Design Phase of the National Study of Child Care Supply and Demand (NSCCSD):

Final Recommendations for the Demand Questionnaire

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Design Phase of the NSCCSD
Feasibility Test Demand Questionnaire
Annotated with recommendations for revision
(dated 12/20/2009)

This cover sheet and the subsequent annotated questionnaire are marked where deviations are recommended from the version of the questionnaire administered in the Design Phase feasibility test. Skip pattern changes required to stay consistent with the feasibility test instrument are not marked.

General Comments

1) **This document represents the demand survey as it was administered at the end of the feasibility test. The introduction of C2a_1 and C2a_2 substantially reduced the overall administration time to approximately 50 minutes per interview. A further reduction of approximately 25% would be desirable from a fielding perspective. The edits proposed in this document are constructed to generate such a timing reduction.**

2) **Topics/items that we have previously considered adding to this instrument, but that do not currently appear, include:**

   a. **Sibling-care (in more detail than exists currently)**

   b. **Attitudes about self-care. (self-care itself is collected after parental employment schedules).**

   c. **Summer/holiday care history**

   d. **Lifetime longitudinal information, especially regarding stability of arrangements (e.g., age at first care, number of arrangements ever, etc.)**

   e. **Total weekly child care costs (as a check against the by-arrangement/by-child details)**

   f. **Consumption measures (as a better measure of household's financial circumstances, for example, from the Consumer Expenditure Survey). This is especially important for very low income families whose income measures are not reliable.**

   g. **Recent parental employment and care use histories to track job changes with child care changes and potentially to measure impact of recession**

   h. **We do not have questions about late penalties at child care, requesting flexibility from provider, etc.**

   i. **Parental leave questions.**

   j. **Consider adding the maternal report items from the HOME scale if they are added to the home-based provider questionnaire as an additional measure of quality.**

   k. **How parents look to providers to coordinate their children's care.**

Additional Analyses

To further investigate the functioning of the instruments, we performed some additional analyses on the feasibility test data. Two such analyses are presented here, one on cost burden and one on the use of the schedule variables.

<u>**Cost Burden Analysis**</u>

One of the analyses that people will want to do is to calculate cost burden on families. This requires combining several different items in the demand questionnaire. We completed the exercise to make sure it could be done. This memo first presents the results of our trial analysis. It then discusses the assumptions that were required to complete the analysis. We conclude with an appraisal of how well the proposed NSCCSD data will allow researchers to calculate cost burden, and discuss possible revisions to the questionnaires informed by this exercise.

One major difference between the NSCCSD feasibility test data and other household data on child care expenses is that these data collect costs by arrangement and by child for every age-eligibile child and non-parental arrangement being used. Most other household surveys collect a total weekly expenditures, or limit the number of children or arrangements. Because of rounding, reporting error, arithmetic errors, and other response errors, we might expect that these detailed cost numbers might be more problematic for constructing overall cost measures than the typical summary measures. They will be subject to different biases. The aggregate numbers are subject to substantial response bias.

1. Results of cost burden analysis
One hundred respondents completed the demand survey. Among them, 53 provided non-missing data to both child care cost questions and the last month income question (we excluded one case who reported paying $128,000 each month for child care. We believed that it is an entry error and treated it as item nonresponse to child care cost questions). Two partial completed cases also provided non-missing value to child care cost questions and income questions before breaking off the survey.

Using all 55 cases (53 completes and 2 partial completes), we derived monthly child care payment and last month household income. For each case, we calculated a cost burden ratio by dividing the monthly child care payment by last month's income. We then calculated the mean of this ratio. Based on all 55 cases, the mean cost burden ratio is 0.16. In other words, on average about 16% of monthly income is used for child care payment. The median cost burden ratio is 0. This is because 36 out of 55 respondents had 0 payment (in other words, the care was provided to them for free).

The demand survey also includes two questions about the cash value of non-cash help and gift to providers. Adding these cost brings the mean cost-burden ratio to 0.17. Again, the median of the cost-burden ratio is 0.
We noticed that 36 cases didn't provide any data to the child care cost questions. Further investigation found out that all 36 cases had 0 child care arrangements besides formal schooling and/or parental care. 29 of them also provided non-missing data to last month income question. Including these 29 cases as having zero child care payment, the mean cost-burden ratio becomes 0.10 if only payment is considered and 0.11 if non-cash help and gift is included.

2. Data sources and assumptions

Section E in the demand survey concerns the cost of child care for each child and each provider. Specifically, E4, E5 and E7 ask about payment. E10b asks about things/help respondents gave to providers in exchange for child care and E11A asks about gifts to providers.

Income questions are asked in section G. G4 is last month household income. G5a is respondent's annual income; G5b concerns public assistance/welfare the respondent received. G5c is the child care support the respondent received in the last year. G6a asks about the annual income the respondent's spouse/partner made and G7a is income from any uncounted source.

The payment questions (E4, E7) first asked about the dollar amount and then the periodicity of the payment. We constructed a monthly payment by using the following formula:

- if the respondent pays by hour, then monthly payment= e7*8*5*4 assuming 8 hours a day, 5 days a week, and 4 weeks a month.
- if the respondent pays by day, then monthly payment =e7*5*4 assuming 5 days a week, 4 weeks a month.
- if the respondent pays by week, then monthly payment= e7*4(assuming 4 weeks a month.
- if the respondent pays every other week, then monthly payment=e7*2.
- if the respondent pays by month, then monthly payment=e7.

The payment can also be converted into an annual amount in a similar vein even though we believe an annual amount is less useful than the monthly figures. The standard in the market rate survey is weekly since most formal providers charge on a weekly basis.

For the non-cash help/gift questions (E10B and E11a), respondents were again first asked to give a dollar amount and followed by another question asking whether the amount is by week or by month. Then the amount can be converted into either a monthly number or an annual number in a similar vein. However, the assumptions made to do the conversion are more questionable than the ones for the payment questions since people don't always do these things periodically.

Item G4 asks respondents to report the dollar amount of their households' total income last month. If respondents refused to provide the dollar amount or didn't know the dollar amount, they were followed up with another question asking them to choose one of the six income ranges that best describes the household's total income last month. We used the mid-point of the income range (e.g., $2,500 for the "$2,000 to $2,999" range) to calculate the cost-burden ratio.

To construct the annual household income, one can either multiple G4 by 12 or sum up questions G5a, G5b, G5c, G6, and G7a. Both methods have weaknesses. The major weakness of using last month income to derive the annual income is that the last month income might not be representative of the average monthly income and this is especially true for low-income households whose monthly income varies by month. The major weakness of the second method is that we didn't ask about other adults living in the household who contribute to the total household income.

3. Evaluation of the feasibility test data and proposed revision to the survey

Overall, the feasibility test data are able to allow researchers to conduct cost burden analysis under certain assumptions. The data satisfy the researchers' basic needs analyze cost burden on

households. However, we noticed in our trial analysis that some assumptions are less plausible than others. We also see some problems with the data. Below we list the ones we think are problematic and propose possible remedies or revisions to the demand questionnaire items.

a. We assumed that the non-cash help and gift happened periodically when calculating the cost of these non-cash help and gift. This may not be a plausible assumption. A question asking about the frequency of the occurrence of these non-cash help/gift will be helpful in order to determine the cost associated with these non-cash help and gift activities.

b. Income questions suffer comparatively large item nonresponse. In the feasibility test data, about 17% of respondents didn't provide anything to the last month household income questions even after the follow-up questions. This is not surprising given the sensitive nature of the income questions. However, we believe that the income nonresponse rate will be lower for the main study if the main study is to be conducted in person. Another alternative is to ask about household expenditures instead of household income; questions about expenditures are less intrusive than questions about income.

c. The monthly income varies by month for low-income households. The analysts need to be careful when using it to construct the annual figures. The main study should keep both the last month income question and the annual income questions. However, the main study may want to include a question asking about other adults in the household who also contribute to the household income.

