

**Design Phase:
National Study of Child Care
Supply and Demand — 2010**

Compendium of Measures

VOLUME 2: DEMAND-SIDE MEASURES

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Introduction

This compendium is intended to identify, review, and synthesize existing survey items that measure a range of constructs that may be covered in the National Study of Child Care Supply and Demand (NSCCSD): 2010. This compendium is also designed to serve as a resource to the early and school-age care and education field.

Organization of Compendium

- The compendium is organized into two parts: Supply of and Demand of early and school-age care and education. These parts correspond to the three questionnaires that have been developed for the NSCCSD: 1) a program survey instrument for center-based and regulated home-based settings; 2) a household instrument for unregulated home-based providers who care for children in their own home or the child's home; and 3) a household interview for parents of children age 13 or under. The latter survey will serve as the primary source of information about the national demand for early and school-age care and education. The two provider instruments will serve as the main sources of information about the national supply of early and school-age care and education. The surveys were developed as part of the design contract by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. The questionnaires underwent cognitive testing and a feasibility test which targeted selected topics and questions. The questionnaires may be subject to modification prior to its national fielding.
- The compendium begins with a table that summarizes the surveys reviewed for and used in the compendium and the measures found within each survey. The measures are grouped into constructs, representing broader topics or issues that may be included in the NSCCSD.
- Following the summary tables, summary templates for each measure are provided. The templates are organized by chapter. These chapters correspond to the construct found in the summary tables. Within each chapter, the measures are listed in the order they are found on the table. Within each measure, the templates are organized as follows: If a measure is available from the 1990 Profile of Child Care Settings (supply side) or the 1990 National Child Care Survey (demand side), this template is listed first. The next templates in each section are for any measures from the questionnaire drafted for the NSCCSD feasibility test. Following those templates, other templates are listed in alphabetical order by the name of the survey from which they are drawn.

Creation of the Compendium

Selection of Measures for the Compendium:

- Constructs and measures were identified from tasks related to the NSCCSD completed prior to the development of this document. Specifically, constructs and measures included in the compendium were identified from a review of the literature; a logic model which linked key research questions to constructs and measures; an expert panel meeting held in December 2007; discussions with the project team members, substantive consultants, and the Office of Research Planning and Evaluation (OPRE); and an analysis plan. Since the analysis plan was intended to identify research and analytic questions as well as priority areas that would guide the design of the NSCCSD, we worked closely with this document to ensure that the constructs and measures needed to address the questions in the analysis plan were included in the compendium. Special attention was placed on reviewing and identifying measures for high priority research questions in the analysis plan.

Selection of Surveys for the Compendium:

- As a first step in developing the compendium, we began with the two 1990 studies—Profile of Child Care Settings (supply side) and the 1990 National Child Care Survey (demand side)—which serve as a basis for the 2010 NSCCSD. We then identified national, state, and local surveys from both privately and publicly funded studies. These surveys were identified from an exhaustive literature review; searches conducted on academic library search engines, public research databases (such as Research Connections), and the internet; and recommendations made by members of the expert panel, project team, substantive consultants, and OPRE. This process identified roughly 50 demand and supply surveys each. This list was then refined to focus on more recent surveys and those that were most appropriate for the NSCCSD. In addition, we were unable to locate a number of the surveys. When multiple waves of a study were available (e.g., Early Childhood Longitudinal Study-Birth Cohort; National Survey of American Families; and other national longitudinal surveys), the most recent version of the instrument was used for the compendium unless there was a substantive reason for using an instrument from an earlier wave.
- Documents produced by working groups focusing on survey development were also used to create the compendium. These documents included correspondence from OPRE on the development of child care subsidy use questions resulting from a planning meeting for the re-engineering of the Survey of Income and Program Participation (otherwise known as the DEWS study) and a white paper by Zaslow et al. (2007)¹ describing best practices and measures for collecting data on professional development of child care providers.

¹ Zaslow, M., Halle, T., McNamara, M., Weinstein, D., & Dent, A. (2007). Working towards a recommended common core of measures of early childhood professional development: Issues and preliminary recommendations. Washington, DC: Child Trends.

- The majority of the surveys used in the development of compendium templates are listed in the summary tables. These summary tables provide a list of surveys used or reviewed in the development of compendium templates and the measures that were included in each survey. There are a limited number of surveys that were not included in the summary tables. These surveys were not included for two reasons. First, they were not primarily child care surveys. Second, they provided information on only one measure or measures not specific to child care (e.g., demographics).

Selection of Templates for Compendium:

- In general, the compendium contains four to six templates per measure, each of which summarizes a particular question and the survey it was drawn from. The selection of templates for each measure occurred through a series of steps.
- First, as noted above, Child Trends researchers inventoried the surveys to identify what questions were available in each survey instrument.
- Next, Child Trends researchers reviewed the survey questions in the various survey instruments for each measure. Based on this review, Child Trends researchers chose the four to six best or most unique survey items for each measure.
 - In selecting measures, when appropriate, the 1990 Supply and Demand surveys (the Profile of Child Care Settings and the National Child Care Survey) were always included. Next, templates were created to represent a range of approaches for asking about the measure and a range of strengths and limitations.
 - In some cases, fewer than four templates were created. This happened if there was overlap in the question wording across different surveys or there were less than four surveys with questions for the measure.
 - In other cases no survey items were found for a measure. If no survey questions were found for a particular construct, a note to this effect was included.
- If appropriate, survey questions were used for multiple constructs and measures. This is noted throughout the compendium.

Contents of Compendium Templates

Each template contains a summary of information about the study from which the item was drawn; a synopsis and evaluation of the survey question; and the wording of the survey question. The content for each template is as follows:

1. *Construct*: Refers to the broader topic or issue as referred to in the summary table.
2. *Measure*: Refers to the indicator being measured.
3. *Source*: Provides the name of the survey from which the question is drawn.
4. *Year of administration*: Refers to the year(s) the survey was administered. For repeated cross-sectional and longitudinal studies we noted the years the survey was administered. For state market rate surveys, which generally have less extensive documentation, we noted the most recent year.
5. *Survey Design*: Indicates whether the survey design was cross-sectional, repeated cross-sectional, or longitudinal.
6. *Sample*: Indicates whether the survey sample was national, multi-state, state, or local.
7. *Data Source*: “Provider survey” is checked for supply side templates and “household survey” is checked for demand side templates.
8. *Study Population Sampled (P)/Oversampled (O)*: Refers to the population sampled for the study and any subgroups that were oversampled.
9. *Study Unit of Analysis*: Specifies the unit of analysis for the study as a whole.
10. *Study Mode of Administration*: Refers to the methods with which data were collected for the study. All modes of administration used for the study are indicated.
11. *Age of Children (or Children Served) in Study*: For supply side surveys, this category refers to the age of children served by the population of child care providers sampled. For the demand side surveys, this category refers to the age of children in the population surveyed.
12. *Study Respondent*: Refers to who was surveyed in the study. All respondents surveyed in a study are included in this category.
13. *Study Languages*: Refers to which language(s) the survey instruments have been translated into.
14. *Notes Specific to Items*: The notes section specifies who was asked the questions listed in question wording if there were multiple respondents in the study as well as

which instrument the question came from if there were multiple instruments in the study. Additionally, if the survey questions listed under “Question Wording” were included in other surveys, this information is provided. When available, the results of psychometric testing are presented as well.

15. *Item Limitations and Strengths for NSCCSD*: Strengths and limitations of the survey questions are summarized here in particular with respect to their use in the NSCCSD. Many of these comments are applicable to survey development and/or for the measure more generally. Results of cognitive interviews, feasibility testing conducted as part of the design work for the NSCCSD, and other evaluative techniques are summarized here when available or appropriate.
16. *Question Wording*: The question wording as found in the survey is recorded here. Skip instructions, question numbers, and some surrounding questions were included where appropriate to assist the reader in understanding the context of the question and in being able to find the question in the survey.
 - To minimize confusion in the distinction between the supply and demand side templates, template information for studies that included both supply and demand side instruments were only summarized for the instruments appropriate for the supply or demand side (whichever was appropriate for the measure). For example, the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B) has both a provider (i.e., supply) and household (i.e., demand) survey. Templates for studies that cut across both demand and supply will only record study information specific to the supply side (survey of child care providers) if the construct and measure being summarized is on the supply side and vice versa for demand-side measures.
 - The information summarized in the templates was based on publicly available information at the time the compendium was developed. Information that could not be accessed was not included in the template.
 - Some measures are included in multiple constructs (e.g., caregiver education can be both a measure of quality and professional development). In order to limit the length of this document, templates are only provided for such measures in the construct chapter in which the measure first appears. Subsequently, a note is put in place of the templates for this measure, directing the reader to the chapter in which the templates are provided.
 - Likewise, some survey questions provide data for multiple measures (e.g., questions on number of hours in care can be used to compute total hours in care as well as primary care arrangements). In such cases, the measures for which the questions being summarized provide data are noted in the “measure” row.

Using the Compendium

As noted above, this compendium, along with the 1990 studies of child care supply and demand, served as a starting point in development and selection of questions for use in the NSCCSD design questionnaire, and can be used in the development of other early care and education surveys. If appropriate, the questions can be pulled directly from the compendium as is. Alternatively, if the compendium has identified problems with existing items, these issues can be taken into account as questions are developed, designed, and tested. Indeed, questions with known problems were included so that these problems could be taken into account in the design of the NSCCSD. A similar process can be used for questions with specific strengths and benefits. Lastly, we anticipate that the *set* of survey items included in the compendium would be reviewed together when questions are being developed for a specific measure. This process should help identify key aspects that should be included to capture the target measures and potential pitfalls and strengths of prior work.

Crosscutting Themes

In our review, we have noted a number of issues that cut across constructs and measures. Below is a list of issues identified in our review of the items summarized in the compendium.

- **Reference periods:** Reference periods appear across many of the questions summarized in the compendium. Reference periods are helpful in anchoring respondents' recall and responses. To improve data quality in the reporting of mundane and frequent events or behaviors that are difficult to recall as individual episodes, shorter reference periods are often used. Likewise, survey designers often use reference periods that match intervals or time periods for how events and behaviors take place or that represent meaningful landmarks for respondents. For example, we may use the academic school year to inquire about care arrangements used for school-age children or a calendar year to ask about regular doctor check-ups. Problems may arise, however, when multiple reference periods are used across questions in a survey, in particular when analysts may want to link data from questions with differing reference periods. As OPRE and others have noted, a limitation of existing datasets is the inability to link data across measures because of differing reference periods. For example, data sets that contain information on employment, school and training activities as well as care arrangements often collect these data using different reference periods. This practice precludes the ability of analysts to construct a portrait of how a family's work, school and training schedule match with their care schedules.
- **Family level measures vs. focal child measures:** To date, many of the studies that have collected data on early and school-age care and education have done so from the perspective of a randomly selected focal child. While this technique offers many advantages including reducing respondents' burden and the time and cost to administer questions, this approach does not provide a full picture of care

arrangements, the search and decision making process, and needs from the perspective of families. The expert panel and the project team have strongly recommended that data in the NSCCSD be collected from the perspective of the family, and the questionnaires drafted for the feasibility test of the NSCCSD have taken this approach.

- **Focal arrangement vs. all arrangements:** Similarly, many of the surveys reviewed for this compendium collect detailed information (e.g., stability, subsidy receipt, quality) on one care arrangement (typically the primary arrangements) for those using multiple care. (The NHES is a notable exception in that it does not collect information just on the primary arrangement.) This technique again limits the ability of analysts to construct a detailed and complete picture of care arrangements from the perspective of the child or family. (Note: The quality of care is one area for which almost all surveys collect information about for only one arrangement, thereby under-measuring quality for those in multiple arrangements.) A related problem is the ability to link follow-up data (e.g., cost, subsidy receipt) to specific care arrangements. Similar problems may exist in provider surveys where information is collected at the aggregate level about the care setting, but analysts may seek information about a specific provider or classroom.
- **Focus on maternal vs. parental caregiving and needs:** Although a growing number of studies are collecting data from the perspective of parental rather than maternal caregiving needs, there is a need for parallel data from both mothers and fathers. This includes but is not limited to: mothers' and fathers' work, school, and training schedules and income, as well data on parental preferences and the juggling of work and care schedules. Data that identify whether the care provider is a spouse or partner of the responding parent and is not a biological or adoptive parent of the reference child, and data on care by nonresidential parents are also needed. This issue is of particular importance given that a significant proportion of children live in nontraditional families and have nonresidential parents. Decisions about this issue could be guided by current policies and rules regarding eligibility status and subsidy receipt. Alternatively, the issue could be framed in way that is broad enough to compare differences in care provided by nonresidential and residential parents (and possibly within these groups by income level). Previous research, for example, suggests that low-income nonresidential parents whose partners were previously on TANF tend to provide support to their children in non-monetary ways and not through the formal child support system. In the NSCCSD design questionnaire tested in the feasibility test, information was collected for both the responding parent and his/her spouse/partner. Additionally, the questionnaire was designed to collect sufficient information to distinguish between different types of household structures and to report aid given by nonresidential parents.
- **Collecting data through event history:** OPRE and others have noted that a potential way to improve upon the existing data quality of measures available for

child care, stability, subsidy, and employment is to collect data on these topics through event history calendars. Event history calendars could provide a richer and more dynamic snapshot of these key constructs and offer several benefits. For example, a benefit of collecting child care subsidy receipt in an event history calendar format is that it may allow for a more accurate reporting over the reference period, since many families experience short spells of subsidy receipt. An additional benefit is that the event history calendar format may allow researchers to better identify exits and entries of the subsidy system, care arrangements or employment, for example. A third benefit is that data collected through event history calendars may enable researchers to track the relationship between employment spells and characteristics and childcare subsidy receipt spells, for example, in a more dynamic way than is possible through point-in-time measures.

- **Who is the respondent and who are we collecting data on:** Across the surveys, in particular the supply side surveys, data are collected from different respondents (e.g., center director vs. direct provider) for the same measure. This has important implications for the comparability of the data across care settings, data quality, and the administration of the survey. For example, as is noted in the compendium, data on the wages, educational and professional development characteristics are collected in some surveys directly from providers and in others at the aggregate level from a center director.
- **Use of key terms and definitions:** As noted in the literature review, a theme common to almost every construct covered in this compendium is the need for a common set of definitions and terminology. The lack of common definitions and terminology has hindered direct comparisons across studies and in many respects precludes the field from maximizing the information that exists in our current data infrastructure. Decisions about which terms to use could be based on study priorities including whether programs such as prekindergarten and Head Start are included. The inclusion of such programs would necessitate the use of broader labels. Likewise, the terms or labels that are used to refer to or describe informal care providers are important for data quality, as was observed in the feasibility test conducted as part of the design work for the NSCCSD. Home-based providers do not think or see themselves as “teachers,” nor do they think of themselves as running programs. Similar issues apply to school-age care program providers.

Summary Table of Supply-Side Surveys and Measures

[illegible]

Summary Table of Supply-Side Surveys and Measures (cont.)

