



NATIONAL SURVEY OF EARLY CARE & EDUCATION | 2024

# *Household Follow-up*

OMB Review Draft

## Consent

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 (ACF), 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 policymakers and child care providers better understand and support the child care services that are most needed in your area.

This interview takes about 20 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 this study. Access to identifying information is granted to authorized personnel only on a need-to-know basis. Data will be preserved with appropriate security safeguards as long as it is necessary for the attainment of the specified study objectives and will be destroyed then after in accordance with ACF's approved retention schedules.

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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 06/30/26. Please send comments regarding the time required for this survey, your privacy-related rights, 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.

**IF INTERVIEWER-ADMINISTERED:**

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

**IF SELF-ADMINISTERED:**

Please enter your login ID and password below and then click the "Continue" button.

You can click on the 'PREVIOUS' button to go back and change your answers if needed. Clicking 'STOP' will save your responses and allow you to return to the last question you answered the next time you access the survey.

## Section K. Household Composition and Confirmation of Eligibility

### K1a.Intro

In [INTERVIEW MONTH] of 2024, when your household participated in the National Survey of Early Care and Education (NSECE), our records show that there were [NUMBER of individuals age 13 or older] individuals age 13 or older living in the household and [NUMBER OF individuals under age 13] individuals under age 13 living in the household.

### K1d2.

Could you please specify the number of individuals in each age group currently living in your household:

- a. Children under age 3: \_\_\_\_\_
- b. Children age 3 to 5: \_\_\_\_\_
- c. Children 6 to 12: \_\_\_\_\_
- d. Children 13 to 17: \_\_\_\_\_
- e. Adults age 18 or older: \_\_\_\_\_

### K1CHECK.

Can you confirm that there are (total of children and adults from K.1d2a+K.1d2b+K.1d2c+K.1d2d+K.1d2e) people in your household?

1. Yes
2. No →RETURN to K1d2

If K1d2a OR K1d2b OR K1d2c >0 SKIP to K12.Intro, ELSE SKIP to K1CEND

### K12.Intro

For parts of this survey, we will focus on a [male/female] child born [MONTH/YEAR of FOCAL CHILD].

Does this child currently live in your household?

- 1 Yes →SKIP to K12b
- 2 No

### K1b.

There were other children under 13 in the household at the time of the earlier interview. Please indicate if each of these children under 13 lives in your current household. Y/N for each.

CHILDREN: GENDER-MONTH/YEAR OF BIRTH (IF DUPLICATES, REQUEST INITIALS)	YES	NO

[HHC1]		
[HHC2]		
[HHC3]		
[HHC4]		
[HHC5]		

If FOCAL CHILD is not in current HH, randomly select child <9 from K1b. If none <9 select child <13. This is FOCAL CHILD moving forward.

If K1b = No for all children SKIP to Instructions before K1d3, ELSE SKIP to K12b

If K1d2a+ K1d2b + K1d2c =0 SKIP to K1Cend, ELSE Skip to K1d3

If HH is only part of Individual Paid Arrangement Sample, SKIP to K1d2c.

**K1d3.**

Thinking about children under 13 years of age who live in your current household, please identify the child who most recently had a birthday. We will focus on this child for some questions in this interview. Please record some information about the child below.

1. No children under 13 live in this HH

New Child Initials	GENDER	MONTH/YEAR OF BIRTH (IF DUPLICATES, REQUEST INITIALS)
1 .[HHnC1]		Boy Girl

If K1d3 BOX 1 checked, Skip to K1Cend ELSE SKIP to K12b.

**K1Cend.**

We would like to gather additional information about the child care resources and work arrangements of individuals who are living in the household that completed the 2024 NSECE survey in the [INTERVIEW MONTH] of 2024. Someone from NORC will contact you about any additional questions we might have. We appreciate your taking the time today.

**[TERMINATE INTERVIEW.]**

**K12b**

Please indicate a first name or initials for [if K12.Intro=1 "this child"/ if K12.Intro=2 "[male/female] child] born [Month/Year of FOCAL CHILD].

**A2f.**

What is this child's relationship to you?

1. Son or daughter (biological or adopted)
2. Stepson or stepdaughter/Son or daughter of partner
3. Brother or sister
4. Grandchild
5. Foster child
6. Other relative (e.g., niece or nephew)
7. Other nonrelative
8. DK/REF

**K\_A2F1.**

Is there another adult in this household who is the parent or parent figure of [FOCAL CHILD]?

1. Yes
2. No

**K1d2c.**

Do you have a spouse or partner in this household?

