

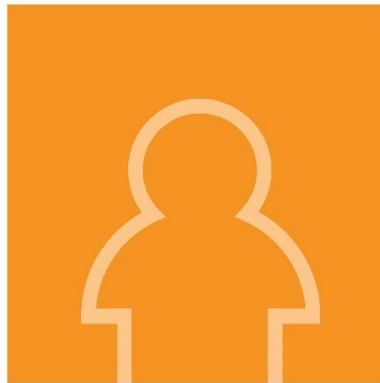
# **Attachment 15a**

## **2019 NSECE Household Screener and Questionnaire**

November 2018, with proposed revisions May 2019

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NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2019**

*Household Screener*

*(revised November 2018)*

## Household Screener

### S\_INTRO.

Hello, my name is [NAME] and I'm from NORC at the University of Chicago. We're conducting a study sponsored by the U.S. Department of Health and Human Services about the supply and demand for social and educational services in your community. This will take about six minutes. Participation is voluntary and your responses will be kept private. May I speak to someone living in this household who is 18 years or older and is knowledgeable about the household?

1. Knowledgeable person 18 years or older available to talk → GO TO S1
2. Knowledgeable person 18 years or older, but not available now → MAKE APPOINTMENT TO CALLBACK
3. No one in the household is 18 years or older → TERMINATE
4. DK/REF → MAKE AN APPOINTMENT TO CALLBACK

### S1\_M.

First, I'd like to know how many children under 6 years of age are living in your household?

Number of children under 6: \_\_\_\_\_

### S1\_1.

How many children between 6 and 13 years old live in this household?

Number of children between 6 and 13: \_\_\_\_\_

### S1\_2\_M.

Do you personally regularly look after any children under age 13 who are not your own? IF

NEEDED: By regularly I mean five hours a week or more.

1. YES
2. NO

### S1\_3.

Does any other adult 18 years or older living in this household regularly look after any children under age 13 who are not his or her own? IF NEEDED: By regularly I mean five hours a week or more.

1. YES
2. NO

IF S1\_2\_M=1 AND/OR S1\_3=1, ASK S1\_4. ELSE, SKIP TO INSTRUCTION BEFORE "END."

**S1\_4.**

Are children being looked after in someone's home or in a school or child-care center?

1. HOME
2. SCHOOL OR CENTER
3. BOTH
4. DK/REF

IF S1\_3=1 AND S1\_4 = (1 OR 3), ASK S1\_5. ELSE, SKIP TO INSTRUCTION BEFORE "END."

**S1\_5\_M.**

Please tell me the names of individuals 18 years or older living in this household, including yourself, who regularly look after children under age 13 who are not their own. IF NEEDED: I am only interested in people looking after children in someone's home, not in a center or school.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

IF S1\_3=2 (NO/BLANK) AND S1\_4 = (1 OR 3)

What is your name?

- d. \_\_\_\_\_

IF BOTH S1\_M AND S1\_1=0 AND (NO PERSON MENTIONED IN S1\_5A-S1\_5D), ASSIGN ELIGIBILITY FLAG SO HH\_ELIG=0 AND GO TO "END." ELSE, GO TO ELIGIBILITY FLAG RULES.

**END.**

We are looking for households with young children and people who provide home-based care to young children. Thanks very much for your time.

**CREATE ELIGIBILITY FLAGS**

HOUSEHOLD ELIGIBILITY: HH\_ELIG FLAG RULES

- IF S1\_M>0, HH\_ELIG=1.
- IF S1\_M=0 AND S1\_1>0, HH\_ELIG=1 BUT HOUSEHOLD CASE WILL NOT NECESSARILY BE SPAWNED. THESE CASES WITH SCHOOL-AGED CHILDREN ONLY IN THE HOUSEHOLD WILL BE RANDOMLY SELECTED SO THAT THEY HAVE AN 80% CHANCE OF BEING SPAWNED FOR A HOUSEHOLD INTERVIEW/20% CHANCE OF BEING SUBSAMPLED OUT.
  - o IF THE CASE IS SUBSAMPLED OUT, RESET HH\_ELIG TO =2 AND GO TO S5\_3.
- IF S1\_M=0 AND S1\_1=0, HH\_ELIG=0.

HOME-BASED (UNLISTED) ELIGIBILITY: HB\_ELIG FLAG RULES

- IF S1\_5=NOT NULL, HB\_ELIG=1.
- IF S1\_5=NULL, HB\_ELIG=0.

IF TELEPHONE INTERVIEW AND:

HH\_ELIG=1 OR HB\_ELIG=1, THEN ASK S1\_6\_M.

IF PERSONAL INTERVIEW, GO TO INSTRUCTION BEFORE S2A.

**S1\_6\_M.**

May I verify that you live at (ADDRESS)?

1. YES→GO TO INSTRUCTIONS ABOVE S2A
2. NO→GO TO S1\_7
3. DON'T KNOW/REFUSED→GO TO S1\_7

**S1\_7.**

May I know your street address?

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

IF HH\_ELIG=1, ASK S2a.

IF HH\_ELIG=0 AND HB\_ELIG=1 AND:

- IF ADDRESS APPEARS IN PROVIDER SAMPLING FRAME, GO TO S5\_3 AND TERMINATE. DO NOT SPAWN FOR HOME-BASED QUESTIONNAIRE.
- IF ADDRESS DOES NOT APPEAR IN THE PROVIDER SAMPLING FRAME, AND IF S1\_5 HAS ONLY ONE NAME, DISPOSITION SCREENER AS COMPLETE AND CONTINUE WITH HOME-BASED QUESTIONNAIRE.
- IF ADDRESS DOES NOT APPEAR IN THE PROVIDER SAMPLING FRAME, AND IF S1\_5 HAS MORE THAN ONE NAME, RANDOMLY SELECT ONE HOME-BASED PROVIDER IN HOUSEHOLD FROM S1\_5 THEN GO TO S5.

**S2a.**

Is the parent/guardian of the youngest child in the household at least 18 years of age?

1. YES→GO TO S2
2. NO→GO TO S3
3. PARENT/GUARDIAN DOES NOT LIVE IN HOUSEHOLD→GO TO S3

4. DK/REF →GO TO S3

**S2.**

May I speak to the parent/guardian of the youngest child in the household?

1. ALREADY SPEAKING WITH PARENT/GUARDIAN→GO TO C\_INTRO
2. PARENT/GUARDIAN AVAILABLE→GO TO C\_INTRO
3. PARENT/GUARDIAN LIVES IN HOUSEHOLD, NOT AVAILABLE AT THIS TIME→CALL BACK
4. PARENT/GUARDIAN NOT AVAILABLE DURING SURVEY PERIOD→GO TO S3
5. PARENT/GUARDIAN DOES NOT LIVE IN HOUSEHOLD→GO TO S3
6. DON'T KNOW→GO TO S3
7. REFUSED→GO TO S3

**S3.**

Is there anyone available at this time who is 18 years or older and knows how the youngest child spends his or her day?

1. YES→GO TO S4
2. NO, NOT AVAILABLE→DISPLAY "INTERVIEWER: MAKE AN APPOINTMENT TO CALL BACK."
3. DON'T KNOW/REF→ DISPLAY "INTERVIEWER: MAKE AN APPOINTMENT TO CALL BACK."

**S4.**

May I speak with him/her please?

1. YES→GO TO S5\_2
2. NO→DISPLAY: "INTERVIEWER: SCHEDULE A CALL BACK TO CONDUCT HOUSEHOLD QUESTIONNAIRE."
3. DON'T KNOW/REF→DISPLAY: "INTERVIEWER: SCHEDULE A CALL BACK TO CONDUCT HOUSEHOLD QUESTIONNAIRE."

**S5.**

May I speak to [SELECTED UNLISTED HOME-BASED PROVIDER]?

1. YES, ARE AVAILABLE→S5\_2\_END
2. NO, ARE NOT AVAILABLE AT THIS TIME→DISPLAY: "INTERVIEWER: SCHEDULE A CALL BACK TO CONDUCT HOME-BASED PROVIDER QUESTIONNAIRE."
3. NO, ARE NOT AVAILABLE DURING SURVEY PERIOD→SELECT ANOTHER PROVIDER IF MORE THAN ONE PERSON IS MENTIONED IN S1\_5 AND ASK S5 AGAIN. OTHERWISE, GO TO S5\_3AND TERMINATE.

**S5\_2.**

Thank you very much. We'd like to ask some questions about the child care resources you use. Please give me one minute while I pull up the questionnaire.

**S5\_2\_END.**

Thank you very much. We'd like to ask some additional questions about your/their experiences looking after children. Please give me one minute while I pull up the questionnaire.

**S5\_3.**

Thank you very much for your time. That is all I have. TERMINATE AND DO NOT SPAWN FOR HOME-BASED QUESTIONNAIRE (COMPLETED SCREENER).

**Mail Household Screener [not formatted]****National Survey of Early Care and Education*****If you have any questions, please call [PHONE]***

We are conducting an important study to learn about young children in your community and who cares for them when they are not with their parents. This information will help inform school districts, state and federal agencies, and private organizations in their efforts to improve access to quality child care for all children. This study is sponsored by the U.S. Department of Health and Human Services (DHHS). Please have an adult (18 years or older) who lives in this household answer the following questions. They will take only about six minutes, and your participation is voluntary. Your information will be kept private and used only for statistical purposes. If you have any questions or would prefer to answer these questions by phone, please call toll-free at [PHONE].

**Q1. First, how many adults (18 years and older) live in this household?**

----- NUMBER OF ADULTS

**Q2. How many children under the age of 6, including babies, live in this household?**

----- NUMBER OF CHILDREN

**Q3. How many children between 6 and 13 years old live in this household?**

----- NUMBER OF CHILDREN

**Q4. Do you regularly look after any children under age 13 who are not your own for 5 hours a week or more? Please include children you may live with as well as children from other households.**

1. YES
2. NO → Go to Q6.

**Q5. Do you look after those children in someone's home or in a school or child-care center?**

1. Home
2. School or center
3. Both

**Q6. Not including yourself, how many other adults in the household, if any, regularly look after any children under age 13 who are not his or her own, for 5 hours a week or more? Again, please include looking after children in this household.**

\_\_\_\_\_ Number of adults → Go to Q7. If none, go to Q8.

**Q7. Do they look after children in someone's home or in a school or child-care center?**

1. Home

2. School or center
3. Both

**Q8. Are there any adults age 18 or over in this household who require assistance with daily activities such as eating or walking?**

1. YES
2. NO

**Q9. Does anyone in this household care for an adult who requires assistance with daily activities such as eating and walking? The care could be in this household or another.**

1. YES
2. NO

**Q10. In general, how do you feel about the quality and cost of child care and early education available to families with children in your community? Do you feel..**

1. Very satisfied
2. Somewhat satisfied
3. Not satisfied at all
4. Or do you not have an opinion?

**Q11. In general, how do you feel about the quality and cost of resources available to elderly or disabled people in your community? Do you feel..**

1. Very satisfied
2. Somewhat satisfied
3. Not satisfied at all
4. Or do you not have an opinion?

**Q12. What is the best way for us to reach you if we have any questions about your survey?**

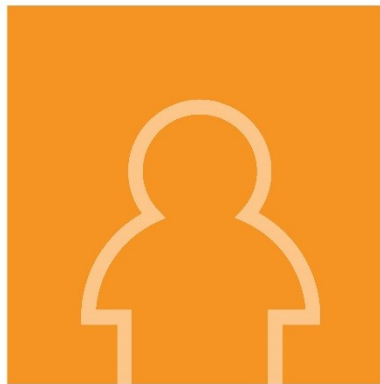
Name or Initial: \_\_\_\_\_ Phone: \_\_\_ - \_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_

**Thank you very much for your participation! Please return this form in the postage-paid envelope provided or mail it to:**

**National Survey of Early Care and Education  
NORC at the University of Chicago  
55 East Monroe Street, Ste 1900  
Chicago, IL 60603  
Toll-free number: [PHONE]  
nsece19@norc.org**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 10/31/2019. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.





NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2019**

*Household Questionnaire*

*(revised November 2018)*

## Household Questionnaire

### QUEXLANG.

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

1. ENGLISH
2. SPANISH

IF R RETURNED MAIL SCREENER AND SENT TO FIELD FOR MAIN INTERVIEW, GO TO A\_INTRO1.  
ELSE GO TO A\_INTRO2.

