



National Survey of **Early Care & Education**

Household Questionnaire
(revised 11/28/11)

CAPI: QUEXLANG

PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW

1. ENGLISH
2. SPANISH

[IF R RETURNED MAIL SCREENER AND SENT TO CATI FOR MAIN INTERVIEW, 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 to get their opinion on.) May I speak to the parent/guardian of the child under 13 in the household?

1. PARENT/GUARDIAN ON THE PHONE→GO TO A_INTRO2
2. PARENT/GUARDIAN NOT AVAILABLE→GO TO ADR_1

IF A_INTRO1=1 GO TO A_INTRO2. ELSE ASK ADR_1.

ADR_1. Our records have (ADDRESS). Can I confirm that you are still living at that address?

1. YES—Go to SKIP INSTRUCTION BEFORE ADR_3.
2. NO.—go to ADR_2
3. Don't know/Refused-Go to INSTRUCTION BEFORE ADR_3.

ADR_2. What is your correct address then?

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIPCODE: _____

(IF ADR_1=1: MAKE AN APPOINTMENT TO CALL BACK. WHEN CALLING BACK, GO DIRECTLY TO A_INTRO2)

(IF ADR_1=2: TERMINATE THE INTERVIEW AND SENT TO FIELD. ASK ADR_3.]
ADR_3. TERMINATE.

A_INTRO2.

(Hello. I am _____ from NORC at the University of Chicago.)

[IF R SCREENED IN AS ELIGIBLE THROUGH MAIL/FIELD, READ: You have recently completed a short questionnaire for the NSECE. NSECE is a study...

[IF R NOT SCREENED YET, READ: We are conducting a study...

about how families use and think about child care and after-school programs for children under age 13. This study is funded by 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 services that are most needed in your area.

This interview takes 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 have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. 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, including reporting to authorities.

A_INTRO2.

(Hello. I am _____ from NORC at the University of Chicago.)

CATI: In order to review my work, my calls are recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

CAPI: Parts of this interview may be recorded for quality control purposes. This will not compromise the strict confidentiality of your responses. 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

Child Demographics

S1. First, how many children under 13 live in your household?

IF R SAYS 0, OR DK/REFUSED, SAY: SOMEONE IN YOUR HOUSEHOLD PARTICIPATED IN AN EARLIER PART OF OUR STUDY AND SAID THAT THERE WERE [X] 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

IF S1>=1 GO TO A1.

IF S1=0, GO TO S1_TERM.

S1_TERM. Thank you very much. That is all I have. →DISPOSITION AS 'INELIGIBLE'

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?

First names:

1. _____
2. _____
3. _____
4. _____
5. _____

A1a. INTERVIEWER: ASK A1B-A2g9 ABOUT EACH CHILD LISTED IN A1.

A1b (ASK IF NECESSARY:). Is (CHILD) a boy or a girl?

1. BOY
2. GIRL

A1c. In what month and year was (CHILD) born?

_____ MONTH _____ YEAR

A1c1. In what country was (CHILD) born?

_____ Country

CAPI: A1c1_CNTRY [drop down list]

A2d. Is (CHILD) of Hispanic or Latino origin?

- 1 YES
- 2 NO

A2e. Is (CHILD)...? SELECT ONE OR MORE.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 IF VOLUNTEERED: OTHER (Please specify:____)

A2f. What is (CHILD'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

A2g. (IF A2f gt 2) Does child have a parent in the household?

(IF A2f eq 1 or 2) Does child have another parent in the household?

**(INTERVIEWERS: IF PARENT TEMPORARILY OUT OF TOWN/OUT OF COUNTRY ON BUSINESS
OR AWAY ON MILITARY DEPLOYMENT, SELECT 'YES' TO THIS QUESTION)**

1. 1 YES
2. 2 NO
3. 3 IF VOLUNTEERED: MOTHER DECEASED
4. 4 IF VOLUNTEERED: FATHER DECEASED

5. DK
6. REF

A2h. Does (CHILD) have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for him/her?

1. YES
2. NO

IF THIS IS THE FIRST CHILD AND IF S2=5 OR A2G=2 THEN GO TO A2G2. ELSE IF THIS IS THE SECOND OR LATER CHILD, AND S2=5 OR A2G=2, GO TO A2G1.

A2G1. You mentioned that CHILD'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 -GO TO A2G10
2. YES, CHILD2-GO TO A2G10
3. YES, CHILD3-GO TO A2G10
4. YES, CHILD4-GO TO A2G10
5. YES, CHILD5-GO TO A2G10
6. NO, PARENT NOT PREVIOUSLY MENTIONED -ASK A2G2

A2G2 .You mentioned that (CHILD)'s parent does not live in the household. Can you tell me the zip code or city and state where he/she lives?

CITY: _____
STATE: _____
ZIPCODE: _____

IF VOLUNTEERED: MOTHER DECEASED-GO TO A2G10

IF VOLUNTEERED: FATHER DECEASED-GO TO A2G10

IF DON'T KNOW/REFUSED-GO TO A2G7

A2G7. Last week, was s/he working full-time, part-time, or something else?

1. WORKING FULL TIME
2. WORKING PART TIME
3. SOMETHING ELSE (SPECIFY: _____)
4. DON'T KNOW/REFUSED

**A2G8. 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

8. DON'T KNOW

A2G9. In the past 12 months, about how many times has he/she seen (CHILD)?

_____ TIMES

A2g10. INTERVIEWER: HAVE YOU ACCOUNTED FOR TWO PARENTS?

- 1 YES (SKIP TO A2G10B)
- 2 NO (ASK A2G10A)

A2G10A. Does (CHILD) have another parent who doesn't live in this household?

- 1 YES (GO TO A2G1 AND ASK ABOUT ANOTHER PARENT)
- 2 NO (GO TO A2G10B)

A2G10B. REPEAT A2A-A2G8 FOR EACH CHILD UNDER 13 IN HOUSEHOLD

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?

_____ NUMBER OF CHILDREN

B1A. 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?

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

B1A. Names: _____

And the next individual over the age of 13 who usually lives here?

Another teenager or adult? _____

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. How old (are you/ is [])? IF NEEDED: Your best guess is fine.

B1c. (IF NOT OBVIOUS:) (Are you/Is []) male or female?

B1d. [IF HHMEM NOT R] What is your relationship to []?

