. Western Sahara

255. Yemen

256. Zambia
257. Zimbabwe

B1o_1. *BL1

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: 1900-2024

End of B_L_1 Loop (*BL1):

REPEAT B1B-B1O_1 FOR EACH NAMED HHM LISTED IN B1A1 WHERE B1A1≠ DK/REF OR BLANK

Skip Logic Box B_S_7 (B_HHSTR_CHK):

IF A2F≠1 OR 2 AND A2G ≠1 (NO PARENT LISTED IN HH), THEN ASK B1_CUST

ELSE IF > 3 PARENTS ARE LISTED FOR A CHILD IN B1E_1, THEN SKIP TO B1_STRUCT

IF A2F = 1,2 OR A2G = 1 OR PARENT IS LISTED FOR CHILD IN B1_E1, SKIP TO B2

B1_CUST.

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

1. [HHM1]
2. [HHM2]
3. [HHM3]
4. [HHM4]
5. [HHM5]
6. [HHM6]
7. [HHM7]
8. [HHM8]
9. [HHM9]
10. [HHM10]
11. [HHM11]
12. [HHM12]
13. [HHM13]
14. [HHM14]
15. [HHM15]
16. No guardian → SKIP TO B2
17. Guardian or parent outside of household only → SKIP TO B2
18. DK/REF → SKIP TO B2

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

LOOP TO B1_CUST FOR ANY CHILDREN UNDER 13 FOR WHOM NO PARENTS ARE LISTED

SKIP LOGIC BOX B_S_8:

IF > 3 PARENTS ARE LISTED FOR A CHILD IN B1E_1, THEN ASK B1_STRUCT
ELSE, SKIP TO B2

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? (**SELECT ALL THAT APPLY**)

LANGUAGE:

- | | | | |
|----|----------------------------------|----|---------------------------------|
| 0 | No other language provided | 17 | Miao, Hmong |
| 1 | Arabic | 18 | Mon-Khmer, Cambodian |
| 2 | Armenian | 19 | Navajo |
| 3 | Chinese | 20 | Persian |
| 4 | English | 21 | Polish |
| 5 | French (including Patois, Cajun) | 22 | Portuguese or Portuguese Creole |
| 6 | French creole | 23 | Russian |
| 7 | German | 24 | Serbo-Croatian |
| 8 | Greek | 25 | Spanish or Spanish Creole |
| 9 | Guajarati | 26 | Tagalog |
| 10 | Hebrew | 27 | Thai |
| 11 | Hindi | 28 | Urdu |
| 12 | Hungarian | 29 | Vietnamese |
| 13 | Italian | 30 | Yiddish |
| 14 | Japanese | 31 | Other |
| 15 | Korean | 32 | DK/REF |
| 16 | Laotian | | |

IF B2=31 ASK B2_SPEC
ELSE, SKIP TO B3

B2_SPEC.

SPECIFY LANGUAGE: _____

B3.

[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
2. NO → SKIP TO BEGINNING OF SECTION C
3. DK/REF → SKIP TO BEGINNING OF SECTION C
4. YES, BUT CHILD HAS NO RELATIONSHIP WITH THEM → SKIP TO BEGINNING OF SECTION C

B3b.

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

1. YES
2. NO

B3c.

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

1. YES
2. NO

Section C. Child Care: Types and Hours

Summer Skip Logic Box S_S_1:

IF CHECK_S=1, SKIP TO C1_INTRO_S
ELSE IF CHECK_SY = 1, SKIP TO C1_INTRO_SY
ELSE ASK C1_INTRO

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]).

SKIP TO INSTRUCTION BEFORE C1

C1_INTRO_S.

Now I'd like to understand your child care schedule in a typical week in May.

[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 regularly cared for your child/children in a typical week in May.

Summer Skip Logic Box S_S_2:

SKIP TO START OF SUMMER LOOP S_L_1

C1_INTRO_SY.

Now I'd like to understand your child care schedule in a typical week.

[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 regularly cared for your child/children in a typical week.

School Year Skip Logic Box SY_S_1:

SKIP TO START OF SCHOOL YEAR LOOP SY_L_1

Start of C_L_1 Loop (*CL1):
ASK C1-C1A_MORE FOR EACH CHILD LISTED IN A1

C1. *CL1

[Let's start with [CHILD 1 NAME]./Now let's talk about [CHILD X NAME]./Can you tell me who else cared for [CHILD X NAME] last week?] Please tell me all of the people or organizations that cared for [him/her] last week[including any parent of [CHILD] living outside of your household]. 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.

[IN SLOTS 1-15, LIST ALL HHMS WHO ARE NOT THE RESPONDENT, ARE NOT THE RESPONDENT'S SPOUSE (B1d NOT 1), AND DO NOT HAVE A CHILD IN THE HH (B1e NOT 1).]

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
- 32. CHILD HIM/HERSELF
- 33. USED PARENTAL CARE ONLY

IF C1=31, THEN ASK C1A1
IF C1=33, THEN SKIP TO C3
ELSE, SKIP TO C1A_MORE

C1A1. *CL1

ENTER PROVIDER NAME:

C1A_MORE. *CL1

Is there another provider for [CHILD]?

1. YES → LOOP TO C1 FOR [CHILD], NEXT PROVIDER
2. NO

End of C_L_1 Loop:

REPEAT C1-C1A_MORE FOR ALL CHILDREN LISTED IN A1

Skip Logic Box C_S_1:

IF CHILD IS EQUAL TO OR GREATER THAN 8 YEARS OLD (CALCULATED FROM A1C) AND HAS NO PROVIDERS LISTED IN C1, ASK C1_SA_CHECK
ELSE, SKIP TO C2_INTRO

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: _____

1. Home-schooled
2. Illness/Disability/Special Needs
3. Self-Care by Child
4. At home with parent/parental care
5. Formal arrangements
6. With family or friends (non-parent)
7. Various activities, possibly unsupervised
8. Informal/Ad hoc Arrangements
9. Vacations, holidays or other breaks, possibly unsupervised
10. Other

LOOP TO C1A_SA_CHECK FOR ANY CHILD THAT MEETS THE CRITERIA IN C_S_1.

C2_INTRO.

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

*Start of C_L_2 Loop (*CL2):*

ASK C2-C4C2 FOR EACH CHILD LISTED IN A1

Start of C_L_3 Loop(*CL3):

ASK C2-C2A2 UNTIL CHILD CARE SCHEDULE IS COMPLETE FOR ALL DAYS, MONDAY-SUNDAY, FOR CHILD

C2. *CL2 *CL3

INTERVIEWER INSTRUCTION: FOR EACH 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, [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:	And who cared for him/her next that day?
1	<ol style="list-style-type: none"> 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 	_____	_____	

2	<ol style="list-style-type: none"> 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 	_____	_____	
3	<ol style="list-style-type: none"> 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 	_____	_____	

4	<ol style="list-style-type: none"> 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 	_____	_____	
5	<ol style="list-style-type: none"> 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 	_____	_____	

C2D2. *CL2 *CL3

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 → LOOP TO C2 FOR NEXT DAY OF THE WEEK

C2A2. *CL2 *CL3

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 → LOOP TO NEXT DAY OF WEEK IN C2A2 IF INDICATED AS IDENTICAL IN C2D2
2. SOME DIFFERENCES → LOOP TO CURRENT DAY OF WEEK IN C2

*End of C_L_3 Loop (*CL3):*

REPEAT C2-C2A2 UNTIL CHILD CARE SCHEDULE IS COMPLETE FOR ALL DAYS, MONDAY-SUNDAY, FOR CHILD

Start of C_L_4 Loop (*CL4):

ASK C3-C4B FOR UP TO 2 PROVIDERS PER CHILD

C3. *CL2 *CL4

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
2. NO → SKIP TO C_S_1A
3. DK/REF → SKIP TO C_S_1A

C4. *CL2 *CL4

Who usually provides care for [CHILD NAME] but didn't do so last week?

NAME:

C4a. *CL2 *CL4

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

1. R'S HOME
2. SOMEWHERE ELSE

C4b. *CL2 *CL4)

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

HOURS:

*End of C_L_4 Loop (*CL4):*

REPEAT C3-C4B FOR UP TO 2 PROVIDERS PER CHILD

Skip Logic Box C_S_1A:

IF A6 = 1 FOR [CHILD], ASK C15

ELSE SKIP TO C_S_2

*Start of C_L_4a Loop (*CL4a):*

ASK C15 FOR EACH CHILD WHERE A6=1

C15.

When [CHILD] is spending time with their parent who doesn't live in this household, how certain are you about the amount of time they spend with a regular child care provider? By regular we mean at least five hours per week. Please include all types of child care providers that are not the child's parent, including child care professionals (in centers or someone's home), babysitters, nannies, relative and friend care, etc.).