### A\_INTRO1\_M.

Hello. I am \_\_\_\_\_ from NORC at the University of Chicago. We are conducting a survey about how families use and think about child care and after-school programs. Someone in your household recently completed a short questionnaire for this study and we have some additional questions we'd like to ask. May I speak to the parent/guardian of the child under 13 in the household?

- |                                  |                 |
|----------------------------------|-----------------|
| 1. Speaking with parent/guardian | →GO TO A_INTRO2 |
| 2. Parent/guardian not available | →GO TO ADR_3    |

### ADR\_3

Thank you very much. I will try back at another time to reach the parent/guardian.  
INTERVIEWER: BREAK OFF QUESTIONNAIRE AND RESUME WHEN PARENT/GUARDIAN IS AVAILABLE.

### A\_INTRO2\_M.

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

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

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

...about how families use and think about child care for children under age 13. This study is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help policy-makers and child care providers better understand and support the child care services that are most needed in your area.

This interview takes about an hour, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your

information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children, including reporting to authorities.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name and addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 10/31/2019. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

- |  |                               |
|--|-------------------------------|
| 1. R CONSENTS TO PARTICIPATE IN THE SURVEY                   | → CONTINUE                    |
| 2. R DOES NOT CONSENT TO PARTICIPATE<br>ALTERNATE RESPONDENT | → TERMINATE AND INQUIRE ABOUT |

**Section A. Child Demographics**

**S1\_M.**

First, how many children under 6 live in your household?

**IF R SAYS ZERO OR DK/REFUSED, READ PROBE BELOW BEFORE RECORDING FINAL RESPONSE.**

IF R SAYS 0, OR DK/REFUSED, SAY: Someone in your household participated in an earlier part of our study and said that there were [X] children under age 13 living in this household. They may not be your own children or they may be living here only temporarily. Please tell me how many children under age 13 live in this household currently.

Number of children under 6 years: \_\_\_\_\_

Range: -999999999-10

DK/REF

**S1\_SA.**

Next, how many children ages six to thirteen years live in your household?

Number of children 6 to 13 years old: \_\_\_\_\_

Range: -999999999-10

DK/REF

|            |                 |
|------------|-----------------|
| IF S1_M>=1 | → GO TO A1      |
| IF S1=0    | → GO TO S1_TERM |
| IF DK/REF  | → GO TO S1_TERM |

**S1\_TERM.**

Thank you very much. That is all I have.

PROGRAMMER: IF R GETS S1\_TERM, CODE DISPOSITION AS 'INELIGIBLE'

**A1.**

[IF S1\_M>1: For each child under 13, starting with the youngest,] Can you tell me the first names (or initials) of all of the children under 13 who usually live in this household?

Child #1: \_\_\_\_\_

Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_

Child #4: \_\_\_\_\_

Child #5: \_\_\_\_\_

Child #6: \_\_\_\_\_

Child #7: \_\_\_\_\_

Child #8: \_\_\_\_\_

Child #9: \_\_\_\_\_

Child #10: \_\_\_\_\_

ASK A1B-A2G10A ABOUT EACH CHILD LISTED IN A1.

**A1b.**

(ASK IF NECESSARY:). Is [CHILD NAME] a boy or a girl?

1. BOY
2. GIRL
3. DK/REF

**A1c**

In what month and year was [CHILD NAME] born?

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

Range: 1-12

-1  DK/REF

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

Range: 2006-2019

HH\_AGE CALC\_X (X=1 to 9): CALCULATED AGE OF CHILD

**A1c1.**

In what country was [CHILD NAME] born?

1. UNITED STATES →SKIP TO A2d
2. NOT IN U.S. →ASK A1c1\_CNTRY
3. DK/REF →SKIP TO A2d

**A1c1\_CNTRY [drop down list]**

In what country was [CHILD NAME] born?

- |                       |                         |                                 |
|-----------------------|-------------------------|---------------------------------|
| 1. Don't know/Refused | 8. Angola               | 15. Ashmore and Cartier Islands |
| 2. Afghanistan        | 9. Anguilla             | 16. Australia                   |
| 3. Akrotiri           | 10. Antarctica          | 17. Austria                     |
| 4. Albania            | 11. Antigua and Barbuda | 18. Azerbaijan                  |
| 5. Algeria            | 12. Argentina           | 19. Bahamas                     |
| 6. American Samoa     | 13. Armenia             | 20. Bahrain                     |
| 7. Andorra            | 14. Aruba               |                                 |

21. Bangladesh
22. Barbados
23. Bassas da India
24. Belarus
25. Belgium
26. Belize
27. Benin
28. Bermuda
29. Bhutan
30. Bolivia
31. Bosnia and Herzegovina
32. Botswana
33. Bouvet Island
34. Brazil
35. British Indian Ocean Territory
36. British Virgin Islands
37. Brunei
38. Bulgaria
39. Burkina Faso
40. Burma
41. Burundi
42. Cambodia
43. Cameroon
44. Canada
45. Cape Verde
46. Cayman Islands
47. Central African Republic
48. Chad
49. Chile
50. China
51. Christmas Island
52. Clipperton Island
53. Cocos (Keeling) Islands
54. Colombia
55. Comoros
56. Congo
57. Cook Islands
58. Coral Sea Islands
59. Costa Rica
60. Cote d'Ivoire
61. Croatia
62. Cuba
63. Cyprus
64. Czech Republic
65. Denmark
66. Dhekelia
67. Djibouti
68. Dominica
69. Dominican Republic
70. Ecuador
71. Egypt
72. El Salvador
73. Equatorial Guinea
74. Eritrea
75. Estonia
76. Ethiopia
77. Europa Island
78. Falkland Islands (Islas Malvinas)
79. Faroe Islands
80. Fiji
81. Finland
82. France
83. French Guiana
84. French Polynesia
85. French Southern and Antarctic Lands
86. Gabon
87. Gambia
88. Gaza Strip
89. Georgia
90. Germany
91. Ghana
92. Gibraltar
93. Glorioso Islands
94. Greece
95. Greenland
96. Grenada
97. Guadeloupe
98. Guam
99. Guatemala
100. Guernsey
101. Guinea
102. Guinea-Bissau
103. Guyana
104. Haiti
105. Heard Island and McDonald Islands
106. Holy See (Vatican City)
107. Honduras
108. Hong Kong
109. Hungary
110. Iceland
111. India
112. Indonesia
113. Iran
114. Iraq
115. Ireland
116. Isle of Man
117. Israel
118. Italy
119. Jamaica
120. Jan Mayen
121. Japan
122. Jersey
123. Jordan
124. Juan de Nova Island
125. Kazakhstan
126. Kenya
127. Kiribati
128. North Korea
129. South Korea
130. Kuwait
131. Kyrgyzstan
132. Laos
133. Latvia
134. Lebanon
135. Lesotho
136. Liberia
137. Libya
138. Liechtenstein
139. Lithuania
140. Luxembourg
141. Macau
142. Macedonia
143. Madagascar
144. Malawi
145. Malaysia
146. Maldives
147. Mali

- |   |   |                                  |
|---|---|----------------------------------|
| 148. Malta                              | 185. Philippines  | 218. Sudan                       |
| 149. Marshall Islands                   | 186. Pitcairn Islands                                   | 219. Suriname                    |
| 150. Martinique                         | 187. Poland   | 220. Svalbard                    |
| 151. Mauritania                         | 188. Portugal   | 221. Swaziland                   |
| 152. Mauritius                          | 189. Puerto Rico  | 222. Sweden                      |
| 153. Mayotte                            | 190. Qatar  | 223. Switzerland                 |
| 154. Mexico                             | 191. Reunion  | 224. Syria                       |
| 155. Micronesia,<br>Federated States of | 192. Romania  | 225. Taiwan                      |
| 156. Moldova                            | 193. Russia   | 226. Tajikistan                  |
| 157. Monaco                             | 194. Rwanda   | 227. Tanzania                    |
| 158. Mongolia                           | 195. Saint Helena                                       | 228. Thailand                    |
| 159. Montserrat                         | 196. Saint Kitts and Nevis                              | 229. Timor-Leste                 |
| 160. Morocco                            | 197. Saint Lucia  | 230. Togo                        |
| 161. Mozambique                         | 198. Saint Pierre and<br>Miquelon                       | 231. Tokelau                     |
| 162. Namibia                            | 199. Saint Vincent and the<br>Grenadines                | 232. Tonga                       |
| 163. Nauru                              | 200. Samoa  | 233. Trinidad and Tobago         |
| 164. Navassa Island                     | 201. San Marino   | 234. Tromelin Island             |
| 165. Nepal                              | 202. Sao Tome and<br>Principe                           | 235. Tunisia                     |
| 166. Netherlands                        | 203. Saudi Arabia                                       | 236. Turkey                      |
| 167. Netherlands Antilles               | 204. Senegal  | 237. Turkmenistan                |
| 168. New Caledonia                      | 205. Serbia and<br>Montenegro                           | 238. Turks and Caicos<br>Islands |
| 169. New Zealand                        | 206. Seychelles   | 239. Tuvalu                      |
| 170. Nicaragua                          | 207. Sierra Leone                                       | 240. Uganda                      |
| 171. Niger                              | 208. Singapore  | 241. Ukraine                     |
| 172. Nigeria                            | 209. Slovakia   | 242. United Arab Emirates        |
| 173. Niue                               | 210. Slovenia   | 243. United Kingdom              |
| 174. Norfolk Island                     | 211. Solomon Islands                                    | 244. United States               |
| 175. Northern Mariana<br>Islands        | 212. Somalia  | 245. Uruguay                     |
| 176. Norway                             | 213. South Africa                                       | 246. Uzbekistan                  |
| 177. Oman                               | 214. South Georgia and<br>the South Sandwich<br>Islands | 247. Vanuatu                     |
| 178. Pakistan                           | 215. Spain  | 248. Venezuela                   |
| 179. Palau                              | 216. Spratly Islands                                    | 249. Vietnam                     |
| 180. Panama                             | 217. Sri Lanka  | 250. Virgin Islands              |
| 181. Papua New Guinea                   |   | 251. Wake Island                 |
| 182. Paracel Islands                    |   | 252. Wallis and Futuna           |
| 183. Paraguay                           |   | 253. West Bank                   |
| 184. Peru                               |   |                                  |

**A2d.**

Is [CHILD NAME] of Hispanic or Latino origin?

1. Yes

2. No
3. DK/REF

**A2e.**

Is [CHILD NAME]...(SELECT ONE OR MORE)?

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

**A2e\_OS.**

(PLEASE SPECIFY:) \_\_\_\_\_

DK/REF

**A2f.**

What is [CHILD NAME]'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
8. DK/REF

**A2g.**

[IF A2f = 2, 3, 4, 5, 6, 7 OR 8] Does [CHILD NAME] have a parent in the household?

[IF A2f =1 OR 2] Does [CHILD NAME] have another parent in the household?

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

1. Yes
2. No
3. If volunteered: mother deceased
4. If volunteered: father deceased
5. DK/REF

**A2h.**

Does [CHILD NAME] have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for [him/her]?

1. Yes
2. No
3. DK/REF

IF THIS IS THE FIRST CHILD AND IF HH SCREENER VAR 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.  
IF A2G = 1, 3, 4, OR 5, GO TO INSTRUCTION BEFORE B1A1.

**A2G1.**

You mentioned that [CHILD NAME]'s parent does not live in the household. Have you already told me about that other parent?

IF YES, SELECT WHICH CHILD'S PARENT IS ALSO THE PARENT OF THIS CHILD:

- |   |               |
|---|---------------|
| 1. Yes, child1                          | → GO TO A2G10 |
| 2. YES, CHILD2                          | → GO TO A2G10 |
| 3. YES, CHILD3                          | → GO TO A2G10 |
| 4. YES, CHILD4                          | → GO TO A2G10 |
| 5. YES, CHILD5                          | → GO TO A2G10 |
| 6. YES, CHILD6                          | → GO TO A2G10 |
| 7. YES, CHILD7                          | → GO TO A2G10 |
| 8. YES, CHILD8                          | → GO TO A2G10 |
| 9. YES, CHILD9                          | → GO TO A2G10 |
| 10. YES, CHILD10                        | → GO TO A2G10 |
| 11. No, parent not previously mentioned | → GO TO A2G2  |
| 12. DK/REF                              | → GO TO A2G10 |

**A2G2.**

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

- |                                    |                  |
|------------------------------------|------------------|
| 1. ENTER ZIP CODE                  | → GO TO A2G2_ZIP |
| 2. ENTER CITY AND STATE            | → GO TO A2G2_CS  |
| 3. If volunteered: mother deceased | → GO TO A2G10    |
| 4. If volunteered: father deceased | → GO TO A2G10    |
| 5. DK/REF                          | → GO TO A2G8     |

**A2G2\_ZIP.**

ENTER PARENT'S ZIP CODE.