- 1 SPOUSE (I.E., LEGALLY MARRIED)

- 7 PARTNER (I.E., NOT LEGALLY MARRIED)
- 2 PARENT OR PARENT-IN-LAW
- 3 CHILD
- 4 SIBLING OR SIBLING-IN-LAW
- 5 OTHER RELATIVE
- 6 NON-RELATIVE (SPECIFY: _____)

B1e. [if b1b >= 14 and HHMEM NOT R] [IF NOT OBVIOUS, ASK:] Does [] have any children under the age of 13 in this household? IF NEEDED: Please include biological and adopted children.

- 1 YES
- 2 NO

B1e_1. [if b1e=1] Who are []'s children in this household?

B1f. [IF B1B>= 14 AND HHMEM NOT R OR R'S SPOUSE AND HHMEM HAS NO CHILDREN IN HH] Does [] ever look after the young children in the household? IF NEEDED: How about for more than 5 hours at a time?

[IF HHMEM ISN'T R'S SPOUSE , AND DOES NOT HAVE CHILDREN UNDER 13 IN THE HHAND DOES NOT CARE FOR THE CHILDREN UNDER 13 IN THE HOUSEHOLD, SKIP TO NEXT PERSON IN HOUSEHOLD. ELSE, ASK THE FOLLOWING:]

B1j. What is the highest grade or level of schooling that (you have/[] has) ever 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

B1m. (IF HHMEM IS R:)Are you of Hispanic or Latino origin?

- 1 YES
- 2 NO

B1n. (IF HHMEM IS R:)_Which of the following are you...SELECT ONE OR MORE

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 IF VOLUNTEERED: OTHER

B1o. (IF HHMEM IS R OR PARENT OF CHILD UNDER 13 IN HH:) In which country was [] born?

B1o_CNTRY [drop down]

B1o_1 (IF B1o answered and NOT "USA":)
In what year did s/he first come to USA?

[ASK B1b-B1o_1 ABOUT ALL REMAINING INDIVIDUALS IN HH.]

Now I have some additional questions about your household and other family. These questions are about the whole household and not just individual people.

B2. What language is usually spoken in this household? CHECK ALL THAT APPLY

_____ 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 (ASK B3B)
2 NO (SKIP TO C1)

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

Child Care: Types and Hours

C1. [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. Next I have some questions about various people who cared for your child/children during the last week (that is, FILL IN DATES FOR LAST MONDAY AND LAST SUNDAY).

[Let's start with (CHILD)./Now let's talk about (CHILD2/etc.).] Please tell me all of the people or organizations that cared for him/her last week , other than you (or your spouse/partner).

IF (CHILD) AGE 5 YEARS OR MORE, ALSO READ: If your child attended regular school for any grade from kindergarten through eighth grade, please tell me the name of that school. If (CHILD) also attended a before or after-school program, either at the school or somewhere else, please mention that program separately.

C1A1. Provider Name

1.			
2.			
3.			
4.			
5.			
6.			

C1A_more

Is there another provider for [CHILD]

C2. Now I'd like to understand your child care schedule last week.

Thinking about **last** Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday (that is, FILL IN DATE FOR LAST

MONDAY/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY), other than you (and your [spouse/partner]) who cared for (CHILD)? 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.

C2A1. What time last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday did (PROVIDER) start to care for (CHILD)?

C2D. When did the care with (PROVIDER) end last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday?

And who cared for him/her next that day?

C2D2. Thinking about (CHILD)'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.

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY

5. SATURDAY
6. SUNDAY

C2A2

[If day selected] [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)'s schedule last (DAY OF WEEK) identical to (DAY OF WEEK SELECTED IN C2d2) that week, or were there some differences in when or where s/he spent time those two days?

1. IDENTICAL (SKIP TO NEXT DAY OF WEEK IN C2A2)
2. SOME DIFFERENCES (GO TO C2A1)

NOTE TO PROGRAMMER: PLEASE ADD A FLAG IF THIS IS A CARE SPELL THAT PASSES MIDNIGHT.

[RE-ASK C2 UNTIL ALL PROVIDERS ASKED ABOUT FOR LAST WEEK FOR THIS CHILD.]

C3. Does anyone else regularly care for (CHILD), 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- ASK C4
2. NO-GO TO C4C
3. DON'T KNOW/REFUSED-GO TO INSTRUCTION BEFORE C4C1

C4 Who usually provides care for (CHILD) but didn't do so last week?

C4b. How many hours per week does PROVIDER usually care for CHILD?

CHILD A

Provider _____

(IF NOT OBVIOUS:) Does that care usually take place at your home or somewhere else?:

How many hours per week does [PROVIDER] usually care for [CHILD]? : _____

Provider _____

(IF NOT OBVIOUS:) Does that care usually take place at your home or somewhere else?:

How many hours per week does [PROVIDER] usually care for [CHILD]? : _____

IF MORE THAN ONE CHILD, ASK C4C1. IF ONLY ONE CHILD OR LAST CHILD, GO TO C5.

C4c1: Was (CHILD 2/CHILD3/...)’s schedule last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday the same as another child’s Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday schedule?

1. YES, CHILD 1 → ASK C4C1_1
2. YES, CHILD 2 → ASK C4C1_1
3. YES, CHILD → ASK C4C1_1
... (FILL IN ALL CHILDREN IN THE ROSTER IN A1) → ASK C4C1_1

13. NOT THE SAME AS ANY CHILD ALREADY REPORTED (GO TO C2 TO COLLECT FULL DAY SCHEDULE)

C4C1_1. [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)'s schedule last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday identical to (CHILD SELECTED IN C4C1)'s Monday schedule, or were there some differences in when or where they spent time last Monday?

1. IDENTICAL →ASK C4C2_1)
2. SOME DIFFERENCES (GO TO C2 TO COLLECT FULL DAY SCHEDULE)

C4C2_1. What day last week was the same as (CHILD)'s (DAY OF WEEK) schedule last week? SELECT ALL THAT APPLY.

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

(FOR LAST TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY:)
(IF DAY SELECTED IN C4C2_1, ASK C4C2_2)

C4C2_2. [If day selected] [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)'s schedule last (DAY OF WEEK) identical to (DAY OF WEEK SELECTED IN C4C2_1) that week, or were there some differences in when or where s/he spent time those two days?