Constructs ---	QUALITY OF CARE																			PROFESSIONAL DEVELOPMENT							WORKFORCE										PROVIDER DEMOGRAPHICS											
	Group size	Child:staff ratio	Credentials	Accreditation	Licensing	Physical facilities	Provider-family partnership	Supports and barriers to quality	How providers comply with regulations and requirements	How compliance with regulation/requirements is tracked	How burdensome regulation/requirements are to providers	Regulations and administrative practices	Completion of an intensive training program	Use of curriculum/planned activities	Participation in a child care (state/regional/national) conference	Formal annual conference with parents	Caregiver education	Caregiver education specific to ECE	Provider self-rating of quality	Block hours of training related to child care in past year	Caregiver education	Caregiver education specific to ECE	Block hours of training related to child care in past year	Supports and barriers to professional development	Participation in a child care (state/regional/national) conference	Completion of an intensive training program	On-site coaching/mentoring/feedback	Credentials	Certification in first aid/CPR	Number of employees	Tenure of employees	Staff turnover	Child care worker wages	Total hours provide care or other related activities	Benefits (insurance, retirement, disability, vacation, paid sick leave, tuition for own children)	Credentials	Motivation for providing care	Reason for leaving child care profession	Who is in the workforce	Provider age	Race/ethnicity of provider	Gender of provider	Provider: Language spoken					
Survey I																																																
No Items Were Found																																																
Analytic Measure/Administrative Data																																																
NSCCSD design questionnaire							X		X	X		X		X							X					X																						
Affordability of Daycare Survey (Parent & Supply-side)																																																
Alabama Market Rate Survey																																																
Chapin Hall's Out of School Time Program Questionnaire 2007																																																
Connecticut DSS Childcare Rate Survey																																																
Cost of Quality Out-of-School Programs Survey								X																																								
Delaware Family Child Care 2007 Child Care Market Rate Survey																																																
Denver's After-School Provider Survey								X																																								
ECLS-B 24 month Provider Interview			X														X	X	X																													
ECLS-B 48 month Provider Interview/Center Director SAQ			X				X	X																																								
Estimating Supply and Demand for Afterschool Programs		X																X																														
Evaluation of the TASC After-School Program – Survey of Site Coordinators			X				X	X									X																															
Evaluation of the TASC After-School Program – Survey of Program Staff																	X																															
Georgia Childcare Market Rate Survey			X	X														X	X																													
Illinois After-School Partnership: Out of School Time Workforce Staff Survey			X															X																														
Illinois Child Care Salary Survey (2003)			X															X	X																													
Illinois Child Care Salary and Staffing Survey (2005)			X															X	X																													
Illinois Study of License-Exempt Child Care																				X																												

Summary Table of Demand-Side Surveys and Measures

Constructs ---	DEFINING THE MARKET	TYPE OF CARE ELEMENTS	AMOUNT/USAGE/STABILITY	PROXIMITY AND TRANSPORTATION	PERCEIVED AVAILABILITY AND PARENTAL SEARCH	PARENTAL CHOICE
	Own price elasticity of demand Cross-elasticities of demand Geographic marker (zip code, census tract) Search: Boundaries Relationship of provider to child and family	Nonparental care Before/after school care Sick, summer, holiday, drop-in, etc. Presence/proportion of related or unrelated children Relationship of provider to child and family Location of care (commercial, school, religious) Organizational form: Part of a larger organization or stand alone Organizational form: For profit/nonprofit Other services provider offers Affiliation/eligibility status (slots open to public, eligibility requirements, affiliation needed)	Primary arrangement Number of arrangements Reason for multiple arrangements Attractions of combining arrangements Difficulties related to having multiple providers What gaps in provider availability are most difficult to cover Number of hours in each arrangement Total hours in care Schedule of care: Days of week and or time of day Schedule of care: Before/after school Schedule of care: Summer care Number of transitions Duration of care Reasons for future change Schedule of care: Matching child care and employment/school	Geographic marker (zip code, census tract) Proximity of care to home Proximity of care to workplace Provider offers transportation Transportation toll from care	Perceived availability Length of search (in time) Neighborhood factors affecting search Search: Boundaries Number of providers considered Distance/length from home/work searched Use of consumer information Use of quality rating systems Reasons for using parental care only How parent learned about care	Tastes and Preferences Distance/length from home searched Use of consumer information How parents learned about care Types of care considered
Survey						
No items found						
Analytic Measure/Administrative Data	X	X				
NSCCSD design questionnaire		X	X		X	X
America After 3PM					X	X
American Community Survey (ACS)						
Affordability of Daycare Survey (Parent Survey)	X	X	X			
ECLS-B 9-month parent questionnaire	X	X	X	X		
ECLS-B 48-month parent questionnaire	X	X	X			
ECLS-K Kindergarten parent questionnaire	X	X	X			
Emilen Employee Survey		X	X	X		
General Social Survey						
Head Start FACES Survey - Parent Interview		X	X			
HSPC Chicago Survey of Child Care		X	X			
JOBS/NEWS (National Evaluation of Welfare-to-Work Strategies)	X	X	X	X	X	X
Los Angeles Family and Neighborhood Survey (LAFANS)	X	X	X			
Miami-Dade Survey of Child Health and Well-being						
Minnesota Child Care Choices Survey		X				
Minnesota Statewide Household Child Care Survey	X	X	X	X	X	X
National Child Care Survey 1990: Parent Study	X	X	X	X	X	X
National Study of Child Care for Low-Income Families						
National Immunization Survey						
New York Social Indicators Survey		X				
NHES - ASPA	X	X	X			
NHES - ECPP	X	X	X	X		
NHES - SR	X	X	X	X		
NICHD Study of Early Child Care	X	X	X			
National Longitudinal Study of Youth (NLSY)		X				
National Survey of America's Families (NSAF)	X	X	X	X		
National Survey of Child and Adolescent Well-Being (NSCAW)		X				
National Study of Children's Health (NSCH)		X				
Oregon Population Survey	X	X				
Partnership Impact Research Project				X		
Philadelphia Survey of Child Care and Work	X	X	X	X	X	X
PSID - Child Development Supplement	X	X	X	X		
Survey of Income and Program Participation	X	X	X			
Survey of Program Dynamics	X	X	X			
Survey of Wisconsin Works Families		X				
Survey of Wisconsin Works Families-Applicants Survey	X	X	X			
Survey of Wisconsin Works Families-Leavers Survey		X				
ASPE TANF Applicants Study: Arizona					X	
TANF Caseload Survey						
ASPE TANF Leavers Study: Arizona		X				
ASPE TANF Leavers Study: California		X				
ASPE TANF Leavers Study: Massachusetts	X	X				
Three City Study - Primary Caregiver	X	X	X			
Women's Employment Study (Wave 1+5)	X	X	X	X		

Summary Table of Demand-Side Surveys and Measures (cont.)

	COST OF CARE	CHILD CARE QUALITY	PROGRAMS AND SUBSIDY	DEMOGRAPHICS	EMPLOYMENT
Constructs ---					
	Cost of care per arrangement Total cost of care per child Market prices Total cost for all children Parental perception of cost Parental perception of quality of care	Global assessment of quality Satisfaction with care Parent report of provider training or qualification Primary provider ratio Number of transitions Reasons for change Plans for future change Duration of care	Receipt of TANF for child care Eligibility for child care subsidy Provider willing to take subsidy Barrier to using subsidies Source of child care payment assistance Type of child care assistance received Receipt of child care subsidy Use of pre-K Use of Head Start Co-payment issues Receipt of employer assistance for child care Use of flextime Use of telecommuting Use of parental leave Attitude toward government/employer-based child care policies Receipt of relatives' assistance for child care Child & dependent care tax credit (CDCTC) Earned Income Tax Credit (EITC) Flexible spending account	Child Custody Education Geography Health Home ownership Household structure Immigration/citizenship Income Government program participation Language Race/ethnicity Residency	Child care-related employment barriers Employer information Employment (general) Employment type Flexibility Transportation/commute Unemployment/labor force participation Wages Work disruptions Work schedule
No items found					
Analytic Measure/Administrative Data	X	X			
NISCCSD design questionnaire	X X	X X X			
America After 3PM					
American Community Survey (ACS)		X			
Affordability of Daycare Survey (Parent Survey)	X	X			
ECLS-B 9-month parent questionnaire	X X				
ECLS-B 48-month parent questionnaire	X X				
ECLS-K Kindergarten parent questionnaire	X X				
Emilen Employee Survey	X	X X			
General Social Survey					
Head Start FACES Survey - Parent Interview		X			
HSPC Chicago Survey of Child Care		X			
JOBS/NEWS (National Evaluation of Welfare-to-Work Strategies)	X	X			
Los Angeles Family and Neighborhood Survey (LAFANS)	X				
Miami-Dade Survey of Child Health and Well-being		X X			
Minnesota Child Care Choices Survey					
Minnesota Statewide Household Child Care Survey	X	X X			
National Child Care Survey 1990: Parent Study	X X	X X			
National Study of Child Care for Low-Income Families					
National Immunization Survey					
New York Social Indicators Survey	X	X			
NHES - ASPA	X				
NHES - ECPP					
NHES - SR					
NICHD Study of Early Child Care					
National Longitudinal Study of Youth (NLSY)					
National Survey of America's Families (NSAF)					
National Survey of Child and Adolescent Well-Being (NSCAW)					
National Study of Children's Health (NSCH)					
Oregon Population Survey		X			
Partnership Impact Research Project		X			
Philadelphia Survey of Child Care and Work	X	X			
PSID - Child Development Supplement	X				
Survey of Income and Program Participation	X				
Survey of Program Dynamics	X	X			
Survey of Wisconsin Works Families					
Survey of Wisconsin Works Families-Applicants Survey		X			
Survey of Wisconsin Works Families-Leavers Survey	X	X			
ASPE TANF Applicants Study: Arizona					
TANF Caseload Survey					
ASPE TANF Leavers Study: Arizona		X			
ASPE TANF Leavers Study: California					
ASPE TANF Leavers Study: Massachusetts		X			
Three City Study - Primary Caregiver	X	X X			
Women's Employment Study (Wave 1+5)		X X			

Demand-Side Measures

(Pages 630 – 1,272)

Own price elasticity of demand: This is an analytical measure

Cross-elasticities of demand: This is an analytical measure

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Defining the Market
Measure:	Geographic marker (zip code, census tract)
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The 1990 study had difficulty obtaining the names and contact information of providers from parents. In total, 44-56 percent of parents in the study provided telephone numbers of providers (Hofferth, Brayfield, Deich, Holcomb 1991 p. 18). Parents noted concerns regarding safety and confidentiality, in particular in cases where providers were not licensed or the IRS was not aware of payments made to providers, as reasons for not providing provider information.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it would allow for trend analyses using data from the 1990 National Child Care Survey and the NSCCSD.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

N. Provider locator

Ask only for the following types of providers

B1=A Daycare center, nursery, pre-school or before or after school program

B1=B Head Start

B1=E or F Non-relative and care does not take place in child's home

B1=G Grandmother and grandfather and care does not take place in child's home

B1=I Another relative and care does not take place in child's home

Thank you for your time and for participating in this study. We hope to use the information gathered by these interviews to create a comprehensive picture of how well the country's current child care systems are meeting the needs of American families. To get a complete picture, we also need to talk with the people who provide child care—the nursery school teachers, day care center workers, day care home providers and so forth. Can you please give us the phone number for: (arrangement used for most hours per week).

M AREA CODE | PHONE NUMBER

CARE ARRANGEMENT _____ | _____

IF RESPONDENT IS HESITANT TO PROVIDE TELEPHONE NUMBER, SAY:

If you prefer to check with your provider first to see if (he/she/they) would mind if you give out (his/her/their) phone number, we would be happy to call you back.

IF NECESSARY, SCHEDULE CALLBACK

DON'T KNOW = (888) 888-8888

REFUSED = (999) 999-9999

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Defining the Market
Measure:	Geographic marker (zip code, census tract)
Source:	Los Angeles Family and Neighborhood Survey (LAFANS)
Year of Administration:	2000-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <p><input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 18</p> <p><input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English</p> <p><input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American</p> <p><input type="checkbox"/> Other _____</p> <p><u>Providers:</u></p> <p><input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care</p> <p><input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start</p> <p><input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____</p>
Study Unit of Analysis:	<p><u>Households:</u></p> <p><input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household</p> <p><u>Providers:</u></p> <p><input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care</p> <p><input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director</p> <p><input type="checkbox"/> Other _____</p>
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey
	<input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <p><input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified</p> <p><input type="checkbox"/> Other _____</p> <p><u>Providers:</u></p> <p><input type="checkbox"/> Child care director</p> <p><input type="checkbox"/> Child care administrative personnel</p> <p><input type="checkbox"/> Child care provider:</p> <p><input type="checkbox"/> Center child care provider</p> <p><input type="checkbox"/> Family child care provider</p> <p><input type="checkbox"/> Friend, family, and neighbor child care provider</p> <p><input type="checkbox"/> Not specified</p> <p><input type="checkbox"/> Other _____</p>
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items found in the Parent Questionnaire.</p> <p>A similar set of questions appear in the National Study of Child Care Supply and Demand Design Questionnaire. Those questions ask parents to report the address or street intersection near where the provider or program is located.</p>
Item Limitations and Strengths for NSCCSD:	<p>A strength of these questions is that they ask parents to report the cross-street where the program or provider is located rather than a specific address; this may seem less threatening or intrusive to parents. On the other hand, if the goal of this question is to provide geographic marker information as well as information to conduct follow-up interviews with informal providers, information on the cross-streets may not be sufficient. This question is currently written for relative care and programs but could be easily adapted for a broader range of care settings.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G16. Where does (RELATIVE'S NAME) care for (CHILD)? What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET

NEAR THE CORNER OF _____ CROSS-STREET

_____ CITY _____ STATE

G42. Where is this program located? (IF LOCATED IN MORE THAN ONE PLACE, ASK: Where is it held most of the time?) What street is it on? What is the nearest cross-street? What city is that in?

ON _____ STREET

NEAR THE CORNER OF _____ CROSS-STREET

_____ CITY _____ STATE

Search: Boundaries: No questions from existing surveys were found

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Defining the Market
Measure:	Relationship of provider to child and family
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on whether the respondent had a prior relationship with the provider before he or she began providing care and, if so, the type of relationship and whether the provider lives in the respondent's household. Data from these questions can be used to identify friend, family, and neighbor care in the aggregate or disaggregate form (e.g. family – including child, son or daughter, in-law, brother or sister, friend, neighbor) and to distinguish it from market informal

care such as family care providers.

The results from the feasibility test suggest that this series of questions is working as intended with one exception: based on the response patterns, it appears that respondents may have reported their providers' relationship to them rather than their relationship to their provider when responding to C5CA. Specifically, while the relationship most often reported was "child/son/daughter in-law" indicating that the grandparent was the care provider twice as many people reported "other," and those responses included "grandparents." Possible solutions include flipping the question to ask the relationship of the person to the respondent. However, the possibility of some respondents reporting the inverse would remain. Another possibility is to ask a follow-up question confirming the relationship. Please note that since the NSCCSD collects data about the care arrangements of all children and the relationship to a provider may differ across children (e.g., grandparent for one child, step grandparent for another child), it is not appropriate to ask about the relationship between the provider and child.