ZIP CODE: \_\_\_\_\_ → GO TO A2G8

Range: 0-99999

-1  DK/REF

**A2G2\_CS.**

ENTER PARENT'S CITY AND STATE.

CITY: \_\_\_\_\_

-1  DK/REF

STATE: \_\_\_\_\_ → GO TO A2G8

-1  DK/REF

**A2G8.**

What is the highest grade or level of schooling he/she has completed? (READ IF NECESSARY)

1. 8th grade or less
2. 9th-12th grade no diploma
3. High school graduate or GED completed
4. Some college credit but no degree
5. Associate degree (AA, AS)
6. Bachelor's degree (BA, BS, AB)
7. Graduate or professional degree
8. DK/REF

**A2G9.**

In the past 12 months, about how many times has he/she seen [CHILD NAME]?

TIMES: \_\_\_\_\_

Range: 0-999

DK/REF

**A2G9a.**

In the past 12 months, has he/she contributed \$500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?

- 1. Yes
- 2 No
- DK/REF

**A2g10.**

Have you accounted for two parents for this child?

- 1. Yes → GO TO SKIP INSTRUCTION BEFORE B1A1
- 2. No → GO TO A2G10A

**A2G10A.**

Does [CHILD NAME] have another parent who doesn't live in this household?

- 1. Yes → GO TO A2G1 AND ASK ABOUT ANOTHER PARENT
- 2. No → GO TO INSTRUCTION BEFORE B1A1
- 3. DK/REF → GO TO INSTRUCTION BEFORE B1A1

REPEAT A1B-A2G10A FOR EACH CHILD UNDER 13 IN HOUSEHOLD.

HH\_ETIME\_R SECTION A TIMESTAMP

**Section B. Respondent and Household Adults Demographics**

**B1a1.**

These next questions are about your family and the other people who live in your household and who are 13 years old or older. Including yourself, how many people 13 years old or older live in your household?

NUMBER OF PEOPLE: \_\_\_\_\_

Range: 1-99

-1  DK/REF

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

**B1A.**

[IF FIRST HHM:] Now please tell me the first names (or initials) of individuals over the age of 13 who usually live here. We will start with you. Can you please state your first name or initials?

[IF SECOND OR HIGHER HHM:] (Please tell me the name (or initials) of the next individual over the age of 13 who usually lives here.)

NAME: \_\_\_\_\_

-1  DK/REF

ASK B1B- B1O\_1 FOR FIRST HHM.

IF THERE IS MORE THAN 1 HHM, REPEAT B1B-B1O\_1 FOR EACH HHM.

IF B1A = DK/REF, GO TO SKIP INSTRUCTION BEFORE B2.

Now I have some questions about each person in the household. The questions may be different for different people. Let me start with you.

**B1b.**

[IF FIRST HHM:] How old are you?

[IF SECOND OR HIGHER HHM:] How old is [HHM NAME]?

IF NEEDED: Your best guess is fine.

AGE: \_\_\_\_\_

Range: 1-99

-1  DK/REF

**B1c.**

**IF NOT OBVIOUS:**

[IF FIRST HHM:] Are you male or female?

[IF SECOND OR HIGHER HHM:] Is [HHM NAME] male or female?

1. Male
2. Female
3. DK/REF

IF HHMEM NOT R, GO TO B1D.  
ELSE GO TO INSTRUCTION BEFORE B1E.

**B1d.**

What is your relationship to [HHM NAME]?

1. Spouse (i.e., legally married)
2. Partner (i.e., not legally married)
3. Parent or Parent-in-law
4. Child or child-in-law
5. Sibling or sibling-in-law
6. Other relative
7. Non-relative
8. DK/REF

IF B1B >= 14 AND HHMEM NOT R, GO TO B1E.  
ELSE GO TO INSTRUCTION BEFORE B1F.

**B1e.**

**IF NOT OBVIOUS, ASK:**

Does [HHM NAME] have any children under the age of 13 in this household?

IF NEEDED: Please include biological and adopted children.

1. Yes → GO TO B1e\_1
2. No → GO TO B1f
3. DK/REF → GO TO B1f

**B1e\_1.**

Who are [HHM NAME]'s children in this household?

[SELECT ALL THAT APPLY]

1. Child1
2. Child2
3. Child3
4. Child4

5. Child5
6. Child6
7. Child7
8. Child8
9. Child9

IF B1B >= 14 AND HHMEM NOT R OR R'S SPOUSE AND HHMEM HAS NO CHILDREN IN HH, GO TO B1F.  
ELSE GO TO B1J.

**B1f.**

Does [HHM NAME] ever look after the young children in the household?

IF NEEDED: How about for more than 5 hours at a time?

1. Yes
2. No
3. DK/REF

IF HHM IS NOT R'S SPOUSE, AND DOES NOT HAVE CHILDREN UNDER 13 IN THE HH AND DOES NOT CARE FOR THE CHILDREN UNDER 13 IN THE HOUSEHOLD, GO TO INSTRUCTION AFTER B1O\_1. ELSE, GO TO B1J.

**B1j.**

What is the highest grade or level of schooling that [you have/[HHM NAME] 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
8. DK/REF

IF FIRST HHM, GO TO B1M\_M.  
IF SECOND OR HIGHER HHM, GO TO INSTRUCTION BEFORE B1O.

**B1m\_M.**

What is your ethnicity?

Is [HHM NAME] of Hispanic or Latino origin?

1. Hispanic or Latino

2. Not Hispanic or Latino
3. DK/REF

**B1n\_M.**

What is your race...

Which of the following is [HHM NAME]...

(SELECT ONE OR MORE)

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

IF HHMEM IS R OR PARENT OF CHILD UNDER 13 IN HH, GO TO B1O.  
ELSE, GO TO INSTRUCTION AFTER B1O\_1.

**B1o.**

[IF FIRST HHM:] In which country were you born?

[IF SECOND OR HIGHER HHM:] In which country was [HHM NAME] born?

- |                  |                                 |
|------------------|---------------------------------|
| 1. United States | → GO TO INSTRUCTION AFTER B1O_1 |
| 2. Not in U.S.   | → GO TO B1o_CNTRY               |
| 3. DK/REF        | → GO TO INSTRUCTION AFTER B1O_1 |

**B1o\_CNTRY**

[IF FIRST HHM:] In which country were you born?

[IF SECOND OR HIGHER HHM:] In which country was [HHM NAME] born?

[drop down]

- |                       |                                    |                     |
|-----------------------|------------------------------------|---------------------|
| 1. Don't know/Refused | 10. Antarctica                     | 18. Azerbaijan      |
| 2. Afghanistan        | 11. Antigua and Barbuda            | 19. Bahamas         |
| 3. Akrotiri           | 12. Argentina                      | 20. Bahrain         |
| 4. Albania            | 13. Armenia                        | 21. Bangladesh      |
| 5. Algeria            | 14. Aruba                          | 22. Barbados        |
| 6. American Samoa     | 15. Ashmore and Cartier<br>Islands | 23. Bassas da India |
| 7. Andorra            | 16. Australia                      | 24. Belarus         |
| 8. Angola             | 17. Austria                        | 25. Belgium         |
| 9. Anguilla           |                                    |                     |

- |                                       |  |   |
|---------------------------------------|--|---|
| 26. Belize                            | 70. Ecuador                                | 112. Indonesia                          |
| 27. Benin                             | 71. Egypt                                  | 113. Iran                               |
| 28. Bermuda                           | 72. El Salvador                            | 114. Iraq                               |
| 29. Bhutan                            | 73. Equatorial Guinea                      | 115. Ireland                            |
| 30. Bolivia                           | 74. Eritrea                                | 116. Isle of Man                        |
| 31. Bosnia and Herzegovina            | 75. Estonia                                | 117. Israel                             |
| 32. Botswana                          | 76. Ethiopia                               | 118. Italy                              |
| 33. Bouvet Island                     | 77. Europa Island                          | 119. Jamaica                            |
| 34. Brazil                            | 78. Falkland Islands (Islas<br>Malvinas)   | 120. Jan Mayen                          |
| 35. British Indian Ocean<br>Territory | 79. Faroe Islands                          | 121. Japan                              |
| 36. British Virgin Islands            | 80. Fiji                                   | 122. Jersey                             |
| 37. Brunei                            | 81. Finland                                | 123. Jordan                             |
| 38. Bulgaria                          | 82. France                                 | 124. Juan de Nova Island                |
| 39. Burkina Faso                      | 83. French Guiana                          | 125. Kazakhstan                         |
| 40. Burma                             | 84. French Polynesia                       | 126. Kenya                              |
| 41. Burundi                           | 85. French Southern and<br>Antarctic Lands | 127. Kiribati                           |
| 42. Cambodia                          | 86. Gabon                                  | 128. North Korea                        |
| 43. Cameroon                          | 87. Gambia                                 | 129. South Korea                        |
| 44. Canada                            | 88. Gaza Strip                             | 130. Kuwait                             |
| 45. Cape Verde                        | 89. Georgia                                | 131. Kyrgyzstan                         |
| 46. Cayman Islands                    | 90. Germany                                | 132. Laos                               |
| 47. Central African Republic          | 91. Ghana                                  | 133. Latvia                             |
| 48. Chad                              | 92. Gibraltar                              | 134. Lebanon                            |
| 49. Chile                             | 93. Glorioso Islands                       | 135. Lesotho                            |
| 50. China                             | 94. Greece                                 | 136. Liberia                            |
| 51. Christmas Island                  | 95. Greenland                              | 137. Libya                              |
| 52. Clipperton Island                 | 96. Grenada                                | 138. Liechtenstein                      |
| 53. Cocos (Keeling) Islands           | 97. Guadeloupe                             | 139. Lithuania                          |
| 54. Colombia                          | 98. Guam                                   | 140. Luxembourg                         |
| 55. Comoros                           | 99. Guatemala                              | 141. Macau                              |
| 56. Congo                             | 100. Guernsey                              | 142. Macedonia                          |
| 57. Cook Islands                      | 101. Guinea                                | 143. Madagascar                         |
| 58. Coral Sea Islands                 | 102. Guinea-Bissau                         | 144. Malawi                             |
| 59. Costa Rica                        | 103. Guyana                                | 145. Malaysia                           |
| 60. Cote d'Ivoire                     | 104. Haiti                                 | 146. Maldives                           |
| 61. Croatia                           | 105. Heard Island and<br>McDonald Islands  | 147. Mali                               |
| 62. Cuba                              | 106. Holy See (Vatican City)               | 148. Malta                              |
| 63. Cyprus                            | 107. Honduras                              | 149. Marshall Islands                   |
| 64. Czech Republic                    | 108. Hong Kong                             | 150. Martinique                         |
| 65. Denmark                           | 109. Hungary                               | 151. Mauritania                         |
| 66. Dhekelia                          | 110. Iceland                               | 152. Mauritius                          |
| 67. Djibouti                          | 111. India                                 | 153. Mayotte                            |
| 68. Dominica                          |  | 154. Mexico                             |
| 69. Dominican Republic                |  | 155. Micronesia, Federated<br>States of |

- |                               |  |                               |
|-------------------------------|--|-------------------------------|
| 156. Moldova                  | 190. Qatar   | 222. Sweden                   |
| 157. Monaco                   | 191. Reunion   | 223. Switzerland              |
| 158. Mongolia                 | 192. Romania   | 224. Syria                    |
| 159. Montserrat               | 193. Russia  | 225. Taiwan                   |
| 160. Morocco                  | 194. Rwanda  | 226. Tajikistan               |
| 161. Mozambique               | 195. Saint Helena                                    | 227. Tanzania                 |
| 162. Namibia                  | 196. Saint Kitts and Nevis                           | 228. Thailand                 |
| 163. Nauru                    | 197. Saint Lucia                                     | 229. Timor-Leste              |
| 164. Navassa Island           | 198. Saint Pierre and Miquelon                       | 230. Togo                     |
| 165. Nepal                    | 199. Saint Vincent and the<br>Grenadines             | 231. Tokelau                  |
| 166. Netherlands              | 200. Samoa   | 232. Tonga                    |
| 167. Netherlands Antilles     | 201. San Marino                                      | 233. Trinidad and Tobago      |
| 168. New Caledonia            | 202. Sao Tome and Principe                           | 234. Tromelin Island          |
| 169. New Zealand              | 203. Saudi Arabia                                    | 235. Tunisia                  |
| 170. Nicaragua                | 204. Senegal   | 236. Turkey                   |
| 171. Niger                    | 205. Serbia and Montenegro                           | 237. Turkmenistan             |
| 172. Nigeria                  | 206. Seychelles                                      | 238. Turks and Caicos Islands |
| 173. Niue                     | 207. Sierra Leone                                    | 239. Tuvalu                   |
| 174. Norfolk Island           | 208. Singapore                                       | 240. Uganda                   |
| 175. Northern Mariana Islands | 209. Slovakia  | 241. Ukraine                  |
| 176. Norway                   | 210. Slovenia  | 242. United Arab Emirates     |
| 177. Oman                     | 211. Solomon Islands                                 | 243. United Kingdom           |
| 178. Pakistan                 | 212. Somalia   | 244. United States            |
| 179. Palau                    | 213. South Africa                                    | 245. Uruguay                  |
| 180. Panama                   | 214. South Georgia and the<br>South Sandwich Islands | 246. Uzbekistan               |
| 181. Papua New Guinea         | 215. Spain   | 247. Vanuatu                  |
| 182. Paracel Islands          | 216. Spratly Islands                                 | 248. Venezuela                |
| 183. Paraguay                 | 217. Sri Lanka                                       | 249. Vietnam                  |
| 184. Peru                     | 218. Sudan   | 250. Virgin Islands           |
| 185. Philippines              | 219. Suriname  | 251. Wake Island              |
| 186. Pitcairn Islands         | 220. Svalbard  | 252. Wallis and Futuna        |
| 187. Poland                   | 221. Swaziland                                       | 253. West Bank                |

**B1o\_1.**

[IF FIRST HHM:] In what year did you first come to USA?