1. Very certain
2. Somewhat certain
3. Uncertain

END of C_L_4a Loop (*CL4a):
REPEAT C15 FOR EACH CHILD WHERE A6=1

Skip Logic Box C_S_2:

IF MORE THAN ONE CHILD(LISTED IN A1), SKIP TO C4C

IF ONLY ONE CHILD OR LAST CHILD WHICH HAS COMPLETED THE C_L_3 LOOP, SKIP TO C5

*Start of Summer Loop S_L_1 (*SL1):*

ASK C3_S-CS_2 FOR EACH CHILD LISTED IN A1

ASK C3_S- CS_2 FOR UP TO 4 PROVIDERS PER CHILD WHO USUALLY PROVIDED CARE IN A TYPICAL WEEK IN MAY

C3_S. *SL1

Did anyone regularly care for [CHILD NAME] in a typical week in May? By regularly I mean at least five hours each week.

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.

Do not include any parent of a child under 13 in this household or his or her spouse.

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

1. YES
2. NO → SKIP TO END OF C_L_2 LOOP
3. DK/REF → SKIP TO END OF C_L_2 LOOP

C4_S. *SL1

Who usually provided care for [CHILD NAME] in a typical week in May?

NAME:

C4a_S. *SL1

Did that care usually take place at your home or somewhere else?

1. R'S HOME
2. SOMEWHERE ELSE

C4b_S. *SL1

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

_____ Number of hours
Range: 0-168

CS_1. *SL1

How many of those hours were between 8am and 6pm Monday through Friday?

_____ Number of hours
Range: 0-168

CS_2. *SL1

About how many of the hours that [CHILD] was with [C4 PROVIDER] were you (and your spouse/partner) in work-related activities such as work, school, training or commuting to these activities?

_____ Number of Hours
Range: 0-168

End of Summer Loop S_L_1:
REPEAT C3_S-CS_2 UNTIL UP TO FOUR PROVIDERS HAVE BEEN LISTED FOR THE CHILD
REPEAT FOR EACH CHILD LISTED IN A1

IF INTERVIEW DATE AFTER JULY 22, 2024, ASK FALL_STRT
ELSE SKIP TO S_S_3

FALL_STRT. Would you say that your (child's/children's) schedule last week...

1. Is similar to the schedule you expect in early October for all children
2. Is different from the schedule you expect in early October for at least one child

Q10c. Think about total cost for summer care for your children under age 13 during the three summer months June, July and August. How did that total cost in the summer compare to the total cost for child care for those children during the three spring months March, April and May? Would you say:

1. You had no costs in spring or summer
2. Spring cost more than summer
3. Spring cost about the same as summer
4. Spring cost less than summer

Summer Skip Logic Box S_S_3:

SKIP TO S_S_4

*Start of School Year Loop SY_L_1 (*SYL1):*

ASK C3_SY-CSY_2 FOR EACH CHILD LISTED IN A1

ASK C3_SY- CSY_2 FOR UP TO 4 PROVIDERS PER CHILD WHO PROVIDED CARE LAST WEEK

C3_SY. *SYL1

Does anyone regularly care for [CHILD NAME] in a typical week? By regularly I mean at least five hours each week.

IF CHILD AGE 5 YEARS OR MORE: If your child attends regular school for any grade from kindergarten through eighth grade, please tell me the name of that school. If [CHILD NAME] also attends a before or after-school program, either at the school or somewhere else, please mention that program separately. Do not include any parent of a child under 13 in this household or his or her spouse. Please also include any other regular activities, such as regular playdates or babysitters.

1. YES
2. NO → SKIP TO END OF CY_L_2 LOOP
3. DK/REF → SKIP TO END OF CY_L_2 LOOP

C4_SY. *SYL1

Who usually provides care for [CHILD NAME] in a typical week?

NAME:

C4a_SY. *SYL1

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

1. R'S HOME
2. SOMEWHERE ELSE

C4b_SY. *SYL1

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

_____ Number of hours

Range: 0-168

CSY_1. *SYL1

How many of those hours are between 8am and 6pm Monday through Friday?

_____ Number of hours

Range: 0-168

CSY_2. *SYL1

About how many of the hours that [CHILD] is with [C4 PROVIDER] are you (and your spouse/partner) in work-related activities such as work, school, training or commuting to these activities?

_____ Number of Hours

Range: 0-168

End of School Year Loop SY_L_1:

REPEAT C3_SY-CSY_2 UNTIL UP TO FOUR PROVIDERS HAVE BEEN LISTED FOR THE CHILD

REPEAT FOR EACH CHILD LISTED IN A1

School Skip Logic Box SY_S_2:

IF INTERVIEW BEFORE SEPTEMBER 30, 2024, ASK FALL_STRT_SY

ELSE SKIP TO Q10c_SY

FALL_STRT_SY. Would you say that your (child's/children's) schedule last week...

1. Is similar to the schedule you expect in early October for all children
2. Is different from the schedule you expect in early October for at least one child

Q10c_SY. Think about total cost for summer care for your children under age 13 during the three summer months June, July and August. How did that total cost in the summer compare to the total cost for child care for those children during the three spring months March, April and May? Would you say:

1. You had no costs in spring or summer
2. Spring cost more than summer
3. Spring cost about the same as summer
4. Spring cost less than summer

School Skip Logic Box SY_S_3:
SKIP TO S_S_4

C4c. *CL2

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

1. YES
2. NO → LOOP TO C2 FOR THIS CHILD, MONDAY

C4C1. *CL2

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. *CL2

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 → LOOP TO C2D2
2. SOME DIFFERENCES → LOOP TO C2 FOR [CHILD] ON [DAY]

*End of C_L_2 Loop (*CL2):*

REPEAT C2-C4C2 UNTIL CHILD CARE SCHEDULE IS COMPLETE FOR ALL DAYS, MONDAY-SUNDAY, FOR THIS CHILD

REPEAT C2-C4C2 FOR EACH CHILD LISTED IN A1

C5.

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

*Start of C_L_5 Loop (*CL5):*

ASK C5A-C8_1 FOR EACH PROVIDER (LISTED IN C2 AND C4)

Skip Logic Box C_S_3:

IF NO PROVIDERS SELECTED FOR ANY CHILD IN HH, SKIP TO END OF C_L_5 LOOP

IF PROVIDER IS NON-RESIDENT PARENT, SKIP TO C9

IF PROVIDER IS A HOUSEHOLD MEMBER, SKIP TO C5E

ELSE ASK C5A

Summer Skip Logic Box S_S_4:

IF CHECK_S =1 OR CHECK_SY = 1 ASK C5A
IF CHECK_S=2 AND CHECK_SY = 2:
IF PROVIDER IS A HH MEMBER, SKIP TO C5E
ELSE, ASK C5A

C5A. *CL5

IF NOT OBVIOUS, ASK: Is [PROVIDER] an individual or an organization?

1. INDIVIDUAL
2. INDIVIDUAL WITH FAMILY DAY CARE
3. ORGANIZATION → SKIP TO C6
4. DK/REF → SKIP TO C16

C5C. *CL5

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

1. YES
2. NO → SKIP TO C5CB2
3. DK/REF → SKIP TO C5CB2

C5CA. *CL5

What is your relationship to (PROVIDER)?

1. R IS [PROVIDER]'S FORMER SPOUSE/PARTNER → SKIP TO C5CB2
2. R IS [PROVIDER]'S CHILD/SON/DAUGHTER-IN-LAW
3. R IS [PROVIDER]'S BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW → SKIP TO C5CB2
4. R IS [PROVIDER]'S OTHER RELATIVE
5. R IS [PROVIDER]'S FRIEND → SKIP TO C5CB2
6. R IS [PROVIDER]'S NEIGHBOR → SKIP TO C5CB2
7. PROVIDER IS [CHILD]'S RELATIVE (BUT NOT R'S) → SKIP TO C5CB2
8. PROVIDER IS OTHER ACQUAINTANCE OF R OR CHILD → SKIP TO C5CB2
9. DK/REF

C5CB. *CL5

IF C5CA = 2: So (PROVIDER) Is the CHILD's grandparent?

IF C5CA = 4 OR 9: Is this [CHILD]'s grandparent?

1. YES
2. NO

C5CB2. *CL5

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

1. YES
2. NO

C5E. *CL5

Does this person usually receive payment for looking after your child(ren)?

1. YES → SKIP TO C5D
2. NO

C5E1. *CL5

Do you 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 [CHILD] receives?

1. YES
2. NO
3. DK/REF

C5D. *CL5

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

1. YES, LIVES HERE
2. YES, PROVIDES CARE HERE BUT DOES NOT LIVE HERE
3. NO, NEITHER LIVES HERE NOR PROVIDES CARE HERE
4. DK/REF

Skip Logic Box C_S_3b:

IF C5D = 1 OR 2, SKIP TO START OF C_L_6 LOOP

IF C5D = 3 OR 4 AND C5A = 1, SKIP TO C16

IF C5D = 3 OR 4 AND C5A = 2 ASK C6

C6. *CL5

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

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

C7. *CL5

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.

SCROLL OR TYPE NAME OF STATE WHERE PROVIDER IS LOCATED AND SELECT.

C7_2. *CL5

IN WHAT CITY IS [PROVIDER NAME] LOCATED?