1. Yes
2. No

**K\_D1A. \*DL1**

Last week, did you do any work for pay?

Please include freelance work, work in the military, work for a family-owned business even if you did not get paid, and work on your own business or farm.

1. Yes
2. No → SKIP to K\_D1B. \*DL1

**K13a.**

How many hours did you work last week?

\_\_\_\_\_ hours

### **K10b.WFH\_1**

Which of the following best describes your current work location?

1. Work only at home → SKIP TO K10c.WFH\_4
2. Work only at workplace(s) outside of home → SKIP TO INSTRUCTION ABOVE  
K\_D1A\_PARTNER
3. Work both at home and at workplace(s) outside of home → SKIP TO K10c.WFH\_4

### **K10c.WFH\_4**

How many total hours did you work from home last week?

\_\_\_\_\_ hours

SKIP to INSTRUCTION ABOVE K\_D1A\_Partner.\*DL1

### **K\_D1B. \*DL1**

Last week, did you attend classes in a high school, college or university?

- 1 YES, ATTENDED (SKIP TO INSTRUCTION ABOVE K\_D1A\_PARTNER)
- 2 NO, NOT ATTENDED

### **K\_D1C. \*DL1**

Other than high school, college, or university, did you 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

IF R HAS SPOUSE/PARTNER IN HH (K1D2C=1), ASK k1\_D1A\_Partner. Else SKIP to K11 if K1d2c ≠ 1.

### **K\_D1A\_Partner. \*DL1**

Last week, did your spouse/partner do any work for pay?

Please include freelance work, work in the military, work for a family-owned business even if they did not get paid and work their own business or farm.

1. Yes
2. No → SKIP to K\_D1B\_Partner

**K13a Partner.**

How many hours did your spouse/partner work last week?

\_\_\_\_\_ hours

**K10b.WFH\_1\_PARTNER**

Which of the following best describes your spouse/partner’s current work location?

- 1. Works only at home → SKIP TO K11
- 2. Works only at workplace(s) outside of home → ASK K10c.WFH\_4\_PARTNER
- 3. Works both at home and at workplace(s) outside of home → SKIP TO K11

**K10c.WFH\_4\_PARTNER**

How many total hours did your spouse/partner work from home last week?

\_\_\_\_\_ hours

SKIP TO K11

**K\_D1B\_Partner. \*DL1**

Last week, did that person attend classes in a high school, college or university?

- 1. YES, ATTENDED →SKIP TO K11
- 2. NO, NOT ATTENDED

**K\_D1C\_Partner. \*DL1**

Other than high school, college, or university, did that person 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

**K11.**

Please think about your if K1d2c.=1 “and your spouse/partner’s” work, training, school and commuting schedules.

How many total hours a week are you if K1d2c.=1 “and your spouse/partner” at work, training, school, or commuting if K1d2c.=1 “at the same time”?

\_\_\_\_\_ hours

If no regular ECE arrangements from Spring 2024/May 2024/Fall 2024 , SKIP to section M.



## Section L. Status of regular ECE arrangements from main interview

### L0.

We would like to update the status of the regular care arrangements reported for the child/children in your household for [REFERENCE MONTH] of 2024. When we collected this information, we included any time a child was with someone for at least 5 hours weekly when they weren't with their parents. This includes child care professionals (in centers or someone's home), after-school programs, babysitters, nannies, relative and friend care, playdates, and other regular activities like tutoring programs, sports, or music or dance lessons.

Arrangement Loop S\_L\_1:

ASK L1a\_x- C21\_X FOR ALL OF [HHCX]'S REGULAR ARRANGEMENTS

### L1a\_X.

In [REFERENCE MONTH] of 2024, we have recorded that a [GENDER (boy/girl)] born [MONTH OF BIRTH] was being cared for at least 5 hours each week [TYPE OF CARE]. Are you able to update us on this care?

1. I am able to give an update
2. I am not able to give an update → SKIP to beginning of Loop S\_L\_1

Possible fills for [TYPE OF CARE]

- a. By an Individual (who was not receiving payment to provide care)
- b. By an Individual (who was receiving payment to provide care)
- c. By an organization providing drop-in, single activity, or before/after school care
- d. By an organization such as a preschool, Head Start, or other child care center

### L1b\_X.

Does this child still participate in care for at least 5 hours a week with that (person/organization)?

1. Yes → SKIP to L4a\_X J1\_E1
2. No

### L2\_X.

Think about the last week this child last participated in care with that provider for at least 5 hours. When was that?