[IF SECOND OR HIGHER HHM:] In what year did [he/she] first come to USA?

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

Range: 1900-2019

-1  DK/REF

IF THERE ARE ADDITIONAL HHMS NOT ASKED ABOUT, RETURN TO B1B AND ASK B1b-B1o\_1 FOR EACH REMAINING INDIVIDUAL IN HH.  
ELSE GO TO B\_HHSTR\_CHK.

**B\_HHSTR\_CHK.**

1) DETERMINE WHETHER THERE ARE ANY CHILDREN UNDER 13 IN SECTION A FOR WHOM NO PARENTS ARE LISTED IN SECTION B. IF YES, ASK B1\_CUST FOR EACH CHILD WITH NO ADOPTIVE OR BIOLOGICAL PARENTS IN THE HH.

2) COUNT THE NUMBER OF INDIVIDUALS IN SECTION B WHO ARE THE BIOLOGICAL OR ADOPTIVE PARENT OF A CHILD UNDER 13 IN THIS HOUSEHOLD. IF 3 OR MORE, ASK B1\_STRUCT BELOW.

IF ALL CHILDREN HAVE AT LEAST ONE PARENT IN HH AND NO MORE THAN TWO PARENTS IN HH, GO TO B2.

[IF CHILD IN HH WITH NO PARENTS IN HH, ASK:]

**B1\_CUST.**

I do not have a parent recorded for [CHILD] in this household. Who is a guardian for [CHILD]?

< list of B adults >

1. No guardian
2. Guardian or parent outside of household only

**B1\_CUST\_a.**

Is that a formal relationship such as foster care or legal guardianship, or an informal arrangement?

1. Foster
2. Legal, not foster
3. Informal

[IF 3 OR MORE PARENTS IN HH, ASK:]

**B1\_STRUCT.**

I see that there are [x] number of parents of young children in this household. Could you describe the family, marriage or other relationships between the [x] parents? INTERVIEWER: FOR EXAMPLE, 1 PARENT MAY BE THE DAUGHTER OF ANOTHER PARENT, OR TWO SISTERS AND THEIR HUSBANDS MAY BE LIVING IN THE SAME HOUSEHOLD.

VERBATIM: \_\_\_\_\_

**B2.**

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

What language is usually spoken in this household? (CHECK ALL THAT APPLY)

**LANGUAGE:**

- |    |                                  |    |                         |
|----|----------------------------------|----|-------------------------|
| 0  | No other language provided       | 38 | Burmese                 |
| 1  | Arabic                           | 39 | Cape Verdean            |
| 2  | Armenian                         | 40 | Chamorro                |
| 3  | Chinese                          | 41 | Chuukese                |
| 4  | English                          | 42 | Creole                  |
| 5  | French (including Patois, Cajun) | 43 | Czech                   |
| 6  | French creole                    | 44 | Creole                  |
| 7  | German                           | 45 | Dutch                   |
| 8  | Greek                            | 46 | Ethiopian               |
| 9  | Guajarati                        | 47 | Fijian                  |
| 10 | Hebrew                           | 48 | African dialects        |
| 11 | Hindi                            | 49 | Igbo                    |
| 12 | Hungarian                        | 50 | Ilocano                 |
| 13 | Italian                          | 51 | Indian dialects         |
| 14 | Japanese                         | 52 | Indonesian              |
| 15 | Korean                           | 53 | Moratai                 |
| 16 | Laotian                          | 54 | Jamaican/Haitian Creole |
| 17 | Miao, Hmong                      | 55 | Kannada                 |
| 18 | Mon-Khmer, Cambodian             | 56 | Karen                   |
| 19 | Navajo                           | 57 | Kurdish                 |
| 20 | Persian                          | 58 | Lakota                  |
| 21 | Polish                           | 59 | Latvian                 |
| 22 | Portuguese or Portuguese Creole  | 60 | Mixteco                 |
| 23 | Russian                          | 61 | Nepali                  |
| 24 | Serbo-Croatian                   | 62 | Mongolian               |
| 25 | Spanish or Spanish Creole        | 63 | Norwegian               |
| 26 | Tagalog                          | 64 | Oromo                   |
| 27 | Thai                             | 65 | Pashto                  |
| 28 | Urdu                             | 66 | Punjabi                 |
| 29 | Vietnamese                       | 67 | Romanian                |
| 30 | Yiddish                          | 68 | Samoan                  |
| 31 | Other                            | 69 | Somali                  |
| 32 | DK/REF                           | 70 | Swahili                 |
| 33 | American Sign Language           | 71 | Tamil                   |
| 34 | Amharic                          | 72 | Telugu                  |
| 35 | Albanian                         | 73 | Tigrinya                |
| 36 | Bengali                          | 74 | Turkish                 |
| 37 | Bulgarian                        | 75 | Twi                     |

- 76 Ukrainian
- 77 Visyan/Cebuano/Bisaya
- 78 Yoruba
- 79 Malayalam
- 80 Pennsylvania Dutch
- 81 Tongan
- 82 Nahuatl
- 83 Hawaiian
- 84 Mandinka
- 85 Finnish
- 86 Pidgin
- 87 Sesotho

**B2\_SPEC.**

SPECIFY LANGUAGE

\_\_\_\_\_

-1  DK/REF

**B3\_M.**

[Does your child/Do your children] have any relatives who live within 45 minutes of your child's home?

Please include relatives on your side of the family as well as relatives of the child's other parent.

IF NEEDED: Please report all relatives, even if they could not or would not provide care for a child.

1. Yes → GO TO B3B
2. No → GO TO INSTRUCTION BEFORE C1
3. DK/REF → GO TO INSTRUCTION BEFORE C1
4. IF VOLUNTEERED: YES, BUT CHILD HAS NO RELATIONSHIP WITH THEM -> GO TO INSTRUCTION BEFORE C1

**B3b.**

Would any of these relatives be able to care for your child/children on a regular basis with no payment or only payment that covers transportation costs?

1. Yes
2. No
3. DK/REF

**B3c.**

Would any of these relatives be able to care for your child if you were to pay them?

1. Yes
2. No
3. DK/REF

**Section C. Child Care: Types and Hours**

Now I'd like to understand your child care schedule in early May.

**C1\_INTRO.**

[READ FOR FIRST CHILD ONLY:] In addition to a child's parents, a child may be cared for by other adults in the household, by relatives or friends outside of the household, or by a child-care professional in a center or someone's home. Older children may sometimes care for themselves. Next I have some questions about various people who regularly cared for your child/children in early May

Do not include any parent of a child under 13 in this household or his or her spouse.

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

Please also include any other activities, such as playdates or babysitters.

ASK C3 TO C4B FOR UP TO 3 PROVIDERS PER CHILD WHO USUALLY PROVIDED CARE IN EARLY MAY.

**C3.** (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1<sup>st</sup> and 2<sup>nd</sup> usual-but-not-last-week provider for the child)

Did anyone regularly care for [CHILD NAME] in early May? By regularly I mean at least five hours each week.

1. YES → GO TO C4
2. NO → GO TO INSTRUCTION BEFORE C4C
3. DK/REF → GO TO INSTRUCTION BEFORE C4C

**C4.** (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1<sup>st</sup> and 2<sup>nd</sup> usual-but-not-last-week provider for the child)

Who usually provided care for [CHILD NAME] in early May?

NAME:

\_\_\_\_\_

-1  DK/REF

**C4a.** (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1<sup>st</sup> and 2<sup>nd</sup> usual-but-not-last-week provider for the child)

Did that care usually take place at your home or somewhere else?

1. R's home
2. Somewhere else
3. DK/REF

**C4b.** (X=1 to 10 [CHILD NUMBER] and 1 or 2 is for the 1<sup>st</sup> and 2<sup>nd</sup> usual-but-not-last-week provider for the child)

How many hours per week did [C4 PROVIDER] usually care for [CHILD NAME]?

NAME:

\_\_\_\_\_

-1  DK/REF

**CS\_1.**

How many of those hours were between 8am and 6pm Monday through Friday?

\_\_\_\_\_ Number of hours

**CS\_2.**

About how many of the hours that [child] was with [C4 PROVIDER] were you (and your spouse/partner) in work-related activities such as work, school, training or commuting to these activities?

\_\_\_\_\_ Hours [Range 1-168]

IF MORE THAN ONE CHILD, GO TO C4C.  
IF ONLY ONE CHILD OR LAST CHILD, GO TO C5.

**C5.**

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

LOOP THROUGH C5 TO C9 FOR EACH PROVIDER (LAST WEEK AND REGULAR) FOR EACH CHILD.  
IF PARENTAL CARE ONLY OR PROVIDER LIVES IN THIS HOUSEHOLD, GO TO INSTRUCTION BEFORE C9.  
ELSE ASK C5A.  
ASK ONLY ONCE ABOUT EACH PROVIDER, REGARDLESS OF HOW MANY CHILDREN ARE CARED FOR BY THAT PROVIDER.

**C5A.**

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

1. Individual → GO TO C5C
2. VOLUNTEERED ONLY: INDIVIDUAL WITH FAMILY DAY CARE → GO TO C6
3. Organization → GO TO C6
4. DK/REF → GO TO C8\_M

**C5C.**

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

1. YES → GO TO C5CA\_M

2. NO → GO TO C5D
3. DK/REF → GO TO C5D

**C5CA\_M.**

What is your relationship to (PROVIDER)?

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

**C5CB.**

(IF C5CA\_M = 2) So (PROVIDER) Is the CHILD's grandparent? / (IF C5CA\_M = 4) Is this [CHILD]'s grandparent?

1. Yes
2. No
3. DK/REF

**C5CB2\_M.**

As far as you know, does (PROVIDER) care for a total of four or more children each week, not counting his or her own children?

1. Yes
2. No
3. DK/REF

**C5D.**

**(IF NOT OBVIOUS: )** Does this individual live in this household or provide care in this household?

1. YES, LIVES HERE (SKIP TO INSTRUCTION BEFORE C9)
2. YES, PROVIDES CARE HERE BUT DOES NOT LIVE HERE (SKIP TO INSTRUCTION BEFORE C9)
3. NO, NEITHER LIVES HERE NOR PROVIDES CARE HERE (SKIP TO C8\_M)
4. DK/REF (SKIP TO C8\_M)

**C5E.**

Do you usually pay this person for looking after your child(ren)?

1. Yes (GO TO C5F)

2 No

3 DK/REF (GO TO C5F)

**C5E1\_E10.**

Do you 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 {CHILD} receives?

1. Yes

2. No (GO TO C5F)

3. DK/REF (GO TO C5F)

**C5E2\_E10B1.**

How often do you give these things?

\_\_\_\_\_

-1. DK/REF

FOR EACH CHILD CARED FOR BY PROVIDER, ASK:

**C5F.**

How old was [CHILD] when [PROVIDER] started regularly looking after him or her?

