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Boose, John (1998b) Florida Child Care Quality
Improvement Study, Survey of Parents and Child Care
Questionnaire, Families and Work Institute, New York**

SCREENING INTERVIEW/ENUMERATION

INTRODUCTION: Hello, my name is _____, and I am calling from the University of South Florida. We are doing a survey of mothers and fathers and their feelings about child care. It is being sponsored by the State of Florida.

ENUMERATION: I have just a few questions to find out whether your household is eligible for the study. Would you please tell me who lives in your household, beginning with the youngest child?

NAME OR INITIAL	SEX	BIRTH DATE OF CHILDREN ONLY	RELATIONSHIP TO R
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

IF TARGET CHILD DOES NOT LIVE IN THE HOUSEHOLD, THANK R AND TERMINATE THE INTERVIEW. YOU NEED NOT COMPLETE ENUMERATION.

MATCH TARGET CHILD'S BIRTH DATE WITH ENUMERATION AND FOR REST OF INTERVIEW, THIS CHILD BECOMES (CHILD).

[IF BOTH PARENTS LIVE IN THE HOUSEHOLD]: Can you tell me which parent knows most about how [(CHILD) spends/the children under 5 spend] the day?

[IF NO PARENT LIVES IN THE HOUSEHOLD AND THERE IS MORE THAN ONE ADULT]: Can you tell me which adult knows most about how [(CHILD) spends/the children under 5 spend] the day?

SELECT THE PARENT OR PARENT SURROGATE IN THE HOUSEHOLD WHO KNOWS MOST. IF MOTHER AND FATHER KNOW EQUALLY, SELECT THE FATHER. IF CORRECT PARENT IS NOT AVAILABLE, GET CHILD CARE AND EMPLOYMENT, THEN SCHEDULE CALL BACK IF ELIGIBLE.

IF YOU SWITCH TO CORRECT PARENT, OR ARE ON CALL BACK, REPEAT INTRODUCTION.

CONTACT RECORD

NAME OF CHILD: _____

BIRTH DATE: __/__/19__

PARENTS: _____

PHONE (____) _____

ADDRESS: _____

ID: _____-2

PHONE 2 (____) _____

ADDRESS 2: _____

SITE: BROWARD 1 HILLSBOROUGH 3

 DUVAL 2 PINELLAS 4

DOES FAMILY USE CHILD CARE? NO.....0

 YES.....1

	DATE	TIME	CODE	COMMENTS	IW
01		AM PM			
02		AM PM			
03		AM PM			
04		AM PM			
05		AM PM			
06		AM PM			
07		AM PM			
08		AM PM			
09		AM PM			
10		AM PM			
11		AM PM			
12		AM PM			

INTERMEDIATE CODE

Verified correct household..... 1
 Verified wrong household..... 1
 Enumeration completed 1
 Letter requested..... 1
 Letter sent on date: __/__/94 1
 New address/phone identified..... 1

DISPOSITION

Interview completed 1
 Wrong household, no new leads.... 2
 Enumeration refused twice..... 3
 Interview refused twice..... 4
 No child care; over quota..... 5
 Unable to reach..... 6

SURVEY OF PARENTS AND CHILD CARE

SITE:		
BROWARD	1	
DUVAL	2	
HILLSBOROUGH	3	
PINELLAS	4	
CASE ID:		DATE OF INTERVIEW:
_____ - 2		_____ - 9 4
INTERVIEWER ID:	TIME STARTED	TIME ENDED
_____	____ : ____	____ : ____
	AM 1	AM 1
	PM 2	PM 2

CODE FROM ENUMERATION			
NUMBER OF ADULTS 18 AND OVER.....	_____	_____	
NUMBER OF CHILDREN UNDER 5.....	_____	_____	
NUMBER OF CHILDREN 5-12.....	_____	_____	
NUMBER OF CHILDREN 13-17.....	_____	_____	
BIRTH DATE OF TARGET CHILD...			
_____	_____	19	_____
MONTH	DAY	YEAR	
SEX OF TARGET CHILD			
MALE.....	.....	.....	1
FEMALE.....	.....	.....	2
SEX OF RESPONDENT			
MALE.....	.....	.....	1
FEMALE.....	.....	.....	2

[CONFIDENTIALITY: MUST BE READ.]

The questions ask about who cares for your children. If you use child care, I will ask about the person or program who cares for your child and about your satisfaction with the situation. If you do not use child care, I will ask how you feel about child care and whether you might use it at some other time. The interview takes about half an hour. (We could begin now or I could call you back at a more convenient time.) There are no right or wrong answers to these questions. Most just ask for your experience or your opinions. All of the information you give will be completely confidential. If we come to a question you prefer not to answer, just tell me, and we will go on to the next question.

IF RESPONDENT IS HESITANT:

[ABOUT TIME]: Would you have five more minutes now to see if you are eligible for the full survey? If you are, I could call you back later for the rest.

[ABOUT AUSPICES]: This is a research project that is being conducted by the University of South Florida and the Families and Work Institute, a non-profit research organization that studies work and family issues. It is sponsored by the Florida Department of Health and Rehabilitative Services and the Florida State Coordinating Council for Early Childhood Services.

[ABOUT SALES]: I am not selling anything or asking for any donations.

[ABOUT PURPOSE OF STUDY]: We are talking to families in different parts of Florida in order to learn more about the needs and feelings parents have about child care. The results will be reported to people who make policy decisions about child care in Florida and in the United States.

[ABOUT HOW INFORMATION WILL BE USED]: We will report to the state government, to policy makers and to people interested in child care in Florida and around the country about the results of this study. We are interested in what groups of people think. No individuals will ever be identified.

[IF CHILD IS NOT IN FORMAL CARE OR IS CARED FOR BY A RELATIVE]: We are interested in all the ways parents care for children.

[WHO IS PAYING FOR THIS STUDY]: We are funded by the Department of Health and Rehabilitative Services and by several foundations.

[IF RESPONDENT WANTS WRITTEN INFORMATION]: I would be happy to send you a letter with more information about the study. **RECORD ADDRESS ON CONTACT SHEET.** I can put the letter in the mail today and call you back in a few days. When would be a good time to call you again?

[ABOUT HOW WE GOT NAMES]: Because we are interested in the care of young children, we randomly selected families with children born between 1989 and 1994.

[IF RESPONDENT WANTS VERIFICATION, OFFER 800 NUMBER.]

My first questions are about employment.

SCREEN

1a. Are you employed for pay?

NO **[GO TO 2a]**0
YES.....1

1b. **[IF YES]:** How many scheduled and overtime or extra hours do you work each week, on average? **[RECORD TOTAL]**

HOURS PER WEEK ____ ____

2a. **[IF SPOUSE PARTNER]:** Is your spouse/partner employed?

NO **[GO TO A1, PAGE 4]**0
YES.....1

2b. **[IF YES]:** How many scheduled and overtime or extra hours does (he/she) work each week, on average?

HOURS PER WEEK ____ ____

A. CHILD CARE ARRANGEMENTS

My next set of questions asks about whether you are currently using child care for your (child/children) under 13. By child care, I mean someone other than yourself caring for or teaching your (child/children) on a regular basis at least once a week for the last few weeks.

A1.	a. Do you use:	IF YES→		b. For which children?					
		No	Yes	Target child?		Other children under 5?		Other children over 5?	
	TYPE OF CARE			No	Yes	No	Yes	No	Yes
(01.)	Day care center, nursery, preschool or before- or after-school program?	0	1	0	1	0	1	0	1
(02.)	Head Start?	0	1	0	1	0	1	0	1
(03.)	School?	0	1	0	1	0	1	0	1
(04.)	Lessons, clubs, sports or similar activities?	0	1	0	1	0	1	0	1
(05.)	Someone not related to your child(ren)?	0	1	0	1	0	1	0	1
(06.)	Child(ren)'s grandmother or grandfather?	0	1	0	1	0	1	0	1
(07.)	A brother or sister; step-brother or step-sister who is 18 or older?	0	1	0	1	0	1	0	1
(08.)	Another relative, such as an aunt, uncle or cousin?	0	1	0	1	0	1	0	1
(09.)	Child(ren) take(s) care of (himself/herself/themselves)? [DOES NOT COUNT AS AN ARRANGEMENT.]	0	1	0	1	0	1	0	1
(10.)	Other? (Please specify: _____)	0	1	0	1	0	1	0	1

DOES R CURRENTLY USE CHILD CARE 01-08 FOR (CHILD)?