Schedule Analysis

Family policy researchers are interested in the analysis of parental childcare decisions. One valuable input that the NSCCSD provides to this research agenda is the potential to build comprehensive schedules of activities for the children, their parents and other members within the same household. This report describes some basic characteristics of the data that the NSCCSD collects that is relevant to build such time schedules. The data for the analysis comes from the NSCCSD pilot project which surveyed 140 households using the survey instrument.

1. Methodology:

140 respondents completed the demand survey. Out of this data, we analyzed information regarding the respondent (member1), the first child of the respondent (child1), and the other parent of this child if it was also present in the household (member2). The original set up for the data allowed the parents to have up to three work, school attendance and training events per day; while their children could have up to three childcare events per day. In total we have 9 potential events for each parent and 3 events for the children (12 events in total).

For each of the twelve events, we built a set of indicator variables that identifies the 24 hours of the day each day of the week, per each event we were analyzing. The indicators turn from zero to one if the event occurs within the time interval the indicator variable identifies. For instance, our variable ch1_Monday1_13_00_14_00 turns from zero to one if on Monday between 13_00 and 14_00 hours, child1 (ch1) was in some type of child care. Likewise, variable w1_Sunday1_15_00_16_00 turns from zero to one if on Sunday between 15_00 and 16_00 hours, member1 (the respondent) was working.

With the use of these indicator variables we were able to generate frequency plots of the time schedules of non parental childcare for child1. We also generated frequency plots of the time schedules for member1 and member2 per each event they performed. By overlaying the frequency plots of the childcare schedules with the parent's schedules we have an overall assessment of the

match between the schedules of non-parental childcare vis a vis parental work, school and training activities. Additionally, we selected 4 families to analyze this same pattern at the household level.

2. Results:
Overall pattern for the parental and children schedules:
- The data allows building a comprehensive schedule for parental and childcare activities.
- From Monday to Friday we observe high frequency of events occurring during regular business hours and a very sharp drop in frequency of use during night time; there is a considerable difference in frequency of activities reported from Monday-Friday with respect to Saturday-Sunday.

- The frequency of reported work and childcare events activities was higher on Mondays than on other days of usual work during the week (Tuesday to Friday). People reported to work and keep their children in school about 15% more on Mondays with respect to other non weekend days. This pattern is more evident for the work schedule of the parent who is not the survey respondent.
- Both childcare and work schedules showed their lowest frequency of occurrence during Wednesday.
- More children in care are getting reported than parents working, in school or in training.
- The frequency of occurrence of both schooling and training events of parents is very low.

Child care events:
Among the 140 respondents of the survey, 99 of them reported to have had their children in at least one type of non parental childcare for at least one hour during the week of reference. Subsequently:
- 25 out of this 99 respondents who used some kind of non parental care, answered to have had 2 or more non parental childcare events within the same day for at least one hour during the week of reference
- 3 out of this 25 respondents who used at least 2 types of non parental care, answered to have had 3 or more non parental childcare events within the same day for at least one hour during the week of reference

9:00 am to 3:00 pm are the hours where childcare events are more frequent. 3:00 pm to 5:00 pm is the time when shifts in providers of non-parental care are concentrated.

Work events for the respondent (member1) and the other parent (member2):

Member1
Among the 140 respondents of the survey, 62 of them reported to have worked in at least one job for at least one hour during the week of reference. Subsequently:
- 8 out of this 62 respondents who worked in at least one job for at least one hour during the week of reference answered to have had 2 or more job shifts within the same day for at least one day
- Only 1 of the respondents had 3 or more shifts in jobs during the week of reference.

9:00 am to 3:00 pm are the hours where work events are more frequent with a peak at noon. The time of work for the second shifts is concentrated in evening hours.

Member2
Among the 140 respondents of the survey, 83 of them reported to live/cohabit with the other parent of child1. Out of these 83 other parents, 61 of them reported to work at least one shift 5 to work at least two shifts and 1 to have worked at least 3 shifts for at least one hour during the week of reference.

The hours pattern in the work schedule for member1 and member2's are quite similar. Monday has a much higher frequency

School and training events for the respondent (member1) and the other parent (member2):

8 of the 140 respondents and 5 of the other 83 parents of child 1 in the household are reported as involved in schooling activities. Schooling appears as a full time activity for member1 (more hours) and as a part time/ night activity for member2.

3 of the 140 respondents and also 3 of the other 83 parents of child 1 in the household are reported as involved in some kind of training activity. Training appears as a full time activity held during non-weekend days.

Schedules of Cases:
The following 4 arbitrary cases, illustrate our use of the data to construct joint schedules of parents and children. For each of the 4 household IDs, we detail the activities of the child, Member1 and Member2 of the household.

Household ID: 10010348
Child: The child is in non-parental childcare only last Thursday from 8 am to 5 pm.
Member1: worked from 4:00 pm to 11:00 pm Monday to Sunday
Member2: no work, school or training

Household ID: 10001592
Child: No event of non-parental childcare
Member1: no work, school or training
Member2: no work, school or training

Household ID: 10005081
Child: in childcare from 8 am to 3 pm Monday, Wednesday and Friday; in childcare from 8 am to 6 pm Tuesday and Thursday
Member1: Work from 9:00 am to 5:00 pm Monday and Thursday; and from 9:00 am to 2:00 pm on Tuesday, Wednesday and Friday

Member2: Work from 9:00 am to 2:00 pm Monday, Tuesday and Thursday; and from 9:00 am to 8:00 pm on Wednesday and Friday

Household ID: 10002710
Child: in childcare from 8 am to 6 pm Monday to Friday; in childcare from 10 am to 4 pm Saturday
Member1: Work from 8:00 am to 5:00 pm Monday to Friday. School 6:00 pm to 8:00 pm Monday and Thursday
Member2: Work from 9:00 am to 6:00 pm Monday to Friday

A_INTRO.

We are conducting a study about the experiences and preferences of parents of children under age 13 with regard to the child care or after-school programs that are available for these children. The study is being paid for by the U.S. Department of Health and Human Services, and is designed to help the government understand how private decisions and public policies affect the supply and demand of child and school-age care in our country. We would like to talk with you for approximately 30 minutes about your children under 13 and the child care that you use or would like to use for them.

[if r has 3 or more children under age 13 AND HAS INCENTIVE_ASSGT=1] We know that your time is very valuable. We would like to offer you a $20 thank you if you complete the interview. We would send out the money to you by regular mail.

[all r's] Taking part is up to you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. There are no risks or benefits to being in this survey. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

> CONTINUE WITH INTERVIEW
> CONSENT NOT GIVEN -> TERMINATE.

Child demographics

A1. (IF S1>1: For each child under 13, starting with the youngest,) Can you tell me the first names of all of the children under 13 who usually live in this household? It may help you to start with the youngest person.

First names: 1. _____
               2._____
               3._____
               4._____
               5._____

A1a. INTERVIEWER: ASK A1B-A2g8 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

A1c2. [if A1c1 not US] In what year did s/he first come to the U.S. to live?
        _____ Year

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?

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

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:
        CHILD1
        CHILD2
        CHILD3
        CHILD4
        CHILD5
        PARENT NOT PREVIOUSLY MENTIONED (ASK A2G2)
SKIP TO INSTRUCTION A2G8.