\_\_\_\_ Months \_\_\_\_ Years

**C6.**

**(IF NOT OBVIOUS:)** What is the full name of [PROVIDER NAME]?

**INTERVIEWER INSTRUCTION: RE-ENTER FULL NAME OF PROVIDER IF OBVIOUS.**

\_\_\_\_\_

**C7.**

I have a list of most child care providers in the area, and I'll see if this program is on my list. In that case, I won't have to ask you quite as many questions about their care.

SELECT STATE PROVIDER LOCATED IN

**C7\_2.**

IN WHAT CITY IS [PROVIDER NAME] LOCATED?

CITY:

**C7\_3.**

PLEASE SELECT PROVIDER. IF PROVIDER NOT LISTED, SELECT "NOT ON LIST".

IF PROVIDER FOUND IN LIST, SKIP TO C8A. ELSE ASK C8\_M.

**C8\_M.**

[IF C5A=2 OR 3]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 private and released only in statistical form.

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

- |                                       |                   |
|---------------------------------------|-------------------|
| 1. ENTER ADDRESS                      | → GO TO C8_ADDR2  |
| 2. ENTER ZIP AND CROSS STREETS        | → GO TO C8_CROSS  |
| 3. ENTER CITY/STATE AND CROSS STREETS | → GO TO C8_CROSS2 |
| 4. DK/REF                             | → GO TO C8A       |

**C8\_ADDR2.**

ENTER ADDRESS INFORMATION:

ADDRESS \_\_\_\_\_

-1  DK/REF

CITY \_\_\_\_\_

-1  DK/REF

STATE \_\_\_\_\_

-1  DK/REF

ZIP \_\_\_\_\_

-1  DK/REF

**C8\_CROSS.**

CROSS-STREETS

ZIP \_\_\_\_\_

-1  DK/REF

STREET 1 \_\_\_\_\_

-1  DK/REF

STREET 2 \_\_\_\_\_

-1  DK/REF

**C8\_CROSS2.**

CROSS-STREETS

CITY \_\_\_\_\_

-1  DK/REF

STATE \_\_\_\_\_

-1  DK/REF

STREET 1 \_\_\_\_\_

-1  DK/REF

STREET 2 \_\_\_\_\_

-1  DK/REF

[IF C5A = 1, SKIP TO INSTRUCTION ABOVE C9. ELSE ASK C8\_3.]

**C8\_3.**

Some organizations provide a single type of activity for children, that many children may participate in for only a couple of hours each week. These could include tutoring programs, sports, or music or dance lessons.

Would you say that [PROVIDER] offers a single type of activity or more than one type of activity?

1 Single

2 More than one

3 DK/REF

**C8\_4.**

Some organizations offer drop-in care that parents can use on an unscheduled basis and without signing up in advance. Gyms, shopping malls, community centers and churches are some places that can offer drop-in care.

Does [CHILD] attend [PROVIDER] on a drop-in basis?

1 YES

2 NO

3 DK/REF

[IF PROVIDER PROVIDED CARE LAST WEEK, ASK C9 FOR EACH CHILD LINKED TO PROVIDER. ELSE GO TO C5 AND ASK ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT.]

INSTRUCTION: BEGIN CHILD-SPECIFIC CENTER-BASED PROVIDER LOOP FOR ALL CHILDREN IN NON-DROP-IN, NON-SINGLE ACTIVITY.

**C9.**

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

1. YES
2. NO (SKIP TO INSTRUCTION ABOVE C1A2\_INTRO)
3. DK/REF

**C8B.**

(IF [PROVIDER] IS AN ELEMENTARY SCHOOL IN SAMPLE FRAME AND CHILD IS AGE 60 MONTHS OR OLDER, ASK c8B. ELSE SKIP TO INSTRUCTION ABOVE C1a2\_INTRO) Is [CHILD] enrolled in regular elementary or middle school, grades kindergarten through eight, at [PROVIDER]?

1. YES
2. NO
3. DK/REF

**C8C.**

(IF CHILD IS 54 MONTHS TO 71 MONTHS, ASK) Is [CHILD] enrolled in kindergarten (IF CALIFORNIA: or transitional kindergarten) at [PROVIDER]?

- 1 Yes (KINDERGARTEN OR CALIFORNIA TRANSITIONAL KINDERGARTEN)
- 2 No (INCLUDES Pre-Kindergarten)

**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: \_\_\_\_\_

-1  DK/REF

END TIME: \_\_\_\_\_

-1  DK/REF

IF CHILD < 72 MONTHS AND NOT IN KINDERGARTEN, ASK:

**C8\_2\_M.**

Does [CHILD] participate in a Head Start or Public Pre-Kindergarten program, such as [LOCAL NAME FOR PRE\_K] at [PROVIDER]?

1. YES
2. NO

RETURN TO C5 AND ASK C5 TO C9 ABOUT NEXT PROVIDER UNTIL ALL PROVIDERS ASKED ABOUT. IF LAST PROVIDER, GO TO INSTRUCTION BEFORE C1A2.

[LOOP THROUGH C1A2 TO C11 FOR ALL PROVIDERS WHO ARE NON-SCHOOL (HH\_C8A\_X NOT 1 AND HH\_PROVPTYPE\_X NOT 06), NON-SINGLE ACTIVITY (HH\_C8\_3\_X NOT 1), NON-DROP-IN (HH\_C8\_4\_X NOT 1), NON-HHM (HH\_PTYPE\_X NOT 1-15), AND PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK (HH\_REGCAREFLAG\_X = 1) ARE ASKED ABOUT.]

**C1A2\_INTRO.**

These next questions are about your interactions with [PROVIDER]

[IF C5A = 2 OR 3 SKIP TO C1B, ELSE ASK C1a2]

**C1a2.**

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

- |                  |                                |
|------------------|--------------------------------|
| 1 R'S HOME       | → GO TO INSTRUCTION BEFORE C11 |
| 2 SOMEWHERE ELSE | → GO TO C1B                    |
| 3 DK/REF         | → GO TO C1B                    |

**C1B.**

How did your child/children usually get to [PROVIDER]? (CODE ONE PER CHILD, DO NOT PROBE FOR ADDITIONAL.)

1. Walking or bicycle
2. Car
3. Public transportation
4. School bus
5. Other
6. DK/REF

**C1C.**

Who usually took your child/children there?

<list PROVIDERS AND PARENTS>

-1  DK/REF

[IF C5A = 2 OR 3, OR C5A = 1 AND C5C= 2, GO TO C11. ELSE GO TO C14INTRO.]

**C11.**

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
- 2 NO
- 3 DK/REF

[LOOP THROUGH C1A2 TO C11 FOR ALL PROVIDERS WHO ARE NON-SCHOOL (HH\_C8A\_X NOT 1 AND HH\_PROVPTYPE\_X NOT 06), NON-SINGLE ACTIVITY (HH\_C8\_3\_X NOT 1), NON-DROP-IN (HH\_C8\_4\_X NOT 1), NON-HHM (HH\_PTYPE\_X NOT 1-15), AND PROVIDE AT LEAST 5 HOURS OF CARE PER WEEK (HH\_REGCAREFLAG\_X = 1) ARE ASKED ABOUT.]

**C14INTRO.**

These next questions are about how you view different types of childcare or after-school care for children of the same age as [SELECTED CHILD]. Please think about each type of care in general, not any specific program you know of. The types of care I will ask you about are: center care, relative or friend care, home-based care from someone you didn't previously know, and parental care.

**C14\_1.**

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

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

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

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

Now how would you rate it on having a nurturing environment for children of the same age as (SELECTED CHILD IN C14\_SELECT)? Would you say: excellent, good, fair, poor?

- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor
- 5. No opinion
- 6. DK/REF

**C14\_2.**

How would you rate (center care/relative or friend care/family day care/parental care) on helping children be ready to learn in school for children of the same age as (SELECTED CHILD IN C14\_SELECT)? Would you say excellent, good, fair, poor?

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

**C14\_3.**

How about (center care/relative or friend care/family day care/parental care) for teaching children how to get along with other children? (Would you say it is excellent, good, fair, poor very good, somewhat good, or not very good for children of the same age as (SELECTED CHILD IN C14\_SELECT)?)

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

**C14\_4.**

How about safety in center care/relative or friend care/family day care/parental care (for children of the same age as (SELECTED CHILD IN C14\_SELECT))? (Would you say it is excellent, good, fair, poor for children of the same age as (SELECTED CHILD IN C14\_SELECT)?)

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

**C14\_5.**

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

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion

6. DK/REF

**C14\_6.**

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

1. Excellent
2. Good
3. Fair
4. Poor
5. No opinion
6. DK/REF

LOOP THROUGH C14\_1 TO C14\_6 FOR ALL TYPES OF CARE

## **Section D. Respondent and Spouse Employment Schedules**

ASK FOR RESPONDENT, AND R'S SPOUSE IF ANY IN HOUSEHOLD (HH\_B1D\_RLTION\_R\_X = 1), AND FOR ANY OTHER PARENT OF A CHILD UNDER 13 IN HH (HH\_B1E\_HAVECHILD\_X = 1), AND FOR ANY HH MEMBER WHO PROVIDED 5 OR MORE HOURS OF CARE LAST WEEK (HH\_PTYPE\_Y = X AND HH\_REGCAREFLAG\_Y = 1 (Y=PROVIDER 1 TO 12, X=HHM ROSTER POSITION 1 to 12)).

### **D1A.**

I'm going to ask you about (your/HHMEM's) current work situation. Last week, did (you/s/he) do any work for pay? IF NEEDED: Please include freelance work, work in the military, work for a family-owned business even if (you/s/he) did not get paid, and work on (your/his/her) own business or farm.

1. YES
2. NO
3. DK/REF

### **D1B.**

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

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

### **D1C.**

Other than high school, college, or university, did (you/s/he) attend any courses or training programs last week designed to help people find a job, improve their job skills, or learn a new job?

1. YES, IN TRAINING
2. NO, NOT IN TRAINING
3. DK/REF

ASK PARENT CALENDAR FOR ANY PARENT OF A CHILD < 13 IN THE HH OR ANY SPOUSE OR PARTNER OF A PARENT OF A CHILD < 13 OR A GUARDIAN IN A NON-PARENTAL HH. DO NOT ASK ONLY FOR CAREGIVERS WHO ARE NOT PARENTS, THEIR SPOUSES/PARTNERS OR GUARDIANS.

**DS\_1.**

In a typical week in May, how many hours did (you/[HHMEM]) spend working and commuting to and from work? Please enter 0 if you do not work any hours in a typical week.

**DS\_2.**

How many of these hours were Monday through Friday between 8am and 6pm? \_\_\_\_\_

**DS\_2a.**

In May, did you usually work or commute to and from work any hours Monday through Friday before 8am?

1. Yes
2. No

**DS\_2b.**

In May, did you usually work or commute to and from work any hours Monday through Friday after 6pm?

1. Yes
2. No

**DS\_2c.**

In May, did you usually work or commute to and from work any hours on Saturdays or Sundays?

1. Yes
2. No

[IF DS\_1>0 for R and R's spouse/partner]:

**DS\_3.**

In a typical week in May, how many hours were both you and your spouse or partner at work or commuting at the same time?

\_\_\_\_\_ hours [Range 0-168]

[IF DS\_3>0]:

**DS\_4.**

How many of those hours were between 8am and 6pm Monday through Friday?

\_\_\_\_\_ hours [Range <= DS\_3]

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

**D2\_1.**

Where is the place that (you/he/she) work(s) the most hours each week? Please tell me the address or nearest major intersection.

- |                        |                  |
|------------------------|------------------|
| 1. Work from home      | → GO TO D2_2     |
| 2. No set workplace    | → GO O D2_2      |
| 3. Enter address       | → GO TO D2_ADDR  |
| 4. Enter cross-streets | → GO TO D2_CROSS |
| 5. DK/REF              | → GO TO D2_2     |

**D2\_ADDR.**

ENTER ADDRESS INFORMATION:

ADDRESS \_\_\_\_\_

-1  DK/REF

CITY \_\_\_\_\_

-1  DK/REF

STATE \_\_\_\_\_

-1  DK/REF

ZIP \_\_\_\_\_

-1  DK/REF

**D2\_CROSS.**

CROSS-STREETS

STREET 1 \_\_\_\_\_

-1  DK/REF

STREET 2 \_\_\_\_\_

-1  DK/REF

CITY \_\_\_\_\_

-1  DK/REF

**D2\_TRANS.**

How (do you/ does he/she) usually get to work?