1. IDENTICAL (SKIP TO NEXT DAY OF WEEK IN C4C2_1)
2. SOME DIFFERENCES (GO TO C2A TO COLLECT FULL DAY SCHEDULE)

(IF DAY NOT SELECTED IN C4C2_1, ASK C4C1)

LOOP THROUGH DAYS OF WEEK UNTIL ALL DAYS ARE ASKED. THEN ASK C3 ABOUT (CHILD2). LOOP THROUGH ALL CHILDREN UNTIL ALL DAYS LAST WEEK AND REGULAR ARE ASKED FOR ALL CHILDREN.

C5. Now I have a few more questions about each person/organization that cares for your child/children.

[LOOP THROUGH EACH PROVIDER (LAST WEEK AND REGULAR) FOR EACH CHILD.
IF PARENTAL CARE ONLY OR PROVIDER LIVES IN THIS HOUSEHOLD, SKIP TO INSTRUCTION BEFORE C9. ELSE ASK C5A.
ASK ONLY ONCE ABOUT EACH PROVIDER, REGARDLESS OF HOW MANY CHILDREN ARE CARED FOR BY THAT PROVIDER.]

C5A. [IF NOT OBVIOUS, ASK:] Is (PROVIDER) an individual or an organization?

1. INDIVIDUAL ->GO TO C5C

2. INDIVIDUAL WITH FAMILY DAY CARE -> GO TO INSTRUCTION BEFORE C6
3. ORGANIZATION ->GO TO INSTRUCTION BEFORE C6

C5C. Did you have a personal relationship with (PROVIDER) before s/he began caring for your child/children?

1. YES -ASK C5CA
2. NO-GO TO C5D
- DK/REF-GO TO C5D

C5CA What is your relationship to (PROVIDER)?

1. R IS PROVIDER'S FORMER SPOUSE/PARTNER->GO TO C5D
2. R IS PROVIDER'S CHILD/SON/DAUGHTER-IN-LAW->GO TO C5CB
3. R IS PROVIDER'S BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW ->GO TO C5D
4. R IS PROVIDER'S OTHER RELATIVE->GO TO C5CB
5. R IS PROVIDER'S FRIEND->GO TO C5D
6. R IS PROVIDER'S NEIGHBOR->GO TO C5D
7. DK/REF-GO TO C5D

C5CB C5CA=2: So (PROVIDER) Is the CHILD's grandparent?

C5CA=4: is this the CHILD's grandparent?

- 1 YES
2 NO

C5D (IF NOT OBVIOUS). Does this individual live in this household or provide care in this household?

1. YES, LIVES HERE (SKIP TO INSTRUCTION BEFORE C9)
2. YES, PROVIDES CARE HERE BUT DOES NOT LIVE HERE (SKIP TO INSTRUCTION BEFORE C9)
3. NO, NEITHER LIVES HERE NOR PROVIDES CARE HERE

[IF C5A=2 OR 3, ASK C6. ELSE GO TO C8.]

C6. (IF NOT OBVIOUS:) What is the full name of {provider}? _____
INTERVIEWER INSTRUCTION: RE-ENTER FULL NAME OF PROVIDER IF OBVIOUS.

C7. [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.] In what city is (PROVIDER) located? On what street? <LOOK UP IN PROVIDER LIST>
IF PROVIDER FOUND IN LIST, SKIP TO C8A. ELSE ASK C8

C8. [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 confidential and released only in statistical form.

Street Address _____
City _____
ZIP _____

State _____

IF NEEDED: Could I know just the zip code and the intersection nearest [PROVIDER]? You can just tell me the two cross-streets and the zipcode, 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.

ZIP _____
Street 1 _____
Street 2 _____

C8A. (INTERVIEWER: CODE OR ASK IF NECESSARY:) IS [PROVIDER] A REGULAR SCHOOL SUCH AS ELEMENTARY SCHOOLS K TO 6 OR K TO 8, 6-8 MIDDLE SCHOOLS?

- 1 YES
- 2 NO

[IF C5A=3 AND (PROVIDER TYPE = K-6 OR IF C8a=1), ASK C8_1. ELSE GO TO INSTRUCTION BEFORE C9.]

C8_1. 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: _____

SKIP TO INSTRUCTION BEFORE C9.

[IF C5A=3 AND (ORGANIZATION OTHER THAN K-6 SCHOOL OR C8_A=2), ASK C8_2. ELSE GO TO INSTRUCTION BEFORE C9.]

C8.3. 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

C8_4. 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 {CHILD} attend [PROVIDER] on a drop-in basis?

- 1 YES
- 2 NO

IF PROVIDER PROVIDED CARE LAST WEEK, ASK C9. ELSE GO TO C5 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT

C9. Does [PROVIDER] care for (CHILD) regularly? By regularly, we mean at least five hours each week.

1. YES
2. NO

[RETURN TO C5 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT. IF LAST PROVIDER, GO TO INSTRUCTION BEFORE C1A2.]

These next questions are about your interactions with (PROVIDER)

C1a2. (IF C5a NE 2 OR 3 – NOT AN ORGANIZATION OR FAMILY DAY CARE PROVIDER)

Please tell me whether this care usually takes place in your home or somewhere else.

- 1 R'S HOME
2 SOMEWHERE ELSE

C1B. How did your child/children usually get to (provider) last week? (CODE ONE PER CHILD, DO NOT PROBE FOR ADDITIONAL.)

- 1 Walking or bicycle
- 2 Car
- 3 Public transportation
- 4 school bus

C1C. Who usually took your child/children there?

<list PROVIDERS AND PARENTS>

C11 [IF (C5A =2 OR 3) OR (C5A=1 AND C5C=2)] 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 (ASK C11A)
2 NO (skip to C12)

[LOOP THROUGH NEXT PROVIDER BEGINNING WITH C10 UNTIL ALL NON-SCHOOL, NON-SINGLE ACTIVITY, NON-DROP-IN PROVIDERS, NON-CO-RESIDENT, USUAL PROVIDERS THAT PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK ARE ASKED ABOUT.]

[C14_SELECT: PROGRAMMER NOTE: RANDOMLY SELECT ONE CHILD FOR C14]

[PROGRAMMER NOTE: PUT ALL QUESTIONS ON ONE SCREEN SO THAT ONE SEPARATE SCREEN FOR ONE TYPE OF CARE]

C14. These next questions are about how you view different types of childcare or after-school care for children of the same age as (SELECTED CHILD). Please think about each type of care in general, not any specific program you know of. The types of care I will ask you about are: center care, relative or friend care, family day care,

C14_1: (Let's start with center care. Examples of center care include preschools, Head Start, an after school program at school, or a child care center.