\_\_\_\_Day \_\_\_\_\_Month

### L3a\_X.

What is the main reason that your child stopped participating in care with that [person/organization] for at least 5 hours a week?

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**For FI Administration:**

1. To meet work/school schedule needs
2. Wasn't satisfied with care
3. Wanted to reduce child care expenses
4. Provider stopped providing care
5. Child no longer eligible for this care arrangement (e.g., aged out or summer break but not income eligibility)
6. Wanted a new setting for child's care
7. Child became eligible for other type of care (e.g., Head Start, Public Pre-k Program)
8. Subsidy ended
9. No longer eligible due to income ineligibility
10. Provider asked my child to "take a break" or leave care, either permanently or temporarily

If L3a\_X=1-9 Skip to instructions before L4a\_X. J1\_E1

### **C21\_X.**

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: \_\_\_\_\_

End Arrangement *Loop S\_L\_1*:

If the Arrangement previously involved help paying for care or if they said 'anyone else paid' in 2024 SPRING, show L4\_X.J1\_E1, ELSE Skip to Section M.

Start Arrangement *Loop S\_L\_2*:

ASK L1a\_x- L4c\_X. J13 FOR ALL OF [FOCAL CHILD]'S REGULAR ARRANGEMENTS where someone other than parent/guardian paid for care.

### **L4a\_X. J1\_E1**

Do you pay [this person/organization] anything directly for the care of this child? Please include any payments you make to [this person/organization] even if you are reimbursed for that payment later.

1. Yes
2. No

### **L4b\_X. J3\_E2**

Is this [person/organization] IF L4a\_x.J1\_E1 = 1 THEN ADD: [also] paid by any other person or program for the care of this child? Include payments or reimbursements that go directly to the provider and those that go directly to you.

1. Yes
2. No → SKIP TO SECTION M

### **L4c\_X. J13**

Who makes these other payments or reimbursements? (If more than one, please select the payer covering the highest amount).

1. A government agency such as for welfare, employment services, child development, education or child care subsidies
2. A non-government organization such as a community group or a religious institution
3. The child's parent who lives outside of this household
4. Other family or friend
5. An Employer
6. Other

End of Arrangement *Loop S\_L\_2*:

## **Section M. Searching for and selecting non-parental care for Fall 2024**

If HH is only in Individual Paid Arrangement Sample SKIP to Section P

### **M\_Intro.**

These next questions are about child care options for [FOCAL CHILD].

### **M4Intro.**

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.

### **M4.**

How much would you say you know about child care in your area? Would you say...

1. I know a great deal about child care in my area
2. I know some about child care in my area
3. I know very little about child care in my area

### **M5a.**

Children can sometimes participate in child care programs for free. Parents do not have to pay for these programs. These programs are not available in all communities or to all families.

Do you know of any child care programs that [FOCAL CHILD] could participate in for free? Please do not include your friends, family, or

neighbors who would be willing to care for your child because of your relationship with them.

1. Yes
2. No → SKIP to M6\_INTRO

**M5b.**

Where have you gotten any information about a program that your child [FOCAL\_CHILD] could attend for free?

- a. Online or in printed materials
  1. Yes
  2. No
- b. Heard or seen things, for example, on television or in your every day activities
  1. Yes
  2. No
- c. Asked a professional you know such as a pediatrician, a case worker, a teacher
  1. Yes
  2. No
- d. Asked friends or family or other people you know
  1. Yes
  2. No
- e. Talked with someone at a local agency or at an event for families
  1. Yes
  2. No
- f. Asked people you don't know (for example, through social media or in your community)
  1. Yes
  2. No
- g. Visited a program or talked with program staff
  1. Yes
  2. No

**M11.HH10\_Q10.**

As far as you know, is there a program that [FOCAL\_CHILD] could attend for free that...

	1. Yes	2. No	3. Don't know or Not applicable
a. Is taking new children			
b. Could meet your child's health needs			
b1. Could meet your child's needs related to a physical or other disability.			
c. Offers the number of hours you need when you need them			
d. Matches your cultural or religious background			
e. You feel would help your child learn and develop			
f. Is in a convenient location for you			
g. Would work for your family as a whole			

### M6\_INTRO.

We have a few questions about how you decided if SA “where your [FOCAL CHILD] would be when he or she was not with their parents” if not SA “who would care for [FOCAL CHILD]” last fall 2024. If SA” In the following questions, we will refer to this as ‘care or ‘child care’”.

### M9a.

Did you consider using care for fall 2024 other than what [FOCAL CHILD] used in spring 2024? If SA >6 only “Please include anything a child would participate in 5 hours or more weekly such as regular activities like after-school programs tutoring programs, sports, or music or dance lessons, playdates or babysitters.”