**NO→ CHECK NON-USER QUOTA→ IF MET→ THANK R AND TERMINATE.
IF NOT MET→ GO TO SECTION B: PAGE 18.**

YES→ CONTINUE.

A2. I'd like to ask you some specific questions about the arrangements you have for (CHILD).

INTERVIEWER CODES FOR LOCATION: 1 = (CHILD)'S HOME 2 = PROVIDER'S HOME 3 = PUBLIC SCHOOL
 4 = PRIVATE SCHOOL 5 = CHURCH, SYNAGOGUE OR RELIGIOUS SETTING 6 = PARENT'S WORKPLACE 7 = NEIGHBORHOOD OR COMMUNITY SETTING 8 = HOME OF (CHILD)'S OTHER PARENT 9 = OTHER PLACE (PLEASE DESCRIBE)

	a. If yes, where is [THAT CARE] provided? [USE CODE FROM BOX ABOVE.]	b. Is that program sponsored by a church, school, community organization, or workplace?	c. Is it a for-profit or a not-for-profit program?	d. How many hours per week is (CHILD) cared for in this arrangement?	e. How many weeks did you use this arrangement in the last year?
(01.)	_____	0. NONE 1. CHURCH 2. SCHOOL 3. COMMUNITY ORG. 4. WORKPLACE	1. FOR-PROFIT 2. NOT-FOR-PROFIT 8. DON'T KNOW	____ _	____ _
(02.)	_____	0. NONE 1. CHURCH 2. SCHOOL 3. COMMUNITY ORG. 4. WORKPLACE	1. FOR-PROFIT 2. NOT-FOR-PROFIT 8. DON'T KNOW	____ _	____ _
(03.)	_____	0. NONE 1. CHURCH 2. SCHOOL 3. COMMUNITY ORG. 4. WORKPLACE	NA	____ _	____ _
(04.)	_____	0. NONE 1. CHURCH 2. SCHOOL 3. COMMUNITY ORG. 4. WORKPLACE	1. FOR-PROFIT 2. NOT-FOR-PROFIT 8. DON'T KNOW	____ _	____ _
(05.)	_____	NA	NA	____ _	____ _
(06.)	_____	NA	NA	____ _	____ _
(07.)	_____	NA	NA	____ _	____ _
(08.)	_____	NA	NA	____ _	____ _
(09.)	_____	NA	NA	____ _	____ _
(10.)	_____	NA	NA	____ _	____ _

DOES R USE SOME ARRANGEMENT (01-08) FOR 15 HOURS/WEEK?
NO → CHECK NON-USER QUOTA → IF MET, THANK R AND TERMINATE.
IF NOT MET → GO TO SECTION B, PAGE 18.
YES → IS THERE ONLY ONE ARRANGEMENT (FOR ANY NUMBER OF HOURS)?
IF ONLY ONE → GO TO A6, PAGE 6.
MORE THAN ONE → CONTINUE.

A3. Are you pleased with this combination of arrangements or would you prefer to have just one child care arrangement for (CHILD)?

- PLEASSED WITH COMBINATION..... **[GO TO A6]**.....1
- PREFER JUST ONE ARRANGEMENT.....2

A4. **[IF PREFER JUST ONE ARRANGEMENT]:** Which arrangement would you prefer? **[CODE NUMBER FROM A1.]**

A5. Why is it not possible to have (PREFERRED ARRANGEMENT) all the time that you use child care?

- NOT AVAILABLE NEEDED HOURS1
- COST2
- NO ROOM FOR (CHILD).....3
- OTHER (PLEASE SPECIFY:_____.).....4

My next questions are about **[THE ARRANGEMENT (CHILD) USES FOR MOST HOURS].**

IF IN-HOME CARE, GO TO A7.

A6. Is this care located in **[NAME R'S COUNTY]:** (Broward/Duval/Pinellas/Hillsborough) county?

- NO0
- YES.....1

IF R USES CENTER, HEAD START, SCHOOL OR OTHER PROGRAM FOR MOST HOURS, GO TO A14, PAGE 7.

A7. When did (PROVIDER) first start taking care of (CHILD)?

_____ 19____
MONTH YEAR

A8. Altogether, how many children does (PROVIDER) take care of? Count (her/his) children, your (child/children), and other children (she/he) takes care of.

- ONE..... **[GO TO A13a, PAGE 7]**.....01
- CHILDREN HOW MANY? ____

A9. How many of the (NUMBER IN A8) children are your children?

- ONE.....01
- CHILDREN HOW MANY? ____

A10a. How many of those (NUMBER IN A8) children are (PROVIDER)'s own children?

- NONE..... **[GO TO A12, PAGE 7]**0
- ONE.....1
- CHILDREN..... **[GO TO A11, PAGE 7]** HOW MANY? ____

A10b. Does (she/he) care for (her/his) own child while (she/he) is taking care of other children?

[PROBE]: I mean, does (she/he) give time and attention to (her/his) own child while (she/he) is caring for other children?

NO0
YES.....1

GO TO A12.

A11. How many of (her/his) own children does (PROVIDER) care for at the same time she/he takes care of other children?

[PROBE]: Count children (she/he) gives time and attention to while (she/he) cares for other children.

OWN CHILDREN ____

A12. How many of the (NUMBER IN A8) children (PROVIDER) cares for are...

	NUMBER
a. below the age of one?	---
b. one year-olds?	---
c. two year-olds?	---
d. three year-olds?	---
e. four year-olds?	---
f. five year-olds and older?	---

A13a. Does (PROVIDER) have an assistant helping (her/him) who works at least half time?

NO **[GO TO A18, PAGE 8]**0
YES.....1

A13b. How many assistants does (she/he) have?

NUMBER OF ASSISTANTS ____

GO TO A18, PAGE 8.

A14. When did (CHILD) first start going to (PROGRAM)?

____ 19____
MONTH YEAR

A15. Do you know how many children there are in (CHILD)'s group or class?

CHILDREN ____
DON'T KNOW **[GO TO A17, PAGE 8]** 98

A16. How many of the (NUMBER IN A15) are...

	NUMBER
a. below the age of one?	___
b. one year-olds?	___
c. two year-olds?	___
d. three year-olds?	___
e. four year-olds?	___
f. five year-olds and older?	___

A17. And how many teachers or other adults take care of this group at the same time?

NUMBER OF ADULTS
OR RANGE: ___ ___ TO ___ ___

A18. Do you pay (PROGRAM/PROVIDER) to take care of (CHILD)?

NO0
YES **[GO TO A21a, PAGE 9.]**1

A19a. Would you be willing to pay (PROGRAM/PROVIDER) to take care of (CHILD)?

NO0
YES1

A19b. Could you afford to pay (PROGRAM/PROVIDER) to take care of (CHILD)?

NO0
YES1

ARE BOTH A19a AND A19b ANSWERED NO?
BOTH NO → GO TO A25, PAGE 10.
AT LEAST ONE YES → CONTINUE WITH A20 AS LONG AS R SAYS YES.

A20. If (PROGRAM/PROVIDER) asked you to pay (AMOUNT) per week, would you pay it or look for someone else to take care of (CHILD)?

Would you pay...?	YES	TAKE CARE OF KIDS OURSELVES	LOOK ELSEWHERE	
a. \$5	1	2	3	AT FIRST MENTION OF CHOICE 2 OR 3, GO TO A25, PAGE 10.
b. \$10	1	2	3	
c. \$20	1	2	3	
d. \$40	1	2	3	
e. \$60	1	2	3	

GO TO QUESTION A25, PAGE 10.

A21a. [IF ONLY ONE CHILD IN HOUSEHOLD, CODE 0 WITHOUT ASKING]: Is the amount you pay for (CHILD)'s care only, or does it cover the care of other children from your household?

- CHILD ONLY **[GO TO A22a]**0
- INCLUDES OTHER(S)1

A21b. How many other children are included in this fee?

NUMBER OF CHILDREN ____

A22a. How much do you usually pay (PROGRAM/PROVIDER) to take care of your child(ren)? **[CODE AMOUNTS AND UNITS.]:**

AMOUNT: \$ ____ . ____

- PER:
- HOUR1
- DAY2
- WEEK.....3
- MONTH4
- YEAR5

A22b. **[IF OTHER CHILDREN ARE INCLUDED]:** How much of this would you say is for (CHILD)'s care?