/Let us continue with relative or friend care, where a relative or close family friend cares for a child in the relative's/friend's home or the child's home.

/Next let us think about family care, where an individual has a child care business in his or her own home and cares for a few or several children there.

/Last, let us talk about parental care, where the parents are the only care providers a child has).

Now how would you rate it on having a nurturing environment for children of the same age as (SELECTED CHILD IN C14_SELECT)? Would you say: excellent, good, fair, poor?

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C14_2: How would you rate (center care/relative or friend care/family day care/parental care) on helping children be ready to learn in school for children of the same age as (SELECTED CHILD IN C14_SELECT)? Would you say excellent, good, fair, poor?

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C14_3: How about (center care/relative or friend care/family day care/parental care) for teaching children how to get along with other children ? (Would you say it is excellent, good, fair, poor very good, somewhat good, or not very good for children of the same age as (SELECTED CHILD IN C14_SELECT)?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C14_4. How about safety in center care/relative or friend care/family day care/parental care (for children of the same age as (SELECTED CHILD IN C14_SELECT))? (Would you say it is excellent, good, fair, poor for children of the same age as (SELECTED CHILD IN C14_SELECT)?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION

6. DK/REF

C14_5: How about affordability of center care/relative or friend care/family care/parental care ()? (Would you say this type of care is excellent, good, fair, poor in terms of parents being able to afford it?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

C14_6: How about flexibility for parents who use center care/relative or friend care/family care/parental care ()? (Would you say this type of care is excellent, good, fair, poor for parents' flexibility?)

1. EXCELLENT
2. GOOD
3. FAIR
4. POOR
5. NO OPINION
6. DK/REF

Respondent and Spouse Employment Schedules

ASK FIRST FOR R, THEN ASK FOR R'S SPOUSE IF ANY IN HOUSEHOLD, THEN ASK FOR ANY OTHER PARENT OF A CHILD UNDER 13 IN HH, THEN ASK FOR ANY HH MEMBER WHO PROVIDED 5 OR MORE HOURS OF CARE LAST WEEK ().

D1A. I'm going to ask you about (your/HHMEM'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
3. DK/REF

D1B. Last week, (did you/was s/he) attend classes in a high school, college or university?

1. YES, ATTENDED
2. NO, NOT ATTENDED
3. DK/REF

D1C. 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
3. DK/REF

D1D. Next, I'd like to ask you about (your/his/her) day-to-day work/school/training schedule last week.

[IF D1A=1 THEN ASK D1D_1. OTHERWISE GO TO D1D_5.]

D1D_1. What time did (you/s/he) begin work/school/training on last Monday(/Tuesday/Wednesday/Thursday/Friday)? (Please include the time you spent commuting to and from work in your response.)

I/(S)/HE DID NOT WORK LAST MONDAY(/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY) -GO TO INSTRUCTION BEFORE D1D_5

D1D_2. What time did (you/s/he) end work last Monday(/Tuesday/Wednesday/Thursday/Friday)? _____

NOTE TO PROGRAMMER: PLEASE ADD A FLAG TO FLAG WORK SPELL THAT PASSES MIDNIGHT...

D1D_2a. Did (you/s/he) work another shift or job on Monday(/Tuesday/Wednesday/Thursday/Friday)?

IF YES, ASK D1D_1. _____

IF NO, GO TO INSTRUCTION BEFORE D1D_5

IF D1B=1 THEN ASK D1D_5. OTHERWISE GO TO INSTRUCTION BEFORE D1D_9.]

D1D_5. What time last Monday (/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) begin school? (Please include the time you spent commuting to and from school in your response.) _____

- I/(S)HE DID NOT ATTEND SCHOOL LAST MONDAY(/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY)—GO TO INSTRUCTION BEFORE D1D_9.

D1D_6. what time did (you/s/he) end school last Monday(/Tuesday/Wednesday/Thursday/Friday)?

D1D_6a. Did (you/s/he) go to school another time on Monday(/Tuesday/Wednesday/Thursday/Friday)?

IF YES, ASK D1D_5.

IF NO, GO TO INSTRUCTION BEFORE D1D_9.

[IF D1C=1 THEN ASK D1D_9. OTHERWISE GO TO INSTRUCTION BEFORE D1D_C2.]

D1D_9. What time last Monday(/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) begin training? (Please include the time you spent commuting to and from training in your response.)

- I DID NOT ATTEND TRAINING LAST MONDAY(/TUESDAY/WEDNESDAY/THURSDAY/FRIDAY).-GO TO INSTRUCTION BEFORE D1D_C2.

D1D_10. What time last Monday(/Tuesday/Wednesday/Thursday/Friday) did (you/s/he) end training?

D1D_C2. What day/days last week is/are the same as your/his/her (DAY OF WEEK) schedule last week for work, school or training?

1. TUESDAY (ASK D1D_C3)
2. WEDNESDAY (ASK D1D_C3)
3. THURSDAY (ASK D1D_C3)
4. FRIDAY (ASK D1D_C3)
5. SATURDAY (ASK D1D_C3)
6. SUNDAY (ASK D1D_C3)
7. NO IDENTICAL DAYS

[FOR TUESDAY/WEDNESDAY/THURSDAY/FRIDAY/SATURDAY/SUNDAY:)
IF SELECTED IN D1D_C2, THEN ASK D1D_C3. OTHERWISE, GO TO INSTRUCTION BEFORE D1D_1.

D1D_C3. (Sometimes people's work/school schedule on a particular day is different from their regular work/school schedule for that day of the week.) Thinking about last (DAY OF WEEK), was your/his/her schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D1D_C2) that week, or were there some differences in when you/he/she arrived at or left work/school/training on those two days?

