2024 NSECE Household Follow-up Questionnaire Items - Overview and Comparison

| Section | 2024 Follow-up Construct | 2024 Construct | First Item of 2024 Follow-up Construct | HHs with Paid Individual Arrangements in 2024 | Low income HHs |
| --- | --- | --- | --- | --- | --- |
| Section K: Household Composition and Confirmation of Eligibility | Current children under 3 living in household |  | K1d2a | Yes | Yes |
| Section K: | Current individuals 3-5 living in household |  | K1d2b | Yes | Yes |
| Section K: | Current individuals 6-12 living in household |  | K1d2c | Yes | Yes |
| Section K: | Current individuals 13-17 living in household |  | K1d2d | Yes | Yes |
| Section K: | Current adults age 18 or older |  | K1d2e | Yes | Yes |
| Section K: | Confirm number of members in HH |  | K1CHECK | Yes | Yes |
| Section K | Focal child present in Current HH |  | K12.Intro | Yes | Yes |
| Section K: | Roster of each 2024 Main Data Collection child under age 13 in household (If Focal child is not present) | Yes | K1b. | Yes | Yes |
| Section K: | Roster of new children under age 13 in household (If no child from Main Data collection HH present) |  | K1d3 | Yes | Yes |
| Section K: | Name/Initials of Focal Child |  | K12b | Yes | Yes |
| Section K: | Respondent's Relationship to Child |  | A2f | Yes | Yes |
| Section K: | Presence of another adult in HH who is Focal Child parent |  | K\_A2F1. | Yes | Yes |
| Section K: | Respondent’s Spouse/Partner in HH |  | K1d2c. | Yes | Yes |
| Section K: | Respondent works for pay |  | K\_D1A. \*DL1 | Yes | Yes |
| Section K: | Respondent's number of hours worked for pay last week |  | K13a | Yes | Yes |
| Section K: | Respondent work location (WFH only/no WFH/mix) |  | K10b.WFH\_1 | Yes | Yes |
| Section K: | Total number of hours respondent worked from home last week | Yes | K10c.WFH\_4 | Yes | Yes |
| Section K: | Respondent Enrolled in School | Yes | K\_D1B. \*DL1 | Yes | Yes |
| Section K: | Respondent Enrolled in Training | Yes | K\_D1C. \*DL1 | Yes | Yes |
| Section K: | Respondent Spouse/Partner works for pay |  | K\_D1A\_Partner. \*DL1 | Yes | Yes |
| Section K: | Respondent Spouse/Partner number of hours worked for pay last week |  | K13a\_Partner. | Yes | Yes |
| Section K: | Respondent Spouse/Partner work location (WFH only/no WFH/mix) |  | K10b.WFH\_1\_PARTNER | Yes | Yes |
| Section K: | Total number of hours respondent Spouse/Partner worked from home last week | Yes | K10c.WFH\_4\_PARTNER | Yes | Yes |
| Section K: | Respondent Spouse/Partner Enrolled in School | Yes | K\_D1B\_Partner. \*DL1 | Yes | Yes |
| Section K: | Respondent Spouse/Partner Enrolled in Training | Yes | K\_D1C\_Partner. \*DL1 | Yes | Yes |
| Section K: | Number of hours respondent and spouse/partner work/travel/train/school/commute each week |  | K11 | Yes | Yes |
| Section L: Status of regular ECE arrangements from main interview | Respondent ability to update HH main 2024 data collection arrangement |  | L1a\_X | Yes | Yes |
| Section L: | Child participates in care |  | L1b\_X | Yes | Yes |
| Section L: | Month child last participated in care |  | L2\_X | Yes | Yes |
| Section L: | Reason child stopped participating in care |  | L3a\_x | Yes | Yes |
| Section L: | Primary reason for suspensions/expulsion | Yes | C21\_X | Yes | Yes |
| Section L: | Any payment from parent for each child care arrangement | Yes | L4a\_x. J1\_E1 | Yes | Yes |
| Section L: | Child care provider paid for by someone/someplace else for each child care arrangement | Yes | L4b\_x. J1\_E2 | Yes | Yes |
| Section L: | Who makes other payments | Yes | L4c\_X.J13 |  |  |
| Section M: Searching for and selecting non-parental care for Fall 2024 | Knowledge about child care in the area |  | M4. |  | Yes |
| Section M: | Knowledge about free early care and education programs |  | M5a |  | Yes |