A2G2 .You mentioned that (CHILD)'s parent does not live in the household. Can you tell me where he/she lives? You can just tell me the city and the state he/she lives.
CITY: _____
STATE: _____

IF VOLUNTEERED: MOTHER DECEASED
IF VOLUNTEERED: FATHER DECEASED

A2G3 (IF SAME STATE AS R): Approximately how long in minutes does it take from his/her home to yours?
    _____MINUTES
    _____HOURS
IF VOLUNTEERED: NOTHING KNOWN ABOUT PARENT/PARENT'S WHEREABOUTS (SKIP TO C2G9)

A2G4. What is his/her age?
_____years old

A2G5. According to your best knowledge, what is his/her current marital status? Is he/she ….
1. Now married
2. Widowed
3. Divorced
4. Separated, or
5. Never married
6. DON'T KNOW

A2G5a. As far as you know, does s/he have a spouse or partner living in his/her household at this time?
1 Yes
2 No

A2G6. Last week, was s/he working full-time, part-time, going to school, keeping house, or something else?
1. working full time
2. working part time
3. with a job, but not at work because of temporary illness, vacation, strike,
4. unemployed, laid off, looking for work
5. retired
6. in school
7. keeping house, or
8. something else (SPECIFY: _____), or
9. DON'T KNOW

A2g7. 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

A2G8. In the past 12 months, about how many times has he/she seen (CHILD)?
_____ TIMES

A2g9. INTERVIEWER: HAVE TWO PARENTS BEEN ACCOUNTED FOR?
1 YES (SKIP TO A2G9B)
2 NO (ASK A2G9A)

A2G9A. 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 A2G9B)

A2G9B. <REPEAT A2A-A2G8 FOR EACH CHILD UNDER 13 IN HOUSEHOLD>

Respondent and Household Adults Demographics
B1a. These next questions are about your family and the other people who live in your household and are 13 years old or older. We will start with you. Can you please state your first name or initials?

Now please tell me the first names or initials of the teenagers and adults who usually live here. IDENTIFY ALL HOUSEHOLD MEMBERS FIRST, THEN ASK QUESTIONS ABOUT EACH PERSON.

Now I have some questions about each person in the HH. Let me start with you.

B1b. How old (are you/ is [])? IF NEEDED: Your best guess is fine.
B1c. (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 b >= 14 and HHMEM NOT R] Does [] have any children under the age of 13 in this household?
      1 YES
      2 NO
B1e_1. [if e=1] Who are []'s children in this household?

B1f. [if b>= 14 AND HHMEM NOT R OR R'S spouse/partner AND hhmem has no children in hh]
      Does [] ever look after the young children in the household? IF NEEDED: How about for
      more than 2 hours at a time?

B1F_1. [if f=no] Does [] regularly look after any children under age 13 who are not in this
      household?

B1g.   [if b >12] (Do you/Does []) have a special need or disability that requires help from others
      to complete basic daily activities such as eating, dressing, or bathing?
      [if b <=12] (Do you/Does []) have a physical, emotional, developmental, or behavioral
      condition that affects the way you provide care for him/her?

Comment [A2]: We currently ask about all household members, with more detailed questions about people who: have children under 13, care for children under 13, are spouses or partners of under 13s, or are related to the demand survey respondent. Can we reduce the people for whom we ask questions?

Comment [A3]: Change to 5 hours.

Comment [A4]: No longer needed, as home-based provider screener question should be asked of everyone regardless of presence of children under age 13.

Comment [A5]: Use question proposed in home-based provider questionnaire asking about difficulties being home alone without adult assistance.

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

B1h. [if b >= 16] Last week, (were you/was []) working full time, part time, going to school, keeping house, or something else?
1. WORKING FULL TIME
2. WORKING PART TIME
3. WITH A JOB, BUT NOT AT WORK BECAUSE OF TEMPORARY ILLNESS, VACATION, STRIKE
4. UNEMPLOYED, LAID OFF, LOOKING FOR WORK
5. RETIRED
6. IN SCHOOL
7. KEEPING HOUSE
8. OTHER (SPECIFY: _____)

B1i. (Do you/Does []) currently attend regular school?
1 YES
2 NO
3 if volunteered: HOME-SCHOOLED

B1j. [if B1i = 2 or DK/REF] 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

[IF HHMEM IS R AND R REPORTED B1D=1, THEN SKIP TO B1M. IF HHMEM IS R'S SPOUSE (B1D=1), THEN SKIP TO B1M. ELSE IF HHMEM IS NOT R OR R'S SPOUSE AND IF B1B>=16, THEN ASK B1K:]
B1k. (Are you/Is []) now married, widowed, divorced, separated, or (has/have) (he/she/you) never been married?
1. Now married
2. Widowed
3. Divorced
4. Separated
5. Never married

B1l. [if b>=16 and h2d ne 1 hhmem not self and B1k ne 1] Does [] have a partner in the household?
1 Yes → Who is that? _____
2 No

B1m. (Are you/Is []) of Hispanic or Latino origin?
1 YES
2 NO

B1n. Which of the following (are you/is [])...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. In which country was [] born?
        _____

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 do you usually speak at home?
        _____ Language

B3. 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 (go to B3a)
        2 No (skip to B4)

        B3a. How many adult relatives do you have who live within 15 minutes of your child's home? Count each adult relative separately – even if they live in the same household.

        ____ Number of relatives

        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

B4. Do your children have any relatives that live between 15 and 45 minutes of your child's home?
        1 Yes (ask B4a)
        2 No (Skip to C1)

B4a. How many adult relatives do you have who live between 15 and 45 minutes of your child's home? Count each adult relative separately – even if they live in the same household.

_____ Number of relatives

B4b. 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

B4c. 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:] 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. 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.

[Let's start with the youngest child (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). LIST ALL PROVIDERS CARING FOR CHILD LAST WEEK. LIST ALREADY INCLUDES R, 'CHILD HIM/HERSELF', AND 'ALL ADULTS AT HOME.' 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.

C1A. Also, please tell me whether this care usually takes place in your home or somewhere else.

Provider	Usual location of care	
1._____	1 r's home	2 other
2._____	1 r's home	2 other
3._____	1 r's home	2 other
4._____	1 r's home	2 other
5._____	1 r's home	2 other
6._____	1 r's home	2 other

C2. Now I'd like to understand your child care schedule last week. Thinking about **last** Monday (that is, FILL IN DATE FOR LAST MONDAY), other than you (and your [spouse/partner]) who/who else 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.

C2A. (ASK THIS QUESTION ABOUT LAST MONDAY SCHEDULE) What time **last Monday** did (PROVIDER) start to care for (CHILD)?

(FOR TUESDAY TO SUNDAY:) Now I'd like to ask about (CHILD)' schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule the same as the schedule for another day you've already told me about?
    1. Yes (ASK C2a_1)
    2. No (ask for full day's schedule)

C2a_1. What day last week was the same as (CHILD)'s (DAY OF WEEK) schedule last week?
    1. Monday   (ASK C2a_2)
    2. Tuesday   (ASK C2a_2)
    3. Wednesday (ASK C2a_2)
    4. Thursday   (ASK C2a_2)
    5. Friday   (ASK C2a_2)
    6. Saturday   (ASK C2a_2)
    7. NO IDENTICAL DAY ALREADY REPORTED (ASK For Full Day's Schedule)

C2a_2. [If day selected] 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 C2A_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 C2A)
    2. some differences (ask for full day's schedule)

C2B. [IF C1_1 =2] How did (CHILD) get to [provider]?
        1 Walking or bicycle
        2 Car
        3 Public transportation
        4 School bus
        5 Other

C2C. Who took (CHILD) there?
        <select from providers or hhmembers>

C2D. When did the care with (PROVIDER) end on last Monday?
_____

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

<div style="border:1px solid #cc0000; padding:4px;">

Comment [A8]: Cut C2b and C2c from the schedule and and insert general questions in the C1a series instead, "How did (CHILD) usually get to (provider) last week?" "Who usually took CHILD there?" Reduces burden by not asking these items repeatedly for each spell. Also reduces respondent annoyance with apparent unnecessary repetition.

Comment [A9]: See note for C2b.

</div>

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 two hours each week.

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

C4 (IF C3=1:) Who usually provides care for (CHILD) but didn't do so last week? C4a. Does that care usually take place at your home or somewhere else? C4b. How many hours per week does PROVIDER usually care for CHILD?