- 1 car
- 2 public transportation
- 3 bicycle
- 4 taxi or carpool
- 5 walking
- 6 VARIES/ OTHER METHOD

**D2\_COMMUTE.**

On average, how long does it take (you/him/her) to make the trip to or from work? IF NECESSARY: Your best guess is fine.

\_\_\_\_\_ minutes for one-way commute

**D2\_2.**

How far in advance (do you/he/she) usually know what days and hours you/he/she will need to work?

- 1. one week or less
- 2. between 1 and 2 weeks
- 3. between 3 and 4 weeks
- 4. 4 weeks or more
- 5. DK/REF

**D2\_3.**

Did (you/she/he) work (your/his/her) usual schedule last week, is there no usual schedule, or was last week's schedule not the usual one?

- 1. Usual schedule
- 2. No usual schedule
- 3. Last week unusual
- 4. DK/REF

**D2.**

What kind of work (do you/does he/she) do? RECORD JOB OR OCCUPATION NAME IN TABLE BELOW. IF NECESSARY, What is (your/his/her) title or the name of (your/his/her) job?

PROBE: What are the usual activities on that job?

\_\_\_\_\_  DK/REF → GO TO D3D

**D2A.**

What kind of business is that?

RECORD FIRM NAME OR INDUSTRY DESCRIPTION IN TABLE BELOW.

IF NECESSARY, What does the company make or do?

PERSON X

\_\_\_\_\_  
-1  DK/REF → GO TO D3D

**D3D.**

About how much are you paid at that job?

[FILL D2 JOB NAME]

RECORD WAGE:

\_\_\_\_\_  
-1  DK/REF

**D3D.**

Is that per...?

**RECORD UNIT:**

1. Per hour
2. Per day
3. Per week
4. Bi-weekly
5. Per month
6. Per year
7. OTHER
8. DK/REF

IF D1A=1 GO TO INSTRUCTION AFTER D5D ELSE ASK D4

**D4.**

[Have you/has he/she] ever worked for pay?

1. Yes → GO TO D5A
2. No → GO TO INSTRUCTION AFTER D5D
3. DK/REF → GO TO INSTRUCTION AFTER D5D

**D5A.**

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

\_\_\_\_\_

**D5B.**

When did you/he/she last work at that job?

[ENTER 33/33 IF R STILL WORKS THERE.]

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

Range: 1-12

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

Range: 1900-2019

**D5C.**

About how many hours [did/do] (you/he/she) usually work at that job each week [when (you/he/she) stopped working there]? Would you say it was less than 15, between 15 and 30, or more than 30 hours per week?

1. LESS THAN 15
2. 15 TO 30
3. MORE THAN 30
4. DK/REF

**D5D.**

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

AMOUNT:

\_\_\_\_\_

-1  DK/REF

PER UNIT OF TIME

1. Per hour
2. Per day
3. Per week
4. Bi-weekly
5. Per month
6. Per year
7. OTHER
8. DK/REF

LOOP TO NEXT HHMEM BEGINNING AT INSTRUCTION BEFORE D2\_1 UNTIL ALL RELEVANT HHMEMS ASKED ABOUT.

IF HH USES ONLY PARENTAL CARE , SKIP TO INSTRUCTION BEFORE D15. ELSE IF R, ANOTHER PARENT OF CHILD < 13, OR REGULAR CAREGIVER IN HH EMPLOYED (D1A1=1), ASK D9A.

For these next questions, please think about the adults in the household who have young children or care for them at least 5 hours per week. That is [INSERT NAME(S)].

**D9A.**

How many days in the past month did [one of] you work from home for a child-care related reason, such as wanting to stay nearby for a sick child, you didn't have a child-care arrangement in place, or your child-care provider was sick?

DAYS: \_\_\_\_\_

Range: 0 - 31

-1  DK/REF

**D10.**

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

DAYS: \_\_\_\_\_ (IF 0, SKIP TO D11)

Range: 0 - 100

-1  DK/REF

**D10A.**

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

DAYS: \_\_\_\_\_

Range: 0 - 100

-1  DK/REF

**D10B.**

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

DAYS: \_\_\_\_\_

Range: 0 - 100

-1  DK/REF

IF D10A > 0 OR D10B > 0, GO TO D10C, ELSE GO TO D11.

**D10C.**

Did that person lose any pay because of missed work?

1 YES

2 NO

**D11.**

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

DAYS: \_\_\_\_\_ (IF 0, SKIP TO D12)

Range: 0 - 100

-1  DK/REF

**D11A.**

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

DAYS: \_\_\_\_\_ (IF 0, SKIP TO D12)

Range: 0 - 100

-1  DK/REF

**D11B.**

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

1 YES

2 NO

**D12.**

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

DAYS: \_\_\_\_\_

Range: 0 - 100

-1  DK/REF

**D13.**

Approximately how many days in the last 3 months did [one of] you have to make special arrangements for (CHILD)'s care for some other reason (for example, a child was sick, transportation broke down, or any other reason)? Don't count days that were holidays anyway.

DAYS: \_\_\_\_\_

Range: 0 - 100

-1  DK/REF

IF R OR R'S SPOUSE EMPLOYED (D1A1=1), ASK D15. ELSE SKIP TO SECTION E.

**D15.**

Do you or your spouse participate in a cafeteria-style flexible spending account at work so that you can pay for child care expenses out of pre-tax income?

1 Yes

2 No

3 DK/REF

HH\_DTIME\_R: SECTION D TIMESTAMP

**Section J. Nonparental Care Payment and Subsidy to Each Provider**

SECTION J COLLECTS DATA ON PAYMENT AND SUBSIDY FOR ALL PROVIDERS THAT SATISFY THE FOLLOWING CONDITIONS:

PROVIDER-LEVEL CONDITIONS:

- NO DROP-IN (C8\_4 NOT 1)
- NO SINGLE SITE (C8\_3 NOT 1)
- NO INDIVIDUAL UNPAID PRIOR RELATIONSHIP (DO NOT ENTER WHEN C5C = 1 AND C5E = 2) (NEW IN 2012)

PROVIDER-CHILD LEVEL CONDITIONS:

- NO ELEMENTARY/MIDDLE SCHOOL (C8B\_X NOT 1) (THIS WAS A PROVIDER-LEVEL CONDITION IN 2012)
- NO IRREGULAR CARE (C9\_X NOT 2)

ASK SECTION J (J1\_E1\_M TO J11\_SAME) LOOPING THROUGH PROVIDERS WITHIN A CHILD, STARTING WITH THE YOUNGEST.

ASK ABOUT CHILD 1-PROVIDER 1, THEN CHILD 1-PROVIDER 2,..., THEN CHILD2-PROVIDER 1, AND SO ON.

**INTERVIEWER CHECK 1.**

HAS PAYMENT, REIMBURSEMENT AND SUBSIDY FOR THIS CHILD IN THIS ARRANGEMENT ALREADY BEEN COVERED IN A PREVIOUS LOOP'S RESPONSE?

[CHECK IF OTHER CHILDREN USE THE SAME PROVIDER AND J11=2 AND J11\_OTHCHLDRN=THIS CHILD]

- |                |                                     |
|----------------|-------------------------------------|
| 1. YES         | → GO TO INSTRUCTIONS AFTER J11_SAME |
| 2. NO/NOT SURE | → GO SEE NEXT CHECK                 |

**INTERVIEWER CHECK 2.**

IS PAYMENT, REIMBURSEMENT AND SUBSIDY FOR THIS CHILD IN THIS ARRANGEMENT THE SAME AS THE PAYMENT, REIMBURSEMENT AND SUBSIDY FOR ANOTHER CHILD IN THIS ARRANGEMENT?

[CHECK IF OTHER CHILDREN USE THE SAME PROVIDER AND J11\_SAME=THIS CHILD]

- |                |                                     |
|----------------|-------------------------------------|
| 1. YES         | → GO TO INSTRUCTIONS AFTER J11_SAME |
| 2. NO/NOT SURE | → GO TO J1_E1_M                     |

**J1\_E1\_M.**

Now I have some more questions about the regular child care arrangements you use. We will start with your youngest child and (his/her) arrangements. [SHOW THIS SENTENCE JUST ONE TIME]

Do you pay (PROVIDER FILLED IN FROM C1A) anything directly for the care of (CHILD)? Please include payments even if you are later reimbursed.

1. Yes
2. No → GO TO J3\_E2\_M
3. DK/REF → GO TO J3\_E2\_M

**J2\_E7.**

How much do you pay this [PROVIDER]?

\$ \_\_\_\_\_

- 1. DK/REF → GO TO J3\_E2\_M

**J2A\_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: \_\_\_\_\_)
7. DK/REF

**J3\_E2\_M.**

Is the [PROVIDER] [IF J1\_E1\_M = 1, THEN ADD "also"] paid by any person or program for the care of (CHILD)? Do not include payments or reimbursements that go directly to you.

1. Yes
2. No → IF J1\_E1\_M = 2 GO TO J5\_E5, ELSE GO TO J9\_E9
3. DK/REF → GO TO J9\_E9

**J4\_E3.**

Who pays them? MARK ALL THAT APPLY

- 8. A government agency such as for welfare, employment services or child development
- 9. A non-government organization such as a community group or a religious institution
- 10. The child's parent who lives outside of this household
- 11. Other family or friend
- 6. An Employer
- 7. Other
- 1. Don't Know/Refused

[ASK J5\_E5 ONLY IF J1\_E1\_M=2 AND J3\_E2\_M=2 (NO PAYMENT REPORTED BY R OR ANOTHER SOURCE)]

**J5\_E5.**

So this care is provided free by [PROVIDER]?

- 1. Yes
- 2. No
- 3. DK/REF

**J9\_E9.**

Do you receive payments or reimbursements 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 INSTRUCTIONS BEFORE J10\_subelig
- 3. DK/REF → GO TO INSTRUCTIONS BEFORE J10\_subelig

**J9A\_E9A.**

How much do you receive in payments or reimbursements that are paid directly to you for [PROVIDER]?

\$ \_\_\_\_\_  
DK/REF → GO TO J9\_1

**J9B\_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: \_\_\_\_\_)
7. DK/REF

**J9\_1.**

Who makes these payments or reimbursements that are paid directly to you? (If more than one, please select the payer covering the highest amount).

8. A government agency such as for welfare, employment services or child development
9. A non-government organization such as a community group or a religious institution
10. The child's parent who lives outside of this household
11. Other family or friend
6. An Employer
7. Other
- 1. Don't Know/Refused

[IF (S1 + S1\_SA+ B1a1) >=8, THEN J10\_ subelig = 1 AND GO TO INSTRUCTIONS BEFORE J6\_E6\_M. ELSE IF (S1 + S1\_SA+ B1a1 <= 7, GO TO J10 \_subelig]

**J10\_subelig.**

In order to understand whether or not child care is affordable to American families, we need to know your household's income. Was your total household income in 2018, before taxes and other deductions, below [\$26,000 if (S1 + S1\_SA + B1a1) = 2, \$39,000 if (S1 + S1\_SA + B1a1) = 3, \$52,000 if (S1 + S1\_SA + B1a1) = 4, \$65,000 if (S1 + S1\_SA + B1a1) = 5, \$78,000 if (S1 + S1\_SA + B1a1) = 6, \$91,000 if (S1 + S1\_SA + B1a1) = 7]?

1. Yes
2. No
3. DK/REF

[IF HOUSEHOLD IS ABOVE 200 FPL (J10\_subelig = 2), GO TO INSTRUCTIONS BEFORE J11.  
IF HOUSEHOLD IS BELOW 200 FPL (J10\_subelig = 1 OR J10\_subelig = 3) AND RESPONDENT PAYS (J1\_E1\_M=1), GO TO J6\_E6\_M; ELSE: GO TO J8A\_E2A\_M.]

**J6\_E6\_M.**

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 pay to [PROVIDER] determined by how much money you earn?

1. Yes
2. No
3. DK/REF

**J7\_E4\_M.**

Is this amount you pay provider [PROVIDER] a co-payment for a child care subsidy paid to the provider?

1. Yes
2. No
3. DK/REF

**J8A\_E2A\_M.**

Did you have to provide any proof that you were employed, in school, in training or searching for work in order to enroll your child with this provider?

1. Yes
2. No
3. DK/REF

**J8B\_E2B\_M.**

As far as you know, do you receive any help from a child care subsidy program such as [STATE CCDF PGM] to pay [PROVIDER] for your child's care?