CITY: _____

C7_3. *CL5

INTERVIEWER INSTRUCTIONS: PLEASE SELECT PROVIDER. IF PROVIDER NOT LISTED, SELECT "NOT ON LIST".

Skip Logic Box C_S_4:

IF PROVIDER FOUND IN C7_3 LIST, SKIP TO C1B

ELSE ASK C16

C16. *CL5

IF C5A=2 OR 3: [I'm not finding the listing.] Could you tell me the street address where (s/he lives/they are)?

IF NEEDED: Your answers to this and all other questions will be kept 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
2. ENTER ZIP AND CROSS STREETS → SKIP TO C8_CROSS
3. ENTER CITY/STATE AND CROSS STREETS → SKIP TO C8_CROSS2
4. DK/REF → SKIP TO C1B

C8_ADDR2. *CL5

ENTER ADDRESS INFORMATION:

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

SKIP TO C1B

C8_CROSS. *CL5

CROSS-STREETS

ZIP : _____

STREET 1: _____

STREET 2: _____

SKIP TO C1B

C8_CROSS2. *CL5

CROSS-STREETS

CITY: _____

STATE: _____

STREET 1: _____

STREET 2: _____

C1B. *CL5

How did your child/children usually get to [PROVIDER] last week?

INTERVIEWER INSTRUCTION: SELECT ONE PER CHILD, DO NOT PROBE FOR ADDITIONAL.

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

C1C. *CL5

Who usually took your child/children there?

1. [LIST OF PROVIDERS AND PARENTS]

Skip Logic Box C_S_5:

IF C5A = 2 OR 3 (ORG OR FAM DAY CARE), OR C5A = 1 AND C5C= 2, ASK C11
ELSE, SKIP TO START OF C_L_6 LOOP

C11. *CL5

Do you have any difficulties talking with (PROVIDER/your caregiver at PROVIDER) because both of you aren't comfortable speaking the same language?

1. YES
2. NO

Skip Logic Box C_S_6:

IF C5A = 3, ASK C8_3

ELSE SKIP TO START OF C_L_6 LOOP

C8_3. *CL5

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 → SKIP TO C8_4
3. DK/REF → SKIP TO C8_4

C17.

What single type of activity does your provider offer?

(SELECT ONE ONLY)

1. ACADEMIC SUPPORT OR TUTORING PROGRAMS
2. SPORTS (E.G., GYMNASTICS, SWIM, MARTIAL ARTS)
3. MUSIC, DANCE, OR ART
4. ENRICHMENT (LIBRARY SCHOOL/STORY TIME, SCIENCE/NATURE)
5. GENERAL CHILD CARE SERVICES OR DAYCARE, NURSERY SCHOOL OR PRESCHOOL
6. OTHER, SPECIFY: _____

C8_4. *CL5

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.

Do you use [PROVIDER] on a drop-in basis?

1. YES
2. NO

Start of C_L_6 Loop (*CL6):

ASK C9-C8_1 EACH CHILD, STARTING WITH THE YOUNGEST, CARED FOR BY PROVIDER LISTED IN C2 AND C4

C9. *CL5 *CL6

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

1. YES
2. NO
3. DK/REF

Skip Logic Box C_S_6a:

IF PROVIDER IS NON-RESIDENT PARENT, SKIP TO END OF C_L_6 LOOP
ELSE IF C9 = 2 OR 3 SKIP TO C_S_7
ELSE ASK C5F

C5F. *CL5 *CL6

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

ENTER 0 YRS 0 MONTHS IF PROVIDER HAS CARED FOR CHILD SINCE BIRTH.

_____ Months

Range: 0-12

_____ Years

Range: 0-13

Skip Logic Box C_S_6b (CHK_C18):

IF CHILD IS < 72 MONTHS OLD, ASK C18
ELSE, SKIP TO C_S_7

C18. *CL5 *CL6

How often would you say the following statements are true about the care [CHILD] receives from [PROVIDER]: Never, Rarely, Sometimes, Often, or Always?

C18a. My child gets a lot of individual attention.

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALWAYS

C18b. My caregiver is open to new information and learning.

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALWAYS

C18c. My child feels safe and secure in care.

1. NEVER
2. RARELY
3. SOMETIMES
4. OFTEN
5. ALWAYS

C19. *CL5 *CL6

If you could change one thing about [PROVIDER] to better meet [CHILD's] needs, what would it be?
(INTERVIEWER: CODE FIRST MENTION)

1. FEWER CHILDREN/SMALLER SETTING
2. MORE COMMUNICATION FROM THE PROVIDER
3. BETTER QUALITY ENVIRONMENT (PLAY AREAS, TOYS, ETC.)
4. PROVIDER I LIKED OR TRUSTED MORE
5. PROVIDER WHO BETTER REPRESENTED MY CHILD'S CULTURE, LANGUAGE OR ETHNICITY
6. NOTHING, IT'S JUST RIGHT.
7. OTHER, SPECIFY: _____

Skip Logic Box C_S_7:

IF PROVIDER NOT AN ORGANIZATION (C5A ≠ 3), THEN SKIP TO END OF C_L_5 LOOP
ELSE IF PROVIDER AN ORG (C5A=3), SKIP TO C_S_8

Skip Logic Box C_S_8 (CHK_C8C):

IF CHILD IS 54 MONTHS TO 71 MONTHS, ASK C8C
ELSE IF CHILD IS 72 MONTHS OR OLDER, SKIP TO C_S_9
ELSE IF CHILD IS < 54 MONTHS, SKIP TO C8_2

C8C. *CL5 *CL6

Is [CHILD] enrolled in kindergarten at [PROVIDER]?

1. YES (KINDERGARTEN) → SKIP TO C_S_9
2. NO (INCLUDES PRE-KINDERGARTEN [IF CALIFORNIA: OR TRANSITIONAL KINDERGARTEN])

C8_2. *CL5 *CL6

At [PROVIDER], does [CHILD] participate in a Head Start program, a Public Pre-Kindergarten program, such as [LOCAL NAME FOR PRE_K], another kind of preschool, or something else?

(SELECT FIRST MENTION)

1. HEAD START
2. PUBLIC PRE-KINDERGARTEN
3. ANOTHER KIND OF PRESCHOOL
4. SOMETHING ELSE

Skip Logic Box C_S_9 (CHK_C8a):

IF CHILD 60 MONTHS OR OLDER AND [PROVIDER] IS AN ELEMENTARY SCHOOL IN SAMPLE FRAME, ASK C8A
ELSE, SKIP TO C8_1

C8A. *CL5 *CL6

INTERVIEWER: SELECT OR ASK IF NECESSARY: Is [PROVIDER NAME] a regular school such as a K to 6 or K to 8 elementary school or grades 6-8 middle school?

1. YES
2. NO → SKIP TO END OF C_L_5 LOOP
3. DK/REF → SKIP TO END OF C_L_5 LOOP

C8_1. *CL5 *CL6

Last week, what were the hours of the regular school day at [PROVIDER]?

IF HOURS VARIED BY DAY, RECORD LONGEST DAY LAST WEEK.

START TIME: _____

END TIME: _____

*End of C_L_6 Loop (*CL6):*

REPEAT C9-C8_1 EACH NEXT CHILD CARED FOR BY THIS PROVIDER (LISTED IN C2 AND C4)

*End of C_L_5 Loop (*CL5):*

REPEAT C5A-C8_1 FOR EACH PROVIDER (LISTED IN C2 AND C4)

C20.

In the past 12 months, have you ever been told by a child care provider that your child might need to “take a break” or leave care, either permanently or temporarily?

1. YES
2. NO → SKIP TO C23_INTRO
3. DK/REF → SKIP TO C23_INTRO

C21.

What was the primary reason given?

1. PROVIDER COULD NOT MANAGE CHILD’S BEHAVIOR TOWARDS OTHER CHILDREN OR ADULTS
2. PROVIDER COULD NOT MEET CHILD’S HEALTH OR PHYSICAL CARE NEEDS
3. PROVIDER COULD NOT MEET CHILD’S DEVELOPMENTAL NEEDS
4. CHILD NOT ADJUSTING EMOTIONALLY/CRYING/SEPARATION ANXIETY
5. OTHER, SPECIFY: _____

C22.

How old was your child at that time?

_____ Years
Range: 0-13

C23_INTRO.

Children can be cared for by many different types of caregivers, including their parents, other adults living in or outside the household (including relatives or friends), or by child-care professionals in centers or someone's home.

These next questions are about the types of care you prefer for **[SELECTED CHILD IN C14_SELECT]**, and about your experiences finding and choosing adults or organizations to care for **[SELECTED CHILD]**.

As a reminder: Please answer the following questions with **[SELECTED CHILD]** in mind:

C23.

If all types of child care were free and in a convenient location for your family, what type of care would you most want for **[SELECTED CHILD]**?

1. Parental care → SKIP TO C25_INTRO
2. Home-based provider I had a prior personal relationship with
3. Home-based provider I didn't have a prior personal relationship with
4. Center-based care
5. OTHER
6. DK/REF

C24.

How much difficulty did you have finding the type of child care you wanted for **[SELECTED CHILD]**?