Question Wording:

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

1. YES
2. NO

C5CA What is your relationship to (PROVIDER)?

1. FORMER SPOUSE/PARTNER->GO TO C5D
2. CHILD/SON/DAUGHTER-IN-LAW->GO TO C5D
3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW ->GO TO C5D
4. OTHER RELATIVE->GO TO C5D
5. FRIEND->GO TO C5D
6. NEIGHBOR->GO TO C9

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

1. YES
2. NO

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Defining the Market
Measure:	Relationship of provider to child and family
Source:	Survey of Wisconsin Works Families – Applicants Study
Year of Administration:	1999-2001
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversample (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare applicants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item is taken from the Wisconsin Works Applicants Study. Other items (C-G) ask about hours per week in care, percentage of total price of care parents pay, parents' weekly payment for care, primary reason for choosing care, and barriers preventing parents from getting care for the child.
Item Limitations and Strengths for NSCCSD:	Series of questions provides data on relationship between provider and child, whether provider lives with the respondent parent, whether the provider is the respondent's spouse or partner, and if the provider is related to the child's other parent. The latter two questions may be particularly useful in cases where the parents' relationship is not intact, the responding parent is cohabiting or married to someone other than the child's parent, or when nonresidential parents provide care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

281. Is this child care provider or babysitter related to (CHILD)?

01. Yes (GO TO Q282)

02. No (GO TO Q283)

999. REFUSED

888. DON'T KNOW

282. Is this child care provider or babysitter the child's other parent?

01. Yes

02. No

999. REFUSED

888. DON'T KNOW

283. Does this child care provider or babysitter live with you?

01. Yes

02. No

999. REFUSED

888. DON'T KNOW

284. Is this child care provider or babysitter your spouse or partner?

01. Yes

02. No

999. REFUSED

888. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Parental care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>These questions are asked of each child in the household in order of age from youngest to oldest, and are part of a series that collects data on the type of care arrangements.</p> <p>Data on non-parental and before- and after-school care are also collected.</p>
Item Limitations and Strengths for NSCCSD:	Collecting data in the NSCCSD using similar questions will allow for trend comparisons. Asking separate questions for current and former spouses may improve reporting and data quality on the use of parental care. (The NSCCSD design questionnaire includes questions that collect data on care provided by current and former spouse/partner.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

B1. I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you use for (YOUNGEST CHILD/NEXT YOUNGEST CHILD) on a regular basis, that is, at least once a week for the last two weeks.

B1J. On a regular scheduled basis, does your (HUSBAND/WIFE/ PARTNER) take care of (CHILD) when you are not at home?

1. Yes
2. No

B1K. Do you use an ex-spouse or partner?

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Parental care
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other HSPC Chicago Survey of Child Care <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Question collects data on whether the respondent's spouse or partner provides care for the child. An additional question on care provided by a former spouse or partner may improve reporting of the use of parental care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D1. The next set of questions are about all the ways (CHILD) was cared for last week. None of these questions ask about child abuse or neglect, but we are required to report it if we become concerned about it. OK?

D2. I am going to read a list of different kinds of child care and types of people who care for children. For each one please tell me whether or not you used each arrangement for even a few hours during the last week for (CHILD). Please include Saturday and Sunday. You can answer yes to more than one child care arrangement.

D11. Last week, was your (SPOUSE/PARTNER) in charge of care for (CHILD) for some period of time?

1. Yes
2. No
- D. DON'T KNOW
- R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Parental care
Source:	JOBS/NEWWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These questions are part of a series that ask about the use of various arrangement types.
Item Limitations and Strengths for NSCCSD:	This set of questions identifies the use of father or partner care and whether care takes place in the mother's or father's/partner's home. While these questions are written from the perspective of mother respondents they can be easily adapted to work for both mothers and fathers.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Section G: 1. Earlier we talked about child care arrangements for (CHILD). Now I have a few more questions about that. Please think about all the child care arrangements you have for (CHILD) and programs (CHILD) attends on a regular basis. Sometimes mothers have more than one arrangement that they use regularly. For example, a child may go to Head Start in the morning but to a grandmother's house in the afternoon. Or a child may go to an aunt's house every Monday morning but to a cousin's house to be cared for every Tuesday. Okay? Here is a list of different people who care for children and of different kinds of programs children attend. [IF NECESSARY: Let's read through the list together] Please tell me which of these you now use for (CHILD) on a regular basis, that is, at least once a week for the last month? Any others? [IF ARRANGEMENTS 1-12 REPORTED, ASK: Is that in your home or someone else's home? CIRCLE ALL THAT APPLY]

- 1. Child's father in your home**
- 2. Child's father in other home**
- 9. Your partner in your home**
- 10. Your partner in other home**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Center, before- or after-school programs, lessons or other activities, Head Start, nonrelative, grandparent, sibling and other relative care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<p><u>Households:</u></p> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>These questions are asked of each child in the household in order of age from youngest to oldest, and are part of a series that collects data on the type of care arrangements.</p> <p>Data on parental care (spouse and ex-spouse) are also collected.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides data on a range of child care arrangements. Collecting data in the NSCCSD using similar questions or questions designed to collect data on the same categories of care will allow for trend comparisons. This series of questions provides data on the use of centers or programs, lessons and other similar activities, relatives, unrelated adults and self-care. Additionally, the questions allow for distinctions between types of relative care including grandparent, sibling, and other relatives; these distinctions are often not possible in</p>

other surveys and may be important (e.g., sibling vs. grandparent care) in understanding children's care arrangements. These questions also help to identify users of Head Start programs and to distinguish between adult unrelated providers from unrelated providers who are under the age of 18. Problems with this set of questions include the inability to distinguish between day care centers, preschools and before or after-school programs, and the inclusion of lessons, clubs, sports or other similar activities as a form of nonparental care. As currently worded these questions do not distinguish between friend and neighbor care and family care providers (e.g., unrelated adult caring for multiple unrelated children). Additionally, recent research suggests data quality problems with parental reports.

Question Wording:

B1. I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you use for (YOUNGEST CHILD/NEXT YOUNGEST CHILD) on a regular basis, that is, at least once a week for the last two weeks.

B1A. Do you use a day care center, nursery, pre-school or before or after school program?

- 5. Yes**
- 6. No**
- 7. DON'T KNOW**
- 8. REFUSED**

B1B. Does (CHILD) go to Head Start? [ASKED ONLY FOR AGES 3-5]

B1C. Does (CHILD) go to kindergarten, elementary, or Jr. high school? [ASKED FOR AGES 4 & OLDER]

B1D. Does (CHILD) go to lessons, clubs, sports or similar activities?

B1E. Do you use someone not related to (CHILD) who is at least 18 years or older?

B1F. Do you use someone not related to (CHILD) who is under 18 years old?

B1G. Do you use (CHILD)'s grandmother or grandfather?

B1H. Do you use a brother, sister; step-brother or step-sister?

B1I. Do you use another relative such as and aunt, uncle, or cousin?

B1J. On a regular scheduled basis, does your (HUSBAND/WIFE/ PARTNER) take care of (CHILD) when you are not at home?

B1K. Do you use an ex-spouse or partner?

B1L. Does (CHILD) take care of (him/her) self?

B1M. Do you use no regular arrangements, you care for (CHILD) yourself? [ASKED ONLY IF NO TO A-L]

B1N. Do you use other arrangements?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Center care, Pre-K, (Early) Head Start, family care provider, friend, neighbor, relative care, and nanny/babysitter care
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The full series of questions (including parental care and use of before- and after-school programs) is presented here to aid the reader. Issues specific to questions on parental and before- and after-school care are summarized in their respective templates.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on the use of a wide range of care arrangements including center care, (Early) Head Start, family child care, public preschool, relative care, nanny or babysitter and friend and neighbor care. This series of questions is intended to first collect data that can be used to categorize care arrangements into broad categories of care (such as any center-based care) and then through follow-up questions collect additional information to distinguish between different types within the broad categories (e.g., day care centers vs. Head Start programs). It is unclear whether the sequencing of questions and skips patterns may

lead to double reporting of arrangement types and whether these double reports can be identified with any degree of certainty. Revising the skip pattern and sequencing of these questions may improve the data quality. The instruction in the introduction to report arrangements “used for even a few hours” in the last week may result in reports of arrangements not regularly used. On the other hand, the instruction to include all arrangements used in the “last week” including “Saturday and Sunday” may improve reporting of weekend care.

Question Wording:

D1. The next set of questions are about all the ways (CHILD) was cared for last week. None of these questions ask about child abuse or neglect, but we are required to report it if we become concerned about it. OK?

D2. I am going to read a list of different kinds of child care and types of people who care for children. For each one please tell me whether or not you used each arrangement for even a few hours during the last week for (CHILD). Please include Saturday and Sunday. You can answer yes to more than one child care arrangement.

D3. During the last week, did (CHILD) attend a pre-school, nursery school, day care or child care center, EXCLUDING public school based pre-kindergarten, Head Start or Early Head Start?

- 1. Yes
- 2. NO
- D. DON'T KNOW
- R. REFUSED

D4. During the last week, did (CHILD) attend a day care or child care center, not including before and after school programs?

- 1. Yes
- 2. NO
- D. DON'T KNOW
- R. REFUSED

D5. Last week, did (CHILD) attend Head Start or Early Head Start?

- 1. Yes
- 2. NO
- D. DON'T KNOW
- R. REFUSED

D6. Last week, was (CHILD) cared for in a family child care or day care home, or family day care? [DEFINITION: FAMILY CHILD CARE IS CARE PROVIDED BY A NON-RELATIVE IN THE CAREGIVER'S HOME]

- 1. Yes
- 2. NO
- D. DON'T KNOW
- R. REFUSED

D7AA. Last week, was (CHILD) in public school-based pre-kindergarten?

- 1. Yes
- 2. NO (SKIP TO D7A2)
- D. DON'T KNOW (SKIP TO D7A2)
- R. REFUSED (SKIP TO D7A2)

D8. Last week, did (CHILD) attend a before or after school program, not including lessons, clubs and sports?

- 1. Yes
- 2. NO
- D. DON'T KNOW
- R. REFUSED

D9. Last week, was (CHILD) in any lessons, clubs, or sports?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D10. Last week, was (CHILD) cared for by a grandparent?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D11. Last week, was your (SPOUSE/PARTNER) in charge of care for (CHILD) for some period of time?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D13. Last week, was (CHILD) cared for by another relative?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D14. Last week, was (CHILD) cared for by a babysitter or nanny in your own home? [A BABYSITTER OR NANNY IS A NON-RELATIVE CAREGIVER]

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D15. Last week, was (CHILD) cared for by a friend or neighbor?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D16. Last week, was (CHILD) cared for by someone who is not the child's parent or relative and who we have not asked about in previous questions?

- 1. Yes, please specify
- 2. No
- D. DON'T KNOW
- R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Relative, nonrelative, center-based, kindergarten, and self-care
Source:	JOBS/NEWWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The introduction to this set of items may help increase reporting of multiple care arrangements. Regular care is defined as care that is used at least once in the last month.</p> <p>Data are also collected on the use of parental care and before- and after-school programs; these questions are summarized in separate templates.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides data on the use of a wide range of care arrangement types including relative care (sibling, grandparent, and other relative), nonrelative, center care, Head Start, preschool, kindergarten and self-care. As worded, the questions do not appear to collect data on the use of family care providers (unless its use is reported under group center care) or friend and neighbor care. Relative care can be disaggregated into sibling, grandparent, and other relative care. Data on whether relative and nonrelative care that takes place in or outside of the child's home is also collected.</p>

Question Wording:

Section G: 1. Earlier we talked about child care arrangements for (CHILD). Now I have a few more questions about that. Please think about all the child care arrangements you have for (CHILD) and programs (CHILD) attends on a regular basis. Sometimes mothers have more than one arrangement that they use regularly. For example, a child may go to Head Start in the morning but to a grandmother's house in the afternoon. Or a child may go to an aunt's house every Monday morning but to a cousin's house to be cared for every Tuesday. Okay? Here is a list of different people who care for children and of different kinds of programs children attend. [IF NECESSARY: Let's read through the list together] Please tell me which of these you now use for (CHILD) on a regular basis, that is, at least once a week for the last month? Any others? [IF ARRANGEMENTS 1-12 REPORTED, ASK: Is that in your home or someone else's home? CIRCLE ALL THAT APPLY]

- 1. Child's father in your home**
- 2. Child's father in other home**
- 3. Child's brother, sister, half or step-brother, or half or step-sister in your home**
- 4. Child's brother, sister, half or step-brother, or half or step-sister in other home**
- 5. Child's grandparent in your home**
- 6. Child's grandparent in your home**
- 7. Other relative in your home**
- 8. Other relative in your home**
- 9. Your partner in your home**
- 10. Your partner in your home**
- 11. Other nonrelatives in your home**
- 12. Other nonrelatives in your home**
- 13. Head Start program**
- 14. Day care center or group care center**
- 15. Nursery school or preschool**
- 16. Kindergarten**
- 17. Before- or after-school care sponsored by school**
- 18. Child cares for self alone**
- 19. Other (SPECIFY) _____**
- 20. No regular arrangements, mother cares for child (SKIP TO Q18 ON PAGE 25) (IF R HAS ONLY ONE ARRANGEMENT, SKIP TO QUESTION 3B.)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Head Start, relative, nonrelative, summer, and family child care
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	The extent to which respondents understand the phrase “licensed family child care” should be tested.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides detailed information on the use of a range of care arrangement types including Head Start, relative care, nonrelative care, supervised activities, and licensed family care, as well as the ages of providers. The data collected on relative care allows for the disaggregation of type of relative care (including grandparent, sibling, and other relative).</p> <p>This question format may provide a useful template on which to collect additional information on providers (e.g., language spoken, race/ethnicity, etc.) as respondents report the use of a specific care type. It is unclear the extent to which parents can accurately report whether family care providers are licensed or not.</p> <p>While this series of questions in theory allows for the identification of licensed family care, the information collected does not allow users to distinguish between</p>

Question Wording:	<p>friend and neighbor care and unlicensed family care providers.</p> <p>Q20. We would like to know how (CHILD) spent (his/her) time when (he/she) was not with you or the child's other parent during the last two weeks. We are interested in all the times (CHILD) was not with a parent at any time during the day or night. I am going to read a list of different kinds of child care arrangements, programs children attend, and people who care for children. I would like you to tell me which ones you used for (CHILD), at least once in each of the last two weeks.</p> <p>[IF ON VACATION DURING THE PAST TWO WEEKS, ASK ABOUT TWO WEEKS BEFORE VACATION] Child age 5...GO TO Q20A; Child age 0-4...GO TO Q20B; Child age 6-12...GO TO Q20J</p> <p>Q20A. First, is (CHILD) in kindergarten?</p> <ol style="list-style-type: none"> 1. Yes 2. No (GO TO Q20B) <p>Q20AA. About how many hours per week was (CHILD) usually cared for in kindergarten? (AS NEEDED: This does not include transportation to and from kindergarten, such as a bus.)</p> <p>_____ Hours</p> <p>Q20B. Did (CHILD) attend Head Start?</p> <ol style="list-style-type: none"> 1. Yes 2. No (GO TO Q20C) <p>Q20BB. About how many hours per week was (CHILD) usually cared for in Head Start?</p> <p>_____ Hours</p> <p>Q20C. Other than Head Start, did (CHILD) attend a day care or group care center, a nursery, a preschool, or a pre-kindergarten? Please do not include child care or babysitting in either your or someone else's home.</p> <ol style="list-style-type: none"> 1. Yes 2. No (GO TO Q20D) <p>Q20CC. About how many hours per week was (CHILD) usually cared for there?</p> <p>_____ Hours</p> <p>Q20D. Did (CHILD) attend a program that provided before school or after school care outside your home?</p> <ol style="list-style-type: none"> 1. Yes 2. No (GO TO Q20E) <p>Q20E. Did (CHILD) have child care or babysitting in your home or the child's other parent's home by someone other than you or the child's other parent? This could be a relative, an older sibling, or a nanny.</p> <ol style="list-style-type: none"> 1. Yes 2. No
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Q20E1. Was that a...[CIRCLE ALL THAT APPLY]

- 1. Grandparent (GO TO Q20EE)**
- 2. Older sibling (GO TO Q20E2)**
- 3. Another relative such as aunt or cousin (GO TO Q20E3)**
- 4. A non-relative (GO TO Q20E5)**

Q20E2. What age is the older sibling?