1. Yes
2. No →SKIP TO SECTION N

### F2.

What year and month did you consider using other care?

MONTH: \_\_\_\_\_

Range: 1-12, 99

-4. DK/REF

YEAR: \_\_\_\_\_

Range: 99, 1990-2024

-4. DK/REF

**M10.F3.**

What is the main reason that you considered a different child care arrangement for fall 2024?

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**For FI Administration:**

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)
9. So that you or your spouse could go to school/school schedule changed
10. Other (Specify) \_\_\_\_\_
11. Dk/ref

**M10.NSH.**

When you were considering care for your child for fall 2024, were you looking for any care on weekends, on weekday mornings before 8 a.m., or on weekday evenings after 6 p.m.?

1. Yes
2. No

**M1.F5.**

For fall 2024, did you consider more than one provider 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
2. Only one provider considered

**M1.F7.**

What were the two main ways that you learned about providers to consider for fall 2024?

1. Asked friends and family with children
2. Asked providers I knew already
3. Asked a healthcare provider, clergy member, or other professional
4. Used social media to learn about providers from people I don't know well
5. Consulted a resource and referral agency or local community organization that helps parents find child care
6. Posted an ad or responded to an ad
7. Looked in online or paper directories for child care providers
8. Got help from a welfare or social services caseworker
9. Other (Specify) \_\_\_\_\_

**M17a.**

Did you call or visit any providers?

1. Yes
2. No

**M12.**

How long did you have to consider options before you needed to make a decision about your child [FOCAL CHILD]'s care?

1. I had a week to decide care
2. I had 1-4 weeks to decide care
3. I had at least a month to decide care

IF M5A=1 Respondent AWARE OF FREE PROGRAM, ASK M8, ELSE SKIP TO INSTRUCTION ABOVE F10

**M8.**

Did you consider any early care and education programs that this child could attend for free?

1. Yes
2. No

IF M1.F5=2 ONLY ONE PROVIDER CONSIDERED, SKIP TO M10.F16

**F10.**

Did you consider any other [child care] centers or organizations for [school-age] children as part of your search that you would have had to pay for?

1. Yes
2. No

**F11.**

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

- 1. Yes
- 2. No

**F12.**

Did you consider someone who provides care at home but whom you didn't know before?

- 1. Yes
- 2. No

**M10.F16**

When you were considering different care for your child for fall 2024, how challenging was it to find care...

a. With open slots or availability
b. That could meet your child's health needs.
b1. That could meet your child's needs related to a physical or other disability.
c. That could offer the number of hours you needed when you needed them
d. Who reflected your family's cultural background or spoke your home language
e. Who you felt would help your child learn and develop
f. Is in a convenient location for you
g. Would work for your family as a whole
h. Affordable for your family

**M13.F13**

What did you decide about care for [FOCAL CHILD] last fall 2024?

- 1. Chose a provider
- 2. Stayed with existing provider



3. Decided not to use care other than child's parents
4. Gave up search
5. Still searching/looking
6. OTHER (Specify) \_\_\_\_\_
7. DK/REF

[If M13.F13= 1 is selected ASK M14. ELSE SKIP to F14.]

**M14.**

Is this provider currently providing care for [FOCAL CHILD] ?

- 1 Yes
- 2 No

**F14.**

What was the main reason you made that decision?

\_\_\_\_\_

**For FI Administration:**

1. Had no other choices
2. Cost
3. Schedule
4. Location
5. Quality of care
6. Best feeling
7. Provider had space available
8. OTHER (Specify) \_\_\_\_\_
9. DK/REF

**M0\_Intro.**

The next questions are about care that [FOCAL CHILD] currently receives...

[IF [FOCAL CHILD] IS AGE 60 MONTHS OR OLDER, ASK M0:]

**M0.**

Does this child attend regular elementary school kindergarten through eighth grade? [IN CALIFORNIA: Please record 'no' if your child attends a California transitional kindergarten program.]

1. Yes
2. No

**M1.**

[IF ONGOING ARRANGEMENTS REPORTED EARLIER:] You said earlier in this interview that this child currently participates in care from [TYPES OF CARE].

Other than his or her parents or guardians, does any (other) person or organization care for this child at least five hours weekly?

1. Yes
2. No → SKIP to M15

**C4b.**

How many hours per week do individuals or organizations other than the child's parents usually care for [FOCAL CHILD]?

Hours \_\_\_\_\_

**M2a.**

Does any individual care for this child at least five hours weekly?