1. No difficulty
2. A little difficulty
3. Some difficulty
4. A lot of difficulty
5. Did not find the type of care I wanted

C25.

For the next question, we would like you to think of your family's child care situation overall. By this we mean all of the types of care that you use to care for all of the children in your family.

Thinking of your family's child care situation overall, if you could change one thing (other than cost) to better meet your family needs, what would it be? (**SELECT ONLY ONE**)

1. More conveniently located care
2. Fewer different arrangements to get the coverage I need
3. More flexible hours and scheduling

4. More total hours, days or weeks of coverage
5. Hours of care that better align to my/my spouse/my partner's work schedule
6. Something else: _____
7. NOTHING, IT'S JUST RIGHT.

C26.

For the following statements, I would like to know if each statement applies to you.

Please tell us yes, somewhat or no.

C26a. There are good choices for child care where I live.

1. YES
2. SOMEWHAT
3. NO

C26b. When I chose care for [CHILD], I had more than one option.

1. YES
2. SOMEWHAT
3. NO

Section D. Respondent and Spouse Employment Schedules

Start of D_L_1 Loop (*DL1):

ASK SECTION D FOR R, AND R'S SPOUSE OR PARTNER 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 ADULT WHO IS A GUARDIAN (SELECTED IN B1_CUST)

Start of Summer Loop S_L_1a (*SL1a):

ASK D1A - D1C R, FOR R, AND R'S SPOUSE OR PARTNER IF ANY IN HOUSEHOLD, AND FOR ANY OTHER PARENT OF A CHILD UNDER 13 IN HH, AND FOR ANY ADULT WHO IS A GUARDIAN

D1A. *DL1 *SL1a

I'm going to ask you about [your/HHM's] current work situation. Last week, did (you/s/he) do any work for pay?

IF NEEDED: Please include freelance work, work in the military, work for a family-owned business even if (you/s/he) did not get paid, and work on (your/his/her) own business or farm.

1. YES
2. NO

D1B. *DL1 *SL1a

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

1. YES, ATTENDED
2. NO, NOT ATTENDED

D1C. *DL1 *SL1a

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

End of Summer Loop S_L_1a (*SL1a):

REPEAT D1A-D1C FOR R'S SPOUSE OR PARTNER AND ALL PARENTS OR GUARDIANS IN HOUSEHOLD

Summer Skip Logic Box S_S_5:

IF (CHECK_S=1 OR CHECK_SY = 1) AND ANY D1A = 1, SKIP TO D_S_2
ELSE IF (CHECK_S=1 OR CHECK_SY = 1) AND ALL D1A = 2 OR DK/REF, SKIP TO D4
ELSE, GO TO START LOOP BOX D_L_2

Start of D_L_2 Loop (*DL2):

ASK D1D - D1D_C3 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

D1D. *DL1 *DL2

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. *DL1 *DL2 Thinking about last [DAY], [DATE], did you go to (work/school/training)?	D1D_1. *DL1 *DL2 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. *DL1 *DL2 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	_____	_____	

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

D1D_C2. *DL1 *DL2

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
3. WEDNESDAY
4. THURSDAY
5. FRIDAY
6. SATURDAY
7. SUNDAY
8. NO IDENTICAL DAYS

Skip Logic Box D_S_1:

IF A DAY IS SELECTED (D1D_C2= 1-7), SKIP TO D1D_C3
 ELSE, SKIP TO D_S_2

Gap Check Logic Box:

COMPARE EMPLOYMENT SCHEDULES (D1D Grid) AGAINST CHILD CARE SCHEDULES (C2 Grid) 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
 FOR THE GAP CHECK, ASK UP TO 7 GAPS ABOUT FOR EACH CHILD AND DAY

*Start of D_L_3 Loop (*DL3):*

ASK CHK3 – CHK3_SPECIFY FOR ALL CHILDREN WITH GAPS IN CARE

CHK3. *DL1 *DL2 *DL3

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 WHILE WORKING/IN SCHOOL/TRAINING
2. CHILD WITH R/SPOUSE/PARTNER AND R/SPOUSE WHO WAS NOT WORKING/IN SCHOOL/TRAINING
3. CHILD CARED FOR HIM/HERSELF (OTHER ADULTS MAY OR MAY NOT HAVE BEEN PRESENT)
4. CHILD WITH SIBLING LESS THAN 18
6. CHILD WITH A PARENT WHO DOESN'T LIVE IN THIS HH
5. OTHER ARRANGEMENT

IF CHK3 = 5, ASK CHK3_SPECIFY

ELSE, SKIP TO END OF LOOP BOX D_L_3

CHK3_SPECIFY. *DL1 *DL2 *DL3

ENTER ANY ADDITIONAL INFORMATION ABOUT CHILD CARE GAP: _____

*End of D_L_3 Loop (*DL3):*

REPEAT CHK3 – CHK3_SPECIFY FOR ALL CHILDREN WITH GAPS IN CARE

D1D_C3. *DL1 *DL2

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 → LOOP TO D1D FOR DAY SELECTED IN D1D_C2

*End of D_L_2 Loop (*DL2):*

REPEAT D1D - D1D_C3 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

Skip Logic Box D_S_2:

IF HHM IS CHILD'S PARENT OR PARENT'S SPOUSE OR PARTNER OR A GUARDIAN IN A NON-PARENTAL HH,
ASK D2_1INTRO
ELSE, SKIP TO D22

*Start of D_L_4 Loop (*DL4):*

ASK D2_1 - D5D FOR ALL PARENTS AND SPOUSES OR PARTNERS OF PARENTS OR GUARDIANS IN A NON-PARENTAL HH

D2_1INTRO. *DL1 *DL4

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.

Skip Logic Box D_S_3:

IF D1A = 1, ASK D16
IF HHM IS CHILD'S PARENT OR PARENT'S SPOUSE OR PARTNER OR A GUARDIAN IN A NON-PARENTAL HH
AND D1A IS NOT EQUAL TO 1, SKIP TO D4
ELSE, SKIP TO D22

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

D16. *DL1 *DL4

Which of the following best describes [your/[NAME]'s] current work situation?

1. [I work/[NAME] works] only at home → SKIP TO D19
2. [I work/[NAME] works] only at workplace(s) outside of home → SKIP TO D2_1
3. [I work/[NAME] works] both at home and at workplace(s) outside of home

D17. *DL1 *DL4

As part of [your/[NAME]'s] work schedule last week, were there any days when [you/they] worked only at home?

1. YES
2. NO → SKIP TO D19
3. DK/REF → SKIP TO D19

D18. *DL1 *DL4

Which days of the week were these?

(SELECT ALL THAT APPLY)

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

D19. *DL1 *DL4

How many total hours did [you/[NAME]] work from home last week?

_____ hours

Range: 0-168

D20. *DL1 *DL4

During the hours when [you work/[NAME] works] from home, what is the usual child care situation for [SELECTED CHILD]? [I care/[NAME] cares] for [CHILD] at home

1. [My/[NAME's] spouse/partner cares for [CHILD] at home
2. Someone besides [me/[NAME]]/[my/[NAME]'s] spouse/[my/[NAME]'s] cares for [CHILD] at home
3. [CHILD] is cared for outside of the home
4. [CHILD] cares for themselves [Note to interviewer: only read if child is older than 8 years]

IF D16 = 1 (ONLY FROM HOME) THEN SKIP TO D2_2
ELSE, ASK D2_1

D2_1. *DL1 *DL4

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
2. No set workplace → SKIP TO D2_2
3. Enter address → SKIP TO D2_ADDR
4. Enter cross-streets → SKIP TO D2_CROSS
5. DK/REF → SKIP TO D2_2

IF D16 = 3 AND D2_1 = 1, THEN ASK D21
ELSE SKIP TO D2_2

D21. *DL1 *DL4

When working at workplace(s) outside the home where do[es] [you/he/she] works the most hours each week? Please tell me the address or nearest major intersection.

1. No set workplace → SKIP TO D2_2
2. Enter address
3. Enter cross-streets → SKIP TO D2_CROSS
4. DK/REF → SKIP TO D2_2

D2_ADDR. *DL1 *DL4

ENTER ADDRESS INFORMATION:

ADDRESS _____
CITY _____
STATE _____
ZIP _____

SKIP TO D2_COMMUTE

D2_CROSS. *DL1 *DL4

CROSS-STREETS

STREET 1 _____
STREET 2 _____
CITY _____

D2_COMMUTE. *DL1 *DL4

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
Range: 0-999

D2_2.* *DL1 *DL4

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

D2_3. *DL1 *DL4

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

D2. *DL1 *DL4

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?

[PERSON X]

-4. DK/REF → SKIP TO D3D

D2A. *DL1 *DL4

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]

-4. DK/REF

D3D. *DL1 *DL4

About how much are you paid at that job?