_____ (GO TO Q20EE)

Q20E3. Is that person 18 or older?

- 1. Yes (GO TO Q20EEE)**
- 2. No**

Q20E4. What age is that person?

_____ (GO TO Q20EEE)

Q20E5. Is that person 18 or older?

- 3. Yes (GO TO Q20EE)**
- 4. No**

Q20E6. What age is that person?

_____ (GO TO Q20EEE)

Q20F. Did (CHILD) have child care or babysitting in someone else's home during the day, evening, or overnight?

- 1. Yes**
- 2. No (GO TO Q20H)**

Q20F1. Was that a...(CIRCLE ALL THAT APPLY)

- 1. Grandparent (GO TO Q20G)**
- 2. Older sibling (GO TO Q20F2)**
- 3. Another relative such as aunt or cousin, or (GO TO Q20F3)**
- 4. A non-relative?...(GO TO Q20F5)**

Q20G. Was that a licensed family child care home? [ASK ONLY IF SAID YES TO A NON-RELATIVE IN Q20F1]

- 1. Yes**
- 2. No**

Q20H. Did (CHILD) have supervised activities or lessons at a recreation center, library, church, camp, gym, or a sports facility? (DURING SUMMER (JUNE 17-SEPT 14) ADD: organized summer program, such as a recreation program or summer day camp.

- 1. Yes**
- 2. No (GO TO Q20I)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Relative, nonrelative, center care
Source:	National Household Education Surveys: Early Childhood Program Participation
Year of Administration:	1991; 1995; 1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children age 0 to 6 not enrolled in kindergarten</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>A similar item can be found in the ECLS-B and ECLS-K instruments.</p> <p>This section of the NHES: ECPP includes a series of follow-up questions which ask about multiple arrangements, location of care, schedule of care (days per week, week per month), hours in care, when care began, number of children in care, relationship between provider and parent, how parent learned about care, language provider speaks, sick care, problems with the arrangement, payment for care, and assistance in paying for care. This series of questions has been cognitively tested and most have appeared in multiple waves of the NHES: ECPP.</p>
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on a range of child care arrangements including relative care, unrelated care providers, and centers and early childhood programs. Additionally, the questions allow for distinction between types of relative care including grandparent (grandmother and grandfather), sibling (brother

and sister), and other relatives (aunt, uncle, and other relatives). Data that provide such detailed distinctions for relative care are typically not collected. The introduction to this series of questions may improve data quality to the extent that it helps to define key concepts such as regular care and relative vs. nonrelative care. Problems with this set of questions include the inability to distinguish between day care centers, preschools, prekindergarten, and (Early) Head Start programs, as well as friend and neighbor care from family care providers.

Question Wording:

EDINTRO. I'd like to talk with you about different types of child care (CHILD) may now receive on a regular basis from someone other than (you or) (his/her) parents (or guardians). This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional babysitting. Now let's talk about any care (CHILD) receives from relatives.

ED1. Is (CHILD) now receiving care from a relative other than a parent on a regular basis, for example from grandparents, brothers or sisters, or any other relatives?

1. Yes (GO TO ED2)
2. No (GO TO EEINTRO)

ED3. (Let's start with the relative who provides the most care/Now let's talk about the next relative who cares for (CHILD)). (Is the relative who cares for (CHILD) (his/her).../Is that (CHILD)'s...)

1. Grandmother (GO TO ED3OV)
2. Grandfather (GO TO ED3OV)
3. Aunt (GO TO ED3OV)
4. Uncle (GO TO ED3OV)
5. Brother (GO TO ED3OV)
6. Sister (GO TO ED3OV)
7. Another relative (GO TO ED3OV)
9. NOW SAYS NO OTHER RELATIVE ARRANGEMENT (GO TO EEINTRO)

EEINTRO. Now let's talk about any care (CHILD) receives from someone not related to (him/her), either in your home or in someone else's. This includes home child care providers or neighbors, but not day care centers or preschools. Now let's talk about any care (CHILD) receives from people who are not related to (him/her), not including daycare centers or preschools.

EE1. Is (CHILD) now receiving care in your home or another home on a regular basis from someone who is not related to (him/her)?

1. Yes (GO TO EE2)
2. No (GO TO EGINTRO)

EGINTRO. Now let's talk about any day care centers and early childhood programs (CHILD) attends.

EG1. Is (CHILD) now attending a day care center, preschool, prekindergarten, or (Early) Head Start program?

1. Yes (GO TO EG2)
2. No (GO TO BOX BEFORE EH1)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Center-based, home-based, and non-home based care
Source:	National Survey of America's Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar questions (with slight wording differences) are asked of children ages 6 and older.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on the use of center-, home- and non-home based care. The data collected from these questions do not allow for the identification of relative, nonrelative, friend and neighbor, or family care providers. Additionally, it lumps all types of center- based care including nursery, day care, and pre-kindergarten programs. The introduction requests that respondents report on all types of care they used at least once a week in the last month. This reference point may result in the inclusion of care that is not regularly used, and may increase respondent recall burden.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G1. [ASKED OF CHILDREN UNDER 6] We'd like to know how (CHILD) spent (his/her) time when (he/she) was not with you during the last month. I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you used for (CHILD), at least once a week during the last month.

G1B. Other than Head Start, what about a nursery school, a preschool, a pre-kindergarten, or a day care center? Please do not include child care or babysitting in someone else's home.

1. Yes
2. No

G1C. A program that provided before- or after-school care?

1. Yes
2. No

G1D. Did (CHILD) have child care or babysitting in your home (by someone other than (you/you or your (spouse/partner)))?

1. Yes
2. No

G1E. What about child care or babysitting in someone else's home?

1. Yes
2. No

G30A. [ASKED OF CHILDREN 6 AND OLDER] We'd (also) like to know how (CHILD) spent (his/her) time when (he/she) was not with you during the last month. (I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones/I'd like you to tell me about the child care arrangements and programs) you used for (CHILD), at least once a week during the last month.

First, did (CHILD) attend a program that provided before- or after-school care?

1. Yes
2. No

G30B. Did (CHILD) have child care or babysitting in your home (by someone other than you/other than you or your spouse/partner)?

1. Yes
2. No

G30C. What about child care or babysitting in someone else's home?

1. Yes
2. No

SGINTRO. [Now let's talk about any care (CHILD) receives from someone not related to (him/her), either in your home or someone else's. This includes home child care providers or neighbors, but not day care centers or after-school programs.]

SG1. Is (CHILD) now receiving care in your home or another home on a regular basis after school from someone who is not related to (him/her)?

1. Yes (GO TO SG2)
2. No (GO TO SH1)

SH1. [Some children participate in after-school programs that provide supervision and organized activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, or special lessons.]

Is (CHILD) now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis?

- 1. Yes (GO TO SH2)**
- 2. No (GO TO SIINTRO)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Family, friend, neighbor, nanny, center, family daycare, public preschool programs
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Questions were asked in reference to any children under the age of 12. This series of questions also includes an item on the use of public before- or after-school programs asked of parents with children attending public preschool programs.</p> <p>For questions CCU08, CCU10, CCU13, and CCU16 a follow-up was also asked to determine the number of months the arrangement was used and the number of hours per week in the arrangement; this data allows users to compute duration (stability) of care and identify primary care arrangements.</p> <p>The questions in this series ask about whether each type of arrangement was EVER used during the past 12 months. As such, no data are available about current arrangements. Likewise, although data are collected on the number of respondent's children in each care type, care arrangements cannot be linked to specific children.</p>

	<p>It is unclear if the use of the reference period “in the past 12 months” is too broad and thus may lead to arrangements being omitted.</p> <p>A similar item regarding care in a private home appears in the ECLS-B 48-month parent interview.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on a broad range of care arrangements including family, friend and neighbor, private day care or center care, and public pre-K, as well as the number of the respondents’ children in each of these care types. It is unclear the extent to which respondents attend to the distinction between private and public care arrangements in formulating their responses. Items CCU04 includes a definition of family care providers that distinguishes family care from care provided by relatives or friends. This definition could be used to develop an item for family care in the NSCCSD. While these questions are asked of children under the age of 6, they can be easily tailored to be asked of a broader age group.</p>
Question Wording:	<p>CCU02. In the past 12 months, did you ever use family or friends to babysit for your child(ren) when you (or your partner) were not with them?</p> <ol style="list-style-type: none"> 1. Yes 2. No 6. OTHER/DEPENDS, SPECIFY _____ 8. DON’T KNOW 9. REFUSED <p>CCU03. In the past 12 months, did you ever use a nanny or babysitter other than a family member or friend to care for your child(ren)? Please don’t include private day care homes where a person cares for a <u>group</u> of children in her home.</p> <ol style="list-style-type: none"> 1. Yes 2. No 6. OTHER/DEPENDS, SPECIFY _____ 8. DON’T KNOW 9. REFUSED <p>CCU04. In the past 12 months, did you ever use a private day care home or a <u>private</u> day care center, child care center, preschool, nursery school or after-school program for your child(ren)? Please don’t include <u>public</u> preschool programs like Head Start or Pre-K or public school programs.</p> <p>[IF NECESSARY: By day care home I mean child care that is care provided by someone other than your family members or friends to a <u>group</u> of children in her home.]</p> <ol style="list-style-type: none"> 1. Yes 2. No 6. MISSING 8. DON’T KNOW 9. REFUSED <p>[IF ANY CHILDREN BETWEEN 3 AND 6 ASK THE FOLLOWING, ELSE SKIP TO CCU06]</p>

CCU05. In the past 12 months, did your child(ren) ever attend a public preschool, Pre-K or early intervention program?

1. Yes
2. No (GO TO CCU06)
6. MISSING
8. DON'T KNOW (GO TO CCU06)
9. REFUSED (GO TO CCU06)

CCU05a_1. Which program was that [ALLOW 3 RESPONSES – DO NOT READ CATEGORIES]

1. Head Start
2. Pre-Kindergarten
3. Early Intervention
4. OTHER
8. DON'T KNOW (GO TO CCU06)
9. REFUSED (GO TO CCU06)

[ASK FOLLOWING IF ANY BABYSITTING BY FRIENDS AND RELATIVES IN PRIOR YEAR (CCU02=2), ELSE SKIP TO INSTRUCTIONS BEFORE CCU10 – ASK FOLLOWING IF MORE THAN 1 CHILD UNDER 12, ELSE SKIP TO CCU08]

CCU07. During the last year, for how many of your children did you use family and friends to babysit at least once per week?

- _____ NUMBER
97. OTHER
 98. DON'T KNOW
 99. REFUSED

[ASK FOLLOWING IF ANY BABYSITTING, NANNIES, CARE BY OTHER THAN FRIENDS AND RELATIVES IN PRIOR YEAR (CCU03=1), ELSE SKIP TO INSTRUCTION BEFORE CCU13 – ASK FOLLOWING IF MORE THAN 1 CHILD UNDER 12, ELSE SKIP TO CCU11]

CCU10. During the last year, for how many of your children under 12 did you use a nanny or babysitter other than family or friends to babysit at least once per week?

- _____ NUMBER
97. OTHER
 98. DON'T KNOW
 99. REFUSED

[ASK FOLLOWING IF ANY USE OF PRIVATE DAY CARE HOMES, CHILD CARE CENTERS IN PRIOR YEAR (CCU04=1), ELSE SKIP TO INSTRUCTIONS BEFORE CCU16 – ASK FOLLOWING IF MORE THAN 1 CHILD UNDER 12, ELSE SKIP TO CU14]

CCU13. During the last year, for how many of your children under 12 did you use a private day care home, center or program at least once per week?

- _____ NUMBER
97. OTHER
 98. DON'T KNOW
 99. REFUSED

[ASK FOLLOWING IF ANY USE OF PUBLIC PRESCHOOLS IN PRIOR YEAR (CCU05=1), ELSE SKIP TO INSTRUCTIONS BEFORE CCU19 – ASK FOLLOWING IF MORE THAN 1 CHILD BETWEEN 3 AND 6, ELSE SKIP TO CCU17]

CCU16. How many of your children under six did you send to a public preschool, pre-K or similar program in the last year?

- _____ **NUMBER**
- 7. OTHER**
- 98. DON'T KNOW**
- 99. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Center, nonrelative, relative, group activities
Source:	Oregon Population Survey
Year of Administration:	1998; 2000; 2002; 2004; 2006; 2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>These items came from the 2006 questionnaire. A similar item can be found in the Survey of Wisconsin Works Families with slightly different response categories (friend, family member, child care center, preschool, family day care or some other person or child care situation).</p> <p>A similar item can also be found in the Head Start Family And Child Experiences Survey (FACES) with differences in the response categories: At (CHILD)'s home by a relative, At (CHILD)'s home by a non-relative, in a relative's home, in a friend's or neighbor's home, family day care home, other child care center/child development program, at Head Start (not including time in class), other (please specify).</p>
Item Limitations and Strengths for NSCCSD:	Data collected through these questions do not allow analysts to distinguish between care provided by centers, Head Start programs, or before- or after-school programs. Although analysts can distinguish between relative and nonrelative care that is

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

provided in or outside of the child's home, these questions do not allow for the identification of friend and neighbor care or family care settings.

Question Wording:

CCINTRO.# [IF AGE.# < 13 OR AGE2.# = 1, 2] Now we are going to ask you about different types of child care and educational programs your/the child(ren) received on a regular basis from someone other than a parent (or guardian) during the last (2005-2006) school year. This includes regular child care, preschool and school age programs, whether or not there was a charge or fee, but not occasional babysitting or school (kindergarten – grade 12). [PROBE: Regular means at least once a week.]