AMOUNT: \$ ____ . ____

- PER:
- HOUR1
- DAY2
- WEEK.....3
- MONTH4
- YEAR5

OR PERCENTAGE ____

A23. In terms of your family finances, how much of a problem is it for you to pay this amount?

Is it a...

- Significant problem?1
- Somewhat of a problem?2
- Not too bad a problem, or.....3
- No problem at all?.....4

CONTINUE QUESTIONS AS LONG AS R SAYS "YES."

A24. If (PROGRAM/PROVIDER) asked you to pay (AMOUNT) more per week, would you pay it or look for someone else to take care of (CHILD)?

Would you pay...?	YES	TAKE CARE OF KIDS OURSELVES	LOOK ELSEWHERE	AT FIRST MENTION OF CHOICE 2 OR 3, GO TO A25.
a. \$5	1	2	3	
b. \$10	1	2	3	
c. \$20	1	2	3	
d. \$40	1	2	3	
e. \$60	1	2	3	

A25. (Besides the money you pay), Do you pay (PROGRAM/PROVIDER) back in any other way?

[PROBE]: For example, do you buy groceries for (PROVIDER) or watch her children or do work for (PROGRAM)?

- NO0
- YES.....1

IF R DOES NOT PAY, GO TO A27.

A26. Some people receive help paying for child care. Did you receive help from (ITEM FROM LIST) to pay (PROGRAM/PROVIDER) for taking care of (CHILD)?

	NO	YES
An employer?	0	1
The government or a social service agency?	0	1
[IF PROGRAM]: Scholarship from [PROGRAM]?	0	1
A relative?	0	1

[PROBE FOR RELATIONSHIP OF RELATIVE TO CHILD.]

Other? (PLEASE SPECIFY _____)	0	1
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A27. As far as you know, is (PROGRAM/PROVIDER) licensed by the state of Florida to take care of children?

- NO, IS NOT LICENSED0
- YES, IS LICENSED.....1
- DON'T KNOW.....8

A28a. As far as you know, is (PROGRAM/PROVIDER) accredited by a professional organization to take care of children?

- NO, IS NOT ACCREDITED.....**[GO TO A29]**.....0
- YES, IS ACCREDITED1
- DON'T KNOW.....**[GO TO A29]**.....8

A28b. Do you know by whom? [PLEASE SPECIFY]

DON'T KNOW8

- A29. How long has (your child's teacher/PROVIDER) been taking care of or teaching children other than (his/her) own?
- LESS THAN ONE YEAR.....1
 - 1 TO LESS THAN 3 YEARS.....2
 - 3 YEARS OR MORE.....3
 - DON'T KNOW8

- A30. Has (your child's teacher/PROVIDER) received any education or training about young children such as early childhood education, special education, child psychology or home economics?
- [IF RESPONDENT MENTIONS THE PROVIDER'S EXPERIENCE, PROBE FOR TYPE OF TRAINING.]**
- NO, DOES NOT HAVE TRAINING0
 - YES, HAS TRAINING IN CHILDHOOD EDUCATION1
 - YES, HAS TRAINING SUCH AS NURSING, OR HOME ECONOMICS BUT NOT SPECIFICALLY IN CHILDHOOD EDUCATION.....2
 - DON'T KNOW8

- A31. How do you think (your child's teacher/PROVIDER) feels about your visiting your child during the day to see how things are going? Is this...
- Strongly encouraged1
 - Encouraged.....2
 - Neither encouraged nor discouraged3
 - Discouraged, or4
 - Strongly discouraged?.....5

- A32. How do you think (the teacher/PROVIDER) would feel if you visited without calling first? Would she/he...
- Welcome such a visit1
 - Not care one way or the other, or2
 - Be annoyed?.....3

- A33. Have you dropped in during the day in the last three months?
- NO0
 - YES1

A34. Now I would like to read you a list of statements. For each one I read, please tell me how satisfied you are with (CHILD)'s care at (PROGRAM/PROVIDER)'s.

Are you satisfied or dissatisfied with ([READ ITEM])?

[PROBE]: at (PROGRAM/PROVIDER)'s)?

[IF SATISFIED, PROBE]: Are you very satisfied or somewhat satisfied?

[IF DISSATISFIED, PROBE]: Are you very dissatisfied or somewhat dissatisfied?

	Very satisfied	Somewhat satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied
a. the cleanliness.....	1	2	3	4	5
b. the equipment, toys, and materials.....	1	2	3	4	5
c. the teaching of cultural or religious values.....	1	2	3	4	5
d. care that is available day in and day out.....	1	2	3	4	5
e. the degree to which (the teacher/PROVIDER) shares your values.....	1	2	3	4	5
f. (the teacher/PROVIDER's) relationship to your family.....	1	2	3	4	5
g. the number of children in the group.....	1	2	3	4	5
h. the convenience of the location.....	1	2	3	4	5
i. the flexibility if you want to bring (CHILD) early or have (CHILD) stay late.....	1	2	3	4	5
j. (the teacher's/PROVIDER's) communication with you about (CHILD).....	1	2	3	4	5
k. (the teacher's/PROVIDER's) support for you as a parent.....	1	2	3	4	5
l. the way (the teacher/PROVIDER) teaches (CHILD) to get along with other children.....	1	2	3	4	5
m. the hours you can have (CHILD) there.....	1	2	3	4	5
n. (the teacher's/PROVIDER's) training in taking care of children.....	1	2	3	4	5
o. the cost.....	1	2	3	4	5
p. the attention to (CHILD)'s nutrition.....	1	2	3	4	5
q. (the teacher's/PROVIDER's) style of disciplining (CHILD).....	1	2	3	4	5
r. (the teacher's/PROVIDER's) warmth toward (CHILD).....	1	2	3	4	5
s. learning opportunities for (CHILD).....	1	2	3	4	5
t. (the teacher's/PROVIDER's) openness to your dropping in to see (CHILD) during the day.....	1	2	3	4	5
u. attention to (CHILD)'s safety.....	1	2	3	4	5
v. whether it is more like a home than a school.....	1	2	3	4	5
w. the number of children for each adult.....	1	2	3	4	5

	Very satisfied	Somewhat satisfied	No opinion	Somewhat dissatisfied	Very dissatisfied
x. whether or not (PROGRAM/PROVIDER) is licensed by the state.....	1	2	3	4	5
y. the attention (CHILD) receives.....	1	2	3	4	5
z. (the teacher/PROVIDER)'s experience in taking care of children.....	1	2	3	4	5
aa. all in all, how satisfied are you with the overall quality of (CHILD)'s care at (PROVIDER's/PROGRAM)?.....	1	2	3	4	5

A35. Knowing what you know now, if you had to decide all over again whether to send (CHILD) to (PROVIDER/PROGRAM), what would you decide? Would you...

- Definitely send (him/her) again?.....1
- Have some second thoughts?.....2
- Probably not send (him/her) again, or3
- Definitely not send (him/her) again?.....4
- DON'T KNOW8
- REFUSED.....9

A36. If a friend of yours with a child the same age as (CHILD) was thinking about sending her child to (PROVIDER/PROGRAM), what would you say? Would you...

- Strongly recommend it?.....1
- Recommend it?.....2
- Have doubts about recommending it, or3
- Advise your friend against it?.....4
- DON'T KNOW8
- REFUSED.....9

A37. Has (your child's teacher/PROVIDER) been critical of you as a parent or as a person in the last three months?

- NO0
- YES.....1

A38. Have you shared your personal feelings with (the teacher/PROVIDER) in the last three months?

- NO0
- YES.....1

A39. Have you had a disagreement or dispute with (the teacher or director/PROVIDER) in the last three months...

a. about child rearing?