1. IDENTICAL (GO TO NEXT DAY)
2. SOME DIFFERENCES (ASK D1D_1)

<CHECKS TO PICK UP INCONSISTENCIES>

[COMPARING EMPLOYMENT SCHEDULES AGAINST CHILD CARE SCHEDULES ON LAST MONDAY, IF THERE ARE PERIODS OF ONE HOUR OR MORE WHEN CHILD NOT IN ANY CARE AND PARENT(S) AT WORK/SCHOOL/TRAINING, ASK CH3. ELSE ASK CH4

CHK3. 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 AT WORK/SCHOOL/TRAINING
2. CHILD WITH R/SPOUSE/PARTNER AND R/SPOUSE NOT AT WORK/SCHOOL/TRAINING
3. CHILD CARED FOR HIM/HERSELF
4. CHILD WITH SIBLING LESS THAN 18
5. OTHER ARRANGEMENT (PLEASE SPECIFY: _____)

[LOOK AT CHILD'S CARE SCHEDULE, ASK CH5 IF THERE ARE STILL GAPS. ELSE MOVE ONTO NEXT DAY.]

CH5. It seemed that (CHILD) was not in any care last Monday from [INSERT SPELL OF GAPS]. Was (CHILD) with you (and/or your spouse/partner), or did he/she care for herself/himself, or was there some other arrangement during that period of time?

1. CHILD WITH R/R SPOUSE/PARTNER AT WORK/SCHOOL/TRAINING
2. CHILD CARED FOR HIM/HERSELF
3. CHILD WITH SIBLING LESS THAN 13
4. OTHER ARRANGEMENT (PLEASE SPECIFY: _____)

[REPEAT CHK3 , CHk5 FOR ALL 7 DAYS OF WEEK FOR CHILD 1. MOVE TO CHILD2/CHILD3'S SCHEDULES IF THERE ARE MORE THAN ONE CHILD]

[NOTE TO PROGRAMMER/INTERVIEWERS: IF HHMEMBER IS CHILD'S PARENT OR PARENT'S SPOUSE, ASK D2-D5d. IF HHMEMBER IS NOT CHILD'S PARENT OR PARENT'S SPOUSE, THEN SKIPINSTRUCTION BEFORE D9A]

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.

[IF D1A=1 ASK D2. ELSE GO TO D4]

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

D2_1. Where is the place that (you/he/she) work(s) the most hours each week? Please tell me the city and state with the zip code or nearest major intersection.

- 1 Work from home
- 2 No set workplace
- 3 Enter city/state/zip code

D2_1_place. City _____ State _____
ZIP _____ Cross streets _____ and _____

D2_2.

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. 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. What kind of work (do you/does s/he) 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?

IF DON'T KNOW /REFUSED-GO TO D3D

D2A. What kind of business is that? RECORD FIRM NAME OR INDUSTRY DESCRIPTION IN TABLE BELOW. IF NECESSARY, What does the company make or do?

IF DON'T KNOW/ REFUSED-GO TO D3D

PROGRAMMER: SHOW UNIT OF TIME ON THE SAME SCREEN WITH D3D. AND ACCEPT TWO DECIMAL PLACES.

D3D. About how much are you paid at that job? Is that per....

\$ _____ per Unit of time _____

[IF D1A NE 1 ASK D4. ELSE, GO TO INSTRUCTION AFTER D5D9a.]

D4. [Have you/has s/he] ever worked for pay?

- 1 YES→GO TO D5.
- 2 NO →GO TO INSTRUCTION AFTER D5D.

D5A. What was the last job that you/he/she had? What was the job title or what were the main duties of the job?

Job: _____

D5B. When did you/he/she last work at that job? ENTER 33/33 IF R STILL WORKS THERE.

Month ____ Year ____

D5C. About how many hours did 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
- 4 DK

D5D. About how much were you/was he/she paid at that job? Your best estimate is fine.

\$_____ per Unit of time _____
DK/REF

LOOP TO NEXT HHMEM BEGINNING AT INSTRUCTION BEFORE D2_1 UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

IF HH USES ONLY PARENTAL CARE , SKIP TO INSTRUCTION BEFORE d15.

ELSE IF R, ANOTHER PARENT OF CHILD < 13, OR REGULAR CAREGIVER IN hh EMPLOYED (D1A1=1), ASK D9A.

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, you, [name, name, etc.]

D9A. How many days in the past month did [one of you] you work from home 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

D10. During the past 3 months, how many days of work have [one of you] you missed for any reason? Don't include scheduled holidays or vacation days.

_____ Days IF 0, SKIP TO D11.

D10A. How many of these days did [one of] miss because your provider was sick or on vacation?

_____ Days

D10B. How many days did [one of] miss because a child was sick and had to stay home?

_____ Days

D10C. [if d10a > 0 or D10b > 0] Did that person lose any pay because of missed work?

- 1 YES
- 2 NO

D11. During the past 3 months, how many days did [one of you] you get to work late or have to leave early for any reason?

_____ Days IF 0, SKIP TO D12.

D11A. How many of these days did [one of you] you get to work late or leave early because of child care responsibilities?

_____ Days IF 0, SKIP TO D12

D11B. Did that person lose any pay because of getting to work late or leaving early?

- 1 YES
- 2 NO

D12. Approximately how many days in the last 3 months did [one of] you have to make special arrangements for (CHILD)'s care because a provider was sick or unavailable? Don't count days that were holidays anyway.

D13. Approximately how many days in the last 3 months did [one of] you have to make special arrangements for (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

/* IF R OR R'S SPOUSE EMPLOYED (d1A1=1), ASK D15. ELSE SKIP TO SECTION E.*/

D15. 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

Child Care Payment and Subsidy to Each Provider

LOOP THROUGH ALL USUAL PROVIDERS WHO ARE NOT A PUBLIC SCHOOL, NOT A SINGLE-ACTIVITY, OR NOT A DROP-IN, AND THAT PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK. LOOP THROUGH CHILDREN WITHIN PROVIDERS.

RESTRICT THIS TO ONLY HH MEMBERS WHO ARE AGE 14 OR OLDER

INTERVIEWER CHECK:

HAS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP 'S RESPONSE (E4C=2 OR E7B=2)?

YES- SKIP TO E12.

NO/NOT SURE-, SEE NEXT CHECK

CHECK: IS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT THE SAME AS THE PAYMENT FOR ANOTHER CHILD IN THIS ARRANGEMENT (E4C1=1 OR E7B1=1)?

YES, SKIP TO E12_1

NO/NOT SURE, ASK E1.

E1. Now I have some more questions about the regular child care arrangements you use.

(Starting with the youngest child,) Does (PROVIDER FILLED IN FROM C1A) charge you anything directly for the care of (CHILD)? Please include charges even if you are later reimbursed.