CCRNGA.# TO CCRNGH.#. [ENTER ALL MENTIONED, SELECTING MAIN TYPE FIRST. RESPONSE IS YES IF PARENT MENTIONS USING IT]

[IF MORE THAN ONE]: Which of these was the main type of care or education program used for your/the child(ren)? The main arrangement is the one used most, that is, for the most hours during the week.

[READ LIST]

- 10. YES – Child care center, a preschool, Head Start, before- or after-school program, or other center that was not the caregiver's/teacher's home**
- 20. YES – Care in the child's home by a non-relative**
- 21. YES – Care in the child's home by a relative**
- 31. YES – Care in a relative's home**
- 32. YES – Care in a non-relative's home**
- 50. YES – Group activities including lessons, clubs, and sports**
- 51. NO – No child care or educational program, paid or unpaid for this child (SKIP TO LIBMO1)**
- 80. OTHER [PLEASE SPECIFY]**
- 99. DON'T KNOW/REFUSED (SKIP TO LIBMO1)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Relative, nonrelative, center, Head Start, before- or after-school program, self-care
Source:	Panel Study of Income Dynamics
Year of Administration:	1968- 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item is drawn from the Child Development Supplement instrument. This item represents a “life history or calendar” approach to collecting data on all care arrangements ever used/since last interview.
Item Limitations and Strengths for NSCCSD:	Questions provide data on the types of care arrangements the child has been placed in, including: relative, nonrelative, center, Head Start, before- or after-school program, self-care, as well as the age the child was first placed in nonparental care on a regular basis. As worded, family care and friend and neighbor care cannot be identified from this set of questions.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C2. [IF CHILD NOT YET IN KINDERGARTEN IN SPRING 1997] The next questions ask about the child care arrangements or programs that you have used for your (CHILD) since (MONTH/YEAR OF CDS1IW). We want to start with the first arrangement you used for (CHILD) and then continue through any additional arrangements you may have used, in the order that you used them. We will end the history when (CHILD) started kindergarten. We will be using page 10 of your booklet.

Was (CHILD) cared for by someone other than you (or your spouse) on a regular basis? By regular I mean at least once a week for one month (or more).

1. Yes
5. No (GO TO C10)

C2a. First, how old was (CHILD) when (he/she) was first cared for by someone other than you (or your spouse) on a regular basis? By regular I mean at least once a week for one month (or more).

_____ NUMBER

C2b. ENTER UNIT (years, months, weeks)

C3a. [FOR THE FIRST TIME THROUGH THE LOOP]:

Starting in (MONTH/YEAR OF CDS1IW), what was the first type of child care arrangement or program that you used on a regular basis for (CHILD)?

[FOR THE SECOND-NINTH TIME THROUGH THE LOOP]:

What was the next type of child care arrangement or program that you used on a regular basis for (CHILD)?

[REGULAR BASIS MEANS AT LEAST ONCE PER WEEK FOR AT LEAST A MONTH. RELATIVE INCLUDES ANY RELATIVE – PCG, OCG, SIBLINGS, AUNTS, GRANDPARENTS, ETC.]

1. Relative in child's home (GO TO C4a)
2. Non-relative in the child's home (sitter) (GO TO C4a)
3. Care in a relative's home (GO TO C4a)
4. Care in a non-relative's home (family day care provider) (GO TO C4a)
5. Head Start program (GO TO C4a)
6. Pre-kindergarten program, nursery school, preschool, or child care center (GO TO C4a)
7. Before- or after-school program (GO TO C4a)
8. Child cares for self alone (GO TO C4a)
11. None of the above, one parent always cares for child (GO TO C9)
97. Other type of child care (GO TO C3b)

C3b. Please specify other type of child care

_____ [OPEN FIELD]

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Relative, nonrelative, center, Head Start, preschool
Source:	Survey of Income and Program Participation
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question used flashcards for each type of care. This question was asked for multiple children. There is a follow-up question which asks how many hours the child was in each arrangement while the parent was at school or work.
Item Limitations and Strengths for NSCCSD:	This question provides data on a broad range of care arrangements, including relative, parental, family care provider, center care, nursery or preschool, Head Start, and friend and family care. Detailed information is collected on relative care. As currently worded, this question combines family, friend and neighbor care with nanny and au pair care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CAREKD1. During a typical week last month, please tell me if you used any of the following arrangements to look after [CHILD] on a regular basis. By regular basis, I mean at least ONCE A WEEK during the PAST MONTH.

- a. Child's other parent or stepparent?
- b. Did you care for [CHILD] while you were working or at school?
- c. Brother or sister age 15 or older?
- d. Brother or sister under age 15?
- e. Grandparent?
- f. Any other relative?
- g. Family day care provider caring for 2 or more children outside of your home?
- h. A child care or day care center?
- i. A nursery or preschool?
- j. A federally supported Head Start program?
- k. A non-relative such as a friend, neighbor, sitter, nanny, or au pair?
 1. Yes
 2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental care: Relative, friend, center, and family care.
Source:	Survey of Wisconsin Works Families – Leavers Study
Year of Administration:	1996; 1997; 1998
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Other items in this series (C-G) ask about hours per week in care, percentage paid for care, weekly payment for care, primary reason for choosing care, and barriers preventing parent from getting care for the child.
Item Limitations and Strengths for NSCCSD:	Question provides data on type of nonparental care used and whether care is provided in or outside child's home. It is unclear whether care provided by neighbors would be reported or how it would be reported.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

39. The following questions concern babysitting or child care arrangements you may have for your children under age 13. Please tell me the names of your children who live with you and who are 13 or younger.

A. Who do you have look after [CHILD] while you are at work, in training, or searching for a job, and when [CHILD] is not in school? Is it a Friend, Family Member, Child Care Center, Preschool, Family Day Care or some other person or child care situation? (INTERVIEWER: PROBE VAGUE ANSWER E.G., “SITTER”, “FAMILY MEMBER” OR “RELATIVE”. IF MORE THAN ONE ARRANGEMENT, ASK: Who does he/she spend more time with?)

_____ **WRITE IN RESPONSE**

B. Is child care provided in or outside of your home?

_____ **WRITE IN RESPONSE**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Nonparental: Self-care
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	A similar question was included in the National Survey of American Families.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on the use of self-care, the total number of hours the child spends in self-care, and the times and days that the child is in self-care. The question asks respondents to report whether the child cares for himself/herself on a regular basis or is cared for by a sibling under the age of 12; thus, reports of self-care and sibling care cannot be distinguished. The introduction may help increase reporting of self-care and minimize social desirability bias.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

60. Sometimes it is difficult to make arrangements to look after children all the time. During the past two weeks, did {child} take care of himself/herself or stay alone with a brother or sister who is 12 or younger on a regular basis, even for a small amount of time?

Yes.....1
No (GO TO Q. 93).....2
Refused (GO TO Q. 93)7
Don't know (GO TO Q. 93)8

61. About how many hours per week did {child} usually care for himself/herself? _____ (# OF HOURS)

Refused.....-7

62. Which of the following times of the week did {child} care for himself/herself... (CIRCLE ALL THAT APPLY)

Standard weekday, any time from about 7:00 in the morning to 6:00 at night (includes after-school),(GO TO Q. 93)..... 1
Early mornings before 7:00 a.m. (after child woke up in the morning)
.....(GO TO Q. 93).....2
Evenings from about 6:00 p.m. to 10:00 p.m.....(GO TO Q. 93) 3
Late nights after 10:00 p.m., or.....(GO TO Q. 93)..... 4
Weekends?(GO TO Q. 93)..... 5
Refused.....(GO TO Q. 93)7
Don't know.....(GO TO Q. 93).....8

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Center, relative, unrelated provider, and self-care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This series of questions rotates through each child in order of age from youngest to oldest. Data on parental care were also collected.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on a range of child care arrangements including the use of centers or programs, lessons and other similar activities, relatives, unrelated adults and self-care. Collecting data in the NSCCSD using similar questions or questions designed to collect data on the same categories of care will allow for trend comparisons. Problems with this series of questions include the inability to distinguish between day care centers, preschools and before- or after-school programs, and the inclusion of lessons, clubs, sports or other similar activities as a form of nonparental care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

B1. I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you use for (YOUNGEST CHILD/NEXT YOUNGEST CHILD) on a regular basis, that is, at least once a week for the last two weeks.

B1A. Do you use a day care center, nursery, pre-school, or before or after school program?

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

B1B. Does (CHILD/NEXT YOUNGEST CHILD) go to Head Start (asked only for 3-5 year olds)?

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

B1C. Does (CHILD) go to kindergarten, elementary, or Jr. high school? [ASKED FOR AGES 4 & OLDER]

B1D. Does (CHILD) go to lessons, clubs, sports or similar activities?

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Preschool or school-based care, Head Start, friend, parental, relative, center and family care
Source:	ASPE TANF Leavers Study: Arizona
Year of Administration:	1999-2000
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Question collects data on whether respondents' children are in after-school care and if so, what type of care they receive. The categories of care are detailed and include preschool or school-based care, Head Start, friend, parental (spouse or partner), relative, center and family care. The categories of care also provide some data on location of care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

212. Do you have some kind of extended or after-school care for your children who are in school? (Who provides this care for your child(ren)?)

- 00. No (SKIP TO QUESTION 214)**
- 01. School/Preschool**
- 02. Head Start program**
- 03. Friend not in household**
- 04. Roommate/Friend in household**
- 05. Spouse not in household**
- 06. Spouse in household**
- 07. Other relative not in household**
- 08. Other relative in household**
- 09. Partner not in household**
- 10. Partner in household**
- 11. Church/cooperative**
- 12. Child care center**
- 13. Home based child care/Child care home**
- 14. Private care provider in your own home**
- 96. Other _____**
- 99. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Before- or after-school programs; lessons, clubs or sports
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The full series of questions is presented here to aid the reader (including parental care and use of before- and after-school programs). Issues specific to questions on parental and nonparental care are summarized in their respective pages.</p> <p>The series of questions on the use of before- or after-school programs and care for preschool age children is part of a series of questions that collects data on a range of nonparental care arrangements. It is unclear whether the phrase “<i>public school-based pre-kindergarten</i>” in question D7aa is attended to by respondents and as such results in the exclusion on nonpublic or nonschool-based pre-kindergarten programs. Additionally, cognitive testing may help to determine whether switching the order of D8 (before- or after-school programs) and D9 (lessons, clubs, or sports) improves data quality.</p>
Item Limitations and Strengths for NSCCSD:	The use of before- and after-school program is asked only of those who report that their child is attending a public school-based pre-kindergarten program. Two

questions (D8 and D9) distinguish between before or after-school programs and lessons, clubs or sports that the child may participate in. These questions were asked only of children under the age of 5.

Question Wording:

D1. The next set of questions are about all the ways (CHILD) was cared for last week. None of these questions ask about child abuse or neglect, but we are required to report it if we become concerned about it. OK?

D2. I am going to read a list of different kinds of child care and types of people who care for children. For each one please tell me whether or not you used each arrangement for even a few hours during the last week for (CHILD). Please include Saturday and Sunday. You can answer yes to more than one child care arrangement.

D3. During the last week, did (CHILD) attend a pre-school, nursery school, day care or child care center, EXCLUDING public school based pre-kindergarten, Head Start or Early Head Start?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D4. During the last week, did (CHILD) attend a day care or child care center, not including before and after school programs?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D5. Last week, did (CHILD) attend Head Start or Early Head Start?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D6. Last week, was (CHILD) cared for in a family child care or day care home, or family day care? [DEFINITION: FAMILY CHILD CARE IS CARE PROVIDED BY A NON-RELATIVE IN THE CAREGIVER'S HOME]

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D7AA. Last week, was (CHILD) in public school-based pre-kindergarten?

- 1. Yes
- 2. No (SKIP TO D7A2)
- D. DON'T KNOW (SKIP TO D7A2)
- R. REFUSED (SKIP TO D7A2)

D8. Last week, did (CHILD) attend a before or after school program, not including lessons, clubs and sports?

- 1. Yes
- 2. No
- D. DON'T KNOW
- R. REFUSED

D9. Last week, was (CHILD) in any lessons, clubs, or sports?

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

D10. Last week, was (CHILD) cared for by a grandparent?

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

D11. Last week, was your (SPOUSE/PARTNER) in charge of care for (CHILD) for some period of time?

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

D13. Last week, was (CHILD) cared for by another relative?

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

D14. Last week, was (CHILD) cared for by a babysitter or nanny in your own home? [A BABYSITTER OR NANNY IS A NON-RELATIVE CAREGIVER]

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

D15. Last week, was (CHILD) cared for by a friend or neighbor?

- 1. Yes**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

D16. Last week, was (CHILD) cared for by someone who is not the child's parent or relative and who we have not asked about in previous questions?

- 1. Yes, please specify**
- 2. No**
- D. DON'T KNOW**
- R. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Before or after-school program
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question collects data on the use of before- and after-school <i>programs</i> and not other types of before- or after-school care arrangements, such as family provider or relative care.
Question Wording:	Q20D. Did (CHILD) attend a program that provided before school or after school care outside your home? 3. Yes 4. No (GO TO Q20E)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Relative, nonrelative, and after-school program
Source:	National Household Education Survey: After-School Program and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Data are collected for up to two randomly selected focal school-age children. Type of care questions are followed up with a series of other questions that collect data on: number of arrangements; regular scheduled care each week; regular scheduled care each month; days per week in this type of care; hours per week in this type of care; hours per day care is received; hours in care after 6pm; weeks per month child receives this care; days per week child when child is in this care; hours per week when child is in care; charge or fee for care; subsidy provided for care; total cost for care for each child; arrangement for whole school year; month child started arrangement; care provided in home or another home; caretaker location; age of caretaker; language of caretaker; how many other children in care; how many adults at care facility; and activities while in care.
Item Limitations and Strengths for NSCCSD:	This series of items collects data on the use of relative, nonrelative, and after-school program during after-school hours. Data allow for the disaggregation of relative

care into grandparent, sibling, and other relative. This measure does not distinguish between family, friend and neighbor care and other forms of non-relative care. The ASPA-NHES survey does not ask about before-school care.

Question Wording:

INTRO. The Department of Education is interested in learning about the kinds of arrangements parents might have for their children after school. I would like to ask you about different types of arrangements you may have for (CHILD) after school on a regular basis, whether or not there is a charge or fee, but not including occasional babysitting. Now let's talk about any care (CHILD) receives from relatives after school.

SF1. Is (CHILD) now receiving care from a relative other than a parent on a regular basis after school, for example from grandparents, brothers or sisters, or any other relatives?

1. Yes
2. No

SF3. Let's talk about who the relative who provides the most care after school / Now let's talk about the next relative who provides care for (CHILD) after school. Is the relative who cares for (CHILD) after school (his/her)/Is that (CHILD)'s...