| Section M: | Source of information about free program: online or printed programs |  | M5ba |  | Yes |
| Section M: | Source of information about free program: heard or seen |  | M5bb |  | Yes |
| Section M: | Source of information about free program: asked a professional |  | M5bc |  | Yes |
| Section M: | Source of information about free program: asked friends or family |  | M5bd |  | Yes |
| Section M: | Source of information about free program: talked with someone |  | M5be |  | Yes |
| Section M: | Source of information about free program: asked people you don't know |  | M5bf |  | Yes |
| Section M: | Source of information about free program: visited a program |  | M5bg |  | Yes |
| Section M: | Attend for free: Takes new children |  | M11.HH10\_Q10.a |  | Yes |
| Section M: | Attend for free: Meet child's health needs |  | M11.HH10\_Q10.b |  | Yes |
| Section M: | Attend for free: Meet child's physical or other disability needs |  | M11.HH10\_Q10.b 1 |  | Yes |
| Section M: | Attend for free: Hours |  | M11.HH10\_Q10.c |  | Yes |
| Section M: | Attend for free: Cultural or religious background |  | M11.HH10\_Q10.d |  | Yes |
| Section M: | Attend for free: Learn and develop |  | M11.HH10\_Q10.e |  | Yes |
| Section M: Section M: | Attend for free: Convenient location |  | M11.HH10\_Q10.f |  | Yes |
| Section M: | Attend for free: Work for the family |  | M11.HH10\_Q10.g |  | Yes |
| Section M: | Consider using any other care for Fall 2024 |  | M9a. |  | Yes |
| Section M: | Month and Year Considered using any other care for Fall 2024 |  | F2 |  | Yes |
| Section M: | Main reason respondent | Yes | M10.F3. |  | Yes |
| Section M: | Search for Non-standard hours care | Yes | M10.NSH |  | Yes |
| Section M: | One or more than one provider considered during last child care search | Yes | M1.F5 |  | Yes |
| Section M: | Method(s) used by respondent to search for providers | Yes | M1.F7 |  | Yes |
| Section M: | Call or visit providers |  | M17a. |  | Yes |
| Section M: | How long to consider options before deciding |  | M12 |  | Yes |
| Section M: | Consider free care |  | M8. |  | Yes |
| Section M: | Any child care centers or organizations for school age children considered | Yes | F10 |  | Yes |
| Section M: | Respondent considered someone they had a prior relationship with to care for child | Yes | F11 |  | Yes |
| Section M: | Respondent considered home-based care from someone with no prior relationship to respondent | Yes | F12 |  | Yes |
| Section M: | Difficulties finding care: availability |  | M10.F16a |  | Yes |
| Section M: | Difficulties finding care: health |  | M10.F16b |  | Yes |
| Section M: | Difficulties finding care: physical or other disability |  | M10.F16b1 |  | Yes |
| Section M: | Difficulties finding care: schedule |  | M10.F16c |  | Yes |
| Section M: | Difficulties finding care: family culture and/or home language |  | M10.F16d |  | Yes |
| Section M: | Difficulties finding care: learn and develop |  | M10.F16e |  | Yes |
| Section M: | Difficulties finding care: location |  | M10.F16f |  | Yes |
| Section M: | Difficulties finding care: work for the family |  | M10.F16g |  | Yes |
| Section M: | Difficulties finding care: affordable |  | M10.F16h |  | Yes |
| Section M: | Fall 2024 Consideration Decision |  | M13.F13 |  | Yes |
| Section M: | Is Fall Provider still caring for Focal Child? |  | M14 |  | Yes |
| Section M: | Main reason for choosing child care provider | Yes | F14 |  | Yes |
| Section M: | Attend regular elementary school kindergarten through eighth grade |  | M0. |  | Yes |
| Section M: | Persons or organizations care for child |  | M1. |  | Yes |
| Section M: | Hours per week using care for child |  | C4b |  | Yes |
| Section M: | Individual care for the child |  | M2a. |  | Yes |