1. Yes
2. No → SKIP TO M3b

**M2b.**

Did any individual caring for this child provide this care without receiving any payment, either from you or from another source?

1. Yes
2. No

**M2c.**

Did any individual caring for [FOCAL\_CHILD] get paid for that care, either from you or from another source?

1. Yes
2. No → SKIP TO M2d

**J9\_1. \*JL1**

Who paid the individuals for this child's care? SELECT ALL THAT APPLY

1. You or your spouse or partner
2. A government agency such as for welfare, employment services, child development, education or child care subsidies
3. A non-government organization such as a community group or a religious institution
4. The child's parent who lives outside of this household
5. Other family or friend
6. An Employer
7. Other

**M2d.**

Before they started caring for [FOCAL CHILD], did you have a personal relationship with any individual who is providing paid care to this child?

1. Yes
2. No

**M3.**

Does [FOCAL\_CHILD] participate in any care from an organization? [IF SCHOOL-AGE (Age>5): This could include an organization such as a child care center, a community group, or a school providing before- or after-school care. [IF LESS THAN SCHOOL AGE (Age<6): This could be an organization such as a child care center, a community group, or a school providing early care and education to children not yet in kindergarten.]

1. Yes
2. No →SKIP TO M15

SKIP to M5a_x. J1_E1 if [FOCAL CHILD] AGE <6 or M0=0
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**M3b.**

Some organizations offer care before or after-school also known as wrap-around care.

Does this child participate in any after-school or wrap-around care?

1. Yes
2. No

**M3.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.

Does this child participate in any care that involves a single type of activity?

1. Yes
2. No

**M3.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.

Does this child participate in any drop-in care?

1. Yes
2. No

**M5a\_x. J1\_E1**

Do you pay any organization you've reported above anything directly for the care of this child? Please include payments even if you are later reimbursed. [OR You said that this child is cared for by [drop-in care/single activity care/after-school care/an organization

1. Yes
2. No

**M5b\_x. J3\_E2**

Is any organization paid by any person or program for the care of this child? Include payments or reimbursements that go directly to you.

1. Yes
2. No → SKIP TO CHECK ABOVE J5\_E5

**M5c\_x. J9\_1**

Who makes these payments or reimbursements? If more than one, please select the payer covering the highest amount.

1. A government agency such as for welfare, employment services, child development, education or child care subsidies
2. A non-government organization such as a community group or a religious institution
3. The child's parent who lives outside of this household
4. Other family or friend
5. An Employer
6. Other

If M5a_x and M5b_x are both no, then ask J5_E5; else skip to M2e
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**J5\_E5. \*JL1**

So, this care is provided free by all organizations caring for your child? Please include all care you've reported above.

1. Yes
2. No

**M2e.**

Does [FOCAL CHILD], receive care from any organization or individual (other than you or your spouse or partner) before 8 am, after 6 pm or during the weekend?

1. Yes
2. No

**M15.**

Some parents are not able to have the care for their children that they would prefer. How much do you agree or disagree with each of the following statements about the care you would want for this child.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I would like this child to be cared for only by his or her parents or parent figures				
b. I would like this child to be cared for by a family member or close friend, if someone were available				
c. I would like this child to participate in some care outside of our family, for example to spend time with other children or to learn new things				
d. I would like to have care that would allow me and my spouse or partner to work, go to school or receive training				

## Section N. Seeking financial assistance for ECE

### **N11\_Intro.**

This next section is about getting help paying for care for children under age 13. When answering these questions, please think about any children under age 13 you lived with in the past 12 months. We refer to these as 'your children' in the questions below.

### **N1a.**

In the past 12 months, have you tried to get help paying for care for your children?

1. Yes
2. No → SKIP to N3a.J6e6

### **N2b.**

What did you do to find help paying for care for your children?

a. Read online or in printed materials

1. YES
2. NO

b. Heard or saw things, for example, on television or in your everyday activities

1. YES
2. NO

c. Asked a professional you know such as a pediatrician, a case worker, a teacher

1. YES
2. NO

d. Asked friends or family or other people you know

1. YES
2. NO

e. Asked people you don't know (for example, through social media or in your community)

1. YES
2. NO

f. Communicated with someone at a local agency or event for families

1. YES
2. NO

g. Visited a program or talked with program staff

1. YES
2. NO

**N2c.**

Did you ask any of the following about help paying for care for your child(ren)?

a. Your local school district

1. YES
2. NO

b. Your or your spouse or partner's employer

1. YES
2. NO

c. A state or local child care resource and referral agency such as [LOCAL NAME]

1. YES
2. NO

d. A community organization like a neighborhood center, a food pantry, a church

1. YES
2. NO

**N3a.J6e6**

In the past 12 months, have you asked a provider if they could help you afford their care, for example through scholarships, financial aid, a sliding fee scale, or a discount for your family? Please include providers you were receiving care from as well as any providers you considered using.