1. Grandmother
2. Grandfather
3. Aunt
4. Uncle
5. Brother
6. Sister
7. Another relative

INTRO. Now let's talk about any care (CHILD) receives from someone not related to (him/her), either in your home or someone else's. This includes home child care providers or neighbors, but not day care centers or after-school programs. Now let's talk about any care (CHILD) receives from people that are not related to (him/her), not including day care centers or after-school programs.

SG1. Is (CHILD) now receiving care in your home or another home on a regular basis after school from someone who is not related to (him/her)?

1. Yes
2. No

INTRO. Some children participate in after-school programs that provide supervision and organized activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, or special lessons.

SH1. Is (CHILD) now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis?

1. Yes
2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Center-based care, home-based care, non-home-based care
Source:	National Survey of America's Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar questions (with slight wording differences) are asked children ages 6 and under.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on the use of before- and after-school programs, as well as home- and non-home-based care. The data collected from these questions does not allow for the identification of relative, nonrelative, friend and neighbor, or family care providers. Additionally, it lumps before- and after-school programs. The introduction requests that respondents report on all types of care they used at least once a week in the last month. This reference point may result in the inclusion of care that is not regularly used, and may increase respondent recall burden.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G30A. [ASKED OF CHILDREN 6 AND OLDER] We'd (also) like to know how (CHILD) spent (his/her) time when (he/she) was not with you during the last month. (I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones/I'd like you to tell me about the child care arrangements and programs) you used for (CHILD), at least once a week during the last month.

First, did (CHILD) attend a program that provided before- or after-school care?

1. Yes
2. No

G30B. Did (CHILD) have child care or babysitting in your home (by someone other than you/other than you or your spouse/partner)?

1. Yes
2. No

G30C. What about child care or babysitting in someone else's home?

1. Yes
2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Before/after school care: Public, preschool, (Early) Head Start programs
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Questions were asked in reference to any children under the age of 12.
Item Limitations and Strengths for NSCCSD:	This series of questions collect data on the use of after-school programs. Data on other types of after-school care do not appear to be collected.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

[IF ANY CHILDREN BETWEEN 3 AND 6 ASK THE FOLLOWING, ELSE SKIP TO CCU06]

CCU05. In the past 12 months, did your child(ren) ever attend a public preschool, Pre-K or early intervention program?

3. Yes
4. No (GO TO CCU06)
6. MISSING
10. DON'T KNOW (GO TO CCU06)
11. REFUSED (GO TO CCU06)

CCU05a_1. Which program was that [ALLOW 3 RESPONSES – DO NOT READ CATEGORIES]

5. Head Start
6. Pre-Kindergarten
7. Early Intervention
8. OTHER
10. DON'T KNOW (GO TO CCU06)
11. REFUSED (GO TO CCU06)

[IF ANY CHILDREN BETWEEN 5 AND 12 ASK THE FOLLOWING ELSE GO TO INSTRUCTIONS BEFORE QUESTION CCU07]

CCU06. In the past 12 months, did your child(ren) ever attend an after-school program at a public school or other public program?

1. Yes
2. No
6. MISSING
8. DON'T KNOW
9. REFUSED

[IF NO USE OF ANY FORMS OF CHILD CARE (CCU02 NOT EQUAL TO 1 AND CCU03 NOT EQUAL TO 1 AND CC04 NOT EQUAL TO 1 AND CCU05 NOT EQUAL TO 1 AND CCU06 NOT EQUAL TO 1) GO TO NEXT SECTION – HOUSING, ELSE CONTINUE]

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Summer, sick, holiday, drop-in, etc.
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under <u>13</u> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>Inclusion of these series of questions in the NSCCSD will provide trends data with the 1990 NCCS. Questions provide detailed data on whether the child was sick in the last 4 weeks, the number of times child was sick, and how the child was cared for the last time he/she was sick. Asking about the last four weeks and the last time child was sick may help to improve respondent recall and data quality. This item provides disaggregated data on type of summer care arrangement used by parents for their school-age child including program, center and family day care, as well as relative, sibling and self-care. Care by friends and neighbors is not included as a separate category.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

7. In the last four weeks, (was/were) your (child/any of your children) sick on a day (you/your spouse/partner) (were/was) supposed to be at work?

- | | |
|---------------------------|---|
| Yes | 1 |
| No (skip to next section) | 2 |
| Don't know | 3 |
| Refused | 4 |

8A. How many different times did this happen in the last four weeks? ____
PROBE: Was the child sick for a number of days altogether, or were there separate episodes?

8B. How many days was it all together in the last four weeks? ____

- Don't know = 29
 Refused = 30
 Note = 31

9. What did you do the last time this happened in order to care for your child or children? CIRCLE ALL THAT APPLY.

- | | |
|--|----|
| Took child to regular arrangement (skip to next section) | 10 |
| Stayed or went home | 11 |
| Spouse stayed home | 12 |
| Took child to work (skip to next section) | 13 |
| Relative watched child (skip to next section) | 14 |
| Neighbor/friend watched child (skip to next section) | 15 |
| Child watched self (skip to next section) | 16 |
| Hired sitter (skip to next section) | 17 |
| Older child stayed home (skip to next section) | 18 |
| Other (specify) _____ (skip to next section) | 19 |
| Don't know | 20 |
| Refused | 21 |
| No others | 22 |

Child care history over the last 12 months for youngest child
Ask question 1 if youngest child is enrolled in first grade or higher. Else skip to Q2.

1. People use a variety of child care arrangements during the summer months. I am going to read a list of different kinds of activities and arrangements often used by school-age children and I'd like you to tell me which ones, if any, you used for (YOUNGEST CHILD) last summer. (READ LIST, ACCEPT ALL THAT APPLY).

- 10. Summer camp program**
- 11. Community recreation program, swimming pool, or supervised playground**
- 12. School activities program**
- 13. Day care center**
- 14. Family day care**
- 15. (ASK ONLY IF OLDER SIMBLINGS): stayed with an older brother or sister**
- 16. Stayed with a relative other than a brother or sister**
- 17. Stayed with a neighbor or friend**
- 18. Stayed with (child's) other parent not living in household**
- 19. Child took care of (him/herself)**
- 20. Other (specify) _____**
- 21. No activities or arrangements**
- 22. Don't know**
- 23. Refused**
- 24. No others**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Sick, summer, holiday, drop-in, etc.; Other services provider offers
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the availability or provision of other services including drop-in care, referrals for health, counseling or social services, as well as the availability of additional activities at the care provider. The questions on other activities and drop-in care provide definitions and examples that may aid respondent recall and comprehension. No problems were detected in the feasibility test from this series of questions.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C8.3. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] Some organizations provide a single type of activity for children, that many children may participate in for only a couple of hours each week. These could include tutoring programs, sports, or music or dance lessons. Would you say that [provider] offers a single type of activity or more than one type of activity?

1 SINGLE

2 MORE THAN ONE

C8_4. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] Some organizations offer drop-in care that parents can use on an unscheduled basis and without signing up in advance. Gyms, shopping malls, community centers and churches are some places that can offer drop-in care. Does {CHILD} attend [PROVIDER} on a drop-in basis?

1 YES

2 NO

C15. Has a child-care provider ever provided you with or referred you to any of the following services?

a. Health screening: medical, dental, vision, hearing, or speech

Y N

b. Development assessments?

Y N

c. Counseling services for children or parents?

Y N

d. Social services to families such as housing assistance, food stamps, financial aid, or medical care.

Y N

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Sick, summer, holiday, drop-in, etc.
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under _13_ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Item provides data on how child is cared for when he or she is sick and cannot attend regular arrangement or school. Question could be improved by allowing respondents to select multiple response categories.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Q63A. What usually happens when {child} is sick and cannot go to school or child care? DO NOT READ LIST. (IF NOT CLEAR: What do you do about (his/her) child care?)

- | | |
|--|----|
| Take child to regular non-school arrangement | 1 |
| Respondent stays or goes home | 2 |
| Spouse/partner stays/goes home | 3 |
| R or spouse/partner take child to work | 4 |
| Relative watches child | 5 |
| Neighbor/friend watches child | 6 |
| Child watches self | 7 |
| Hire sitter | 8 |
| Older child stays home to watch {child} | 9 |
| Other: Specify _____ | 10 |

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Sick, summer, holiday, drop-in, etc.
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under _13__ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Question collects limited information regarding summer care. Specifically, the question asks about whether care arrangements during the summer differed from those used during the school year.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

H34. Were you working during last summer?

Yes 1
No 5 – Skip to H37

H35. Were your child care arrangements different at all during the summer than during the school year?

Yes 1
No 5 – Skip to H37

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Sick, summer, holiday, drop-in, etc.
Source:	Panel Study of Income Dynamics
Year of Administration:	1968-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>Questions collect disaggregated data on type of care used during the previous summer. Possible arrangements include relative care (disaggregating care from relatives younger than age 13 (a likely proxy for sibling care) from care by relatives 13 or older); nonrelative care provided in child's home and care provided by nonrelative outside of child's home; program and center care; work and camps; parental and self-care. It may be worth testing whether nonrelative care in child's home is used exclusively by respondents to refer to "sitters," as suggested in the question text; and whether nonrelative care someplace other than child's home is interpreted by respondent as family day care.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C28. (RB p.12). Now I'm going to ask you some questions about child care arrangements last summer. Please tell me which of these you used for (CHILD) on a regular basis during last summer.

SELECT ALL THAT APPLY.

RELATIVE INCLUDES ANY RELATIVES – PCG, OCG, SIBLINGS, AUNTS, GRANDPARENTS, ETC.

Relatives under 13 years	1
Relative 13 or older	2
Non-relative in child's home (sitter)	3
Care in a non-relatives home (family daycare provider)	4
Head Start program	5
Pre-kindergarten program, nursery school, preschool, or child care center	6
Before or after-school program	7
Extra-curricular activities	8
Work	9
Overnight camp	10
Day camp	11
None of the above, one parent always cares for child	12
None of the above, child cares for himself/herself	13
Other type of child care	99

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Presence/proportion of related or unrelated children
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	A similar question appears in the National Study of Child Care Supply and Demand Design Questionnaire: it is a yes or no question asking whether the provider usually cares for children from other families while caring for the respondent's child/children.
Item Limitations and Strengths for NSCCSD:	Questions provide data on presence of children related to provider or in the care of child's relative, the presence of children related to provider and child, as well as the total number of children in care arrangements. Questions are appropriate for use for family "sitters", friend and neighbor, and relative care. Inclusion of question in the NSCCSD would provide trend data.

Question Wording:

1. You have already told us that a relative cares for (YOUNGEST CHILD). Does this relative regularly care for any other children at the same time as yours?

- 1. Yes (ASK A)**
- 2. No (SKIP TO Q.3)**
- 3. DON'T KNOW (DO NOT PROBE) (SKIP TO Q.3)**
- 4. REFUSED**

IF YES: A. How many other children?

_____ ENTER NUMBER OF CHILDREN

- 51. DON'T KNOW**
- 52. REFUSED**
- 53. NOTE**

2. Are any of these children (his/hers)?

- 1. Yes (ASK A)**
- 2. No (SKIP TO Q.3)**
- 3. DON'T KNOW (DO NOT PROBE) (SKIP TO Q.3)**
- 4. REFUSED**

IF YES: A. How many are (his/her) children?

_____ ENTER NUMBER OF CHILDREN

- 51. DON'T KNOW**
- 52. REFUSED**
- 53. NOTE**

20. Does your sitter regularly care for any other children at the same time as yours?

- 1. Yes**
- 2. No (SKIP TO Q.23)**
- 3. DON'T KNOW (DO NOT PROBE) (SKIP TO Q.23)**
- 4. REFUSED**

21. How many other children?

_____ NUMBER OF CHILDREN

- 51. DON'T KNOW**
- 52. REFUSED**
- 53. NOTE**

22. Are any of these children (his/hers)?

- 1. Yes (ASK A)**
- 2. No (SKIP TO Q.23)**
- 3. DON'T KNOW (SKIP TO Q.23)**
- 4. REFUSED**

IF YES: E22A. How many are (his/her) children?

_____ NUMBER OF CHILDREN

- 26. DON'T KNOW**
- 27. REFUSED**
- 28. NOTE**

26. Does your family day care provider regularly care for any other children at the same times as yours?

- 1. Yes (ASK A)**
- 2. No (SKIP TO Q.28)**
- 3. DON'T KNOW (DO NOT PROBE) (SKIP TO Q.28)**
- 4. REFUSED**

IF YES: A. How many other children?

_____ **NUMBER OF CHILDREN**

- 51. DON'T KNOW**
- 52. REFUSED**
- 53. NOTE**

27. Are any of the children (his/hers)?

- 1. Yes (ASK A)**
- 2. No (SKIP TO Q.28)**
- 3. DON'T KNOW (SKIP TO Q.28)**
- 4. REFUSED**

IF YES: A. How many are (his/her) children?

_____ **NUMBER OF CHILDREN**

- 26. DON'T KNOW**
- 27. REFUSED**
- 28. NOTE**

Relationship of provider to child and family: See “Defining the Market”

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Location of care (commercial, school, religious)
Source:	Early Childhood Longitudinal Study - Kindergarten Cohort (ECLS-K)
Year of Administration:	1998-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children entering Kindergarten in 1998</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Chinese, Lakota, Hmong</u>
Notes Specific to Items:	<p>This same series of questions is asked for before- and after-school care, Head Start, and for center care arrangements.</p> <p>A similar set of questions appear in the National Study of Child Care Supply and Demand Design Questionnaire. Questions asked for the location of care and the type of building care was located in. A question in the ECLS-B 48-month parent interview also asked about location of care.</p>
Item Limitations and Strengths for NSCCSD:	Questions provide comparable data on location of care for a range of care settings. Location of care should not be equated with sponsorship or affiliation.

Question Wording:

CCQ.070. Is the care provided by (CHILD's RELATIVE/that relative) in your home or another home?

- 1. Own home**
- 2. Other home**
- 3. Both/Varies**
- 7. REFUSED**
- 9. DON'T KNOW**

CAPI INSTRUCTION: DISPLAY "CHILD'S RELATIVE" IF ccQ.065=1-5. OTHERWISE DISPLAY "THAT RELATIVE".

CAPI INSTRUCTION: FOR "RELATIVE", DISPLAY GRANDPARENT IF CCQ.065=1; DISPLAY AUNT IF CCQ.065=2; DISPLAY UNCLE IF CCQ.065=3; DISPLAY BROTHER IF CCQ.065=4; DISPLAY SISTER IF CCQ.065=5.

CCQ.170. Let's talk about the nonrelative who provides the most care for (CHILD) now. Is that care provided in your home or another home?

- 1. Own home**
- 2. Other home**
- 3. Both/Varies**
- 7. REFUSED**
- 8. DON'T KNOW**

CCQ.240. Where was the Head Start program located? For example, was it in its own building, a school, in a church or synagogue, your home or another home, or some other place?

- 1. Its own building**
- 2. A public elementary, junior high, or high school**
- 3. A private elementary, junior high or high school**
- 4. A college or university**
- 5. A church, synagogue, or other place of worship**
- 6. Respondent's home**
- 7. Another home**
- 8. A community center**
- 9. A public library**
- 10. More than one place**
- 11. Some other place**
- 77. REFUSED**
- 99. DON'T KNOW**

CCQ.330. (Let's talk about the program where (CHILD) spends the most time now.) Is that program located in the school where (CHILD) attends kindergarten?