| Section M: | Individual caring for this child without payment |  | M2b. |  | Yes |
| Section M: | Individual caring for this child with payment |  | M2c. |  | Yes |
| Section M: | Who pays this Child care provider | Yes | J9\_1. \*JL1! |  | Yes |
| Section M: | Any respondent prior personal relationship to provider |  | M2d. |  | Yes |
| Section M: | Child participates in any care from an organization |  | M3. |  | Yes |
| Section M: | Child participate in any after-school or wrap-around care? |  | M3b. |  | Yes |
| Section M: | Child participate in any care that involves on a single type of activity? |  | M3.C8\_3. \*CL5 |  | Yes |
| Section M: | Child participates in any drop-in care? |  | M3.C8\_4. \*CL5 |  | Yes |
| Section M: | Payment to provider |  | M5a\_x. J1\_E1 |  | Yes |
| Section M: | Child care provider paid for by someone/someplace else for each child care arrangement |  | M5b\_x. J3\_E2 |  | Yes |
| Section M: | Who makes payments |  | M5c\_x.J9\_1 |  | Yes |
| Section M: | Child care arrangement is free | Yes | J5\_E5.\*JL1 |  | Yes |
| Section M: | Child receiving care before or after hours |  | M2e |  | Yes |
| Section M: | Preferences for child care: cared only by parents |  | M15a |  | Yes |
| Section M: | Preferences for child care: cared by family or friends |  | M15b |  | Yes |
| Section M: | Preferences for child care: care outside of family |  | M15c |  | Yes |
| Section M: | Preferences for child care: care so that parents can work |  | M15d |  | Yes |
| Section N: Seeking financial assistance for ECE | Tried get help paying for care |  | N1a. |  | Yes |
| Section N: | Methods to find help paying for care: Read online or in printed materials |  | N2b.a |  | Yes |
| Section N: | Methods to find help paying for care: heard or saw things |  | N2b.b |  | Yes |
| Section N: | Methods to find help paying for care: Asked a professional |  | N2b.c |  | Yes |
| Section N: | Methods to find help paying for care: Asked friends or family |  | N2b.d |  | Yes |
| Section N: | Methods to find help paying for care: Asked people you don't know |  | N2b.e |  | Yes |
| Section N: | Methods to find help paying for care: Local agency |  | N2b.f |  | Yes |
| Section N: | Methods to find help paying for care: Visited a program |  | N2b.g |  | Yes |
| Section N: | Ask help paying for care: local school district |  | N2c.a |  | Yes |
| Section N: | Ask help paying for care: employer |  | N2c.b |  | Yes |
| Section N: | Ask help paying for care: state or local child care resource |  | N2c.c |  | Yes |
| Section N: | Ask help paying for care: community organization |  | N2c.d |  | Yes |
| Section N: | Child care arrangement relies on sliding fee scale | Yes | N3a.J6e6 |  | Yes |
| Section N: | Provider offered help |  | N3b.J6e7 |  | Yes |
| Section N: | Provider offered help, it was enough to afford care |  | N3c.J6e8 |  | Yes |
| Section N: | Found programs that help families |  | N12a. |  | Yes |
| Section N: | Filled out application to request help |  | N13. |  | Yes |
| Section N: | Had to provide documentation |  | N14. |  | Yes |
| Section N: | Program indicated they were eligible for help |  | N15. |  | Yes |
| Section N: | Help available immediately |  | N16. |  | Yes |
| Section N: | Financial help for certain or all providers |  | N17. |  | Yes |
| Section N: | Received care using payment help |  | N18. |  | Yes |
| Section N: | Main reason never received care using this payment |  | N19. |  | Yes |
| Section N: | Found programs that did not think you would be eligible |  | N20. |  | Yes |
| Section N: | Receipt of help with paying for care in past 12 months |  | N11 |  | Yes |
| Section N: | Current receipt of help with paying for care |  | N12 |  | Yes |
| Section N: | Main reason help with paying for care was stopped |  | N10 |  | Yes |