[D2 JOB NAME]

RECORD WAGE: _____
Range: 0-999999

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

Skip Logic Box D_S_4:

IF D1A=1 SKIP TO END OF D_L_4 LOOP
ELSE, ASK D4

D4. *DL1 *D4

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

1. YES
2. NO → SKIP TO END D_L_4 LOOP
3. DK/REF → SKIP TO END OF D_L_4 LOOP

D5A. *DL1 *DL4

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. *DL1 *DL4

When did you/he/she last work at that job?

INTERVIEWER INSTRUCTION: ENTER 33/33 IF R STILL WORKS THERE

MONTH: _____

Range: 1-12, 33

YEAR: _____

Range: 1900-2024, 33

D5C. *DL1 *DL4

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

D5D. *DL1 *DL4

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

AMOUNT: _____

Range: 0-999999

PER UNIT OF TIME

1. PER HOUR
2. PER DAY
3. PER WEEK
4. BI-WEEKLY
5. PER MONTH
6. PER YEAR
7. OTHER

End of D_L_4 Loop (*DL4):

REPEAT D2_1 - D5D FOR ALL PARENTS AND SPOUSES OR PARTNERS OF PARENTS OR GUARDIANS IN A NON-PARENTAL HH

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)].

D22. *DL1

How many days in the past 3 months did [one of] you miss work 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: 0-100

IF D22 = 0, SKIP TO D13
ELSE, ASK D23

D23. *DL1

How many of these days were missed because your provider was sick or on vacation?

DAYS: _____

Range: 0-100

Skip Logic Box D_S_6:

IF D23 > 0, ASK D10C

ELSE, SKIP TO D13

D10C. *DL1

Did that person lose any pay because of missed work?

1. YES
2. NO

D13. *DL1

Approximately how many days in the last 3 months did [one of] you have to make special arrangements for your 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

D24. *DL1

What did you do when you last had to make a special arrangement for [CHILD]?

(INTERVIEWER: CODE FIRST MENTION)

1. A RELATIVE THAT DOES NOT LIVE WITH US CARED FOR MY CHILD
2. A FRIEND THAT DOES NOT LIVE WITH US OR A NEIGHBOR CARED FOR MY CHILD
3. CHILD'S OLDER SIBLING CARED FOR MY CHILD
4. A CENTER-BASED PROVIDER OR ORGANIZATION THAT PROVIDES EMERGENCY/BACK-UP CARE CARED FOR MY CHILD
5. A HOME-BASED PROVIDER THAT PROVIDES EMERGENCY/BACK-UP CARE CARED FOR MY CHILD
6. I/MY SPOUSE/PARTNER CARED FOR MY CHILD
7. I/MY SPOUSE/PARTNER TOOK MY CHILD TO WORK
8. CHILD CARED FOR THEMSELVES
9. ANOTHER ADULT WHO LIVES WITH US CARED FOR MY CHILD
10. OTHER, SPECIFY: _____

Skip Logic Box D_S_7

IF R OR R'S SPOUSE OR PARTNER EMPLOYED (D1A=1), ASK D15

ELSE, SKIP TO S_S_6

D15. *DL1

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

Summer Skip Logic Box S_S_6:

IF CHECK_S=1, ASK DS_INTRO
ELSE IF CHECK_SY = 1, SKIP TO SY_S_1
ELSE, SKIP TO SECTION J

DS_INTRO.

Now I will ask you some questions about a typical week in May.

Start of *Summer Loop S_L_2* (*SL2):

ASK DS_1 - DS_2C FOR ALL SPECIFIED INDIVIDUALS

DS_1. *DL1 *SL2

In a typical week in May, how many hours did (you/[HHM]) spend working and commuting to and from work? Please enter 0 if you did not work any hours in a typical week.

_____ hours

IF DS_1 = 0, SKIP TO END OF SUMMER LOOP S_L_2

ELSE, ASK DS_2

DS_2. *DL1 *SL2

How many of these hours were Monday through Friday between 8am and 6pm?

_____ hours

DS_2a. *DL1 *SL2

In May, did (you/[HHM]) usually work or commute to and from work any hours Monday through Friday before 8am?

1. YES
2. NO

DS_2b. *DL1 *SL2

In May, did (you/[HHM]) usually work or commute to and from work any hours Monday through Friday after 6pm?

1. YES
2. NO

DS_2c. *DL1 *SL2

In May, did (you/[HHM]) usually work or commute to and from work any hours on Saturdays or Sundays?

1. YES
2. NO

End of Summer Loop S_L_2 (*SL2):
REPEAT DS_1 – DS_2C FOR ALL SPECIFIED INDIVIDUALS

Skip Logic Box D_S_8:
IF DS_1 > 0 FOR R AND FOR R'S SPOUSE, ASK DS_3
ELSE, SKIP TO SECTION J

DS_3. *DL1

In a typical week in May, how many hours were you and your spouse or partner at work or commuting at the same time?

_____ hours
Range: 0-168

IF DS_3 > 0, ASK DS_4
ELSE, SKIP TO SECTION J

DS_4. *DL1

How many of those hours were between 8am and 6pm Monday through Friday?

_____ hours
Range: 0-DS_3

School Skip Logic Box SY_S_1:

IF CHECK_SY=1, ASK DSY_INTRO
ELSE, SKIP TO SECTION J

DSY_INTRO.

Now I will ask you some questions about a typical week.

Start of *School Year Loop SY_L_2* (*SYL2):

ASK DSY_1 – DSY_2C FOR ALL SPECIFIED INDIVIDUALS

DSY_1. *DL1 *SYL2

In a typical week, how many hours do (you/[HHM]) spend working and commuting to and from work? Please enter 0 if you do not work any hours in a typical week.

_____ hours

IF DSY_1 = 0, SKIP TO END OF SCHOOL YEAR LOOP SY_L_2

ELSE, ASK DSY_2

DSY_2. *DL1 *SYL2

How many of these hours are Monday through Friday between 8am and 6pm?

_____ hours

DSY_2a. *DL1 *SYL2

In a typical week, do (you/[HHM]) work or commute to and from work any hours Monday through Friday before 8am?

1. YES
2. NO

DSY_2b. *DL1 *SYL2

In a typical week, do (you/[HHM]) work or commute to and from work any hours Monday through Friday after 6pm?

1. YES
2. NO

DSY_2c. *DL1 *SYL2

In a typical week, do (you/[HHM]) work or commute to and from work any hours on Saturdays or Sundays?

1. YES
2. NO

End of *School Year Loop SY_L_2* (*SYL2):

REPEAT DSY_1 – DSY_2C FOR ALL SPECIFIED INDIVIDUALS

Skip Logic Box D_S_9:

IF DSY_1 > 0 FOR R AND FOR R'S SPOUSE, ASK DSY_3
ELSE, SKIP TO SECTION J

DSY_3. *DL1

In a typical week, how many hours are you and your spouse or partner at work or commuting at the same time?

_____ hours

Range: 0-168

IF DSY_3 > 0, ASK DSY_4
ELSE, SKIP TO SECTION J

DSY_4. *DL1

How many of those hours are between 8am and 6pm Monday through Friday?

_____ hours

Range: 0-DSY_3

*End of D_L_1 Loop (*DL1):*

REPEAT SECTION D FOR R, R'S SPOUSE OR PARTNER IF ANY IN HOUSEHOLD (HH_B1D_RLTION_R_X = 1), FOR ANY OTHER PARENT OF A CHILD UNDER 13 IN HH (HH_B1E_HAVECHILD_X = 1), AND FOR ANY ADULT WHO IS A GUARDIAN (SELECTED IN B1_CUST)

Section J. Nonparental Care Payment and Subsidy to Each Provider

Skip Logic Box J_S_1

IF ANY PROVIDER IS (1) NOT IRREGULAR CARE (C9 ≠ 2) AND (2) IF ARRANGEMENT IS NOT ELEMENTARY/MIDDLE SCHOOL (C8A_X ≠ 1) AND NOT KINDERGARTEN (C8C_X ≠ 1) AND (3) NOT UNPAID CARE (C5E ≠ 2) AND (4) PROVIDER IS NOT A NONRESIDENT PARENT AND (5) PROVIDER IS NOT A HHM (NOT LISTED IN B1A1), R'S SPOUSE, OR THE PARENT OF A CHILD IN THE HH, GO TO START OF J_L_1 LOOP ELSE, SKIP TO SECTION F

Start of J_L_1 Loop (*JL1):

ASK SECTION J (J1 – J11_SAME) FOR EACH CHILD AND PROVIDER, STARTING WITH THE YOUNGEST CHILD

INTERVIEWER CHECK 1. *JL1

HAS PAYMENT, REIMBURSEMENT AND SUBSIDY FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP'S RESPONSE?

[CHECK IF OTHER CHILDREN USE THE SAME PROVIDER AND J11=2 AND J11_OTHCHLDRN=THIS CHILD]

1. YES → SKIP TO END OF J_L_1 LOOP
2. NO/NOT SURE

INTERVIEWER CHECK 2. *JL1

IS PAYMENT, REIMBURSEMENT AND SUBSIDY FOR THIS CHILD IN THIS ARRANGEMENT THE SAME AS THE PAYMENT, REIMBURSEMENT AND SUBSIDY FOR ANOTHER CHILD IN THIS ARRANGEMENT?