Provider _____   Location: _____ Hours: _____
Provider _____   Location: _____ Hours: _____

RETURN TO C1 AND COLLECT FULL CHILD-CARE SCHEDULE LAST WEEK FOR NEXT CHILD, THEN FOR EACH CHILD UNTIL ALL CHILDREN UNDER 13 ASKED ABOUT. PARENT CAN REPORT THAT CHILD I'S SCHEDULE IS ESSENTIALLY LIKE CHILD J'S. THEN INTERVIEWER WILL CONFIRM EACH LINE OF THE SCHEDULE TABLE, EMPHASIZING 'LAST WEEK.'

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 PROVIDER LIVES IN THIS HOUSEHOLD, SKIP TO 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] Is (PROVIDER) an individual or an organization?
1 INDIVIDUAL ->GO TO C5B
2 INDIVIDUAL WITH FAMILY DAY CARE -> GO TO C6
3 ORGANIZATION ->GO TO C6

C5B. Is [provider] male or female?
        1 MALE
        2 FEMALE

C5C. Did you have a personal relationship with (PROVIDER) before s/he began caring for your child/children?
1 Yes
2 No

C5CA   What is your relationship to (PROVIDER)?
1. FORMER SPOUSE/PARTNER->GO TO C5D
2. CHILD/SON/DAUGHTER-IN-LAW->GO TO C5D
3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW ->GO TO C5D
4. OTHER RELATIVE->GO TO C5D
5. FRIEND->GO TO C5D
6. NEIGHBOR->GO TO C5E

C5D (IF NOT OBVIOUS). Does this individual live in this household?
1. YES
2. NO

C5E. Does (PROVIDER) usually care for children from other families while caring for your child/children? Don't count his/her own children if they are around as well.
1 Yes (skip to C6)
2 No
If C5E=2 and C5D=2, skip to C6
If C5E=2 and C5D=1, skip to C9

C6. What is the full name of {provider}? _____

IF ORGANIZATION, ASK C7. ELSE GO TO C8.

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 C8_1.

C8. [IF ORGANIZATION: 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.
ZIP _____
Street 1 _____
Street 2 _____

C8_add1: We are also conducting a survey of child care providers. We would like to offer him/her/them the opportunity to participate in that survey. Could you tell me a phone number where he/she/they can be reached? We would not say that you provided their contact information.
(_____)_____--_____Phone Number

C8A. INTERVIEWER: CODE OR ASK IF NECESSARY: Does {CHILD} attend regular school grades kindergarten through eight at {PROVIDER}?
1 YES
2 NO

IF PROVIDER TYPE = K-6 OR IF C8a=1, ASK:

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 AFTER C9.

Comment [A13]: 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.

Comment [A14]: This item not needed in main study.

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C8_2. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] In what kind of building is provider located?
1. Public school
2. Private building used only by provider
3. Church or other religious building
4. Private home that is also a residence
5. Private home where no one lives currently
6. Private building used by provider and other businesses
7. other

C8.3. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] 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. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] 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.

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

> **Comment [A15]:** Five hours each week

1. YES
2. NO

RETURN TO C5 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT.

These next questions are about your interactions with (PROVIDER) and what you think about your child/ren's experience with him/her/them. LOOP THROUGH EACH PROVIDER THAT IS NOT A SINGLE ACTIVITY, A DROP-IN PROVIDER OR A K-6 SCHOOL.

> **Comment [A16]:** Also exclude providers providing fewer than 5 hours per week of care.

Let's start with (PROVIDER).
C11 [IF PROVIDER NOT HHMEMBER] Before (PROVIDER) started caring for your child/ren for the first time, which of the following did you do to learn about (him/her/them) CODE ALL THAT APPLY:

    1.Talk to the provider
    2.Observe the provider myself
    3.See how my child reacts
    4.Ask friends and family
    5.Ask parents who use the provider
    6.Read about the provider in paper or on-line materials
    7.Look up quality rating systems
    8.Ask teachers
    9.Other(specify)

C12 [IF PROVIDER NOT HHMEMBER OR RELATIVE] 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 C12A)
    2 No (skip to C13)

C12A What language does (PROVIDER/your caregiver at PROVIDER) speak at home?

    1 English
    2 Spanish
    3 Other (SPECIFY_____)
    4 Other (DON'T KNOW LANGUAGE)

C13 How many times in the past month have you had conversations with (PROVIDER/ a caregiver at PROVIDER) on the following issues…

- C13A. Your concerns about something your child's teacher/caregiver is doing with the child or group
-     1 Never
-     2 once or twice
-     3 three or more times
- C13B Your concerns about the child's behavior
-     1 Never
-     2 once or twice
-     3 three or more times
- C13C Your concerns about your child's development
-     1 Never
-     2 once or twice
-     3 three or more times
- C13D Seeking direction for how to support children's learning at home
-     1 Never
-     2 once or twice
-     3 three or more times
- C13E Seeking direction for how to discipline the child at home
-     1 Never
-     2 once or twice
-     3 three or more times

Comment [A17]: Edit as in home-based provider survey. Remove 'concerns' from wording, ask about program activities, behavior & discipline, development and supporting learning.

[READ FOR FIRST CHILD ONLY:] Sometimes the children can have different experiences with the same provider, even if they receive care at the same time. LOOP THROUGH EACH CHILD RECEIVING CARE WITH THIS PROVIDER. How often would you say that…

C14A. (CHILD) feels completely safe and secure in (PROVIDER)'s care.
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

C14B. (CHILD) gets a great deal of individual attention while in the care of (PROVIDER).
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

C14C. (PROVIDER/My caregiver at PROVIDER) is very open to new information and learning.
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

C14D. (PROVIDER)'s care is just what my child needs
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always
    LOOP THROUGH NEXT CHILD CARED FOR BY PROVIDER BEGINNING WITH C14A. AFTER ALL CHILDREN COMPLETE FOR THIS PROVIDER, RETURN TO C11 AND ASK ABOUT NEXT PROVIDER UNTIL ALL NON-SCHOOL, NON-SINGLE ACTIVITY, NON-DROP-IN PROVIDERS ASKED ABOUT.

C15. Has a child-care provider ever provided you with or referred you to any of the following services?
    a. Health screening: medical, dental, vision, hearing, or speech?   Y   N
    b. Development assessments?   Y   N
    c. Counseling services for children or parents?   Y   N
    d. Social services to families such as housing assistance, food stamps,
        financial aid, or medical care.   Y   N

Comment [A18]: Edits to C14A-C14D were not successful in the feasibility test for generating adequate variation in responses. Recommend replacing with F1 series. Including these items seems likely to indicate greater parental satisfaction with child care arrangements than might otherwise be true.

Comment [A19]: Also exclude any provider not providing at least 5 hours care per week.

Comment [A20]: Re-word: "Have you ever received the following services or a referral to these services from a person or organization that was caring for your child?"

Respondent and Spouse Employment Schedules

ASK FIRST FOR R, THEN ASK FOR R'S SPOUSE/PARTNER IF ANY IN HOUSEHOLD, THEN ASK FOR ANY HH MEMBER WHO PROVIDED 8 OR MORE HOURS OF CARE LAST WEEK OR DOES SO USUALLY.

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

D1B. Last week, (were you/was s/he) enrolled in a high school, college or university?
1. YES, ENROLLED
2. NO, NOT ENROLLED

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

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 on last Monday?
D1D_2. What time did (you/s/he) end work last Monday?
D1D_2a. Did (you/s/he) work another shift or job on Monday? IF YES, ASK D1D_1.

IF D1B=2 AND D1C=2 THEN ASK D1D3. OTHERWISE GO TO D1D_5.
D1D_3. How long did it take (you/him/her) to commute to work from home last Monday?
D1D_4. How long did it take (you/him/her) to get home from work last Monday?

IF D1B=1 THEN ASK D1D_5. OTHERWISE GO TO D1D_9.
D1D_5. What time last Monday did (you/s/he) begin school?
D1D_6. what time did (you/s/he) end school last Monday?
D1D_6a. Did (you/s/he) go to school another time on Monday? IF YES, ASK D1D_5.