| Section P: Origin and current status of individual care | Identify care provider |  | P1\_X. | Yes |  |
| arrangements used in spring 2024 | How respondent learned of considered provider | Yes | P2.F6B\_x. | Yes |  |
| Section P: | Provider regularly cares for child (at least 5 hours each week) |  | P5\_x | Yes |  |
| Section P: | Met provider before care |  | P6\_X. | Yes |  |
| Section P: | Where did you meet provider |  | P7a\_x. | Yes |  |
| Section P: | Sources of information used to find provider |  | P26\_X | Yes |  |
| Section P: | Anyone else knew the provider |  | P7b\_x. | Yes |  |
| Section P: | Provider caring for other children |  | P11\_x. | Yes |  |
| Section P: | Provider caring for children in their own home |  | P12a\_X. | Yes |  |
| Section P: | Provider caring for children in someone else's home |  | P12b\_X. | Yes |  |
| Section P: | Provider caring for children not related to |  | P13\_X. | Yes |  |
| Section P: | Satisfaction with quality of child care |  | P18a\_X.Q10. | Yes |  |
| Section P: | Satisfaction with cost of child care |  | P18b\_X.Q10. | Yes |  |
| Section P: | Hours provider cares for child |  | P25 | Yes |  |
| Section P: | Expected length of care |  | P14\_X. | Yes |  |
| Section P: | Provider continued care for other children |  | P17\_X. | Yes |  |
| Section P: | Provider continued on irregular basis |  | P24\_X. | Yes |  |
| Section P: | Change on the cost of arrangement |  | P19\_X. | Yes |  |
| Section P: | Timing of payment |  | P20\_X. | Yes |  |
| Section P: | Provider provides services other than direct child care |  | P23\_X. | Yes |  |
| Section P: | Frequency of meetings with provider: for child's development |  | G38a. | Yes |  |
| Section P: | Frequency of meetings with provider: problems child has while in care |  | P26.G38b. | Yes |  |
| Section P: | Recommend provider to other parents |  | P20.NHES.NCRCMDPT. | Yes |  |
| Section P: | Providers main source of income |  | P21\_X. | Yes |  |
| Section P: | Provider has a business name |  | P22\_X. | Yes |  |
| Section P: | Formal contract with provider |  | P24.E16 | Yes |  |
| Section P: | Anyone else help provider look after the children |  | H1\_M\_X | Yes |  |
| Section P: | Preferences for child care: cared only by parents |  | M15\_Indiv\_a | Yes |  |
| Section P: | Preferences for child care: cared by family or friends |  | M15\_Indiv\_b | Yes |  |
| Section P: | Preferences for child care: care outside of family |  | M15\_Indiv\_c | Yes |  |
| Section P: | Preferences for child care: care so that parents can work |  | M15\_Indiv\_d | Yes |  |
| Section Q: Household Characteristics | Summer changes in care |  | Q20a | Yes | Yes |
| Section Q: | Spouse or partner changed work schedule due to child care needs |  | Q18b.Q10. | Yes | Yes |
| Section Q: | Comparison of Spring versus Summer costs |  | Q10c | Yes | Yes |
| Section Q: | Aggression |  | Q15a. DIPA #O1. | Yes | Yes |
| Section Q: | Social Conditions |  | Q16a | Yes | Yes |
| Section Q: | Physical and/or special health care needs. |  | Q18a.NSCH #A35 | Yes | Yes |
| Section Q: | Concerns about child's development skills |  | Q19a. | Yes | Yes |
| Section Q: | Total household income last year | Yes | G4a. | Yes | Yes |
| Section Q: | Total Household income last year (multiple choice) |  | E15 | Yes | Yes |
| Section Q: | Level of food insecurity in household receive services to support parent and child. | Yes | Q6.G11. | Yes | Yes |
| Section Q: | Limited on kind of work due to health |  | Q11a.NLSY | Yes | Yes |
| Section Q: | Housing Stability Screening |  | Q12a | Yes | Yes |
| Section Q: | Ability to get utilities |  | Q12b | Yes | Yes |
| Section Q: | Confirmation of household’s address | Yes | Q13. | Yes | Yes |
| Section Q: | Day and Month of most recent move |  | Q15 | Yes | Yes |