- NO0
- YES.....1

- b. about money?
 NO0
 YES1
- c. about coming late to pick up (CHILD)?
 NO0
 YES1
- A40. Has the (the teacher or director/PROVIDER) shared information with you that was useful?
 NO0
 YES1
- A41. Have you talked with (the teacher/PROVIDER) in the last three months about (CHILD) and how (she/he) is doing?
 NO0
 YES1
- A42. Has (the teacher/PROVIDER) shown resentment of you or your needs as a parent in the last three months?
 NO0
 YES1
- A43. Do you consider (the teacher/PROVIDER) a personal friend?
 NO0
 YES1
- A44. Before you chose (PROGRAM/PROVIDER) to care for (CHILD), did you seriously consider using other providers or programs such as (a/another) day care center, nursery school, care in someone else's home, care in your own home, or staying home yourself?
[IF NECESSARY, READ]: By "seriously consider" we mean visiting and interviewing the provider in person, visiting facilities, or checking references.
 NO **[GO TO A47, PAGE 15]**0
 YES1
- A45. Did you find any other satisfactory person or place or was (PROVIDER/PROGRAM) the only satisfactory choice you had at the time? By satisfactory, I mean arrangements that were satisfactory with respect to type and quality of care, location, and cost, and that had space for (CHILD)?
 NO OTHER CHOICE..... **[GO TO A47, PAGE 15]**0
 OTHER SATISFACTORY PERSONS OR PLACES AVAILABLE.....1
- A46. Not including (PROVIDER/PROGRAM), how many other satisfactory choices do you feel you had?

ARRANGEMENTS TO CHOOSE FROM ____

A47. Would you have preferred some other child care arrangement rather than (PROVIDER/PROGRAM)?

NO[GO TO A50]0

YES1

A48. What would you have preferred? **[DO NOT READ LIST. CODE ONE ONLY. CODE FIRST CATEGORY THAT APPLIES.]**

DAY CARE CENTER, NURSERY, PRE-SCHOOL OR BEFORE OR AFTER SCHOOL PROGRAM.....[GO TO A50]01

DAY CARE CENTER AT WORKPLACE.....[GO TO A50]02

HEAD START[GO TO A50]03

SCHOOL.....[GO TO A50]04

LESSONS, CLUBS, SPORTS OR SIMILAR ACTIVITIES ..[GO TO A50]05

SOMEONE NOT RELATED TO CHILD(REN)06

CHILD(REN)'S GRANDMOTHER OR GRANDFATHER.....07

A BROTHER OR SISTER; STEPBROTHER OR STEPSISTER OVER 1808

ANOTHER RELATIVE, SUCH AS AN AUNT, UNCLE OR COUSIN09

[IF MARRIED OR LIVING WITH PARTNER]:

YOUR (HUSBAND/WIFE/PARTNER).....10

YOUR EX-SPOUSE OR PARTNER.....11

CHILD(REN) TAKES CARE OF (HIMSELF/HERSELF/ THEMSELVES)[GO TO A50]12

NO REGULAR ARRANGEMENTS—YOU CARE FOR CHILD(REN) YOURSELF.....[GO TO A50]13

OTHER (PLEASE SPECIFY: _____).....[GO TO A50]14

A49. Would you have preferred that the care be in your home?

NO0

YES1

DON'T CARE.....7

A50. IS CURRENT CARE PROVIDED BY A RELATIVE? **[CHECK A1 #06—08 OR ASK AGAIN.]**

NO0

YES.....[GO TO A52, PAGE 16].....1

A51. How did you first learn about (PROGRAM/PROVIDER)?

[DO NOT READ LIST. CODE ONLY ONE.]

KNEW PROGRAM OR KNEW PROVIDER ALREADY AS A FRIEND, NEIGHBOR OR RELATIVE.....	01
REFERRED BY FRIENDS, NEIGHBORS OR RELATIVE.....	02
REFERRED BY ANOTHER PROVIDER.....	03
NEWSPAPER/ADVERTISEMENTS/BULLETIN BOARDS.....	04
YELLOW PAGES.....	05
RESOURCE AND REFERRAL SERVICE.....	06
WELFARE OR SOCIAL SERVICE.....	07
CHURCH.....	08
OTHER COMMUNITY SERVICE.....	09
(PROGRAM/PROVIDER) CARED FOR OTHER CHILD.....	10
HAD SEEN OR PASSED BY PROGRAM.....	11
OTHER (PLEASE SPECIFY:_____)	12

A52. How long was it between the time you started looking and the time you made final plans for (CHILD) to stay with (PROGRAM/PROVIDER)?

IMMEDIATELY.....	00
	TIME ____
DAYS.....	1
WEEKS.....	2
MONTHS.....	3
YEARS.....	4

A53. At that time, how difficult or easy was it for you to find a satisfactory child care arrangement for (CHILD)? Was it...

Very difficult.....	1
Somewhat difficult.....	2
Neither difficult nor easy.....	3
Somewhat easy, or.....	4
Very easy?.....	5

A54. Why did you choose (PROGRAM/PROVIDER)? What was the most important thing you considered? **[RECORD VERBATIM, THEN CODE ONLY ONE RESPONSE IN COLUMN A OF ITEM A55, NEXT PAGE. DO NOT READ LIST.]** _____

A55. What was the second most important thing? **[RECORD VERBATIM, THEN CODE ONLY ONE RESPONSE IN COLUMN B. DO NOT READ LIST.]** _____

	A Most important	B Second most important
COST	01	01
CONVENIENT HOURS	02	02
CONVENIENT LOCATION	03	03
CONFIDENCE IN PROVIDER'S ABILITY TO CARE FOR CHILD	04	04
KNEW PROGRAM/PROVIDER ALREADY	05	05
RECOMMENDED BY SOMEONE I TRUST	06	06
PROVIDER'S CARING PERSONALITY	07	07
POSITIVE INTERACTIONS BETWEEN PROVIDER(S)/TEACHER(S) AND CHILDREN	08	08
PROVIDER'S EXPERIENCE	09	09
HOME OR HOME-LIKE ENVIRONMENT	10	10
CLEANLINESS	11	11
SAFETY	12	12
NUTRITION	13	13
NUMBER OF CHILDREN IN GROUP	14	14
CULTURAL/RELIGIOUS VALUES	15	15
QUALITY [PROBE AND TRY TO CODE ABOVE.]	16	16
OTHER (RECORD ABOVE)	17	17

A56. Now I am going to describe how two families went about looking for child care.
 The Harris family first decided what they could pay and then looked for good child care that fit their price range.
 The Stone family first decided on what they thought was good child care and then looked for affordable care that fit their requirements.

Which family are you more like?

HARRIS1
 STONE2

[RECORD ANY COMMENTS]: _____

GO TO QUESTION B4, PAGE 18.

B. PREVIOUS ARRANGEMENTS

B1. Why would you say that you are not using child care for (CHILD) at the present time? **[PROBE]:** What would you say is the main reason?

- DON'T BELIEVE THAT YOUNG CHILDREN SHOULD BE IN CHILD CARE1
COULDN'T AFFORD CHILD CARE2
COULDN'T FIND GOOD ENOUGH CHILD CARE3
PREFER TO STAY HOME WITH MY CHILD(REN)4
OTHER (PLEASE SPECIFY: _____).....5

IF R CURRENTLY USES CARE FOR 15 HOURS PER WEEK FOR ANY CHILD UNDER 5, GO TO B3.

B2. Have you ever used any child care arrangements for at least 15 hours per week for any of your children before they were 5?

- NO**[GO TO SECTION C: QUALITY, P. 21]**0
YES, FOR (CHILD)**[GO TO B4]**1
YES, BUT NOT FOR (CHILD)2

B3. PROBE FOR BIRTH DATE OF YOUNGEST CHILD FOR WHOM R IS USING OR HAS USED CARE:

____ / ____ / 19 ____
MONTH DAY YEAR

ASK ABOUT THIS NEW CHILD FOR THE REST OF SECTION B.

B4. Thinking back to when (CHILD) was born, how many child care arrangements have you had for (him/her) for at least 15 hours per week, counting your current arrangements?

- ONE.....01
MORE THAN ONE? HOW MANY? ____ ____
DON'T KNOW.....98
REFUSED.....99

HAS R HAD PREVIOUS ARRANGEMENT FOR 15 HOURS PER WEEK?

NO→ GO TO SECTION C, PAGE 21.

YES→ CONTINUE.

I'd like to ask some questions about the last arrangement you had for at least 15 hours per week for (CHILD)'s care.

B5. What was that arrangement? **[DO NOT READ.]**

DAY CARE CENTER, NURSERY, PRE-SCHOOL OR BEFORE OR AFTER SCHOOL PROGRAM.....	01
HEAD START	02
SCHOOL.....	03
LESSONS, CLUBS, SPORTS OR SIMILAR ACTIVITIES	04
SOMEONE NOT RELATED TO (CHILD).....	05
(CHILD)'S GRANDMOTHER OR GRANDFATHER.....	06
A BROTHER OR SISTER; STEP BROTHER OR STEP SISTER OVER 18.....	07
ANOTHER RELATIVE, SUCH AS AN AUNT, UNCLE OR COUSIN	08
[IF MARRIED OR LIVING WITH PARTNER]:	
YOUR (HUSBAND/WIFE/PARTNER).....	09
YOUR EX-SPOUSE OR PARTNER.....	10
OTHER? (PLEASE SPECIFY):.....	11

ASK ABOUT THIS ARRANGEMENT FOR THE REST OF SECTION B.