1. Yes
2. No
3. DK/REF

[IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER AND THIS IS THE FIRST CHILD USING THIS PROVIDER AND PROVIDER IS INDIVIDUAL (C5A = 1), THEN GO TO J11.

IF R HAS MORE THAN ONE CHILD WHO USES PROVIDER AND THIS IS THE FIRST CHILD USING THIS PROVIDER AND PROVIDER IS NOT INDIVIDUAL (C5A NOT 1), THEN GO TO INSTRUCTIONS BEFORE J11\_SAME.

ELSE; GO TO INSTRUCTIONS AFTER J11\_SAME]

**J11.**

Is the information that you told me about for payment, reimbursement and subsidy arrangements for (CHILD) in (PROVIDER) only for (CHILD), or does it cover more than one child?

- 1. Child only → GO TO INSTRUCTIONS BEFORE **J11\_SAME**
- 2. Other children → GO TO **J11\_OTHCHLDRN**
- 3. DK/REF → GO TO INSTRUCTIONS BEFORE **J11\_SAME**

**J11\_OTHCHLDRN.**

Which children?

- Child 1 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 2 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 3 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 4 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 5 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 6 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 7 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 8 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 9 → GO TO INSTRUCTIONS AFTER J11\_SAME
- Child 10 → GO TO INSTRUCTIONS AFTER J11\_SAME
- DK/REF → GO TO INSTRUCTIONS AFTER J11\_SAME

[LOOP J11\_SAME OVER ALL CHILDREN WHO RECEIVE CARE FROM PROVIDER]

**J11\_SAME.**

You have other children who receive care from [PROVIDER] as well.

Is the information that you told me about for payment, reimbursement and subsidy arrangements for (CHILD) in (PROVIDER) the same as the payment, reimbursement and subsidy for (OTHER CHILD) in (PROVIDER)?

- 1. Yes
- 2. No
- 3. DK/REF

IF THERE IS ANOTHER PROVIDER FOR THIS CHILD, THE INSTRUMENT RETURNS TO INSTRUCTIONS BEFORE J1\_E1\_M AND ASKS SECTION J FOR NEXT PROVIDER FOR THIS CHILD.

IF THERE IS NOT ANOTHER PROVIDER FOR THIS CHILD, THE INSTRUMENT RETURNS TO INSTRUCTIONS BEFORE J1\_E1\_M AND ASKS SECTION J FOR NEXT CHILD, PROVIDER 1.

IF THERE ARE NO MORE PROVIDERS AND NO MORE CHILDREN, GO TO SECTION F.

## **Section F. Non-Parental Child Care Search**

SECTION F ASKS QUESTIONS ABOUT CHILD SELECTED IN C14.

### **F2\_INTRO.**

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.]

### **F2.**

Please think about the last time you searched for care for [SELECTED CHILD NAME].

What year and month was that?

IF NEEDED: Please think about when you last wanted to start a new arrangement for someone to care for him/her, even if you knew who would provide that care. What year and month was that?

ENTER 99 IF R DID NOT DO SEARCH

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

Range: 1-12, 99

-1  DK/REF

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

Range: 99, 1990-2019

-1  DK/REF

IF YEAR=99, GO TO G1.  
IF MONTH=99 AND YEAR=DK/REF, GO TO G1.  
IF MONTH=DK/REF AND YEAR=DK/REF, GO TO G1.  
IF MONTH=DK/REF AND YEAR=2 YEARS AGO OR MORE, GO TO G1.  
IF MONTH=99 AND YEAR=10 YEARS AGO OR MORE, GO TO G1.  
IF LAST SEARCH 25 MONTHS OR MORE AGO, GO TO G1.  
ELSE, CONTINUE.

IF S1>1 (TWO OR MORE CHILDREN IN THE HH) THEN GO TO F2A.

ELSE GO TO F3.

**F2A.**

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

CODE ALL THAT APPLY

1. NO OTHER CHILD
2. Child1
3. Child2
4. Child3
5. Child4
6. Child5
7. Child6
8. Child7
9. Child8
10. Child9
11. Child10
12. DK/REF

**F3.**

What is the main reason that you were looking for child care at that time?

1. SO THAT I COULD WORK/CHANGE IN WORK SCHEDULE
2. TO PROVIDE MY CHILD EDUCATIONAL OR SOCIAL ENRICHMENT
3. TO GIVE ME SOME RELIEF
4. TO FILL IN GAPS LEFT BY MY MAIN PROVIDER OR BEFORE/AFTER SCHOOL
5. WASN'T SATISFIED WITH CARE
6. WANTED TO REDUCE CHILD CARE EXPENSES
7. PROVIDER STOPPED PROVIDING CARE
8. CHILD NO LONGER ELIGIBLE FOR PREVIOUS CARE (E.G., AGED OUT OR SUMMER BREAK)
11. SO THAT R OR R'S SPOUSE COULD GO TO SCHOOL/SCHOOL SCHEDULE CHANGED
9. OTHER → GO TO F3\_OS
10. DK/REF

**F3\_OS.**

SPECIFY

\_\_\_\_\_

-1  DK/REF

**F4.**

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

- 1 Parental care only
- 2 Home-based provider I had prior personal relationship with
- 3 Home-based provider I didn't have prior personal relationship with
- 4 Center-based care
- 5 OTHER → GO TO F4\_OS
- 6 DK/REF

**F4\_OS.**

SPECIFY

\_\_\_\_\_

-1  DK/REF

**C14A\_GRID.**

Characteristics of care may be more or less important for different children depending on the age or personality of the child.

|   | 1. Very Important | 2. Somewhat Important | 3. Not Very Important | 4. NO OPINION | 5. DK/REF |
|---|-------------------|-----------------------|-----------------------|---------------|-----------|
| <b>C14A.</b> Thinking about [SELECTED CHILD NAME], how important was a loving environment for him/her? Would you say very important, somewhat important, or not very important?       |                   |                       |                       |               |           |
| <b>C14A_2.</b> How about helping children being ready to learn in school? (Would you say it was very important, somewhat important, or not very important for [SELECTED CHILD NAME])? |                   |                       |                       |               |           |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>C14A_3.</b><br>How about learning how to get along with other children?<br>(Would you say it was very important, somewhat important, or not very important for [SELECTED CHILD NAME])? |  |  |  |  |  |
| <b>C14A_5.</b><br>How about affordability?<br>(Would you say it was very important, somewhat important, or not very important)?   |  |  |  |  |  |
| <b>C14A_6.</b><br>How about flexibility for you?<br>(Would you say it was very important, somewhat important, or not very important)?   |  |  |  |  |  |

**F5.**

Thinking about your last child care search for [SELECTED CHILD NAME] in [YEAR from F2], did you consider more than one provider as part of your search or did you consider only one provider? Please include providers you asked about, read about, or talked to, even if you didn't consider them seriously in your decision.

1. More than one provider considered → GO TO F7
2. Only one provider considered
3. DK/REF → GO TO F10

**F6A.**

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

1. Home-based provider I had prior personal relationship with → GO TO F10
2. Home-based provider I didn't have prior personal relationship with → GO TO F6B
3. Center-based care → GO TO F6B
4. OTHER → GO TO F6B
5. DK/REF → GO TO F10

**F6B.**

How did you know about this provider?

[RECORD VERBATIM AND CODE]

\_\_\_\_\_

-1  DK/REF

1. Self/family members/friends work or worked in the center
2. Knew provider personally
3. Self/friends/family have used this provider in the past
4. Provider has good reputation in the community
5. No other providers of this type in the area
6. Saw advertisement online or elsewhere
7. Resource and referral agency
8. DK/REF

IF F5=1 THEN GO TO F7.  
ELSE GO TO F10.

**F7.**

How did you look for providers in your last search?

CODE FIRST TWO MENTIONS. DO NOT READ RESPONSES EXCEPT TO PROBE.

1. ASKED FRIENDS AND FAMILY WITH CHILDREN
2. ASKED PROVIDERS I KNEW ALREADY
7. ASKED A HEALTHCARE PROVIDER, CLERGY MEMBER, OR OTHER PROFESSIONAL
10. USED SOCIAL MEDIA TO LEARN ABOUT PROVIDERS FROM PEOPLE I DON'T KNOW WELL
3. CONSULTED A RESOURCE AND REFERRAL AGENCY OR LOCAL COMMUNITY ORGANIZATION THAT HELPS PARENTS FIND CHILD CARE
4. POSTED AN AD OR RESPONDED TO AN AD
5. LOOKED IN PAPER DIRECTORIES FOR CHILD CARE PROVIDERS
11. LOOKED IN ELECTRONIC DIRECTORIES FOR CHILD CARE PROVIDERS
6. GOT HELP FROM A WELFARE OR SOCIAL SERVICES CASEWORKER
  
8. OTHER → GO TO F7\_OS
9. DK/REF

**F7\_OS.**

SPECIFY

\_\_\_\_\_

-1  DK/REF

**F8B.**

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

RECORD VERBATIM AND CODE UP TO THREE MENTIONS, DO NOT READ CATEGORIES

---

-1  DK/REF

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
16. DK/REF

**F9.**

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

ASK F9C-F9M FOR FIRST PROVIDER, THEN RETURN TO F9C AND ASK F9C-F9M FOR SECOND PROVIDER.

**F9C.**

What type of provider was the [first/second] provider you considered?

- 1 Home-based provider I had prior personal relationship with
- 2 Home-based provider I didn't have prior personal relationship with
- 3 Center-based care
- 4 OTHER → GO TO F9C\_OS
- 5 DK/REF

**F9C\_OS.**

SPECIFY:

\_\_\_\_\_  
-1  DK/REF

**F9E.**

How much would it have cost you to have that provider care for [SELECTED CHILD NAME]?

\_\_\_\_\_  
Range: 0-99999

-1  DK/REF → GO TO F9J

**F9F.**

Is that per...

1. Hour
2. Day
3. Week
4. Month
5. OTHER → GO TO F9F\_OS
6. DK/REF

**F9F\_OS.**

SPECIFY:

\_\_\_\_\_  
-1  DK/REF

**F9J.**

How many minutes would it take in travel time for you or some one else to take [SELECTED CHILD NAME] to that provider?

\_\_\_\_\_  
Range: 1-999

-1  DK/REF

**F9L.**

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

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

5. DK/REF

**F9M.**

How would you rate the overall quality of that provider?

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

IF FIRST PROVIDER, RETURN TO F9C AND ASK F9C-F9M FOR SECOND PROVIDER.  
IF SECOND PROVIDER, CONTINUE TO F10.

IF CENTER CARE NOT MENTIONED (F6A IS NOT 3 AND F9C IS NOT 3), GO TO F10.  
ELSE GO TO INSTRUCTION BEFORE F11.

**F10.**

Did you consider any [child-care] centers or organizations for [school-age] children as part of your search?

1. Yes
2. No
3. DK/REF

IF PROVIDER WITH PRIOR RELATIONSHIP NOT MENTIONED (F6A IS NOT 1 AND F9C IS NOT 1), GO TO F11.  
ELSE GO TO INSTRUCTION BEFORE F12.

**F11.**

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

1. Yes
2. No
3. DK/REF

IF FAMILY DAY CARE NOT MENTIONED (F6A IS NOT 2 AND F9C IS NOT 2), GO TO F12.  
ELSE GO TO F13.

**F12.**

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

1. Yes
2. No
3. DK/REF

**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
- 7 Still searching/looking
- 5 OTHER → GO TO F13\_OS
- 6 DK/REF

**F13\_OS.**

SPECIFY:

\_\_\_\_\_

DK/REF

IF F5 = 1 AND F13 = 1 ASK F13A, ELSE GO TO F14

**F13A.**

Did you choose the first or second provider you told me about?

1. First [FILL FIRST PROVIDER TYPE FROM F9C]
2. Second [FILL SECOND PROVIDER TYPE FROM F9C]
3. DK/REF

**F14.**

What was the main reason you made that decision?

- 1 Had no other choices
- 2 Cost
- 3 Schedule
- 4 Location
- 5 Quality of care
- 6 Best feeling
- 7 Provider had space available

- 8 OTHER → GO TO F14\_OS
- 9 DK/REF

**F14\_OS.**

SPECIFY:

\_\_\_\_\_

-1  DK/REF

**F15.**

During your search, did you ask any providers or other organizations about getting help paying for care, for example:

- a. child care subsidies
  - 1. Yes
  - 2. No
- b. scholarships
  - 1. Yes
  - 2. No
- c. sliding fee scales or discounts
  - 1. Yes
  - 2. No
- d. payment plans
  - 1. Yes
  - 2. No
- e. fees for part-time enrollment
  - 1. Yes
  - 2. No

HH\_FTME\_R: SECTION F TIMESTAMP

**Section G. Household Characteristics**

**G1.**

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

- 1. Own → GO TO G2
- 2. Rent → GO TO G2
- 3. Other, neither own nor rent → GO TO G1A
- 4. DK/REF → GO TO G1A

**G1A.**

What is your situation?