[CHECK IF OTHER CHILDREN USE THE SAME PROVIDER AND J11_SAME=THIS CHILD]

1. YES → SKIP TO END OF J_L_1 LOOP
2. NO/NOT SURE

E_INTRO.

DISPLAY ONLY FOR FIRST LOOP: [Now I have some more questions about the regular child care arrangements you use. We will start with your youngest child and (his/her) arrangements.]

J1_E1. *JL1

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
2. NO → SKIP TO J3_E2
3. DK/REF → SKIP TO J3_E2

J12.

Do you use and pay [PROVIDER] varying numbers of hours of care each week. In other words, do you vary the hours you use each week and pay the provider for these hours used each week?

1. Yes, at our convenience
2. Yes, from a set of schedule options
3. Yes, beyond a minimum number of hours
4. No

J2_E7. *JL1

How much do you pay [PROVIDER]?

\$ _____

-4. DK/REF → SKIP TO J3_E2

J2A_E7_A. *JL1

Is that per hour, per day, per week, every two weeks, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY TWO WEEKS
5. PER MONTH
6. SOMETHING ELSE

IF J2A_E7_A = 6, ASK J2A_E7_OS
ELSE, SKIP TO J3_E2

J2A_E7_OS. *JL1

Please specify: _____

J3_E2_M. *JL1

Is [PROVIDER] IF J1 = 1 THEN ADD: [also] paid by any person or program for the care of [CHILD]? Do not include payments or reimbursements that go directly to you.

1. YES
2. NO
3. DK/REF

Skip Logic Box J_S_2:

IF J3_E2 = 2 AND IF J1_E1 = 2, SKIP TO J5_E5
ELSE IF J3_E2 = 2 OR 3, SKIP TO J9_E9

ELSE, ASK J13

J13. *JL1

Who pays them?

(SELECT ALL THAT APPLY)

8. A government agency such as for welfare, employment services, child development, education or child care subsidies
9. A non-government organization such as a community group or a religious institution
10. The child's parent who lives outside of this household
11. Other family or friend
6. An Employer
7. OTHER
12. Don't Know/Refused

Skip Logic Box J_S_3:

IF J3_E2 = 2 AND IF J1_E1 = 2, ASK J5_E5

ELSE, SKIP TO J9_E9

J5_E5. *JL1

So this care is provided free by [PROVIDER]?

1. YES
2. NO

J9_E9. *JL1

Do you receive payments or reimbursements 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 → SKIP TO J_S_4
3. DK/REF → SKIP TO J_S_4

J9A_E9A. *JL1

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

\$ _____

- 4. DK/REF → SKIP TO J14

J9B_E9B. *JL1

Is that per hour, per day, per week, every two weeks, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY TWO WEEKS
5. PER MONTH
6. SOMETHING ELSE (SPECIFY: _____)

J14. *JL1

Who makes these payments or reimbursements that are paid directly to you? (If more than one, please select the payer covering the highest amount).

8. A government agency such as for welfare, employment services, child development, education or child care subsidies
9. A non-government organization such as a community group or a religious institution
10. The child's parent who lives outside of this household
11. Other family or friend
6. An Employer
7. OTHER

Skip Logic Box J_S_4:

IF (S1 + B1a1) >=8, THEN J15 = 1 AND SKIP TO J_S_5
ELSE IF (S1 + B1a1) <= 7, ASK J15

J15. *JL1

In order to understand whether or not child care is affordable to families in the U.S., we need to know your household's income. Was your total household income in 2023, before taxes and other deductions, below

IF (S1 + B1a1) = 2: [\$26,000]

IF (S1 + B1a1) = 3: [\$39,000]

IF (S1 + B1a1) = 4: [\$52,000]

IF (S1 + B1a1) = 5: [\$65,000]

IF (S1 + B1a1) = 6: [\$78,000]

IF (S1 + B1a1) = 7: [\$91,000]?

1. YES
2. NO
3. DK/REF

Skip Logic Box J_S_5:

IF J15 = 2, SKIP TO J_S_6

ELSE, IF J15 = 1 OR J15 = 3 AND J1_E1 = 1, ASK J6_E6

ELSE, SKIP TO J8A_E2A

J6_E6. *JL1

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

J7_E4. *JL1

Is this amount you pay [PROVIDER] a co-payment for a child care subsidy paid to the provider?

1. YES
2. NO

J16. *JL1

Does the amount you pay provider [PROVIDER] include diaper, baby formula, snacks or other supplies fees?

1. YES
2. NO

J17. *JL1

Does the amount you pay [PROVIDER] include any additional fees or payments in addition to co-pays, fees or payments that have not already been mentioned?

1. YES
2. NO

J8A_E2A. *JL1

Did you have to provide any proof that you were employed, in school, in training or searching for work in order to enroll your child with this provider?

1. YES
2. NO

J8B_E2B. *JL1

As far as you know, do you receive any help from a child care subsidy program such as [STATE CCDF PGM] to pay [PROVIDER] for your child's care?

1. YES
2. NO

Skip Logic Box J_S_6

IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER AND THIS IS THE FIRST CHILD USING THIS PROVIDER AND PROVIDER IS INDIVIDUAL (C5A = 1), THEN ASK J11
ELSE, IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER AND THIS IS THE FIRST CHILD USING THIS PROVIDER AND PROVIDER IS NOT INDIVIDUAL (C5A ≠ 1), SKIP TO START OF J_L_2 LOOP

J11. *JL1

Is the information that you told me about for payment, reimbursement and subsidy arrangements for (CHILD) in (PROVIDER) only for (CHILD), or does it cover more than one child?

1. CHILD ONLY → SKIP TO END OF J_L_2 LOOP
2. OTHER CHILDREN
3. DK/REF → SKIP TO END OF J_L_2 LOOP

J11_OTHCHILDRN. *JL1

Which children?

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 9
10. Child 10
11. Child 11
12. Child 12

SKIP TO END OF J_L_2 LOOP

*Start of J_L_2 Loop (*JL2):*

ASK J11_SAME FOR ALL CHILDREN WHO RECEIVE CARE FROM PROVIDER

J11_SAME. *JL1 *JL2

You have other children who receive care from [PROVIDER] as well.

Is the information that you told me about for payment, reimbursement and subsidy arrangements for [CHILD] in [PROVIDER] the same as the payment, reimbursement and subsidy for [OTHER CHILD] in [PROVIDER]?

1. YES

2. NO

*End of J_L_2 Loop (*JL2):*

REPEAT J11_SAME FOR ALL CHILDREN WHO RECEIVE CARE FROM PROVIDER

*End of J_L_1 Loop (*JL1):*

REPEAT SECTION J FOR EACH CHILD AND PROVIDER WHERE CHILD NOT SELECTED IN J11_OTH OR J11_SAME
NE 1 for CHILD/PROVIDER

Section F. Non-Parental Child Care Search

ASK SECTION F QUESTIONS ABOUT CHILD SELECTED IN C14_SELECT

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

-4. DK/REF

YEAR: _____

Range: 99, 1990-2024

-4. DK/REF

IF YEAR=99, GO TO G1
ELSE IF MONTH=99 AND YEAR=DK/REF, GO TO G1
ELSE IF MONTH=DK/REF AND YEAR=DK/REF, GO TO G1
ELSE IF MONTH=DK/REF AND YEAR=2 YEARS AGO OR MORE, GO TO G1
ELSE IF LAST SEARCH 25 MONTHS OR MORE AGO, GO TO G1
ELSE, GO TO SKIP LOGIC FOX F_S_1

Skip Logic Box F_S_1:

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?

(SELECT 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

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

IF F3 = 9, ASK F3_OS ELSE, SKIP TO F15

F3_OS.

SPECIFY: _____

F15.

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 RELATIONSHIP WITH
3. HOME-BASED PROVIDER I DIDN'T HAVE PRIOR RELATIONSHIP WITH

- 4. CENTER-BASED CARE
- 5. OTHER

IF F15 = 5, ASK F15_OS
ELSE, SKIP TO F16

F15_OS.
SPECIFY: _____

F16.

Families can have difficulty finding and choosing care for their child. How challenging did you find the following:

	(1) <i>Very challenging;</i>	(2) <i>Moderately challenging;</i>	(3) <i>Slightly challenging;</i>	(4) <i>Not at all challenging.</i>	
F16a. Finding a provider with open slots or availability					
F16b. Finding a provider who could meet your child’s health needs or needs related to a physical or other disability.					(5) Not applicable
F16c. Finding a provider who could offer the number of hours you needed when you needed them					
F16d. Finding a provider who reflected your family’s cultural background or spoke your home language					

	(1) <i>Very challenging;</i>	(2) <i>Moderately challenging;</i>	(3) <i>Slightly challenging;</i>	(4) <i>Not at all challenging.</i>
F16e. Finding a provider who you felt was well qualified to help your child learn and develop				

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 → SKIP TO F17
2. ONLY ONE PROVIDER CONSIDERED
3. DK/REF → SKIP TO F10

F6A.