D1D_7. How long did it take (you/him/her) to commute to school last Monday?
D1D_8. How long did it take (you/him/her) to get to your next destination from school?

IF D1C=1 THEN ASK D1D_9. OTHERWISE GO TO INSTRUCTION BEFORE D1D_C1.
D1D_9. What time last Monday did (you/s/he) begin training?
D1D_10. What time last Monday did (you/s/he) end training?

D1D_11. How long did it take (you/him/her) to commute to training last Monday?
D1D_12. How long did it take (you/him/her) to get to your next destination from training?

<CHECKS TO PICK UP INCONSISTENCIES>
IF SUM OF WORK HOURS MORE THAN 50, GO TO CHK1.
CHK1. The computer shows that (you/him/her) worked more than 40 hours last week. Is it correct?
    1. YES, CORRECT
    2. NO, INCORRECT ->GO TO D1D_1

CHK1. The computer shows that (you/him/her) spent more than 50 hours on work and school and training last week. Is that correct?
    1. YES, CORRECT
    2. NO, INCORRECT ->GO TO D1D_1

/*ASK D1D_C1-D1D_C9 FOR TUESDAY TO SUNDAY SCHEDULES*/
/*IF D1A=1 THEN ASK D1D_C1. ELSE GO TO D1D_C4*/

D1D_C1. (FOR TUESDAY TO SUNDAY:) Now I'd like to ask about (your/his/her) work schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule the same as another day you've already told me about?
    1. Yes (ASK D1D_C2)
    2. No (ASK D1D_1)

D1D_C2. What day last week is the same as your/his/her (DAY OF WEEK) schedule last week?
    8. Monday   (ASK D1D_C3)
    9. Tuesday   (ASK D1D_C3)
    10. Wednesday (ASK D1D_C3)
    11. Thursday   (ASK D1D_C3)
    12. Friday   (ASK D1D_C3)
    13. Saturday   (ASK D1D_C3)
    14. NO IDENTICAL DAY ALREADY REPORTED (ASK D1D_1)

D1D_C3. Sometimes people's work schedule on a particular day is different from their regular work schedule for that day of the week. Thinking about last (DAY OF WEEK), was your/his/her work 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 on those two days?
    1. IDENTICAL (ASK D1D_C4)
    2. SOME DIFFERENCES (ASK D1D_1)

/*IF D1B=1 THEN ASK D1D_C4. ELSE GO TO D1D_C7*/
D1D_C4. (FOR TUESDAY TO SUNDAY:) Now I'd like to ask about (your/his/her) school schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule same as another day you've already told me about?
    1. Yes (ASK D1D_C5)
    2. No (ASK D1D_5)

D1D_C5. What day last week is the same as your/his/her (DAY OF WEEK) school schedule last week?
    1. Monday   (ASK D1D_C6)
    2. Tuesday   (ASK D1D_C6)
    3. Wednesday (ASK D1D_C6)
    4. Thursday   (ASK D1D_C6)
    5. Friday   (ASK D1D_C6)
    6. Saturday   (ASK D1D_C6)

D1D_C6. Sometimes people's school schedule on a particular day is different from their regular school schedule for that day of the week. Thinking about last (DAY OF WEEK), was your/his/her school schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D1D_C5) that week, or were there some differences in when you/he/she arrived at or left school on those two days?
    1.   IDENTICAL (ASK D1D_C7)
    2.   SOME DIFFERENCES (ASK D1D_5)

/*IF D1C=1 THEN ASK D1D_C7. ELSE GO TO D2*/
D1D_C7. (FOR TUESDAY TO SUNDAY:) Now I'd like to ask about (your/his/her) training schedule for last Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday. Was that day's schedule the same as another day you've already told me about?
    1.   Yes (ASK D1D_C8)
    2.   No (ASK D1D_9)

D1D_C8. What day last week is identical to your/his/her (DAY OF WEEK) training schedule last week?
    1.   Monday   (ASK D1D_C9)
    2.   Tuesday   (ASK D1D_C9)
    3.   Wednesday (ASK D1D_C9)
    4.   Thursday   (ASK D1D_C9)
    5.   Friday   (ASK D1D_C9)
    6.   Saturday   (ASK D1D_C9)

D1D_C9. Sometimes people's training schedule on a particular day is different from their regular schedule for that day of the week. Thinking about last (DAY OF WEEK), was your/his/her training schedule last (DAY OF WEEK) identical to (DATE SELECTED IN D1D_C8) that week, or were there some differences in when you/he/she arrived at or left training on those two days?
    IDENTICAL (ASK D2)
    SOME DIFFERENCES (ASK D1D_9)

/*SKIP CH1 AND GO TO D2* /

> **Comment [A24]:** Compare child care and employment/schooling/training schedules. If child not in care when all HH parents are working, ask if child was caring for self or with R while R was at work/school/training.

IF HHMEMBER IS CHILD'S PARENT OR PARENT'S SPOUSE, ASK D2-D15.

IF HHMEMBER IS NOT CHILD'S PARENT OR PARENT'S SPOUSE,
IF D1A=1, ASK D2, D2A, AND D3D.
IF D1A NE 1, ASK D4, D5B, AND D5D.

 THEN SKIP TO CHILD CARE PAYMENT AND SUBSIDY SECTION

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: Is there other work that (you do/s/he does), for example in (your/his/her) own business or in a family business, whether or not (you are/s/he is) paid?

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?

D2b. INTERVIEWER CHECK: DOES THIS JOB INVOLVE CARING FOR CHILDREN UNDER AGE 13 OTHER THAN ONE'S OWN IN A HOME-BASED SETTING?
    1 YES
    2 NO

WHEN UP TO 4 JOBS HAVE BEEN ROSTERED, ASK D3a – D3r:

	job1	job 2	job 3	job 4
D2. Title or Name of Job				
D2A. Name of firm or work they do				
D3a. Same number of hours per week?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3B.Usual hours per week				
D3D. Usual Wage and Time Unit	$_____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	$_____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	$_____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	$_____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
D3E. Years at this job				
D3F. ZIP code at job location				
D3G. [Do you/Does s/he] work the same days and times each week?	1 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
[if d3g=no] D3h. How far in advance [do you/does s/he] generally know	1 Less than 24 hours 2 1-3 days 3 4-7 days	1 Less than 24 hours 2 1-3 days 3 4-7 days	1 Less than 24 hours 2 1-3 days 3 4-7 days	1 Less than 24 hours 2 1-3 days 3 4-7 days

Comment [A25]: This question is useful for market analysis, but difficult for people to report about other household members. Ask city name or cross streets if DK zip code. IF LOCATION VARIES, RECORD 999.

Comment [A26]: Ask D3g-D3r only if usual hours per week are more than 8.

[your/his/her] work schedule?	4 8 days or more	4 8 days or more	4 8 days or more	4 8 days or more
D3I. How much control [do you/does s/he] have over [your/his/her] work schedule?	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER
D3J. [Do you/does s/he] ever have to travel for work so that you are away from home overnight?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3K. Is it possible for [you/him/her] to work from home occasionally?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3L. What happens at this job if [you are/s/he is] 30 minutes late for work? IF NEEDED: What would happen on a normal day, when nothing special was scheduled?	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. other

D3m. [Do you/does s/he] get any paid holidays?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3N. [Are you/is s/he] allowed any paid time off for personal illness?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3O. Can your children or a provider get in touch with [you/him/her] while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3P. Can [you/she/he] get in touch with your child(ren) or a provider while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
D3Q. [Are you/is s/he] allowed to take a few days off to care for a sick child without losing pay, without losing vacation days AND without having to make up some other reason for the	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUC-TION AFTER PC13.	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUC-TION AFTER PC13.	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUC-TION AFTER PC13.	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRUC-TION AFTER PC13.