- 1. Live with parent(s)
- 2. Live with spouse's/partner's parent(s)
- 3. Housing is part of job compensation; live-in servant; housekeeper; gardener; farm laborer
- 4. Housing is a gift paid for by an HU resident other than R or spouse/partner
- 5. Housing is a gift paid for by a friend or relative outside of the HU
- 6. Housing paid for by a government agency/welfare/charitable institution
- 7. Sold home, not moved out of it yet
- 8. Living in house which R will inherit; estate in progress
- 9. Living in temporary quarters (garage, shed) while home is under construction
- 10. Live here without formal arrangements; staying temporarily; squatting
- 11. Other
- 12. DK/REF

**G2.**

Do you have a car?

- 1. Yes
- 2. No
- 3. DK/REF

**G3.**

Approximately what was your total household income *last month*?

IF NEEDED: Please include the income of anyone who contributes to household expenses and child care costs. Also include any child support you may receive if that contributes to household expenses or child care costs. Include income from pensions or from government programs like food stamps or unemployment insurance.

TOTAL INCOME: \$ \_\_\_\_\_ → GO TO G3A

Range: 0-999999999

-1  DK/REF

→ GO TO G3B\_M

**G3A.**

Is that before or after taxes and other deductions?

- 1. Before taxes → GO TO G4A\_M
- 2. After taxes → GO TO G4A\_M
- 3. DK/REF → GO TO G4A\_M

**G3B\_M.**

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. This information helps us better describe the affordability of different types of early care and education. Which of the following categories do you think best describes your total household income after taxes from all sources last month. Just stop me when I get to the right category:

- 1. Less than \$1200
- 2. \$1200 to \$1999
- 3. \$2000 to \$2999
- 4. \$3000 to \$4199
- 5. \$4200 to \$5499
- 6. \$5500 or more
- 7. DK/REF

**G4A\_M.**

And how about all of last year, that is, 2018. What was the total amount of your household income that year?

Total amount for the past 12 months: \$\_\_\_\_\_ → GO TO G4B

Range: 0-999999999

-1  DK/REF → GO TO G4A1

**G4A1.**

You may not be able to give us an exact figure for your household income but would it amount to \$30,000 or more?

In order to understand whether or not child care is affordable to American families, we need to know your household's income. You may not be able to give us an exact figure, but was your household income last year through wages and salaries from all jobs....

- 1. Yes, \$30,000 OR MORE → GO TO G4A2
- 2. No, less than \$30,000 → GO TO G4A5
- 3. DK/REF → GO TO G4A5

**G4A2.**

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

1. YES →ASK G4A3
2. NO →ASK G4A4
3. DK/REF →ASK G4A4

**G4A3.**

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

1. YES →GO TO G4B
2. NO →GO TO G4B
3. DK/REF →GO TO G4B

**G4A4.**

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

1. YES →GO TO G4B
2. NO →GO TO G4B
3. DK/REF →GO TO G4B

**G4A5.**

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

1. YES →ASK G4A6
2. NO →ASK G4A7
3. DK/REF →ASK G4A7

**G4A6.**

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

1. YES →GO TO G4B
2. NO →GO TO G4B
3. DK/REF →ASK G4B

**G4A7.**

Would it amount to \$10,000 or more?

1. Yes
2. No
3. DK/REF

**G4B.**

How many different people's job earnings did you count in that 2018 household income?

NUMBER OF PEOPLE: \_\_\_\_\_

Range: 1-20

-1  DK/REF

**G4c\_M.**

Again, thinking about the 2018 household income that you reported, *was any of that from sources other than job earnings* -- for example, from child support, pensions, government assistance programs, or interest from a bank account?

1. YES → GO TO G4D\_M
2. NO → GO TO G4B1\_M
3. DK/REF → GO TO G4B1\_M

**G4d\_M.**

How much of your 2018 total household income was from sources other than job earnings?

Amount from non-job sources: \_\_\_\_\_ → GO TO G4B1\_M

Range: 0-999999999

-1  DK/REF

→ GO TO G4E\_M

**G4e\_M.**

You may not be able to give us an exact figure for, but were non-job household earnings in 2018 ....

1. Less than \$2,500
2. \$2,500 to less than \$5,000
3. \$5,000 to less than \$7,500
4. \$7,500 to less than \$10,000
5. \$10,000 to less than \$12,500
6. \$12,500 to less than \$15,000
7. \$15,000 to less than \$20,000
8. \$20,000 or more?
9. DK/REF

**G4B1\_M.**

In the last calendar year did your household receive any payments from a welfare or public assistance program like the Supplemental Security Income or SSI program or from TANF or Temporary Assistance for Needy Families?

1. Yes
2. No
3. DK/REF

Q G10 ASKS ABOUT CHILD SELECTED IN C14.

**G10.**

What kind of health insurance or health care coverage does [SELECTED CHILD NAME] have?  
(CODE FIRST MENTION, USE CATEGORIES TO PROBE AS NEEDED).

0 not selected

1 selected

1. PRIVATE HEALTH INSURANCE PLAN FROM YOUR EMPLOYER OR WORKPLACE
2. PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S WORKPLACE
3. PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
4. PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM, INCLUDING A MARKETPLACE FROM HEALTHCARE.GOV
5. MEDICAID
6. MEDICARE
7. MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP - VA
8. NO COVERAGE OF ANY TYPE
9. OTHER SPECIFY                      GO TO G10. OS

**G10\_OS.**

PLEASE SPECIFY.

\_\_\_\_\_   
 -1  DK/REF

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

**G10A\_M.**

Of your children under age 13 other than (YOUNGEST CHILD), how many have some sort of health insurance or health care coverage?

NUMBER OF CHILDREN: \_\_\_\_\_

Range: 0-10

-1  DK/REF

**G11.**

Which of these statements best describes the food eaten in your household in the last 12 months: We always had enough to eat, sometimes we did not have enough to eat, or often, we did not have enough to eat?

(CODE ONE ONLY)

1. Always enough to eat

2. Sometimes not enough to eat
3. Often not enough to eat
4. DK/REF

**G12.**

Do you or your [child/children] receive food stamps, WIC or participate in a reduced or free school meals program?

(CODE ALL THAT APPLY)

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

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

|                      | 1. YES | 2. NO | 3. DK/REF |
|----------------------|--------|-------|-----------|
| Food stamps          |        |       |           |
| WIC only             |        |       |           |
| School meals program |        |       |           |

**G12A.**

Did you receive an Earned Income Tax Credit (EITC) on your most recent income tax return?

1. Yes
2. No
3. DK/REF

**G12B\_M.**

In the past 12 months, did anyone in this household receive child care subsidies for children of working parents, such as from [PROGRAM NAME]? These programs may also be open to parents who are in school or training.

1. Yes (ASK G12C)
2. No (SKIP to G13)
3. DK/REF (SKIP to G13)

**G12C.**

How many months in the past year did anyone in this household receive child care subsidies?

\_\_\_\_\_ [Range:0-12]

**G12D\_M.**

What was the main reason that child care subsidies ended?

1. PARENT LOST ELIGIBILITY DUE TO INCREASED INCOME
2. PARENT LOST ELIGIBILITY DUE TO NO LONGER MEETING WORK, SCHOOL OR TRAINING REQUIREMENTS
3. PARENT LOST ELIGIBILITY DUE TO OTHER OR UNKNOWN REASONS
4. CHILD DID NOT NEED CARE ANYMORE
5. DID NOT LIKE CARE
6. SUBSIDY PROGRAM WAS TOO DIFFICULT TO PARTICIPATE IN
7. STILL RECEIVING SUBSIDIES

**G13.**

If you needed to borrow \$500 for three months, is there some person or place you could borrow it from?

IF NEEDED: I'm just asking a hypothetical question.

1. Yes
2. No
3. DK/REF

**G14.**

Do you have access to the Internet at home?

1. Yes -> GO TO G14a
2. No -> SKIP TO H1
3. DK/REF

**G14a.**

Is your Internet access using

- a. A cellphone or tablet
  1. Yes
  2. No
  
- b. A desktop or laptop computer
  1. Yes
  2. No

|                                 |
|---------------------------------|
| HH_GTIME_R: SECTION G TIMESTAMP |
|---------------------------------|

**Section H. Parental consent to access administrative records**

**H1.**

I need to verify that I am speaking with someone who can authorize the release of state government program records for [NAME(S) OF ELIGIBLE CHILD(REN)]. Are you that person?

- 1. Yes → GO TO H4
- 2. No → GO TO H2
- 3. DK/REF → GO TO H2

**H2.**

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

ENTER PHONE NUMBER AS ###-###-####

NAME: \_\_\_\_\_

-1  DK/REF

PHONE: \_\_\_\_\_

-1  DK/REF

RELATIONSHIP TO CHILD: \_\_\_\_\_

-1  DK/REF

GO TO H7\_ADDR.

**H4.**

PLEASE ENTER YOUR INTERVIEWER ID

\_\_\_\_\_

REPEAT H5 FOR EACH CHILD IN HH.

**H5.**

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

- 1. Yes → GO TO H6
- 2. No → GO TO H3

**H3.**

(SUGGESTED SCRIPT) State or local government program records can provide additional information about the child care and financial assistance for care that a child and his/her family may be receiving. (IF

NEEDED: For example, some pre-schools or after-school programs may be receiving government subsidies that parents are not aware of. These subsidies would be recorded in state program data on child care subsidies or such child care-related programs as Head Start or Universal Pre-Kindergarten.) NORC requests your permission to search child-care related government program records for information about your child or about the providers who serve your children. Even if your (child has/children have) not received subsidies or (has/have) never been in child care, it is still important for us to have your permission so that we can compare families like yours against those that do enroll in programs. We would not provide the state agency with any of the answers you've told me today, other than your name and the name(s) of your child/ren, and enough information to find them in state records.

All information about your child and your child's care provider will be considered private 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.

1. Continue → GO TO H6
2. Respondent still refuses (ONLY CHOOSE THIS WHEN YOU HAVE MADE ALL APPROPRIATE AVERSION ATTEMPTS) → GO TO INSTRUCTION BEFORE H7\_ADDR

IF R HAS GIVEN PERMISSION FOR AT LEAST ONE CHILD AND H3=2, GO TO H6 AND DISPLAY ROWS FOR THE CHILD/REN WITH PERMISSION.  
 IF R STILL REFUSES FOR ALL CHILDREN, GO TO INSTRUCTION BEFORE H7\_ADDR.

**H6.**

Can you please tell me the full name and date of birth for each child under age 13 in your household?  
 CHILD/REN'S FULL NAME(S)

|    | FULL NAME: | DOB MONTH: | DOB DAY: | DOB YEAR:<br>Range: 1995-2012 |
|----|------------|------------|----------|-------------------------------|
| 1. |            |            |          |                               |
| 2. |            |            |          |                               |
| 3. |            |            |          |                               |
| 4. |            |            |          |                               |
| 5. |            |            |          |                               |
| 6. |            |            |          |                               |
| 7. |            |            |          |                               |
| 8. |            |            |          |                               |

|     |  |  |  |  |
|-----|--|--|--|--|
| 9.  |  |  |  |  |
| 10. |  |  |  |  |

**H6\_ADULT**

As the authorizing adult, can you please tell me your full name?

NAME: \_\_\_\_\_

-1  DK/REF

IF R RETURNED MAIL SCREENER AND ADR\_1 IS BLANK (I.E., NOT CONFIRMED ADDRESS) GO TO H7\_ADDR. ELSE GO TO H7.

**H7\_ADDR**

Our records have [ADDRESS1], [ADDRESS2], [CITY], [STATE], [ZIP]. Can I confirm that you are still living at that address?

- 1. Correct → GO TO H7
- 2. Not correct → GO TO H7\_ADDR2

**H7\_ADDR2.**

What is your correct address then?

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

**H7.**

Thank you very much for speaking with me today. Those are all of the questions I have for you. Your contribution is greatly appreciated and will help improve the understanding of the experiences and preferences of parents regarding the care of their young children.