1. Yes
2. No → SKIP TO N12a

**N3b.J6e7**

Did any provider that you asked offer you help affording their care?

1. Yes
2. No

**N3c.J6e8**

Was the help that the provider offered enough so that you could afford that care, even if you didn't end up using the care provider?

1. Yes
2. No

**N12a.**

Did you find any assistance programs that sometimes help families pay for child care?

- 1 Yes
- 2 No

**N13.**

Did you fill out any applications or talk to anyone to request help?

1. Yes
2. No →SKIP to N20

**N14.**

Did you have to provide documents like pay stubs, tax forms, or a utility bill?

1. Yes
2. No

**N15.**

Did anyone tell you that you were eligible to receive help from a program?

1. Yes
2. No → SKIP to N20

**N16.**

Was the help available immediately or was there a wait involved?

1. Available immediately
2. Wait involved
3. Not sure

**N17.**

Was the help paying for care only for certain providers, or could you choose any provider?

1. Only for certain providers
2. Any provider

**N18.**

Did you use this payment help for a provider for your child(ren)?



1. Yes → SKIP to N20
2. No
3. Not sure → SKIP to N20

**N19.**

What was the main reason your child(ren) never received any care using this payment help?

---

**For FI Administration:**

1. I couldn't complete the paperwork or figure out the program
2. I couldn't find a provider who could take my child
3. I didn't like the providers who would accept the payments
4. I couldn't afford the care, even with the help
5. Transportation difficulties
6. Schedule difficulties
7. Didn't work with my other children's schedule or care needs
8. Still waiting
9. Other

**N20.**

Did you find any programs that you didn't think your family would be eligible for?

1. Yes
2. No

If no individual paid care arrangements in 2024, SKIP to section Q.

**N11.**

In the past 12 months, did you receive any help paying for care for your children from a care provider or a program to help families? Please do not count help from friends or family who helped you pay or cared for your children to help you out. Please report any help you received, even if you have already reported it earlier in this interview.

1. Yes
2. No → SKIP to Instructions before Section P.

**N12.**

Are you still receiving any help paying for care for your children?

1. Yes → SKIP to Instructions before Section P.
2. No

**N10.**

What was the main reason that you stopped receiving help paying for care for your children?

---

**For FI Administration:**

1. We were making too much money
2. We weren't meeting other requirements for getting the help
3. We did not like the care we were receiving
4. My child/children did not need that care anymore
5. The help wasn't available anymore
6. Subsidy too difficult to participate in
7. Another reason (Please specify: \_\_\_\_\_)

If HH used individual paid care arrangement skip to P1\_X, ELSE SKIP to Section Q.

**Section P. Origin and current status of individual care arrangements used in 2024**

[Eligibility: all respondents with individual paid care arrangements in 2024. Items will need to loop through individual paid providers in place in spring 2024.]

**P1\_X.**

We have recorded that in [REFERENCE MONTH] of 2024, your household had a child/children being cared for at least five hours weekly by an individual and that this individual [is still/is no longer] caring for your child/children. [This provider cared for children born [MONTH/YEAR] and [MONTH/YEAR].] Please indicate a first name or initials for that individual.

**P2.F6B\_X.**

Please think about when [PROVIDER NAME] first began caring for your child/children. What was the main reason you chose [PROVIDER NAME] to care for your child/children?

---

**For FI Administration:**

1. Self/family members/friends work or worked with this provider in the past
2. Knew provider personally
3. Friends/family used this provider in the past
4. Provider had a good reputation in the community
5. Preferred an individual rather than other options in the area
6. Saw advertisement online or elsewhere
7. Resource and referral agency
8. Provider is a family member
9. Flexibility
10. Ability to have care in own home
11. Other

**P5\_X.**

When [PROVIDER NAME] first started caring for your child/children, was that care at least 5 hours each week?

1. Yes
2. No

[IF P2.F6B_X. = 8 (IS A FAMILY MEMBER) SKIP TO P11_X]
---

**P6\_X.**

Before [PROVIDER NAME] cared for your child/children, had you ever met him or her?

1. Yes → ASK P7A\_X
2. No → SKIP TO P26\_X

**P7a\_X.**

Where had you met [PROVIDER NAME]?