1. YES ->GO TO E6
2. NO -> GO TO E2

E2. Is the [provider] paid by someone or someplace else for the care of (CHILD)? Do not include payments, reimbursements or vouchers that go directly to you.

1. YES
2. NO ->GO TO E5
7. DON'T KNOW
8. REFUSED

E3. Who pays them? MARK ALL THAT APPLY

- 1.WELFARE OR OFFICE OF EMPLOYMENT SERVICES
- 2.AGENCY FOR CHILD DEVELOPMENT
- 3.LOCAL OR COMMUNITY PROGRAM
- 4.COMMUNITY OR RELIGIOUS GROUP
- 5.FAMILY OR FRIEND
- 6.EMPLOYER
- 7.OTHER
- 8.DON'T KNOW
- 9.REFUSED

E4. In addition to the payments made by (this source/these sources), do you have a co-payment? In other words, do you need to pay [PROVIDER] yourself with money out of your own pocket?

- 1.YES
2. NO ->GO TO E9
3. DON'T KNOW ->GO TO E9
4. REFUSED ->GO TO E9

E4A. How much do you pay yourself?

E4B. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

1. PER HOUR
2. PER DAY
3. PER WEEK
4. EVERY OTHER WEEK
5. PER MONTH
6. SOMETHING ELSE (SPECIFY: _____)
7. DK/REF

E4C. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or does it cover more than one child?

1. CHILD ONLY (ASK E4C1)
2. OTHER CHILDREN (Which children? _____) (SKIP to E2a)

E4C1. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Do you pay the same amount for each other child cared for by [PROVIDER] ?

1. YES
2. NO

E2A. Would you lose your child's spot at this provider if you lost your job or had your hours cut back?

1. YES
2. NO

E2B. Did you work with a local resource and referral agency, to find this provider or arrange for payment?

1. YES->GO TO E9
2. NO ->GO TO E9

E5 So this care is provided free by [provider]?

- 1.YES ->GO TO E5A
- 2.NO ->GO TO E2
- 7.DON'T KNOW-> GO TO E8
- 8.REFUSED->GO TO E8

IF C5A=3 (ORGANIZATION AND CHILD LE 6 YRS OLD), ASK E5A. ELSE GO TO INSTRUCTION BEFORE E10.

E5A. Two programs that might not charge parents for taking care of their young children are Head Start and [LOCAL NAME FOR PRE-K]. Do you happen to know if [provider] is one of these types of programs?

- 1.YES ->GO TO INSTRUCTION BEFORE E10
- 2.NO -> GO TO INSTRUCTION BEFORE E10

E6. [IF C5C=1 (NO PRIOR PERSONAL RELATIONSHIP), SKIP TO E7. ELSE, ASK E6][IF NEEDED: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 are charged by [provider] determined by how much money you earn?

- 1.YES
- 2.NO
- 7.DON'T KNOW
- 8.REFUSED

E7. How much do you pay this [provider]?

\$_____

E7A. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

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

E7B. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

- 1. CHILD ONLY→ASK E7B1
- 2. OTHER CHILDREN (Which children? _____)→ASK E8

E7B1. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Do you pay the same amount for each other child cared for by [PROVIDER] ?

- 1. YES
- 2. NO

E8. Is [provider] *also* paid or reimbursed directly by any person or program? IF NEEDED: Do not include payments, reimbursements or vouchers that went directly to you.

- 1.YES
- 2.NO ->GO TO E9
- 3.DON'T KNOW->GO TO E9
- 4.REFUSED ->GO TO E9

E8A. Who pays them? MARK ALL THAT APPLY

- 1.WELFARE OR OFFICE OF EMPLOYMENT SERVICES
- 2.AGENCY FOR CHILD DEVELOPMENT
- 3.LOCAL OR COMMUNITY PROGRAM
- 4.COMMUNITY OR RELIGIOUS GROUP
- 5.FAMILY OR FRIEND
- 6.EMPLOYER
- 7.OTHER
- 8.DON'T KNOW
- 9.REFUSED

E9. Do you receive payments, reimbursements or vouchers 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-> GO TO INSTRUCTION ABOVE E10
3. DON'T KNOW -> GO TO INSTRUCTION ABOVE E10
4. REFUSED -> GO TO INSTRUCTION ABOVE E10

E9A. How much do you receive in payments, reimbursements or vouchers that are paid directly to you for [provider]?

\$_____

E9B. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

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

E9C. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

1. CHILD ONLY
2. OTHER CHILDREN (Which children? _____)

[ASK E10 AND E11 FOR FIRST CHILD WITH EACH PROVIDER THAT IS A PRIOR RELATIONSHIP INDIVIDUAL (c5c=1) ONLY. ELSE GO TO INSTRUCTION AFTER E12AB]

E10. Do you (also) 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 {} receives?

- 1 YES
- 2 NO-> GO TO INSTRUCTION AFTER E12AB

E10A. What do you give [provider] in exchange for caring for your (child/children)?

- 1 GROCERIES
- 2 TRANSPORTATION
- 3 SERVICES SUCH AS CHILD-CARE OR SMALL REPAIR JOBS
- 4 HOUSING OR HOUSING EXPENSES
5. OTHER (SPECIFY: _____)

E10B. What does it cost you to provide these things each time you give them? \$ _____

E10B1. How often do you give these things?

E10B2. How much time do you spend providing these things each time you give them?

_____ Hours

SKIP TO INSTRUCTION AFTER E12AB

E12. You said that the [amount per unit] you pay to [PROVIDER] includes your payments for [CHILD] as well, is that correct?

- 1 Yes (GO TO INSTRUCTION BELOW E12AB)
- 2 No (ASK E12A)
- 3 DK (ASK E12A)
- 4 REF (ASK E12A)

E12_1 You said that the [amount per unit] you pay to [PROVIDER] is the same as your payments for [CHILD]. Is that correct?

- 1 Yes (GO TO INSTRUCTION BELOW E12AB)
- 2 No (ASK E12A)

E12A. How much do you pay this [provider]?

\$_____

E12AA. Is that per hour, per day, per week, bi-weekly, monthly, or something else?

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

E12AB. (IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER) Is that amount for (CHILD) only, or for more than one child?