Comment [A27]: Omit question. Too complex for telephone administration.

absence?				
D3R. Please tell me how much you agree with the following statement: at the place where [you work/s/he works], employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or family needs are less likely to get ahead in their jobs. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree

D4. [If not currently working] [Have you/has s/he] ever worked for pay?
      1 Yes
      2 No (skip to D7)

D5. [Were you/was s/he] working at the time that (you/your spouse or partner) got pregnant with your oldest child?
      1 Yes (ask D5a)
      2 No (skip to D6)

      D5A. What was that job that you had (when you got pregnant with your oldest child)?
      D5B. When did you last work at that job? ENTER 33/33 IF R STILL WORKS THERE.

Month ___ Year _____

D5C. About how many hours did you usually work at that job each week when you stopped working there? _____

D5D. About how much were you paid at that job?

$_____ per Unit of time _____

D5E. [skip to D6 if D5b=3333] Would you return to that job now if it were available to you?

1 Yes
2 No

D5F. What is the main reason you would not return to that job now?

1. Not enough pay
2. Not enough hours
3. Too many hours
4. Too unpredictable/unreliable
5. Didn't like the work
6. OTHER

D6. In the past 12 months, [have you/has s/he] been offered a new assignment, a promotion, or another opportunity at work that you thought would have been good for [your/his/her] career?

1 Yes
2 No

[if yes to D6] D6A. Did you take that opportunity?

1 Yes
2 No

[if D6A=yes] D6B. Did you have to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

1 Yes
2 No

[if D6A=no] D6C. Would you have had to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

1 Yes
2 No

D7. [Have you/has s/he] searched for new or additional work in the past 12 months? This could include free-lance work or other work for your own business.

1 Yes
2 No

[if D7=yes] D7A. Did you find an opportunity that was satisfactory to you in terms of type of work, pay and benefits, and location of work?

1 Yes (ask D7b)
2 No (skip to D8)

D7B. Did you start work as a result of that opportunity?

1 Yes (ask D7c)
2 No (ask D7d)

> **Comment [A28]:** Could ask D6 and D7 only of respondent and not also about his spouse/partner.

D7C. Did you have to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?
        1 Yes (skip to D8)
        2 No (skip to D8)

D7D. I'd like to understand how far you pursued that opportunity.
1. Did you provide written materials, an application, or meet with someone? Y   N
2. [if D7D1=y] Did you get a written or verbal offer with a specific
                job title and rate of pay?   Y   N
3. [if D7D2=y] Did you initially say that you would take the work?   Y   N

D7E. Would you have had to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?
        1 Yes
        2 No (go to D8)

D7F. Did concerns about child-care have anything to do with your not pursuing that opportunity further?
        1 Yes
        2 No (go to D8)

D7G. What concerns about child-care did you have? (code all that apply)
        1 couldn't find care quickly enough
        2 couldn't find anyone for enough hours
        3 couldn't find anyone for the specific schedule (e.g., nights, weekends, variable, etc.)
        4 found care but didn't like the quality
        5 child care costs would be too high compared to income
        6 did not want to work as many hours as required
        7 other

D8. [Have you/has s/he] changed, reduced or increased [your/his/her] usual weekly work hours…
        Because you wanted to use less child care?   Y   N
        Because of when you could get child care?   Y   N
        Because you were trying to reduce the amount you pay for child care?   Y   N
        So that you could earn enough to pay for child care?   Y   N
        Because you had to to keep your subsidy or eligibility for child care? Y   N

RETURN TO INSTRUCTION ABOVE E1A UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

D9. In the past 3 months, about how many days have you [or your spouse/partner] worked from home?
        _____ Days IF 0, SKIP TO D10.

    D9A. How many of those days did you [or your spouse/partner] 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 you or your spouse 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 you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home?

_____ Days

D11. During the past 3 months, how many days were you or your spouse late to work or did you have to leave early for any reason?
_____ Days IF 0, SKIP TO D12.

D11A. How many of these days were you or your spouse late or did you leave early because of your child care responsibilities?
_____ Days

D12. Approximately how many days in the last 3 months did you have to make special arrangements for (CHILD)'s care because (PROVIDER) was sick or unavailable? Don't count days when you would have had a holiday anyway.
_____ Days

<div style="float:right; border:1px solid #c00;">**Comment [A29]:** No text fill, just "a provider."</div>

D13. Approximately how many days in the last 3 months did you have to make special arrangements for (CHILD)'s care for some other reason (for example, your child was sick, your transportation broke down, or any other reason)? Don't count days when you would have had a holiday anyway.

_____ Days

D14. Who cared for your child the last time your regular child care was not available and neither you nor your spouse missed work?

_____

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
Now I have some more questions about the regular child care arrangements you use for your child/children whether you used them last week or not.
LOOP THROUGH ALL PROVIDERS WHO ARE NOT A PUBLIC SCHOOL, SINGLE-ACTIVITY, OR DROP-IN.

<div style="float:right; border:1px solid #c00;">**Comment [A30]:** Also exclude providers caring for child fewer than 5 hours last week or usually.</div>

/* HAS THIS PAYMENT FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP 'S RESPONSE TO QE4C? IF YES, SKIP TO E12. ELSE, ASK E1*/

E1. (Starting with the youngest child,) Does (PROVIDER FILLED IN FROM Q1) 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:_____)

E4C. (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 ->GO TO E9
    2. OTHER CHILDREN (Which children? _____) ->GO TO E9

E5 So this care is provided free by [provider]?
        1.YES ->GO TO E8
        2.NO ->GO TO E2
        7.DON'T KNOW-> GO TO E8
        8.REFUSED->GO TO E8

E6. 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 for the care provided 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
        2. OTHER CHILDREN (Which children? _____)

E8.Is [provider] *also* paid or reimbursed directly by any person or program? 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

Comment [A32]: Consider asking explicitly about Head Start or pre-k if R says 'free' for non-home-based providers of children under age 6, "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? Yes/No.

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 E10
     3. DON'T KNOW -> GO TO E10
     4. REFUSED -> GO TO 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 ONLY.]
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 E11

     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

     E10B. What does it cost you to provide these things? $ _____

     E10B1. Is that per week, per month, or something else?
          1 Per week
          2 Per month
          3 Something else _____

     E10B2. How much time do you spend providing these things? _____ Hours

     E10B3. . Is that per week, per month, or something else?
          1 Per week
          2 Per month
          3 Something else _____

Comment [A33]: Delete E10B1, E10B3, E11a1, E11a3 and instead ask, "How often do you give these things?" Revise E10B and E10B2 and E11a and E11a2to "What does it cost you to provide these things each time you give them?" and "How much time do you spend providing these things each time you give them?"

E11. Do you occasionally give gifts or help out [provider] even if it's not regular payment for caring for your (child/children)?

        1 Yes

        2 No-> GO TO INSTRUCTION BEFORE E12

E11A. What does it cost you to provide these gifts or help? $_____

    E11a1. Is that per week, per month, or something else?

        1 Per week

        2 Per month

        3 Something else _____

    E11a2. How much time do you spend providing these gifts or help? _____ Hours

    E11a3. Is that per week, per month, or something else?

        1 Per week

        2 Per month

        3 Something else _____

REPEAT E1 TO E12ab FOR ALL NON-PARENTAL, NON-SCHOOL PROVIDERS MENTIONED IN C1
    FOR ALL CHILDREN UNDER 13.

> **Comment [A34]:** Also exclude drop-in, care less than 5 hours per week, and single activity.

    E12. You said that the [amount per unit] you pay to [arrangement] includes your payments for [CHILD] as well, 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 NON-PARENTAL, NON-SCHOOL, NON-SINGLE ACTIVITY, NON DROP-IN PROVIDERS MENTIONED IN C1 FOR ALL CHILDREN UNDER 13>

E13. Do you plan to take a Child and Dependent Care Federal Income Tax Credit for the 2009 tax year?

                        1 Yes
                        2 No

Non-Parental Child Care Search

F1. These next questions are about how you view different types of childcare or after-school care. Please think about the type of care in general, not any specific program you know of. The types of care I will ask you about are: center care, for example, preschools, Head Start or an after-school program at school; relative or friend care, where a relative or close family friend cares for a child in the relative's home or the child's home; family day care, where an individual has a child care business in his or her own home and cares for a few or several children there; and parental care, where the parents are the only care providers a child has.