- B6. Why did you stop using that arrangement? **[CODE ALL MENTIONED.]**
- (01.) STOPPED WORKING.....1
 - (02.) HAD ANOTHER CHILD.....1
 - (03.) PROVIDER MOVED.....1
 - (04.) SCHOOL-YEAR ENDED1
 - (05.) PROVIDER BECAME UNAVAILABLE, CENTER CLOSED1
 - (06.) CHILD TOO OLD.....1
 - (07.) FAMILY MOVED1
 - (08.) TOO EXPENSIVE1
 - (09.) DISSATISFIED WITH QUALITY [PROBE].....1
 - (10.) NOT CLEAN ENOUGH.....1
 - (11.) DIFFERED ON VALUES1
 - (12.) GROUP TOO BIG1
 - (13.) NOT ENOUGH ADULTS FOR THE CHILDREN.....1
 - (14.) NOT FLEXIBLE ENOUGH1
 - (15.) DISAPPROVED OF DISCIPLINE1
 - (16.) PROVIDER NOT WARM AND CARING TO MY CHILD.....1
 - (17.) POOR QUALITY FOOD1
 - (18.) NOT SAFE.....1
 - (19.) CONFLICT WITH (TEACHER/PROVIDER).....1
 - (20.) WORRIED ABOUT SEXUAL ABUSE.....1
 - (21.) (TEACHERS/PROVIDERS) NOT WELL-TRAINED ENOUGH.....1
 - (22.) NEEDED MORE HOURS1
 - (23.) OTHER (PLEASE SPECIFY: _____).....1

B7. **[IF MORE THAN ONE REASON]:** Which was the most important reason?
[PUT NUMBER FROM B6 ABOVE.] _____

- B8. Did this experience influence your feelings about using child care? **[PROBE WITH ANSWERS, IF NECESSARY.]**
- NO0
 - YES, IN A POSITIVE WAY.....1
 - YES, IN A NEGATIVE WAY2
 - IF YES, PLEASE EXPLAIN _____

- B9. All in all, how satisfied were you with the overall quality of (CHILD)'s care at (PROGRAM/PROVIDER's)? Were you...
- Very satisfied?1
 - Somewhat satisfied?.....2
 - NO OPINION.....3
 - Somewhat dissatisfied?4
 - Very dissatisfied?.....5

C. QUALITY

NOTE: IF YOU HAVE JUST ASKED ABOUT ANOTHER CHILD, RETURN TO THE ORIGINAL TARGET CHILD. BE SURE R UNDERSTANDS THIS.

- C1. Now I am going to read a list of statements that describe child care situations. (Even if you don't use child care), I would like to know how important you feel each one is to *high quality care* for children (CHILD)'s age.

READ ITEM: Is this extremely important, very important, somewhat important, not too important or not at all important for high quality care?

	Extremely	Very	Somewhat	Not too	Not at all	Don't know
a. the provider's openness to parents' dropping in to see children during the day.....	1	2	3	4	5	8
b. teaching of cultural or religious values.....	1	2	3	4	5	8
c. the number of children in the group.....	1	2	3	4	5	8
d. the number of children for each adult.....	1	2	3	4	5	8
e. equipment, toys and materials.....	1	2	3	4	5	8
f. the provider's communication with parents about their children.....	1	2	3	4	5	8
g. cleanliness.....	1	2	3	4	5	8
h. the provider's style of discipline.....	1	2	3	4	5	8
i. whether it is more like home than a school....	1	2	3	4	5	8
j. the provider's experience in taking care of children.....	1	2	3	4	5	8
k. a provider with a close relationship to a child's family.....	1	2	3	4	5	8
l. a provider who shares parents' values.....	1	2	3	4	5	8
m. learning opportunities for children.....	1	2	3	4	5	8
n. a provider who is licensed by the state.....	1	2	3	4	5	8
o. the way the provider teaches children to get along with other children.....	1	2	3	4	5	8
p. attention to nutrition.....	1	2	3	4	5	8
q. care that is available day in and day out.....	1	2	3	4	5	8
r. attention given to children's safety.....	1	2	3	4	5	8
s. the attention that children receive.....	1	2	3	4	5	8
t. the provider's warmth toward children.....	1	2	3	4	5	8
u. the provider's training in taking care of children.....	1	2	3	4	5	8
v. the provider's support for parents.....	1	2	3	4	5	8

C2. Does case I.D. end with an even number?	
NO	[GO TO C5a] .....0
YES .....	.....1

C3. What sort of learning experiences do you think are most important for children of (CHILD)'s age while they are in child care? **[CODE MAIN IDEA OR FIRST MENTION.]**

TO GET ALONG WITH OTHER CHILDREN/SOCIAL EXPERIENCES/SHARING	01
COUNTING/READING/Writing/PREPARATION FOR SCHOOL.....	02
MOTOR SKILLS/COORDINATION	03
EXPERIENCING LOVE, AFFECTION, LEARNING TO TRUST.....	04
SPEAKING, COMMUNICATING	05
TOILET TRAINING	06
CULTURAL OR RELIGIOUS VALUES	07
DISCIPLINE.....	08
NOTHING—CHILD IS TOO YOUNG.....	09
OTHER (PLEASE SPECIFY: _____)	10

C4. What sort of learning experiences do you think are least important for children of (CHILD)'s age while they are in child care? **[CODE MAIN IDEA OR FIRST MENTION.]**

ALL LEARNING EXPERIENCES ARE IMPORTANT.....	00
COUNTING/READING/Writing/PREPARATION FOR SCHOOL.....	01
CULTURAL OR RELIGIOUS VALUES	02
WATCHING TV.....	03
DISCIPLINE.....	04
TOILET TRAINING	05
FORMAL/STRUCTURED/SCHEDULED ACTIVITIES	06
OTHER (PLEASE SPECIFY: _____).....	07

GO TO SECTION D: EMPLOYMENT, PAGE 23.

C5a. Do you think that it is important for the person who takes care of your (CHILD/CHILDREN) to have special training?	
NO .....	.....0
YES	[GO TO C5c, PAGE 23] .....1

C5b. Why do you think training is not important? **[CODE MAIN IDEA OR FIRST MENTION.]**

CAN'T TEACH SKILLS—IT HAS TO COME NATURALLY	01
PROVIDER IS EXPERIENCED/RAISED OWN CHILDREN	02
CAREGIVER IS A RELATIVE, SO DOES NOT NEED TRAINING	03
OTHER (PLEASE SPECIFY: _____)	04

GO TO SECTION D, EMPLOYMENT.

- C5c. Why do you think training is important? **[CODE MAIN IDEA OR FIRST MENTION.]**
- SO PROVIDER CAN HANDLE PROBLEMS/EMERGENCIES..... 01
 - SO CHILDREN CAN GET BETTER CARE (IN GENERAL)..... 02
 - SO PROVIDER UNDERSTANDS CHILD GROWTH/DEVELOPMENT 03
 - SO PROVIDER CAN TEACH ACADEMIC SKILLS..... 04
 - FOR PROVIDER TO GET NEW IDEAS, DO NEW ACTIVITIES 05
 - NOT EVERYONE KNOWS HOW TO CARE FOR CHILDREN-
SKILLS NEED TO BE TAUGHT 06
 - FOR PROVIDER TO GET SUPPORT 07
 - FOR PARENTS' SAKE—SO PARENTS KNOW CHILD IS GETTING
GOOD CARE 08
 - OTHER (PLEASE SPECIFY: _____)..... 09
- C6. What sort of training do you think providers should have to take care of children of (CHILD)'s age? **[CODE MAIN IDEA OR FIRST MENTION.]**
- NONE..... 00
 - EXPERIENCE/RAISING OWN CHILDREN 01
 - LOVE, CARING, PATIENCE, NOT FORMAL TRAINING 02
 - SAFETY/FIRST AID/CPR..... 03
 - CHILD DEVELOPMENT/CHILDREN'S NEEDS 04
 - OTHER (PLEASE SPECIFY: _____)..... 05