1. I know this provider from using them for care for another child
2. This provider previously was my child's teacher, assistant teacher, or aide at a center or school
3. This person is a neighbor, friend, or acquaintance
4. This person took care of a friend or acquaintance's child
5. This person is related to a family member

**P26\_X.**

Which of the following sources of information did you use to find your provider [PROVIDER NAME]?

1. Asked friends and family with children

2. Asked providers I knew already
3. Asked a healthcare provider, clergy member, or other professional
4. Used social media to learn about providers from people I don't know well
5. Consulted a resource and referral agency or local community organization that helps parents find child care
6. Posted an ad or responded to an ad
7. Looked in online or paper directories for child care providers
8. Got help from a welfare or social services caseworker
9. Other

**P7b\_X.**

Before [PROVIDER NAME] began caring for your child/children, did you know anyone else who knew him or her?

1. Yes
2. No

**P11\_X.**

As far as you know, at the time that this person began looking after your child/children, was [PROVIDER NAME] caring (paid or unpaid) for other children not his or her own?

1. Yes
2. NO →SKIP TO P18a\_X.Q10

**P12a\_X.**

Was [PROVIDER NAME] caring for other people's children in (his/her) own home?

1. Yes
2. No

**P12b\_X.**

Was [PROVIDER NAME] caring for other people's children in someone else's home?

1. Yes
2. No

**P13\_X.**

Was [PROVIDER NAME] caring for any children she was not related to?

1. Yes
2. No

**P18a\_X.Q10.**

(Currently/At the time that s/he stopped caring for your child/children regularly), how satisfied (are/were) you with the **quality** of child care and early education you receive/received from [PROVIDER NAME]?

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

**P18b\_X.Q10.**

(Currently/At the time that [PROVIDER NAME] stopped caring for your child/children regularly), how satisfied (are/were) you with the **cost** of child care and early education you receive/received from [PROVIDER NAME]?

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

**P25.**

How many hours a week did/does this provider typically care for any of your children?

\_\_Hours

**P14\_X.**

When you began this arrangement, did you expect the length would be?

1. Temporary until you found another arrangement in your own or someone else's home
2. Temporary until you found a center-based arrangement
3. Until your child entered school (or PreK or kindergarten)
4. Until your child was able to transition to parental care only
5. Other

IF L1b\_x = No for any arrangement with this provider THEN ASK P17\_X

ELSE SKIP to P19\_X

**P17\_X.**

As far as you know, when this provider stopped caring for your child/children, did they continue to care for other children?

1. Yes
2. No
3. Don't know

**P24\_X.**

Did this provider continue to care for any child of yours on an irregular basis once the regular care came to an end?

1. Yes
2. No

**P19\_X.**

How would you describe how the cost of this arrangement has changed since [MONTH OF 2024 NSECE INTERVIEW]?

1. The cost has increased
2. The cost has decreased
3. The cost is about the same

**P20\_X.**

How would you describe the timing of your payment to [PROVIDER NAME] now or when the arrangement ended?

1. I pay at the end of the week/month for care provider **already gave** my child
2. I pay after the beginning of month or week for care my provider **will give** my child

**P23\_X.**

Did/does [PROVIDER NAME] provide any services other than direct child care to your family, such as running errands, cleaning, cooking, or transportation to appointments?

1. Yes
2. No

**G38\_X.**

(When this provider was still caring for your children) how often did/do you meet with or talk to your provider about:

**G38a.** Your child/children's learning or development?

1. Never
2. Rarely
3. Sometimes
4. Always

**P26.G38b.** Problems your child /children had/have while in their care?

1. Never
2. Rarely

3. Sometimes
4. Always

**P20.NHES.NCRCMDPT.**

Would you recommend this care provider to another parent?

1. Yes
2. No
3. No, this individual doesn't plan to take care of anyone else's children

**P21\_X.**

As far as you know, is providing care the primary source of income for your provider [PROVIDER NAME]?

1. Yes
2. No

**P22\_X.**

Does your provider [PROVIDER NAME] use a business name for their child care services?

1. Yes
2. No

**P24\_X.E16**

(Did/Do) you have a written formal contract with this provider? By contract, we mean a signed agreement with information like what costs are included in fees, their payment policies for days when a child is absent, and a schedule of planned vacation or holidays when they will be closed.

1. Formal contract in place
2. No formal contract

**H1\_M\_X.**

Did/Does anyone ever help your provider [PROVIDER NAME] look after the children in their care? Please include any people they might pay to help as well as any family members or others who help without receiving payment.