Let's start with center care. How would you rate it on having a nurturing environment for children? Would you say: very good, somewhat good, or not very good. CONTINUE WITH OTHER CATEGORIES FOR CENTER CARE. THEN ASK ABOUT OTHER FORMS OF CARE.

	nurturing environment	educational preparedness	social interactions	safety	affordability	flexibility for parents
Center care	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
Relative or friend care	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
Family day care	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG
Parental care only	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG	VG SG NVG

F1A. These characteristics of care may be more or less important for different children depending on the age or personality of the child. How important are each of these characteristics in a child-care arrangement for your children.

Let's begin with your youngest child {CHILD}. How important is a nurturing environment for him/her. Would you say very important, somewhat important, or not very important? CONTINUE WITH OTHER CATEGORIES FOR YOUNGEST CHILD. THEN ASK FULL LIST FOR OTHER CHILDREN.

	nurturing	educational preparedness	social interactions	safety	affordability	flexibility for parents

	environment					
CHILD1	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI
CHILD2	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI
CHILD3	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI	VI SI NVI

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.]

What year and month did you last search for child care?

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

 (IF R HAS MORE THAN ONE CHILD:)
F2A. For which of your children were you searching for care?   CHECK ALL THAT APPLY
    1. CHILD
    2. CHILD2
    3. CHILD3
    4. TWO OR MORE CHILDREN TOGETHER

F3. What is the main reason that you searched 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. OTHER(SPECIFY: _____)

Comment [A36]: New category: child no longer eligible for previous care (e.g., aged out).

F4. At the time of that last search, what type of child care were you mostly using for [child]?
    1) PARENTAL CARE ONLY
    2) RELATIVE CARE
    3) FAMILY DAY CARE
    4) CENTER-BASED CARE
    5) OTHER (SPECIFY: _____)

Comment [A37]: Home-based provider I had prior personal relationship with

Comment [A38]: Re-word category 3: 'home-based provider I didn't have prior personal relationship with.'

F5. Did you consider more than one provider as part of your search or did you considered 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

F6. Who was the one provider whom you considered during your search?
Provider name: _____

F6A (IF NOT ALREADY STATED:) What type of provider is this?
1. Relative
2. family day care
3. Center-based care
4. Other

F6a_1. (IF F6A=1 or 2) What is your relationship to this person?
1. FORMER SPOUSE/PARTNER
2. CHILD/SON/DAUGHTER-IN-LAW
3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW
4. OTHER RELATIVE
5. FRIEND
6. NEIGHBOR
7. NO RELATIONSHIP

F6B (IF F6A=2,3,4) How did you know about this provider?
<RECORD VERBATIM AND CODE>
_____
i.   knew provider personally
ii. friends/family have used this provider in the past
iii. provider has good reputation in the community
iv. no other providers of this type in the area
v.   saw advertisement online or elsewhere
vi. 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 ALL THAT APPLY.
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: _____)

F8. How many providers did you get some information about in your last search?
Number of candidate providers: _____

F9. I am going to ask you some more questions about the providers you considered.

F9A. What is the name of the (first/second/..) provider?
_____

F9B. What is the address of [provider]?
Address: _____

F9C. What type of provider is that?
1. Relative
2. Family day care
3. Center-based care
4. Other (SPECIFY)

Comment [A41]: New categories from F4.

F9D. (IF F9C=1 OR 2) What is your relationship to [PROVIDER]?
1. FORMER SPOUSE/PARTNER
2. CHILD/SON/DAUGHTER-IN-LAW
3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW
4. OTHER RELATIVE
5. FRIEND
6. NEIGHBOR
7. NO RELATIONSHIP

F9E. (IF F9C ne 1): Where did you first hear about [PROVIDER] as a provider for [child]?
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 HEALTH CARE PROVIDER
8 Other (SPECIFY: _____)

Comment [A42]: Delete.

F9F. Did you do any of the following to learn about [provider]?
1. Talk to the provider
2. Observe the provider myself
3. See how my child reacts
4. Ask friends and family
5. Ask parents who use the provider
6. Read about the provider in paper or on-line materials
7. Look up quality rating systems
8. Ask teachers
9. Other(specify)

Comment [A43]: Ask about all providers in search, "Did you do the following to learn about providers during that search... "Y N for each. Ask after F8.

F9G. What was the specific information you tried to learn about [provider]?

RECORD VERBATIM AND CODE, 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)

F9H. How much would it have cost you to have [provider] care for [child]?
$_____

F9I. is that per
1. Hour
2. Day
3. Week
4. Month
5. Other____

F9J. Does the [provider] take subsidies or vouchers?
1.YES
2. NO
3. I DIDN'T ASK

F9K. Does the [provider] offer some other financial assistance?
1.YES
2. NO
3. I DIDN'T ASK

F9L. (IF F9J=1 or F9K=1) Was the price you quoted just now reflecting those discounts?
1.YES
2. NO

F9M. How many minutes would it take in travel time for you or some one else to take [child] to [provider]?
_____

Comment [A44]: Ask about all providers in search, "What was the specific information you tried to learn about providers?" Ask after F8.

F9N. 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

F9O. How would you rate the overall quality of [provider]?
    1. Best I can imagine
    2. Better than I had hoped 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

F9P. How much do you think [provider] share your values?
    1. A great deal
    2. Somewhat
    3. Not at all

F0Q. How often do you think (CHILD) would have felt completely safe and secure in (PROVIDER)'s care?
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

F9R. How often do you think (CHILD) would have gotten a great deal of individual attention while in the care of (PROVIDER)?
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

F9R. How often do you think (PROVIDER/your caregiver at PROVIDER) would have been very open to new information and learning?
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

F9T. How often do you think you would have felt that (PROVIDER)'s care was just what your child needed?
    1 Rarely
    2 Sometimes
    3 Usually
    4 Frequently
    5 Always

<REPEAT F9A-F9T FOR ALL CANDIDATE PROVIDERS CONSIDERED>
F10. [if center care not mentioned] Did you consider any [child-care] centers for [school-age] children as part of your search?

    1 Yes ADD TO LIST
    2 No → what was the main reason you didn't consider center care?
        1. Don't like center care
        2. None available
        3. Don't know how to find them
        4. Don't think I can afford it
        5. Don't like the centers around here
        6. Other

F11. [if family day care not mentioned]: Did you consider any family day-cares for [school-age]children as part of your search?

    1 Yes ADD TO LIST
    2 No -> What was the main reason you didn't consider family day care?
        1. Don't like family day care
        2. None available
        3. Don't know how to find them
        4. Don't think I can afford it
        5. Don't like the family day cares around here
        6. Other

F12. [If relative not mentioned]: Did you consider asking someone you know to care for your child, for example a family member, friend or neighbor?

    1 Yes -> ADD TO LIST
    2 No -> What was the main reason you didn't consider asking someone you know?
        1 Don't like that type of care
        2 No friends/family/neighbors
        3 Don't feel comfortable asking
        4 Don't think I can afford it
        5 Don't think friends/family/neighbors would provide good care
        6 Other

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:) Which one of the candidate providers did you choose?
    _____

Comment [A46]: Insert "or pre-schools"

Comment [A47]: If yes to F10, ask, "What was the main reason a center or pre-school wasn't in the top three providers that you chose from?

1 Didn't like the ones I found
2 Couldn't find any that had space available
3 Couldn't find any nearby
4 Couldn't afford the ones I found
5 The ones I found couldn't meet my schedule needs
6 Liked other options better
7 Other (specify_____)

Comment [A48]: Ask F12 before asking F11, and describe F11 as 'someone who provides care at home but whom you didn't know before.' Same categories. If F11=Yes, use same categories as if yes to F10.