D. EMPLOYMENT

- D1. Are you currently going to school or to a training program?
- NO **[GO TO D3]**0
 - YES1
- D2. **[IF YES]:** On average, how many hours a week do you usually spend at school or at a training program?
- HOURS PER WEEK ___ ___
- D3. Do you do any volunteer or community work on a regular basis?
- NO **[GO TO BOX AT TOP OF PAGE 24]**0
 - YES1
- D4. **[IF YES]:** How many hours per week do you spend on volunteer or community activities?
- HOURS PER WEEK ___ ___

IF R IS NOT EMPLOYED, GO TO D7

- D5. How important would you say having a paid job is in making you feel good about yourself? Is it...
- Essential?1
 - Important?.....2
 - Useful but not necessary?.....3
 - Not very important, or4
 - Not important at all?.....5
- D6. How important to your family finances is it that you work for pay? Is it...
- Essential?1
 - Important?.....2
 - Useful but not necessary?.....3
 - Not very important, or4
 - Not important at all?.....5
- D7. **[IF R'S SPOUSE/PARTNER IS EMPLOYED]:** How important is it to your family finances that your spouse/partner works outside the home? Is it...
- Essential?1
 - Important?.....2
 - Useful but not necessary?.....3
 - Not very important, or4
 - Not important at all?.....5

FOR R'S WHO ARE EMPLOYED, GO TO D10, PAGE 25.

- D8. What has been the financial effect on your family because you don't have a paid job? Has your financial situation been...?
- Extremely difficult?5
 - Quite difficult?4
 - Somewhat difficult?3
 - Not too difficult, or2
 - Not at all difficult?.....1
- D9. Weighing the benefits of having a paid job against what you would have to give up, how satisfied are you with your current situation? Are you...
- Very satisfied?4
 - Somewhat satisfied?.....3
 - Not too satisfied, or.....2
 - Not at all satisfied?.....1

- D10. Which of the following best describes the current financial situation in your family?
Are you...
- Spending more than you earn?1
 - Just breaking even?2
 - Able to save a little bit, or3
 - Able to save a lot?4
- D11. How would you describe the overall financial situation of your family in terms of meeting the needs of your family members? Is it...
- Completely inadequate to meet needs?1
 - Somewhat inadequate to meet needs?2
 - Adequate to meet needs, or3
 - Quite adequate to meet needs?4

IS R EMPLOYED?

IF NOT EMPLOYED, DOES R USE CHILD CARE FOR (CHILD)?
NO→ GO TO D17, PAGE 26.
YES→ GO TO D15, PAGE 26.

IF EMPLOYED, CONTINUE.

- D12. **[IF R IS EMPLOYED]:** How much do your job and family responsibilities conflict with each other?
Do they conflict...
- A great deal?1
 - Quite a bit?2
 - Somewhat?3
 - A little, or4
 - Not at all?5
 - DON'T KNOW8

- D13a. Excluding regularly scheduled vacation days and holidays, how many work days have you missed during the last three months? **[IF NONE, WRITE 00 AND GO TO D14a]**

NUMBER OF DAYS _____
ABSENT

- D13b. **[IF ANY]:** How many of these days did you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home. **[IF NONE, WRITE 00.]**

NUMBER OF DAYS ABSENT _____
DUE TO CHILD CARE

D14a. How many days have you been late to work or left early during the last three months? **[IF NONE, WRITE 00 AND GO TO D15, PAGE 26]**

NUMBER OF DAYS CAME _____
LATE OR LEFT EARLY

D14b. **[IF ANY]:** Of the days or parts of days you were absent or came in late or left early during the last three months, how many were because of your child care responsibilities? **[IF NONE, WRITE 00.]**

NUMBER OF DAYS CAME _____
LATE OR LEFT EARLY
DUE TO CHILD CARE

D15. **[IF R USES CHILD CARE]:** Approximately how many days *in the last three months* did you have to make special arrangements for (CHILD)'s care because

[IF PROVIDER]: (PROVIDER) was sick or unavailable

[IF PROGRAM]: (PROGRAM) was closed?

Don't count days when you would have had a holiday anyway.

[PROBE]: Such as finding another provider or staying home yourself.

NUMBER OF DAYS _____

NONE.....00
DON'T KNOW.....98
REFUSED.....99

D16. Approximately how many days *in the last three months* did you have to make special arrangements for (CHILD)'s care for some other reason (for example, your child was sick, your transportation broke down, or any other reason)?

Don't count days when you would have had a holiday anyway.

[PROBE]: Such as finding another provider or staying home yourself.

NUMBER OF DAYS _____

NONE.....00
DON'T KNOW.....98
REFUSED.....99

FOR R'S WHO ARE EMPLOYED, GO TO D29, PAGE 31.

D17. Have you had any paid jobs since your 18th birthday?

NO **[GO TO D22a, PAGE 29.]**.....0

YES.....1

D18. Was that mainly full-time or part-time work?

- MAINLY FULL TIME.....1
- MAINLY PART TIME.....2
- ABOUT HALF AND HALF.....3
- DON'T KNOW.....8
- REFUSED.....9

D19. During your last year working, how much did you make at this job before taxes or other deductions? Please include any tips, bonuses or commissions.

AMOUNT: _____ , _____ . _____

DON'T KNOW.....99999998

REFUSED.....99999999

PER:

- HOUR.....1
- DAY.....2
- WEEK.....3
- EVERY TWO WEEKS.....4
- MONTH.....5
- YEAR.....6

D20. When did you leave that job?

____ 19____
MONTH YEAR

D21. Why did you leave that job? **[CODE ALL MENTIONED.]**

- (01.) FIRED/LAID OFF.....1
- (02.) COMPANY WENT OUT OF BUSINESS/MOVED.....1
- (03.) COULD NOT ADVANCE IN JOB AS EXPECTED.....1
- (04.) PERSONAL ILLNESS/DISABILITY RELATED TO JOB.....1
- (05.) PERSONAL ILLNESS/DISABILITY NOT RELATED TO JOB.....1
- (06.) JOB TOO STRESSFUL OR DEMANDING.....1
- (07.) COULD NOT MEET FAMILY RESPONSIBILITIES;
NEEDED/WANTED TO SPEND MORE TIME WITH FAMILY.....1
- (08.) PROBLEMS WITH CHILD CARE.....1
- (09.) WANTED TO ADVANCE/COMPLETE EDUCATION/TRAINING.....1
- (10.) JOB NOT PERSONALLY FULFILLING (DESPITE FINANCIAL AND
CAREER OPPORTUNITIES).....1
- (11.) WANTED JOB WITH EVEN MORE FINANCIAL/CAREER
OPPORTUNITIES.....1
- (12.) MOVED OUT OF AREA.....1
- (13.) HAD A BABY **[PROBE]:** Was this 1st, 2nd, 3rd, or 4th child?.....1
1. 1st 2. 2nd 3. 3rd 4. 4th 5. More than 4
- (14.) SALARY NOT HIGH ENOUGH.....1
- (15.) BENEFITS NOT GOOD ENOUGH.....1
- (16.) LITTLE JOB SECURITY.....1
- (17.) LACK OF ACCESS TO DECISION-MAKERS IN ORGANIZATION.....1
- (18.) LACK OF OPPORTUNITIES TO GAIN NEW SKILLS.....1
- (19.) JOB AFFECTED PERSONAL/FAMILY RELATIONSHIPS NEGATIVELY.....1
- (20.) EMPLOYER'S LACK OF FAMILY-SUPPORTIVE POLICIES.....1
- (21.) DID NOT LIKE WORK I DID.....1
- (22.) INCONVENIENT LOCATION OR COMMUTE.....1
- (23.) EMPLOYER TOO BIG.....1
- (24.) EMPLOYER TOO SMALL.....1
- (25.) PROBLEMS WITH CO-WORKERS.....1
- (26.) PROBLEMS WITH SUPERVISORS.....1
- (27.) UNHAPPY WITH QUALITY OF MANAGEMENT.....1
- (28.) WANTED TO HAVE A BABY
[PROBE]: Would that be the 1st, 2nd, 3rd, or 4th child?.....1
1. 1st 2. 2nd 3. 3rd 4. 4th 5. More than 4
- (29.) OTHER.....1

D21b. **[IF MORE THAN ONE REASON]:** What was the most important reason for leaving? **[CODE NUMBER FROM D21.]**

D22a. Would you like to have a paid job in the next five years?
 NO[GO TO D26, PAGE 30.].....0
 YES1
 NOT SURE.....[GO TO D24a].....8