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

1. HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH → SKIP TO F10
2. HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH
3. CENTER-BASED CARE
4. OTHER

F6B.

How did you know about this provider?

RECORD VERBATIM AND CODE

-
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

SKIP TO F_S_2

F17.

IF NOT ALREADY STATED: What types of providers did you consider?

(SELECT ALL THAT APPLY)

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

F7.

How did you look for providers in your last search?

INTERVIEWER INSTRUCTIONS: SELECT FIRST TWO MENTIONS. DO NOT READ RESPONSES EXCEPT TO PROBE.

1. ASKED FRIENDS AND FAMILY WITH CHILDREN
2. ASKED PROVIDERS I KNEW ALREADY
7. ASKED A HEALTHCARE PROVIDER, CLERGY MEMBER, OR OTHER PROFESSIONAL
18. USED SOCIAL MEDIA TO LEARN ABOUT PROVIDERS FROM PEOPLE I DON'T KNOW WELL
3. CONSULTED A RESOURCE AND REFERRAL AGENCY OR LOCAL COMMUNITY ORGANIZATION THAT HELPS PARENTS FIND CHILD CARE
4. POSTED AN AD OR RESPONDED TO AN AD
5. LOOKED IN PAPER DIRECTORIES FOR CHILD CARE PROVIDERS
10. LOOKED IN ELECTRONIC DIRECTORIES FOR CHILD CARE PROVIDERS
6. GOT HELP FROM A WELFARE OR SOCIAL SERVICES CASEWORKER
8. OTHER

IF F7 = 8, ASK F7_OS
ELSE, SKIP TO F8B

F7_OS.

SPECIFY: _____

F8B.

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

INTERVIEWER INSTRUCTIONS: RECORD VERBATIM AND SELECT UP TO THREE MENTIONS, DO NOT READ CATEGORIES

-
1. TYPE OF CARE
 2. HOURS OF CARE
 3. WILLINGNESS TO ACCEPT OR AVAILABILITY OF SUBSIDIES
 4. FINANCIAL AID AVAILABLE
 5. FEES CHARGED
 6. GEOGRAPHIC LOCATION
 7. PUBLIC TRANSPORTATION ACCESSIBILITY
 8. CONTENT OF PROGRAM
 9. YEAR ROUND CARE
 10. SERVICES PROVIDED (E.G., TRANSPORTATION, MEALS, ETC.)
 11. LANGUAGES SPOKEN
 12. CURRICULUM/PHILOSOPHY (INCLUDING RELIGION)
 13. LICENSING STATUS
 14. TEACHER TENURE/TURNOVER
 15. OTHER

Skip Logic Box F_S_2:

IF F6A ≠ 3, ASK F10
ELSE, SKIP TO F_S_3

F10.

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

1. YES
2. NO

Skip Logic Box F_S_3:

IF F6A ≠ 1, ASK F11
ELSE, SKIP TO F_S_4

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

Skip Logic Box F_S_4:

IF F6A ≠ 2, ASK F12
ELSE SKIP 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

F13.

What was the result of this search for child care?

1. Found care
2. Stayed with existing provider
3. Decided not to use care other than parents
4. Gave up search for another reason
5. OTHER

6. DK/REF
7. Still searching/looking

IF F13 = 5, ASK F13_OS
ELSE, SKIP TO F14

F13_OS.
SPECIFY: _____

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

IF F14 = 8, ASK F14_OS
ELSE, SKIP TO SECTION G

F14_OS.
SPECIFY: _____

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 → SKIP TO G2
2. RENT → SKIP TO G2
3. OTHER, NEITHER OWN NOR RENT
4. DK/REF

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

G2.

Do you have a car?

1. YES
2. NO

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: \$ _____

Range: 0-999999999

-4. DK/REF → SKIP TO G3B

G3A.

Is that before or after taxes and other deductions?

1. BEFORE TAXES
2. AFTER TAXES

SKIP TO G4A

G3B.

Let me assure you that your responses to this and all other questions in this survey will not be revealed to any agency except in summary form for all study participants combined. 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

G4A.

And how about all of last year, that is, 2023. What was the total amount of your household income that year?

TOTAL AMOUNT FOR THE PAST 12 MONTHS: \$ _____ → SKIP TO G4B

Range: 0-999999999

-4. DK/REF → ASK G4A1

G4A1.

In order to understand whether or not child care is affordable to families in the U.S., 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 \$30,000 or more?

1. YES, \$30,000 OR MORE
2. NO, LESS THAN \$30,000 → SKIP TO G4A5
3. DK/REF → SKIP TO G4A5

G4A2.

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

1. YES
2. NO → SKIP TO G4A4

3. DK/REF → SKIP TO G4A4

G4A3.

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

1. YES
2. NO

SKIP TO G4B

G4A4.

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

1. YES
2. NO

SKIP TO G4B

G4A5.

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

1. YES
2. NO → SKIP TO G4A7
3. DK/REF → SKIP TO G4A7

G4A6.

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

1. YES
2. NO

SKIP TO G4B

G4A7.

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

1. YES
2. NO

G4B.

How many different people's job earnings did you count in that 2023 household income?

NUMBER OF PEOPLE: _____

Range: 1-20

G4c.

Again, thinking about the 2023 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
2. NO → SKIP TO G15
3. DK/REF → SKIP TO G15

G4d.

How much of your 2023 total household income was from sources other than job earnings?

AMOUNT FROM NON-JOB SOURCES: _____ → SKIP TO G15

Range: 0-999999999

-4. DK/REF → ASK G4E

G4e.

You may not be able to give us an exact figure for, but were non-job household earnings in 2023...

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

G15.

Do you or any member of this household currently receive any payments or benefits from...

G15a. Financial assistance from a state or local assistance office or the Temporary Assistance for Needy Families (TANF) program?

1. YES
2. NO

G15b. A cash assistance program for disabilities or Supplemental Security Income (SSI) program?

1. YES
2. NO

(QUESTION G10 ASKS ABOUT CHILD SELECTED IN C14_SELECT)

G10.

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

INTERVIEWER INSTRUCTIONS: SELECT FIRST MENTION, USE CATEGORIES TO PROBE AS NEEDED

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

IF G10 = 9, ASK G10_OS
ELSE, SKIP TO G_S_1

G10_OS.

PLEASE SPECIFY: _____

Skip Logic Box G_S_1:

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

G10A.

Of your children under age 13 other than [SELECTED CHILD NAME] how many have some sort of health insurance or health care coverage?

NUMBER OF CHILDREN: _____

Range: 0-11

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? (**SELECT ONE ONLY**)

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

G16.

Did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

1. YES
2. NO

IF S1_CHECK > 0 (ONE OR MORE CHILDREN IN THE HH UNDER AGE 6) THEN ASK G17
ELSE GO TO G12B

G17.

Do you or any member of this household participate in the WIC program, meaning the Women, Infants and Children supplemental nutrition program?

1. YES
2. NO

G12B.

In the past 12 months, did anyone in this household receive child care subsidies for children of working parents, such as from [STATE CCDF PGM]? These programs may also be open to parents who are in school or training.

1. YES
2. NO → SKIP TO G18
3. DK/REF → SKIP TO G18

G12C.

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

MONTHS: _____
Range: 0-12

G12D.

What was the main reason that child care subsidies ended?

1. PARENT LOST ELIGIBILITY DUE TO INCREASED INCOME
2. PARENT LOST ELIGIBILITY DUE TO NO LONGER MEETING WORK, SCHOOL OR TRAINING REQUIREMENTS
3. PARENT LOST ELIGIBILITY DUE TO OTHER OR UNKNOWN REASONS
4. CHILD DID NOT NEED CARE ANYMORE
5. DID NOT LIKE CARE

6. SUBSIDY PROGRAM WAS TOO DIFFICULT TO PARTICIPATE IN
7. STILL RECEIVING SUBSIDIES

SKIP TO G_S_2

G18.

As far as you know, did anyone in this household in the last 5 years receive child care subsidies for children of working parents, such as from [STATE CCDF PGM]? These programs may also be open to parents who are in school or training.

1. YES →SKIP TO G_S_2
2. NO

G19.

Did you apply for child care subsidies in the last 5 years for children of working parents, such as from a state child care assistance program, such as [STATE CCDF PGM] or from another financial assistance program that helps with child care costs?

1. YES
2. NO

SKIP LOGIC BOX G_S_2:

IF J15 = 1 THEN ASK G20
ELSE SKIP TO G21

G20. Families can experience challenges applying for and receiving child care subsidies and other forms of child care assistance. Below is a list of potential challenges. For each one please indicate whether the following was:

(1) Very challenging; (2) Moderately challenging; (3) Slightly challenging; (4) Not at all challenging

G20a. Finding information about child care subsidies or assistance, like whether our family was eligible and how to get assistance.

1. VERY CHALLENGING
2. MODERATELY CHALLENGING
3. SLIGHTLY CHALLENGING
4. NOT AT ALL CHALLENGING

G20b. Meeting paperwork and documentation requirements to prove eligibility for child care assistance.

