

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

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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	Knowledge about child care in the area		M4.		Yes

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and selecting non-parental care for Fall 2024					
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

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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

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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

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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

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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 arrangements used in spring 2024	Identify care provider		P1_x.	Yes	
	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	

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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	

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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

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