D22b. **[IF YES]:** Are you mainly interested in a full-time job or a part-time job?
 FULL TIME1
 PART TIME.....2
 EITHER FULL OR PART TIME3
 DON'T KNOW.....8
 REFUSED9

D23a. Are you actively looking for a job right now?
 NO[GO TO D23c].....0
 YES.....1

D23b. How long have you been looking?
 WEEKS _____
 MONTHS _____

D23c. Approximately when would you like to go to work?
[RIGHT AWAY = 00 WEEKS]
 IN WEEKS _____
 IN MONTHS _____
 IN YEARS _____

D24a. What (would you/do you) foresee as the main obstacles to your working at a paid job full or part-time? **[CODE ALL RESPONSES.]**

- (01.) CHILD CARE ARRANGEMENT.....1
- (02.) ELDER CARE ARRANGEMENTS.....1
- (03.) TRANSPORTATION.....1
- (04.) FAMILY RESPONSIBILITIES1
- (05.) YOUR OWN HEALTH1
- (06.) AVAILABILITY OF JOBS.....1
- (07.) FLEXIBILITY OF SCHEDULE.....1
- (08.) FAMILY POLICIES OF WORKPLACE.....1
- (09.) LACK OF INTEREST.....1
- (10.) ABILITY TO MAKE ENOUGH MONEY TO MAKE IT WORTH IT.....1
- (11.) LOSE WELFARE SUPPORT, MEDICAID.....1
- (12.) OTHER (PLEASE SPECIFY: _____).....1
- (13.) NONE.....1

D24b. **[IF MORE THAN ONE OBSTACLE MENTIONED]:** Which of these obstacles is most serious? **[CODE NUMBER FROM ABOVE LIST.]**

- D25. How big an obstacle would you say that finding quality child care is to your returning to work? Is it...
- A big obstacle?.....1
 - Something of an obstacle?.....2
 - Not much of an obstacle, or.....3
 - Not an obstacle at all?4

IF LOOKING FOR WORK NOW, GO TO D29, PAGE 31.

- D26. What is the main reason you are not interested in a paid job at this time?
[CODE ONE RESPONSE ONLY.]
- WANT TO HAVE TIME WITH CHILDREN..... 01
 - CAN'T FIND SUITABLE CHILD CARE..... 02
 - NOT FINANCIALLY WORTHWHILE TO WORK BECAUSE OF
CHILD CARE COSTS..... 03
 - ELDER CARE RESPONSIBILITIES..... 04
 - STUDENT..... 05
 - HEALTH/MEDICAL REASONS (PLEASE DESCRIBE: _____).... 06
 - WANT TO PURSUE PERSONAL INTERESTS 07
 - HUSBAND/PARTNER DOES NOT WANT ME TO..... 08
 - RELATIVES DO NOT WANT ME TO..... 09
 - I BELIEVE IN STAYING HOME WITH CHILDREN..... 10
 - I DON'T WANT TO WORK AT A PAID JOB..... 11
 - OTHER (PLEASE SPECIFY: _____)..... 12
- D27. Is there anything that would change your mind about not seeking work right now?
- NO**[GO TO D29, PAGE 31]**.....0
 - MAYBE.....1
 - YES.....2
- D28. Which of the following factors would change your mind about looking for work right now? **[CODE ALL THAT APPLY.]**
- a. A drop in family income.....1
 - b. Availability of good, affordable child care.....1
 - c. An attractive job opportunity.....1
 - d. Other (PLEASE SPECIFY: _____).....1

D29. How do you feel about the following statements? Would you say you agree or disagree? Is that strongly (agree/disagree) or mildly?

	Strongly agree	Mildly agree	No opinion	Mildly disagree	Strongly disagree	NA
a. I don't think mothers of young children should work for pay unless the money is really needed.	1	2	3	4	5	8
b. My (spouse/partner) doesn't think mothers of young children should work for pay unless the money is really needed.	1	2	3	4	5	8
c. (CHILD)'s grandparents don't think mothers of young children should work for pay unless the money is really needed.	1	2	3	4	5	8

E. DEMOGRAPHICS

These next questions ask about your personal background. These questions are for data analysis only. As always, your answers will be kept completely confidential.

E1. How old were you on your last birthday?

AGE ____

REFUSED..... 99

E2. **[CODE IF KNOWN WITHOUT ASKING.]** What is your marital status? Are you...

Single (that is, never married)?.....1

Married or living with a partner?2

Divorced or separated, or3

Widowed?.....4

DON'T KNOW8

REFUSED.....9

E3. Are you of Spanish or Hispanic origin or descent?

NO0

YES1

REFUSED.....9

E4. What is your race or ethnicity? **[CODE RESPONSE INTO ONE OF THE FOLLOWING CATEGORIES.]**

WHITE1

AFRICAN-AMERICAN (BLACK).....2

ASIAN OR PACIFIC ISLANDER3

AMERICAN INDIAN OR ALASKAN NATIVE4

MULTI-ETHNIC (MIXED BACKGROUND) (PLEASE SPECIFY: _____).....5

OTHER (PLEASE SPECIFY: _____)6

HISPANIC.....7

REFUSED.....9

E5a. Were you born in the United States?
 NO0
 YES.....**[GO TO E6]**1

E5b. How long have you been in the United States?
 MONTHS _____
 OR YEARS _____

E6. What is the highest grade in school you have completed?
[GIVE CATEGORIES ONLY IF NECESSARY AS PROBES.]
 LESS THAN HIGH SCHOOL 01
 SOME HIGH SCHOOL..... 02
 HIGH SCHOOL DIPLOMA OR GED..... 03
 SOME COLLEGE 04
 ASSOCIATE'S DEGREE (2 YEAR)..... 05
 BACHELOR'S DEGREE (4 YEAR)..... 06
 SOME GRADUATE WORK 07
 GRADUATE DEGREE..... 08
 DON'T KNOW 98
 REFUSED..... 99

E7. Is your household's yearly income before taxes more or less than \$20,000 per year? Count all sources of income and all people in your household.
[PROBE]: Total income includes interest or dividends, rent, Social Security, other pensions, alimony or child support, unemployment compensation, public aid (welfare), armed forces or veteran's allotment.
 \$20,000 OR MORE..... **[GO TO E10, PAGE 33.]**1
 LESS THAN \$20,000.....2
 DON'T KNOW8
 REFUSED.....9

E8. Into which of the following categories does the total income before taxes for your household fall? Stop me when I say the right range.
[PROBE]: Total income includes interest or dividends, rent, Social Security, other pensions, alimony or child support, unemployment compensation, public aid (welfare), armed forces or veteran's allotment.
 Under \$5,000.....1
 \$5,000 to under \$7,500.....2
 \$7,500 to under \$10,000.....3
 \$10,000 to under \$12,5004
 \$12,500 to under \$15,0005
 \$15,000 to under \$17,5006
 \$17,500 to under \$20,0007
 DON'T KNOW8
 REFUSED.....9

- E9. Did you receive any income from AFDC or Welfare?
- NO0
 - YES1
 - DON'T KNOW8
 - REFUSED.....9

GO TO E11.

E10. Into which of the following categories does the total income before taxes for *your household* fall? Stop me when I say the right range.

PROBE: Total income includes interest or dividends, rent, Social Security, other pensions, alimony or child support, unemployment compensation, public aid (welfare), armed forces or veteran's allotment.

- \$20,000 to under \$30,000 01
- \$30,000 to under \$40,000 02
- \$40,000 to under \$50,000 03
- \$50,000 to under \$60,000 04
- \$60,000 to under \$75,000 05
- \$75,000 to under \$100,000 06
- \$100,000 to under \$125,000..... 07
- \$125,000 to under \$150,000..... 08
- \$150,000 or over 09
- DON'T KNOW 98
- REFUSED..... 99

- E11. Have you included the income of all the people in the household?
- NO0
 - YES1

IF "YES"→ IS R EMPLOYED?

NOT EMPLOYED→ DOES R USE CHILD CARE?
R USES CHILD CARE→ GO TO E13, PAGE 34.
R DOESN'T USE CHILD CARE→ GO TO E 16, PAGE 35.

EMPLOYED→ GO TO E12, PAGE 34.

IF "NO"→ GO BACK TO E8 OR E10 TO CORRECT.