- 1. CHILD ONLY
- 2. OTHER CHILDREN (Which children? _____)

[REPEAT E1 TO E12AB FOR ALL USUAL PROVIDERS MENTIONED IN C1 THAT ARE NON-PARENTAL, NON-SCHOOL, NON-SINGLE ACTIVITY, NON-DROP-IN, AND THAT PROVIDE 5 OR MORE HOURS OF CARE PER WEEK FOR ALL CHILDREN UNDER 13.]

Non-Parental Child Care Search

F2. 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.]

Please think about the last time you searched for care for [CHILD SELECTED FOR C14 ABOVE].

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?

____Year ____Month

ENTER 99 IF R DID NOT DO SEARCH, THEN SKIP TO G1.

IF LAST SEARCH 25 MONTHS OR MORE AGO, SKIP TO HOUSEHOLD CHARACTERISTICS SECTION BELOW.

(IF R HAS MORE THAN ONE CHILD:)

F2A. Were you also searching for care for another child at the same time?

CHECK ALL THAT APPLY

1. NO OTHER CHILD
2. CHILD
3. CHILD2
4. CHILD3
5. ...
6. CHILD N

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
6. WASN'T SATISFIED WITH CARE
7. WANTED TO REDUCE CHILD CARE EXPENSES
8. PROVIDER STOPPED PROVIDING CARE
9. CHILD NO LONGER ELIGIBLE FOR PREVIOUS CARE (E.G., AGED OUT OR SUMMER BREAK)
10. OTHER(SPECIFY: _____)

F4. At the time of that last search, what type of child care were you mostly using for [child]?

- 1) PARENTAL CARE ONLY
- 2) HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH
- 3) HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH
- 4) CENTER-BASED CARE
- 5) OTHER (SPECIFY: _____)

C14A. Characteristics of care may be more or less important for different children depending on the age or personality of the child. (Thinking about (CHILD SELECTED IN C14)), how important was a loving environment for him/her? Would you say very important, somewhat important, or not very important?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPINION
5. REFUSED

C14A_2. How about helping children being ready to learn in school? (Would you say it was very important, somewhat important, or not very important for (CHILD SELECTED IN C14))?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPNION
5. REFUSED

C14A_3. How about learning how to get along with other children? (Would you say it was very important, somewhat important, or not very important for (CHILD SELECTED IN C14))?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPNION
5. REFUSED

C14A_5. How about affordability of? (Would you say it was very important, somewhat important, or not very important)?

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPNION
5. REFUSED

C14A_6. How about flexibility for parents who use? ((¿Diría que muy importante, algo importante o no muy importante?)

1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. NOT VERY IMPORTANT
4. NO OPNION
5. REFUSED

F5. Thinking about your last child care search for [child] in (YEAR in 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 F7)
2. ONLY ONE PROVIDER CONSIDERED

F6A (IF NOT ALREADY STATED:) What type of provider is this?

1. HOME-BASED PROVIDER I HAD PRIOR PERSONAL RELATIONSHIP WITH → ASK F6A_1
2. HOME-BASED PROVIDER I DIDN'T HAVE PRIOR PERSONAL RELATIONSHIP WITH →
3. CENTER-BASED CARE →
4. OTHER (SPECIFY: _____) →

F6B (IF F6A=2,3,4) How did you know about this provider?

<RECORD VERBATIM AND CODE> _____

I. SELF/FAMILY MEMBERS/ FRIENDS WORK OR WORKED IN THE CENTER

- II. KNEW PROVIDER PERSONALLY
- III. SELF/FRIENDS/FAMILY HAVE USED THIS PROVIDER IN THE PAST
- IV. PROVIDER HAS GOOD REPUTATION IN THE COMMUNITY
- V. NO OTHER PROVIDERS OF THIS TYPE IN THE AREA
- VI. SAW ADVERTISEMENT ONLINE OR ELSEWHERE
- VII. RESOURCE AND REFERRAL AGENCY

<IF F5=1 THEN ASK F7. OTHERWISE GO TO F10>

F7. How did you look for providers in your last search? CODE FIRST TWO MENTIONS.

- 1) ASKED FRIENDS AND FAMILY WITH CHILDREN
- 2) ASKED POTENTIAL CONTACTS WHO ARE PROVIDERS
- 3) COMMUNITY SERVICE, RESOURCE AND REFERRAL LISTS
- 4) POSTED AN AD/RESPONDED TO AN AD
- 5) YELLOW PAGES/NEWSPAPERS/BULLETIN BOARDS
- 6) WELFARE OR SOCIAL SERVICES
- 7) HEALTHCARE PROVIDER
- 8) OTHER (SPECIFY: _____)

F8B. What was the specific information you tried to learn about providers?

RECORD VERBATIM AND CODE 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 (SPECIFY)

F9. I am going to ask you some more questions about the providers that you considered most carefully before you made your final decision. Please think about the 2 providers you considered the most carefully. I'll ask you about them one by one.

F9C. What type of provider was the (first/second) provider you considered?

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

F9E. How much would it have cost you to have that provider care for [child]?

\$_____

F9F. Is that per

1. Hour
2. Day
3. Week
4. Month
5. Other_____

F9J. How many minutes would it take in travel time for you or some one else to take [child] to [provider]?

F9L. How well would the provider's schedule have covered the hours of care you needed?

1. Would have covered hours of care I needed
2. Would have covered most of hours I needed
3. Would not have covered most of hours I needed
4. Would not have covered hours at all

F9M. How would you rate the overall quality of [provider]?

1. Best I can imagine
2. Better than I had expected to find for my child
3. Good for my child
4. Good enough for my child, but not as good as I'd wish for
5. Only good enough for the short-term
6. Not good enough for my child

<REPEAT F9A-F9M FOR ALL CANDIDATE PROVIDERS CONSIDERED>

F10. [if center care not mentioned] Did you consider any [child-care] centers or organizations for [school-age] children as part of your search?

1. YES
2. NO

F11. [If provider with prior relationship not mentioned]: Did you consider asking someone you know to care for your child, for example a family member, friend or neighbor?

1. YES
2. NO

F12. [if family day care not mentioned]:

Did you consider someone who provides care at home but whom you didn't know before as part of your search?

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 (SPECIFY: _____)

F13A. (IF F13=1 and F5=1:) Did you choose the first or second provider you told me about?

1. 1 FIRST
 2. 2 SECOND
-

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 (SPECIFY: _____)

Household Characteristics

G1. Do [you/you or your spouse/you or your partner] own this home, do you rent, or something else?