CAPI INSTRUCTION: IF CCQ.325>=2 DISPLAY THE SENTENCE "LET'S TALK ABOUT...TIME NOW." OTHERWISE, USE A NULL DISPLAY.

- 1. Yes**
- 2. No**
- 7. REFUSED**
- 8. DON'T KNOW**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Organizational form: Part of larger organization or stand-alone
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data from respondents on whether care provider is an organization or individual, the name and location of the provider (if an organization), and the type of building the provider is located in. The last question can be used to further identify whether the organization is affiliated with a school or religious institution. Note that parents are asked to provide the address of their child care provider. This information can be used by analysts to ascertain type of

organization and link additional census information. Past studies have found parents may be unwilling to provide the address of their children's care provider.

Results from the feasibility test suggest that parents using providers that were part of pre-developed lists of providers in their area were willing to identify their providers by name and confirm their location. Parents were less willing to identify home-based and informal providers such as relatives, friends, and neighbors. The results of the feasibility test suggest that parents may be willing to confirm information about providers that is already part of preexisting lists but are hesitant to provide information not already included in a list that can be compiled from existing sources.

Question Wording:

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

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

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

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

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

C5A. [if not obvious] Is (PROVIDER) an individual or an organization?

- 1. INDIVIDUAL ->GO TO C5B**
- 2. INDIVIDUAL WITH FAMILY DAY CARE -> GO TO C6**
- 3. ORGANIZATION ->GO TO C6**

IF ORGANIZATION, ASK C6.

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

C7. [I have a list of most child care providers in the area, and I'll see if this program is on my list. In that case, I won't have to ask you quite as many questions about their care.] In what city is (PROVIDER) located? On what street? <look up in provider list>

IF PROVIDER FOUND IN LIST, SKIP TO c8_1.

C8. I'm not finding the listing. Could you tell me the street address where (s/he lives/they are)? IF NEEDED: Your answers to this and all other questions will be confidential and released only in statistical form. IF NEEDED: Could I know just the zip code and the intersection nearest your house? You can just tell me the two cross-streets

Street Address _____

City _____ ZIP _____ State _____

OR

ZIP _____

Street 1 _____

Street 2 _____

C8_2. [if organization OTHER THAN K-6 SCHOOL] In what kind of building is provider located?

- 1. Public school**
- 2. Private building used only by provider**
- 3. Church or other religious building**
- 4. Private home that is also a residence**
- 5. Private home where no one lives currently**
- 6. Private building used by provider and other businesses**
- 7. Other**

Organizational form: For-profit/non-profit: No questions from existing surveys were found

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Other services provider offers; Sick, summer, holiday, drop-in, etc.
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the availability or provision of other services including drop-in care, referrals for health, counseling or social services, as well as the availability of additional activities at the care provider. The questions on other activities and drop-in care provide definitions and examples that may aid respondent recall and comprehension. No problems were detected in the feasibility test from this series of questions.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C8.3. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] Some organizations provide a single type of activity for children, that many children may participate in for only a couple of hours each week. These could include tutoring programs, sports, or music or dance lessons. Would you say that [provider] offers a single type of activity or more than one type of activity?

1 SINGLE

2 MORE THAN ONE

C8_4. [IF ORGANIZATION OTHER THAN K-6 SCHOOL] Some organizations offer drop-in care that parents can use on an unscheduled basis and without signing up in advance. Gyms, shopping malls, community centers and churches are some places that can offer drop-in care. Does {CHILD} attend [PROVIDER] on a drop-in basis?

1 YES

2 NO

C15. Has a child-care provider ever provided you with or referred you to any of the following services?

a. Health screening: medical, dental, vision, hearing, or speech

Y N

b. Development assessments?

Y N

c. Counseling services for children or parents?

Y N

d. Social services to families such as housing assistance, food stamps, financial aid, or medical care.

Y N

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Affiliation/eligibility status (slots open to the public, eligibility requirements, affiliation needed)
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This series of questions rotates through each child in order of age from youngest to oldest.
Item Limitations and Strengths for NSCCSD:	These questions provide data on availability and use of employer-sponsored care. The inclusion of similar questions in the NSCCSD will allow for trend comparisons.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

1. IF STUDY RESPONDENT: IS EMPLOYED, ASK:

A. Is child care available through your employer at the location where you work?

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

B. IF STUDY RESPONDENT: HAS A SPOUSE WHO IS EMPLOYED, ASK:

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

IF YES TO A OR B, CONTINUE.

IF NO TO BOTH A AND B, SKIP TO Q3.

IF A WAS SKIPPED AND ANSWER TO B=NO, CODE Q2 NO.

2. Do you use this child care?

1. Yes
2. No
3. DON'T KNOW
4. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Type of Care Elements
Measure:	Affiliation/eligibility status (slots open to the public, eligibility requirements, affiliation needed)
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Questions can be easily adapted for a broader range of care settings and/or a broader range of types of affiliations.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D25A. Is this child care center operated by, or affiliated with, a religious organization?

1. Yes
2. No
- D. DON'T KNOW
- R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Primary arrangement
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Questions identify primary and secondary arrangements. If data on the number of hours spent in various types of care are collected, this type of question is unnecessary.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Which arrangement is used for the greatest amount of time?

10. Day care center or nursery
11. Head Start
12. Kindergarten or school
13. Lessons, clubs or sports
14. Non-relative 18 or older
15. Non-relative under 18
16. Grandparent
17. Brother or sister
18. Another relative
19. Spouse or partner
20. Ex-spouse or ex-partner
21. Child takes care of self
22. No regular arrangements
23. Other

Which arrangement is used for the second greatest amount of time?

10. Day care center or nursery
11. Head Start
12. Kindergarten or school
13. Lessons, clubs or sports
14. Non-relative 18 or older
15. Non-relative under 18
16. Grandparent
17. Brother or sister
18. Another relative
19. Spouse or partner
20. Ex-spouse or ex-partner
21. Child takes care of self
22. No regular arrangements
23. Other

Which arrangement is used for the third greatest amount of time?

10. Day care center or nursery
11. Head Start
12. Kindergarten or school
13. Lessons, clubs or sports
14. Non-relative 18 or older
15. Non-relative under 18
16. Grandparent
17. Brother or sister
18. Another relative
19. Spouse or partner
20. Ex-spouse or ex-partner
21. Child takes care of self
22. No regular arrangements
23. Other

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Primary arrangement; Number of hours in each arrangement; Schedule of care: Days of week and/or time of day; Total hours spent in care
Source:	JOBS/NEWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This series of questions is asked for up to four care arrangements.</p> <p>An almost identical item on the number of hours in care was asked in the Philadelphia Child Care Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide data on a number of measures including total number of hours in each and across arrangements, primary arrangements, and use of care during evenings and weekends. (See also limits and strengths of Philadelphia Survey measure.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3a. Now let's think about the (program/arrangement) that you use for the greatest number of hours (second greatest, third, fourth) each week. How many hours each week is (CHILD) cared for in this (program/ arrangement)? (SKIP TO QUESTION 4.)

_____ NUMBER OF HOURS

997. _____ DON'T KNOW

H8. How many hours per week (is/was) this child care used?

_____ Hours per week (SKIP TO Q.H10)

H9. How many days per week (is/was) this child care used?

_____ Days per week

BB3. Are any of the hours (CHILD) spends in (any of these arrangements /this arrangement):

a. After 6:00pm?

1. Yes

2. No

b. On weekends?

1. Yes

2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Primary arrangement; Number of hours in each arrangement; Total number of hours
Source:	National Household Education Survey: After-School Program and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question is also asked for nonrelative care arrangements and center-based programs.
Item Limitations and Strengths for NSCCSD:	Data collected from this question can be used to calculate total number of hours spent in each and across care arrangements and to identify primary care arrangements used after school.
Question Wording:	SF7. How many <u>hours</u> each <u>week</u> does (CHILD) receive care from (his/her) (RELATIVE) <u>after</u> school? _____ Hours

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Primary arrangement; Total hours in care; Number of hours in each arrangement
Source:	National Household Education Surveys: Early Childhood Program Participation
Year of Administration:	1991; 1995; 1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children age 0 to 6 not enrolled in kindergarten</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Only children ages birth to 6 who are not yet in kindergarten are included in this survey.</p> <p>A similar item asks about nonrelative and center care.</p> <p>Based on data from cognitive interviews from the NHES:ECPP 2005, it is recommended that the verification item (ED12) be included to allow respondents to adjust their response to the question asking number of hours per week in care when the average hours per day was calculated for them. This verification item reduces reporting error (Hagedorn et al., 2006).</p>
Item Limitations and Strengths for NSCCSD:	Data from these and similar questions can be used to calculate total hours within and across arrangements and to identify primary arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

ED8. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?
_____ Hours

ED12. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

1. Yes (GO TO ED13)
2. No (CORRECTION SCREEN)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Primary arrangement; Number of hours in each arrangement; Total hours in care
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Data from these questions provide information about total hours in each care arrangement in an average week, and average number of hours in each care arrangement per day. By collecting data on number of days per week, analysts may be able to piece together (across the different arrangements) a profile of care schedules. Data from these questions can also be used to identify primary care arrangements and to calculate total number of hours spent in care across arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F7.1 On average, how many days each week did (CHILD) use this care?

_____ Days per week

F8.1 On average, how many hours per day was (CHILD) in the arrangement or program?

_____ Hours per day

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Primary arrangement; Number of hours in each arrangement; Total hours in care
Source:	Survey of Wisconsin Works Families - Applicants Study
Year of Administration:	1999-2001
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare applicants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item comes from the Applicants study.
Item Limitations and Strengths for NSCCSD:	These questions provide comparable data on number of hours spent each week across four major types of care. Data quality may be an issue, in particular for those whose hours in care vary. Together data across these questions can be used to calculate total number of hours spent within and across care types and to identify primary care arrangement.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

275. How many hours each week did (CHILD) attend Head Start?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

277. How many hours each week was (CHILD) care for at that day care center?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

285. How many hours each week was (CHILD) cared for in your home by this child care provider or babysitter?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

294. How many hours each week did (CHILD) attend a before-school or after-school program?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of arrangements; Duration of care; Reasons for change
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>“Duration of care” can serve as a potential indicator of quality.</p> <p>Duration data may be difficult to collect in cross-sectional surveys, as it is difficult to select an appropriate start point on which to collect data. If, for example, only data on current or continuing arrangements are collected, resulting data will overestimate duration.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the start date of arrangements used in the last year, number of arrangements used in the last year, and the reason for changing arrangements. Because start dates are collected only for arrangements currently used, a profile of a child’s care stability cannot be developed. Collecting data only for arrangements currently used results in a skewing of stability measures, as longer lasting arrangements are more likely to get captured. It may be useful to allow parents to report multiple reasons for changes in care.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

2A. Did anyone other than you or your spouse care for (YOUNGEST CHILD) on a regular basis during the past year – since (CURRENT MONTH) 1988?

1. Yes (SKIP TO Q.4)
2. No (AND NO OTHER CHILD IN CARE) (SKIP TO Q.14)
3. No (OTHER CHILD IN CARE) (SKIP TO Q.14)
4. DON'T KNOW (SKIP TO Q.17)
5. REFUSED

2B. When did you start using (ARRANGEMENT) for (YOUNGEST CHILD)? RECORD ARRANGEMENT CODE AND BEGIN DATE BELOW FOR EACH ARRANGEMENT. RECORD ON CHILD CARE HISTORY FORM AND WORK HISTORY CALENDAR.

_____ ARRANGEMENT CODE
_____ MONTH BEGIN DATE
_____ YEAR BEGIN DATE
13/91. DON'T KNOW
14/92. REFUSED

3. Did you use any other arrangements for (YOUNGEST CHILD) on a regular basis in the past 12 months – that is, since (CURRENT MONTH) 1989?

_____ ARRANGEMENT #1
_____ ARRANGEMENT #2
_____ ARRANGEMENT #3
_____ ARRANGEMENT #4
1. Yes
2. No (SKIP TO Q.12)
3. DON'T KNOW (SKIP TO Q.12)
4. REFUSED

6. How many hours per week did caregiver usually care for (CHILD)?

_____ ARRANGEMENT #1
_____ ARRANGEMENT #2
_____ ARRANGEMENT #3
_____ ARRANGEMENT #4
101. DON'T KNOW (SKIP TO Q.12)
102. REFUSED
103. NOTE

8. When did that arrangement begin? (RECORD BELOW AND ON CHILD CARE AND WORK HISTORY CALENDAR.)

_____ ARRANGEMENT NUMBER
_____ MONTH BEGIN DATE
_____ YEAR BEGIN DATE
13/91. DON'T KNOW
14/92. REFUSED

8b. (IF DON'T KNOW) How many months ago did that arrangement begin?

_____ MONTHS
156. DON'T KNOW
157. REFUSED
158. NOTE

9. When did that arrangement end? RECORD BELOW AND ON CHILD CARE AND WORK HISTORY CALENDAR.

_____ ARRANGEMENT NUMBER

_____ MONTH END DATE

_____ YEAR END DATE

13/91. DON'T KNOW

14/92. REFUSED

15/93. HAS NOT ENDED

9b. (IF DON'T KNOW) How many months ago did that arrangement end?

_____ MONTHS

156. DON'T KNOW

157. REFUSED

158. NOTE

10. What is the main reason that it ended? CODE ONE.

10. Wanted to stay with children

11. Care no longer available

12. Couldn't afford

13. Child too old

14. Child unhappy

15. Stopped working

16. Changed jobs

17. Respondent moved

18. School-year started/ended

19. Started having to stay home with other dependents

20. Arrangement was temporary

21. Other (SPECIFY) _____

22. DON'T KNOW

23. REFUSED

_____ ARRANGEMENT 1

_____ ARRANGEMENT 2

_____ ARRANGEMENT 3

_____ ARRANGEMENT 4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of arrangements
Source:	Early Childhood Longitudinal Study – Kindergarten Cohort (ECLS-K)
Year of Administration:	1998-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children entering Kindergarten in 1998</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Chinese, Lakota, Hmong</u>
Notes Specific to Items:	A similar item appears in the ECLS-B 48-month provider study.
Item Limitations and Strengths for NSCCSD:	These questions provide data on the number of regular arrangements for relative and center-based care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCQ.060. [Let's talk about your current care arrangements with relatives.] How many different regular care arrangements do you currently have with relatives?

CAPI INSTRUCTION: IF CCQ.025=1, DISPLAY THE SENTENCE "LET'S TALK ABOUT...WITH RELATIVES." OTHERWISE, USE A NULL DISPLAY.

1. One
2. Two
3. Three
4. Four
7. REFUSED
9. DON'T KNOW

CCQ.325. [Let's talk about your current care arrangements with day care centers or before or after school programs.] How many different day care centers or before or after school programs does (CHILD) currently go to?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-2. HARD RANGE CHECK 1-4.