IF YOU SUCCEED IN CORRECTING, CHANGE E11.
IF RESPONDENT CANNOT GIVE ESTIMATE FOR TOTAL HOUSEHOLD,
KEEP E11 AS "NO."

E12. **[IF R IS EMPLOYED]:** Please tell me how much of this income is from *your own* job(s).

[PROBE]: Stop me when I say the right range.

Under \$5,000.....	01
\$5,000 to under \$7,500.....	02
\$7,500 to under \$10,000.....	03
\$10,000 to under \$12,500.....	04
\$12,500 to under \$15,000.....	05
\$15,000 to under \$17,500.....	06
\$17,500 to under \$20,000.....	07
\$20,000 to under \$25,000.....	08
\$25,000 to under \$30,000.....	09
\$30,000 to under \$35,000.....	10
\$35,000 to under \$40,000.....	11
\$40,000 to under \$45,000.....	12
\$45,000 to under \$50,000.....	13
\$50,000 to under \$55,000.....	14
\$55,000 to under \$60,000.....	15
\$60,000 to under \$75,000.....	16
\$75,000 to under \$100,000.....	17
\$100,000 to under \$125,00.....	18
\$125,000 to under \$150,000.....	19
\$150,000 or more.....	20
DON'T KNOW.....	98
REFUSED.....	99

IF R DOES NOT USE CHILD CARE, GO TO E16, PAGE 35.

E13. A Child and Dependent Care Federal Income Tax Credit is a credit you take on your tax return. You can take a certain amount of credit based on how much you spent for child care and how much you earned. To take this credit you must report your provider's social security number on your tax return. Did you (or CHILD's father) take a Child and Dependent Care Federal Income Tax Credit for (CHILD)'s care in the 1993 tax year?

NO.....	0
YES.....	1
DON'T KNOW.....	8

E14. CHECK E7. IS HOUSEHOLD INCOME ABOVE \$20,000 (E7 = 1)?

NO.....	[CONTINUE]	0
YES.....	[GO TO E16, PAGE 35]	1

- E15. The Earned Federal Income Tax Credit (EITC) is available only to low-income parents, and is available even if you used subsidized child care. You do not have to report your provider's social security number on your tax return. The credit is refundable; if you don't owe taxes, you can get a refund from the government for this. Did you take an Earned Income Tax Credit for Child and Dependent Care in 1993?
- NO0
 YES.....1
 DON'T KNOW8

- E16. **[CODE WITHOUT ASKING IF KNOWN.]** Is (CHILD) your first child?
- NO0
 YES.....1

The following section asks about your plans for the future.

- E17a. Do you intend to have or adopt (another) child sometime?
- NO**[GO TO E18a]**.....0
 YES1
 NOT SURE**[GO TO E18a]**.....8

- E17b. **[IF YES]:** What is the total number of children you intend to have, or adopt, including (CHILD/those you have now)?
- TOTAL NUMBER OF _____
 CHILDREN

- E17c. How many years from now do you expect to have or adopt your (next) child?
- YEARS _____

- E18a. Which of the following statements best describes your own mother's employment history while you were growing up?
- She never had a regular paid job while you were growing up
**[GO TO E19, PAGE 36]**1
 She had a paid job some of the time while you were growing up2
 She always had a paid job while you were growing up.....3
 OTHER (PLEASE DESCRIBE):_____4

- E18b. **[IF MOTHER WAS EMPLOYED]:** What was her typical work pattern for most of the years you were growing up?
- She worked part-time (less than 30 hours per week).....1
 She worked full-time (more than 30 hours per week).....2
 She worked a lot of overtime at her jobs3

E19. Is there any friend or family member (whether living with you or not) for whom you provide special care and special attention due to a handicap, illness, or old age?
 NO0
 YES.....[GO TO E21]1

E20. Do you foresee having responsibility for an elderly or disabled parent, relative, or friend within the next five years?
 NO [GO TO F].....0
 YES.....1
 DON'T KNOW..... [GO TO F].....8

E21. How many elderly or disabled persons (do you/will you) have some responsibility for?
 PERSONS _____

E22. Does this person/Do any of these people live with you?
 NO0
 YES.....1

F. PERCEIVED STRESS

F1. I'm going to read you a list of some ways that people may feel. How often, in the past three months, have you felt (ITEM). Has this happened very often, often, sometimes, rarely, or never?

	Very often	Often	Sometimes	Rarely	Never
a. Confident about your ability to handle your personal problems?.....	1	2	3	4	5
b. That you were unable to control the important things in your life?.....	1	2	3	4	5
c. Nervous and stressed?.....	1	2	3	4	5
d. That things were going your way?.....	1	2	3	4	5
e. That you could not cope with all the things you had to do?.....	1	2	3	4	5
f. That difficulties were piling up so high that you could not overcome them?.....	1	2	3	4	5

F2. All things considered, how do you feel about your life these days? Would you say you feel:

Delighted?.....1
 Pleased?.....2
 Mostly satisfied?.....3
 Mixed?4
 Mostly dissatisfied?.....5
 Unhappy, or6
 Terrible?.....7

F3. Overall, how satisfied have you been in the last three months with **[READ RESPONSES IF NECESSARY]:**

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
a. How you are doing as a parent?	1	2	3	4	5	6	7
b. How (CHILD) is doing, in general?	1	2	3	4	5	6	7

F4. The following statements are matters of interest and concern to parents. For each statement I read, tell me if you agree or disagree.

[READ ITEM]:

Do you agree or disagree?

[PROBE]: Do you (agree/disagree) strongly or mildly?

	Strongly agree	Mildly agree	No opinion	Mildly disagree	Strongly disagree
a. I miss holding or cuddling my child when I am away from (him/her).....	1	2	3	4	5
b. My child is happier with me than with a child care provider.....	1	2	3	4	5
c. If a child is independent and outgoing, (he/she) will make friends easily without (his/her) parents' help.....	1	2	3	4	5
d. When away from my child, I often wonder if (his/her) physical needs (dry diapers, enough to eat, etc.) are being met.....	1	2	3	4	5
e. Holding and cuddling my child makes me feel so good that I really miss the physical closeness when I'm away.....	1	2	3	4	5
f. My child will benefit from group experiences in child care since they will provide (him/her) with social experiences that (he/she) could not get at home.....	1	2	3	4	5
g. When I am away from my child, I feel lonely and miss (him/her) a great deal.....	1	2	3	4	5
h. It is good for my child to spend time away from me so that (he/she) can learn to deal independently with unfamiliar people and new situations.....	1	2	3	4	5
i. I believe that my child misses me when I have to let someone else take care of (him/her) for awhile.....	1	2	3	4	5
j. Even though my child fusses a bit when I leave, I know (he/she) will be OK in a few minutes—after I'm out of sight.....	1	2	3	4	5
k. I don't like to leave my child.....	1	2	3	4	5

	Strongly agree	Mildly agree	No opinion	Mildly disagree	Strongly disagree
l. My child prefers to be with me more than with anyone else.....	1	2	3	4	5
m. My child needs to spend time away from me in order to develop a sense of being an individual in (his/her) own right.....	1	2	3	4	5
n. When I am separated from my child, I wonder whether (he/she) is crying and missing me.....	1	2	3	4	5
o. Exposure to many different people is good for my child.....	1	2	3	4	5
p. I worry when someone else cares for my child.....	1	2	3	4	5
q. There are times in the lives of young children when they need to be with people other than their parents.....	1	2	3	4	5
r. It is best for children under age 5 if only their parents take care of them on a regular basis.....	1	2	3	4	5

G. NEW CHILD CARE REGULATIONS

My last questions are about Florida's new licensing regulations for child care centers.

- G1. Have you heard that the Florida regulations have changed?
 NO0
 YES.....1

- G2. One change in the Florida law requires there to be fewer children in the care of one adult. For example, under the old law, you had to have one adult present for every 8 one-year-olds in a center. With the new law, you have one adult for every 6 one-year-olds. How do you feel about that change? Do you feel...
 Very positive?.....1
 Somewhat positive?.....2
 Neutral?.....3
 Somewhat negative, or.....4
 Very negative?.....5

- G3. Another change in the state laws requires teachers to have more training in child development. How do you feel about that change? Do you feel...
 Very positive?.....1
 Somewhat positive?.....2
 Neutral?.....3
 Somewhat negative, or.....4
 Very negative?.....5

G4. **[RECORD ANY COMMENTS R MAY HAVE]:** _____

THANK RESPONDENT.