1. Yes
2. No

ASK SECTION ABOUT NEXT PAID INDIVIDUAL PROVIDER IF NEEDED, ELSE GO TO INSTRUCTIONS BEFORE M15\_INDIV

IF SAMPLE= INDIVIDUAL PAID PROVIDER only SKIP to M15\_INDIV ELSE SKIP TO SECTION Q

**M15\_INDIV.**

Some parents are not able to have the care for their children that they would prefer. How much do you agree or disagree with each of the following statements about the care you would want for this child.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I would like this child to be cared for only by his or her parents or parent figures				
b. I would like this child to be cared for by a family member or close friend, if someone were available				
c. I would like this child to participate in some care outside of our family, for example to spend time with other children or to learn new things				
d. I would like to have care that would allow me and my spouse or partner to work, go to school or receive training				

## Section Q. Household characteristics

**Q20.INTRO**

We are interested in how children [FOCAL CHILD's AGE] are cared for over the summer when many providers change the schedule or type of services they offer. For example, young children may use providers that close or do



not offer care over the summer and older children in school may be in school settings that do not offer summer care.

**Q20a.**

For summer 2024, did you add any providers or make any schedule changes in who looked after [FOCAL CHILD]?

1. Yes
2. No → SKIP to Q18b.Q10

**Q18b.Q10.**

Did you (or your spouse/partner) change your work schedule because of summer child care needs?

1. Yes
2. No

**Q10c.**

Thinking about total cost for summer care for [FOCAL CHILD] during the three summer months June, July, and August of 2024, how did it compare to the cost for child care for [FOCAL CHILD] during the three spring months March, April and May of 2024? 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

**Q15.INTRO**

We now have some more questions specifically about [CHILD] born in [MONTH/YEAR]]. The next questions are about any kind of health problems, concerns, or conditions that may affect this child's physical health, behavior, learning, growth, or physical development. Some of these conditions may affect your child's abilities and activities at school or at play.

**Q15a. DIPA #01.**

Does [FOCAL CHILD] lose his/her temper or throw temper tantrums much more than other children of the same age? That is, screaming or crying when s/he doesn't get his/her way, throwing or breaking things when mad, or hitting people?

1. Yes
2. No

IF [FOCAL CHILD] IS < 1 YEAR, SKIP TO Q18a.NSCH #A35; ELSE ASK Q16a

**Q16a.**

Compared with children of the same age, does [FOCAL CHILD] have difficulty getting along with other children in a social setting?

1. Yes
2. No

**Q18a.NSCH #A35**

Does this child have a medical or physical condition that affects their ability to do things other children their age do?

1. Yes
2. No

**Q19a.**

Do you have any serious concerns about your child's skills in any of the following areas: speaking and understanding language, self-care, or learning?

1. Yes
2. No

**Q19b.NSCH #A22**

Has any doctor or other health care provider, or educator ever told you that this child has a developmental delay?

1. Yes
2. No

**G4A.**

What was the total amount of your household income in 2024?

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 amount: \$ \_\_\_\_\_ → SKIP TO Q6.G11

Range: 0-999999999

-4. DK/REF → ASK E15

**E15.**

It can be difficult to remember or report these numbers and an approximate range is fine. What was your total household income in 2024 before taxes or deductions...

1. Less than \$15,000
2. \$15,001 to \$30,000
3. \$30,001 to \$45,000
4. \$45,001 to \$60,000
5. \$60,001 or more

**Q6.G11.**

Which of these statements best describes the food eaten in your household in the last 12 months:

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

**Q9.**

Since [INTERVIEW MONTH], have you (or your spouse/partner in this household) had a job change?

1. Yes
2. No

**Q11a.NLSY**

[Would you be/Are you] limited in the kind of work you [(could)] do on a job for pay because of your health?

1. Yes
2. No

**Q12. Housing Stability Screening**

- a. Are you worried about losing your housing?
  1. Yes
  2. No
- b. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?
  1. Yes
  2. No

**Q13.**

Do you still live at the following street number [street number].

1. Yes → SKIP TO R.1.END
2. No

**Q14.A2G2. \*AL1 \*AL2**

You indicated that you moved since the [MONTH OF INTERVIEW] 2024. Can you tell me the zip code where you now live?

\_\_\_\_\_ ENTER ZIP CODE

**Q15.**

When did you move away from your home at [street number]?

\_\_\_\_\_ Day

\_\_\_\_\_ Month

## Survey End

**R.1.END**

Thank you very much for your time today. Those are all of the questions we 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.