1. VERY CHALLENGING
2. MODERATELY CHALLENGING

3. SLIGHTLY CHALLENGING
4. NOT AT ALL CHALLENGING

G20c. Having transportation to child care assistance offices/appointments.

1. VERY CHALLENGING
2. MODERATELY CHALLENGING
3. SLIGHTLY CHALLENGING
4. NOT AT ALL CHALLENGING

G20d. Office staff don't speak my language or understand my culture or religion.

1. VERY CHALLENGING
2. MODERATELY CHALLENGING
3. SLIGHTLY CHALLENGING
4. NOT AT ALL CHALLENGING

G20e. Long wait lists and waiting periods for receiving child care assistance or an available subsidized slot for my child.

1. VERY CHALLENGING
2. MODERATELY CHALLENGING
3. SLIGHTLY CHALLENGING
4. NOT AT ALL CHALLENGING

G21.

Suppose that you have an emergency expense that costs \$400. Could you pay for this expense right now using cash or money in a checking/savings account, or with a credit card that you could pay off at the next statement?

1. YES
2. NO

G14_M.

Do you have access to the Internet at home?

1. YES
2. NO → SKIP TO BEGINNING OF SECTION H
3. DK/REF → SKIP TO BEGINNING OF SECTION H

G14a_M.

Is your Internet access using

- a. A cellphone or tablet

1. YES
2. NO

b. A desktop or laptop computer

1. YES
2. NO

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 → SKIP TO H4
2. NO

H2.

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

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

NAME: _____
PHONE: _____
RELATIONSHIP TO CHILD: _____

SKIP TO H7

H4.

PLEASE ENTER YOUR INTERVIEWER ID

*Start of H_L_1 Loop (*HL1):*
ASK H8 FOR EACH CHILD IN HH

H8. *HL1

We are asking your permission to search state or local government records for child care subsidy, Supplemental Nutritional Assistance Program (SNAP or 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 Administration for Children and Families, of 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
2. NO

LOOP TO H8 AND REPEAT H8 FOR EACH CHILD IN HH
IF H8=1 FOR EVERY CHILD, THEN SKIP TO H6
ELSE, ASK H9

*End of H_L_1 Loop (*HL1):*
REPEAT H8 FOR EACH CHILD IN HH

H9.

(SUGGESTED SCRIPT) State or local government program records can provide additional information about the child care and financial assistance 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. We will use this information to help understand how families make different decisions about care for their children. We would not provide the state agency with any of the answers you've told me today, other than your name and the name(s) of your child/ren, and enough information to find them in state records.

All information about your child and your child's care provider 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. Only authorized personnel associated with this study will be granted access to this identifying information on a need-to-know basis. The information will be reported as statistics to the Administration for Children and Families, of the U.S. Department of Health and Human Services as part of the results of this study.

1. CONTINUE
2. RESPONDENT STILL REFUSES (ONLY CHOOSE THIS WHEN YOU HAVE MADE ALL APPROPRIATE AVERSION ATTEMPTS)

IF H9 = 1 ASK H6 AND COLLECT INFO ON ALL CHILDREN
ELSE, IF H9 = 2 AND H8 = 2 FOR ALL CHILDREN, THEN SKIP TO H_S_1
ELSE, ASK H6 AND COLLECT INFO FOR EACH CHILD WHERE H8=1

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: 2011-2024
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

H6_ADULT.

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

NAME: _____

Skip Logic Box H_S_1:

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 → SKIP TO H7

2. Not correct

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.

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE

HHX_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, we/I would like to give you \$[INCENTIVE_AMOUNT]. We have a few options for you to receive \$[INCENTIVE_AMOUNT] – cash mailed to you, a physical gift card, or an electronic gift card for one of several online retailers. The physical gift card can be provided at the end of the interview. Electronic gift cards will be delivered by email and will take up to 1 day to arrive. Cash will be mailed via the U.S. Postal Service and will take 1 to 3 weeks to arrive. Please select your preferred option below and provide the necessary contact information. Please make sure to enter your email or mailing address correctly to ensure delivery.

FI: READ THE BELOW TERMS OF SERVICE ONLY IF REQUESTED:

Terms of Service

1. Amazon.com Gift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** Amazon.com Gift Cards never expire and can be redeemed towards millions of items at www.amazon.com Restrictions apply, see amazon.com/gc-legal
2. Walmart eGift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** With a Walmart eGift Card, you get low prices every day on thousands of popular products in stores or online at Walmart.com. You'll find a wide assortment of top electronics, toys, home essentials and more. Plus, cards don't expire and you never pay any fees. The Virtual Reward Center is not affiliated with Wal-Mart Stores, Inc., Wal-Mart Stores Arkansas, LLC, Walmart.com or any of their affiliates. Wal-Mart Stores, Inc., Wal-Mart Stores Arkansas, LLC, Walmart.com and their affiliates do not endorse or sponsor The Virtual Reward Center's services, products, or activities. See www.walmart.com/giftcardtermsandconditions for complete gift card terms and conditions
3. Lowes eGift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** This Lowe's eGift Card can be redeemed at any Lowe's Home Improvement Store or at www.lowes.com. Lowe's stores stock 40,000 products in 20 product categories ranging from appliances to tools, to paint, lumber and nursery products. Lowe's has hundreds of thousands of more products available by Special Order - offering everything customers need to build, maintain, beautify and enjoy their homes. Lowe's operates more than 1,766 stores.

This is not a credit/debit card and has no implied warranties. This Gift Card is not redeemable for cash unless required by law and cannot be used to make payments on any charge account. Lowe's reserves the right to deactivate or reject any Gift Card issued or procured, directly or indirectly, in connection with fraudulent actions, unless prohibited by

law. Lost or stolen Gift Cards can only be replaced upon presentation of original sales receipt for any remaining balance. It will be void if altered or defaced. To check your Lowe's Gift Card balance, visit [Lowe's.com/GiftCards](https://www.lowes.com/GiftCards), call 1-800-560-7172 or see the Customer Service Desk in any Lowe's store. Lowe's, LOWE'S and the Gable Mansard Design are registered trademarks of LF, LLC and the GABLE MANSARD DESIGN are registered trademarks and service marks of LF, LLC. Lowe's is not affiliated with Virtual Incentives.

1. Physical Gift Card → SKIP TO WFX_INC_PHYS_CARD **"Please only select this option if you are completing the survey in person."**
2. Cash mailed to me → SKIP TO HBX_INC_MAIL
3. Walmart e-gift card → SKIP TO HBX_INC_EMAIL
4. Lowe's e-gift card → SKIP TO HBX_INC_EMAIL
5. Amazon e-gift card → SKIP TO HBX_INC_EMAIL
6. [RESPONDENT DECLINES INCENTIVE/DECLINE THANK YOU GIFT] → SKIP TO FUTURE CONTACT INFORMATION

HHX_INC_PHYS_CARD

Thank you. In just a few moments, I will provide your physical gift card incentive and have you sign a receipt.

INTERVIEWER: ENTER THE ID NUMBER OF THE GIFT CARD BEING GIVEN TO R HERE.

ID NUMBER IS 12 DIGITS IN LENGTH ON THE BACK OF THE CARD.

INTERVIEWER: RE-ENTER THE ID NUMBER OF THE GIFT CARD.

[IF NUMBERS DON'T MATCH] NUMBERS DO NOT MATCH. PLEASE RE-ENTER THE GIFT CARD SERIAL NUMBER.

SKIP TO FUTURE CONTACT INFORMATION

HHX_INC_EMAIL

[FOR SELF-ADMINISTERED, DISPLAY:] Please enter the email address that you would like the gift card sent to:
(*Required)

[FOR INTERVIEWER ADMINISTERED, DISPLAY:] Could you please provide the email address that the gift card should be sent to.

Email address*: _____

Please confirm your email address*: _____

[IF EMAIL DOES NOT MATCH] Email addresses do not match. Please re-enter your email address.

SKIP TO FUTURE CONTACT INFORMATION

HHX_INC_MAIL

[FOR SELF-ADMINISTERED, DISPLAY:] Please enter the mailing address you would like the cash incentive mailed to: (*Required)

[FOR INTERVIEWER-ADMINISTERED, DISPLAY:] Could you please provide the mailing address that the cash incentive should be mailed to.

Full Name*: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

Zip*: _____

Future Contact Information

We may follow up with families again in the future and would like for you to continue participating. If a future study is conducted, you can decide whether you wish to participate or not at that time. We may also contact you in the future if we need to clarify one of your interview responses.

[INTERVIEWER ADMINISTERED:] I'd like to confirm that we have the best contact information for you on file.

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

Full Name	[RESPONDENT NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Home Address	[RESPONDENT ADDRESS 1]
	[RESPONDENT ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

[IF TELEPHONE IS CELL:] NORC at the University of Chicago or the U.S. Department of Health and Human Services may wish to text you about your participation in the National Survey of Early Care and Education (NSECE). We will only use your phone number to facilitate your cooperation with this study and will not share, sell, or otherwise use this number. Standard messaging and data rates may apply. You will be able to opt out of receiving text messages at any time. Do we have your permission to text you at the number provided?