If F12=Yes, also add categories, "Don't feel comfortable asking"

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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. Other (SPECIFY: _____)

IF F5=2, SKIP TO G1.

F15. How long was it between when you started looking and when you made this decision in your last search?

    _____ Months
           Weeks
           Days

F16. Did you find at least one provider who offered everything you were looking for?
1. YES
2. NO

F16A (IF NO TO F16:) If not, what was missing?
   _____

F17. Were you able to enroll your child in your first-choice provider?
1. YES
2. NO

F17A (IF NO TO F17:) What prevented you from enrolling your child in your first-choice provider?
   _____

Household Characteristics

G1. In order to better understand how families and child-care providers interact, we'd like to be able to study your household in relation to the child-care providers that are located near you. Could I have the street address where your household is located? IF NEEDED: Your answers to this and all other questions will be confidential and released only in statistical form. IF NEEDED: Could I know just the zip code and the intersection nearest your house? You can just tell me the two cross-streets

   Street Address _____
   City _____ ZIP _____ State _____

OR
   ZIP _____
   Street 1 _____
   Street 2 _____

G2. Do [you/you or your spouse/you or your partner] own this (house/apartment), do you rent, or something else?

1 OWN
2 RENT
3 OTHER, NEITHER OWN NOR RENT

G2A (IF OTHER TO G2:) 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

G3. Do you have a car?
       1 Yes
       2 No

G4. In order to understand whether or not child care is affordable to American families, we need to know your household's income. Approximately what was your total 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. Also include income from pensions or from government programs like food stamps or unemployment insurance.

       $ _____ (ask G4A)
       IF DK/REF, GO TO G4B

       G4A. Is that before or after taxes and other deductions?
       1 before taxes
       2 after taxes
       3 don't know
       SKIP TO H4.

       G4B. [if DK/REF] 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 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

G5A. And how about all of last year. What is the total amount of income you yourself made in last calendar year through wages, salary, commissions, bonuses, or tips from all jobs? Please report the total amount before deductions for taxes, bonds, due or other items.
TOTAL AMOUNT FOR THE PAST 12 MONTHS: $ _____

IF DK THEN GO TO G5A1.
IF REFUSED THEN GO TO G5A2.

G5A1. You may not be able to give us an exact figure for your income through wages, salary, commissions, bonuses, or tips from all jobs in last calendar year, but was it ....
   a) less than $8,000,
   b) $8,000 to less than $15,000
   c) $15,000 to less than $25,000
   d) $25,000 to less than $40,000
   e) $40,000 to less than $60,000
   f) $60,000 or more?

G5A2. Income is important in analyzing the child care demand information we collect. For example, this information helps us to learn whether persons in one group use non-parental child care more or less than those in another group. Now you may not be able to give us an exact figure, but was your personal income last year through wages and salaries from all jobs ....
   g) less than $8,000,
   h) $8,000 to less than $15,000
   i) $15,000 to less than $25,000
   j) $25,000 to less than $40,000
   k) $40,000 to less than $60,000
   l) $60,000 or more?

G5B. In the last calendar year did you receive any public assistance or welfare payments from the state or local welfare office?
   1. YES ->GO TO G5B1
   2. NO ->GO TO G5C

G5B1: What is the total amount of public assistance or welfare payments you received in the last calendar year?
$_____

IF DK THEN ASK G5B2.
IF REFUSED THEN ASK G5B3.

G5B2. You may not be able to give us an exact figure for the public assistance or welfare payments you received in the last calendar year, but was it ....
   a) less than $500
   b) $500 to less than $1000
   c) $1000 to less than $1500
   d) $1500 to less than $2000
   e) $2000 to less than $5000
   f) $5000 or more

G5B3. Income information is important in analyzing the child care demand information we collected. You may not be able to give us an exact figure for the public assistance or welfare payments you received in the last calendar year, but was it ....
   a) less than $500
   b) $500 to less than $1000
   c) $1000 to less than $1500
   d) $1500 to less than $2000
   e) $2000 to less than $5000
   f) $5000 or more

G5C. Did you have any income from alimony or child care support in the last calendar year?
   1. YES->GO TO G5C1
   2. NO->GO TO G6

G5C1. What is the total amount of alimony or child care support you received in the last calendar year?
_____

IF DK, ASK G5C2.
IF REFUSED, ASK G5C3.

G5C2. You may not be able to give us an exact figure for the amount of alimony or child care support you received in the last calendar year, but was it ....
   a) less than $500
   b) $500 to less than $1000
   c) $1000 to less than $1500
   d) $1500 to less than $2000
   e) $2000 to less than $5000
   f) $5000 or more

G5C3. Income information is important in analyzing the child care demand information we collected. You may not be able to give us an exact figure for the amount of alimony or child care support you received in the last calendar year, but was it ....
   a) less than $500
   b) $500 to less than $1000
   c) $1000 to less than $1500
   d) $1500 to less than $2000
   e) $2000 to less than $5000
   f) $5000 or more

IF R HAS SPOUSE/PARTNER, ASK G6A.
G6A What is the total amount of income your spouse/partner made in last calendar year through wages, salary, commissions, bonuses, or tips from all jobs? Please report the total amount before deductions for taxes, bonds, due or other items.
TOTAL AMOUNT FOR THE PAST 12 MONTHS: $ _____

IF DK THEN GO TO G6A1.
IF REFUSED THEN GO TO G6A2.

G6A1. You may not be able to give us an exact figure for his/her income through wages, salary, commissions, bonuses, or tips from all jobs in last calendar year, but was it ….
a) less than $8,000,
b) $8,000 to less than $15,000
c) $15,000 to less than $25,000
d) $25,000 to less than $40,000
e) $40,000 to less than $60,000
f) $60,000 or more?

G6A2. Income is important in analyzing the child care demand information we collect. For example, this information helps us to learn whether persons in one group use non-parental child care more or less than those in another group. Now you may not be able to give us an exact figure, but was his/her personal income last year through wages and salaries from all jobs ….
a) less than $8,000,
b) $8,000 to less than $15,000
c) $15,000 to less than $25,000
d) $25,000 to less than $40,000
e) $40,000 to less than $60,000
f) $60,000 or more?

G7A. Did your household have any other source of income in the last calendar year that we haven't talked about yet?
1. YES->GO TO G7A1
2. NO

G7A1: What is the total amount of other income you had in the last calendar year?
$_____

<div style="float:right; border:1px solid red;">**Comment [A51]:** Your household had</div>

IF DK THEN GO TO G7A1.
IF REFUSED THEN GO TO G7A2.

G7A2. You may not be able to give us an exact figure for, but was it ….
a) less than $2,500,
b) $2,500 to less than $5,000,
c) $5,000 to less than $7,500
d) $7,500 to less than $10,000
e) $10,000 to less than $12,500
f) $12,500 to less than $15,000
g) $15,000 to less than $20,000
h) $20,000 or more?

G7A3. Income is important in analyzing the child care demand information we collect. You may not be able to give us an exact figure, but was it...

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

G8. Did you take a Child or Dependent Care Federal Income Tax Credit when you filed your 2008 income taxes?

1 Yes
2 No
3 Didn't file/Haven't filed yet
4 Don't know

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   H3
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

H3 (SUGGESTED SCRIPT) State government program records can provide additional information about the child care and financial assistance for care that a child may be receiving. 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. 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.

<div style="text-align:center">

Continue 1   GO TO H4
Respondent still refuses...2   GO TO H7 (on callback)

</div>

H4   Capture Interviewer ID upon entering question H3

H5   Do we have your permission to search state government child-care subsidy records, give the state agency basic information that identifies (Fill Var: name of first/second/...ninth child), and request that information relevant to (his/her) receipt of child care subsidies be sent to the U.S. Department of Health and Human Services or its contractors for study purposes only?

YES 1
NO (Only choose this when you
have made all appropriate aversion attempts) 2

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: _____

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 our improved understanding of the experiences and preferences of parents with young children regarding the care that those children receive [outside of the school day].