1. OWN-GO TO G2
2. RENT-GO TO G2
3. OTHER, NEITHER OWN NOR RENT-ASK G1A
4. DK/REF-ASK G1A

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
- 97 Other

G2. (IF NOT OBVIOUS:)_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.

\$ _____ (ask G3A)

IF DK/REF, GO TO G3B

G3A. Is that before or after taxes and other deductions?

- 1 before taxes-GO TO G4A
- 2 after taxes-GO TO G4A
- 3 don't know-GO 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. 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, 2011. What was the total amount of your household income that year?

TOTAL AMOUNT FOR THE PAST 12 MONTHS: \$ _____ GO TO G4b

IF DK/REFUSED THEN GO TO G4A1.

G4A1. (IF DK TO G4A, READ:) You may not be able to give us an exact figure for your household income, but Would it amount to \$30,000 or more?

(IF REFUSED TO G4A, READ:) In order to understand whether or not child care is affordable to American families, 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

- a) 1. YES, \$30,000 OR MORE → GO TO G4A2
- 2. NO, LESS THAN \$30,000 → GO TO G4A5

(IF REFUSED TO G4A, READ:)

G4A2. Would it amount to \$50,000 or more?

- 1. YES → ASK G4A3
- 2. NO → ASK G4A4

G4A3. Would it amount to \$75,000 or more?

- 1. YES → GO TO G4B
- 2. NO → GO TO G4B

G4A4. Would it amount to \$40,000 or more?

1. YES→GO TO G4B
2. NO→GO TO G4B

G4A5. Would it amount to \$15,000 or more?

1. YES→ASK G4A6
2. NO→ASK G4A7

G4A6. Would it amount to \$20,000 or more?

1. YES→GO TO G4B
2. NO→GO 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 2011 household income?

_____ Number of people

G4c. Again, thinking about the 2011 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 (ASK G4D)
- 2 NO
- 3 DK

G4d. How much of your 2011 total household income was from sources other than job earnings?

_____ Amount from non-job sources
If DK/REF

G4e. You may not be able to give us an exact figure for, but were non-job household earnings in 2011

- a) less than \$2,500, -GO TO G7
- b) \$2,500 to less than \$5,000, -GO TO G7
- c) \$5,000 to less than \$7,500-GO TO G7
- d) \$7,500 to less than \$10,000-GO TO G7
- e) \$10,000 to less than \$12,500-GO TO G7
- f) \$12,500 to less than \$15,000-GO TO G7
- g) \$15,000 to less than \$20,000-GO TO G7
- h) \$20,000 or more? -GO TO G7

G4B1. In the last calendar year did your household receive any public assistance or welfare payments?

1. YES
2. NO

[PROGRAMMER: PICK THE C14 child TO FILL IN G10]

G10. What kind of health insurance or health care coverage does [c14 CHILD]have? (CODE 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 EMPLOYMENT
3. PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
4. PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM
5. MEDICAID
6. MEDICARE
7. MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
8. NO COVERAGE OF ANY TYPE
9. OTHER (SPECIFY)

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

G10A. Besides (YOUNGEST CHILD), how many of your other children under 13 have some sort of health insurance or health care coverage? _____ NUMBER OF CHILDREN

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? (CODE ONE ONLY)

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

G12. Do you or your [child/children] receive food stamps, WIC or participate in a reduced or free school meals program? (CODE ALL THAT APPLY)

IF NEEDED: By school meals I mean reduced or free lunch, breakfast program or after school meals program for children of low-income families.

IF NEEDED: WIC is the Women, Infants and Children supplemental nutrition program.

- 1.FOOD STAMPS
- 2.WIC ONLY
3. SCHOOL MEALS PROGRAM

G13. If you needed to borrow \$500 for three months, is there some person or place you could borrow it from? (IF NEEDED: I'm just asking a hypothetical question.)

1. YES→ASK G13A
- 2.NO→ SKIP TO SECTION H
- 3.WOULD NOT BORROW→Skip to 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 OF ELIGIBLE CHILD(REN)]. Are you that person?

YES	1	H4
NO.....	2	GO TO H2
REFUSED	99	GO TO H3

H2. May I know who would be able to authorize such a release?

Name: _____
Phone: _____
Relationship to child: _____

GO TO H7

H4 Capture Interviewer ID upon entering question H5

H5 We are asking your permission to search state or local government records for child-care subsidy, Supplemental Nutritional Assistance Program (Food Stamps), TANF, WIC, Medicaid, or other programs that provide assistance to families. We would give the state agency basic information that identifies (FILL NAME OF CHILD 1...N), and request that information about (his/her) participation in government programs be sent to the U.S. Department of Health and Human Services or its contractors, for study purposes only. Do we have your permission to do so?

YES	1	→GO TO H6
NO.....	2	→GO TO H3
REFUSED→GO TO H3		

H3 (SUGGESTED SCRIPT) State or local government program records can provide additional information about the child care and financial assistance for care 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 so that we can compare families like yours against those that do enroll in programs. 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 is held in strict confidence 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. We will never release any information that may identify you or your child. The information will be reported in statistical form to the U.S. Department of Health and Human Services as part of the results of this study.

- | | | |
|-------------------------------|---|-------------------------------------|
| Continue..... | 1 | GO TO H6 |
| Respondent still refuses..... | 2 | GO TO INSTRUCTION
BEFORE H7_ADDR |

H6 /*CONFIRM THAT WE HAVE CHILD/REN'S FULL NAME(S), DATES OF BIRTH, ADDRESS, AND FULL NAME OF AUTHORIZING ADULT. IF NOT, COMPLETE BELOW:

CHILD/REN'S FULL NAME(S)	1. _____	DOB_____
	2. _____	DOB_____
	3. _____	DOB_____
	4. _____	DOB_____
	5. _____	DOB_____

ADDRESS: _____

AUTHORIZING ADULT: _____

[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 (ADDRESS). Can I confirm that you are still living at that address?

1. YES
2. NO.

IF H7_ADDR=1, GO TO H7. ELSE GO TO H7_ADDR2.

H7_ADDR2. What is your correct address then?

STREET ADDRESS: _____
CITY: _____
STATE: _____
ZIPCODE: _____

H7: Thank you very much for speaking with me today. Those are all of the questions I have for you. We are grateful for your contribution to help improve understanding of the experiences and preferences of parents with young children regarding the care that those children receive [outside of the school day].