CAPI INSTRUCTION: IF CCQ.280=1, DISPLAY THE SENTENCE "LETS TALK ABOUT...SCHOOL PROGRAMS." OTHERWISE USE A NULL DISPLAY.

- _____ ENTER # OF DAY CARE CENTERS
77. REFUSED
99. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of arrangements
Source:	Head Start Family and Child Experiences Survey (FACES)
Year of Administration:	1997-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in Head Start</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>These questions provide data on the number of arrangements the child is currently in and a rough proxy of the number of arrangements prior to current Head Start arrangement. The latter question may be difficult for parents to accurately report on since it requires the respondent to think only of those arrangements that child was in for 10 or more hours and all of the arrangements the child was in prior to current enrollment in a Head Start program.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

J4. Now I'd like to ask you some questions about any child care arrangements, other than Head Start, that you may have used for (CHILD).

Before enrolling in Head Start, in how many different arrangements did (CHILD) spend 10 or more hours per week?
_____ arrangements

J6. How many different child care arrangements does (CHILD) spend time in each week?
_____ arrangements

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of arrangements
Source:	National Household Education Survey: After-School Program and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question is also asked for nonrelative care arrangements and center-based programs. A similar item is asked in the NHES:ECPP questionnaire.
Item Limitations and Strengths for NSCCSD:	This question provides data on number of arrangements per type of care and total number of arrangements across all types of care.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

SF2. How many different regular care arrangements do you have with relatives for (CHILD) after school?

1. One
2. Two
3. Three
4. Four or more

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of arrangements
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question is drawn from the primary caregiver survey.
Item Limitations and Strengths for NSCCSD:	<p>These questions provide data on number of transitions in the past 12 months from both the perspective of arrangements and care providers. Data quality may be a concern for those with a high number of transitions. It is unclear whether parents using center care can accurately report transitions in care providers.</p> <p>These questions do not provide data on current number of arrangements being used.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

P_HC4. [ONLY FOR Rs WHOSE CHILDREN ARE NOT IN CHILDCARE NOW (HC1=2) BUT HAVE BEEN IN THE PAST 12 MONTHS (HC2=1)]

In the past 12 months, how many different places had [CHILD] regularly received childcare by someone other than yourself? For example, daycare centers, other people's homes, or your own home?

_____ **NUMBER**

P_HC5. Other than yourself, how many different people have regularly cared for [CHILD] in the past 12 months? This might include different head teachers in a daycare center, different relative or different babysitters you've used?

_____ **NUMBER**

Reason for multiple arrangements: No questions from existing surveys were found

Attractions of combining arrangements: No questions from existing surveys were found

Difficulties related to having multiple providers: No questions from existing surveys were found

What gaps in provider availability are most difficult to cover: No questions from existing surveys were found

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Schedule of care: Days of the week and or time of day; Schedule of care: Matching child care and employment/school
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the days and times the child spends in a care arrangement. This series of questions is repeated for each type of care and for each day of the week, thereby allowing analysts to compute total hours spent in care in the last week and total hours spent by arrangement type, identify primary arrangements, and identify care schedules such as care during evenings and on

weekends. Together with a similar series of questions on parents work schedules, analysts can create a portrait of the match and mismatch between parents' work and child care schedules.

No problems were detected in the feasibility test with the calendar-type roster approach taken with this series of questions. The cognitive interviews indicate that, in general, parents were able to report about their children's care arrangements in the previous week and that requesting information in a chronological order (e.g., starting on Monday and ending on Sunday, starting at the beginning of day, etc.) aided respondents' recall process. However, some participants appeared to have difficulty reporting information when their spouse or other adult was responsible for the pick up and drop off of children. The results of the cognitive interview also indicate that "chronological schedule" approach is an efficient way to collect information about care schedules. The results of the cognitive interviews also suggest that respondents may be aided by clearer instructions on which types of care arrangements to include or exclude. Parents also appeared to be prone to report about the typical week rather than the last week.

Question Wording:

C2. Now I'd like to understand your child care schedule last week. Thinking about last Monday (that is, FILL IN DATE FOR LAST MONDAY), other than you (and your [spouse/partner]) who/who else cared for (CHILD)? IF NEEDED: Please tell me about last week, even if it was an unusual week. I'll ask you other questions about your usual schedule later on.

C2A. What time last Monday did (PROVIDER) start to care for (CHILD)?

C2B. [IF C1_1 =2] How did (CHILD) get to [provider]?

- 1 Walking or bicycle
- 2 Car
- 3 Public transportation
- 4 School bus
- 5 Other

C2C. Who took (CHILD) there?

<select from providers or hh members>

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

SCHEDULE for CHILD 1 FROM LAST WEEK						
	C2 PROVIDER NAME	C2A. STARTING TIME OF CARE		C2B. HOW DID CHILD GET THERE	C2C. WHO TOOK CHILD THERE	C2D. ENDING TIME OF CARE
MONDAY						
1						
2						
3						
4						
TUESDAY						
5						
6						
7						
8						
WEDNESDAY						
9						
10						
11						
12						
THURSDAY						
13						
14						
15						
16						
FRIDAY						
17						
18						
19						
20						
SATURDAY						
21						
SUNDAY						
22						

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Schedule of care: Matching child care and employment/school; Schedule of care: Days of week and/or time of day; Total hours in care
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 5 <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Identical items capture hours spent in center-based care, family care arrangements, and prekindergarten.
Item Limitations and Strengths for NSCCSD:	These questions provide data on care arrangements including the number of hours spent in care arrangements, hours spent in care during nontraditional times (early morning, evenings, and weekends) and whether weekend and evening care was used because the parent was at work or in school. By asking about last week, recall may be improved as well as accuracy. Analysts can compute total number of hours in and across arrangement types and can identify primary care arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D22. Last week, how many hours was (CHILD) in the pre-school, nursery school or child care center, other than public school based pre-kindergarten, Early Head Start or Head Start?

_____ Hours

D. DON'T KNOW

R. REFUSED

D23. Last week, how many hours was (CHILD) cared for in pre-school, nursery school, day care or child care center in the evening or at night (after 6pm and before 6am) or on the weekends?

_____ Hours

D. DON'T KNOW

R. REFUSED

D24. How many hours of these (INSERT D23 HOURS) hours of evening and weekend care were you working or in school?

_____ Hours

D. DON'T KNOW

R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Schedule of care: Days of week and/or time of day; Primary arrangement; Total hours spent in care
Source:	JOBS/NEWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This series of questions is asked for up to four care arrangements.</p> <p>An almost identical item on the number of hours in care was asked in the Philadelphia Child Care Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide data on a number of measures including total number of hours in each and across arrangements, primary arrangements, and use of care during evenings and weekends. (See also limits and strengths of Philadelphia Survey measure.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3a. Now let's think about the (program/arrangement) that you use for the greatest number of hours (second greatest, third, fourth) each week. How many hours each week is (CHILD) cared for in this (program/ arrangement)? (SKIP TO QUESTION 4.)

_____ NUMBER OF HOURS
997. _____ DON'T KNOW

H8. How many hours per week (is/was) this child care used?
_____ Hours per week (SKIP TO Q.H10)

H9. How many days per week (is/was) this child care used?
_____ Days per week

BB3. Are any of the hours (CHILD) spends in (any of these arrangements /this arrangement):

a. After 6:00pm?

- 3. Yes
- 4. No

b. On weekends?

- 5. Yes
- 6. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Total number of hours; Primary arrangement
Source:	National Household Education Survey: After-School Program and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question is also asked for nonrelative care arrangements and center-based programs.
Item Limitations and Strengths for NSCCSD:	Data collected from this question can be used to calculate total number of hours spent in each and across care arrangements and to identify primary care arrangements used after-school.
Question Wording:	SF7. How many <u>hours</u> each <u>week</u> does (CHILD) receive care from (his/her) (RELATIVE) <u>after</u> school? _____ Hours

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Total hours in care; Primary arrangement
Source:	National Household Education Surveys: Early Childhood Program Participation
Year of Administration:	1991; 1995; 1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children age 0 to 6 not enrolled in kindergarten</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Only children ages birth to 6 who are not yet in kindergarten are included in this survey.</p> <p>A similar item asks about nonrelative and center care.</p> <p>Based on data from cognitive interviews from the NHES:ECPP 2005, it is recommended that the verification item (ED12) be included to allow respondents to adjust their response to the question asking number of hours per week in care when the average hours per day was calculated for them. This verification item reduces reporting error (Hagedorn et al., 2006).</p>
Item Limitations and Strengths for NSCCSD:	Data from these and similar questions can be used to calculate total hours within and across arrangements and to identify primary arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

ED12. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

3. Yes (GO TO ED13)

No (CORRECTION SCREEN)

ED8. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

_____ Hours

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Primary arrangement; Total hours in care
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Data from these questions provide information about total hours in each care arrangement in an average week, and average number of hours in each care arrangement per day. By collecting data on number of days per week, analysts may be able to piece together (across the different arrangements) a profile of care schedules. Data from these questions can also be used to identify primary care arrangements and to calculate total number of hours spent in care across arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F7.1 On average, how many days each week did (CHILD) use this care?

_____ Days per week

F8.1 On average, how many hours per day was (CHILD) in the arrangement or program?

_____ Hours per day

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of hours in each arrangement; Primary arrangement; Total hours in care
Source:	Survey of Wisconsin Works Families - Applicants Study
Year of Administration:	1999-2001
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare applicants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item comes from the Applicants study.
Item Limitations and Strengths for NSCCSD:	These questions provide comparable data on number of hours spent each week across four major types of care. Data quality may be an issue, in particular for those whose hours in care vary. Together data across these questions can be used to calculate total number of hours spent within and across care types and to identify primary care arrangement.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

275. How many hours each week did (CHILD) attend Head Start?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

277. How many hours each week was (CHILD) care for at that day care center?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

285. How many hours each week was (CHILD) cared for in your home by this child care provider or babysitter?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

294. How many hours each week did (CHILD) attend a before-school or after-school program?

_____ Number of hours

1000. REFUSED

889. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total hours in care; Schedule of care: Days of week and/or time of day
Source:	Early Childhood Longitudinal Study – Kindergarten Cohort (ECLS-K)
Year of Administration:	1998-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children entering Kindergarten in 1998</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Chinese, Lakota, Hmong</u>
Notes Specific to Items:	This same series of questions is asked for before- and after-school care, Head Start, and for center care arrangements.
Item Limitations and Strengths for NSCCSD:	These questions provide data on total number of hours in each arrangement type and across arrangements. These data allow users to identify primary arrangements and providers within arrangement types. Additionally, questions provide data on when child is in care including before or after school or on weekends. This question may be improved by having an additional category to distinguish care provided before and after 5 p.m.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCQ.075. Does (CHILD) receive that care before school, after school, or on weekends? [CODE ALL THAT APPLY]

1. Before school
2. After school
3. Weekends
7. REFUSED
9. DON'T KNOW

CCQ.080. Is the care that (CHILD) receives from (his/her) (RELATIVE /that relative) regularly scheduled at least once each week?

1. Yes
2. No (GO TO BOX 2)
7. REFUSED (GO TO BOX 2)
9. DON'T KNOW (GO TO BOX 2)

CCQ.085. How many days each week does (CHILD) receive care from (his/her) (RELATIVE/that relative)? CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

- _____ ENTER # OF HOURS
77. REFUSED
 99. DON'T KNOW

CCQ.090. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE/that relative)? CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

- _____ ENTER # OF HOURS
77. REFUSED
 99. DON'T KNOW

CCQ.110. You said that (CHILD) was cared for by (NUMBER) other relatives on a regular basis. How many hours each week does (CHILD) receive care from these other relatives?

CAPI INSTRUCTION: FOR (NUMBER), DISPLAY '1' IF CCQ.060=2; DISPLAY '2' IF CCQ.060=3; DISPLAY '3' IF CCQ.060=4.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

- _____ ENTER # OF HOURS
77. REFUSED
 99. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total hours in care; Schedule of care: Matching child care and employment/school; Schedule of care: Days of week and/or time of day; Number of hours in each arrangement
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 5 <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Identical items capture hours spent in center-based care, family care arrangements, and prekindergarten.
Item Limitations and Strengths for NSCCSD:	These questions provide data on care arrangements including the number of hours spent in care arrangements, hours spent in care during nontraditional times (early morning, evenings, and weekends) and whether weekend and evening care was used because the parent was at work or in school. By asking about last week, recall may be improved as well as accuracy. Analysts can compute total number of hours in and across arrangement types and can identify primary care arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D22. Last week, how many hours was (CHILD) in the pre-school, nursery school or child care center, other than public school based pre-kindergarten, Early Head Start or Head Start?

_____ Hours

D. DON'T KNOW

R. REFUSED

D23. Last week, how many hours was (CHILD) cared for in pre-school, nursery school, day care or child care center in the evening or at night (after 6pm and before 6am) or on the weekends?

_____ Hours

D. DON'T KNOW

R. REFUSED

D24. How many hours of these (INSERT D23 HOURS) hours of evening and weekend care were you working or in school?

_____ Hours

D. DON'T KNOW

R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total hours spent in care; Number of hours in each arrangement; Schedule of care: Days of week and/or time of day; Primary arrangement
Source:	JOBS/NEWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This series of questions is asked for up to four care arrangements.</p> <p>An almost identical item on the number of hours in care was asked in the Philadelphia Child Care Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide data on a number of measures including total number of hours in each and across arrangements, primary arrangements, and use of care during evenings and weekends. (See also limits and strengths of Philadelphia Survey measure.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3a. Now let's think about the (program/arrangement) that you use for the greatest number of hours (second greatest, third, fourth) each week. How many hours each week is (CHILD) cared for in this (program/ arrangement)? (SKIP TO QUESTION 4.)

_____ NUMBER OF HOURS
997. _____ DON'T KNOW

H8. How many hours per week (is/was) this child care used?
_____ Hours per week (SKIP TO Q.H10)

H9. How many days per week (is/was) this child care used?
_____ Days per week

BB3. Are any of the hours (CHILD) spends in (any of these arrangements /this arrangement):

a. After 6:00pm?

7. Yes

8. No

b. On weekends?

9. Yes

10. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total number of hours; Number of hours in each arrangement; Primary arrangement
Source:	National Household Education Survey: After-School Program and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question is also asked for nonrelative care arrangements and center-based programs.
Item Limitations and Strengths for NSCCSD:	Data collected from this question can be used to calculate total number of hours spent in each and across care arrangements and to identify primary care arrangements used after-school.
Question Wording:	SF7. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE) after school? _____ Hours

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total hours in care; Primary arrangement; Number of hours in each arrangement
Source:	National Household Education Surveys: Early Childhood Program Participation
Year of Administration:	1991; 1995; 1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children age 0 to 6 not enrolled in kindergarten</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Only children ages birth to 6 who are not yet in kindergarten are included in this survey.</p> <p>A similar item asks about nonrelative and center care.</p> <p>Based on data from cognitive interviews from the NHES:ECPP 2005, it is recommended that the verification item (ED12) be included to allow respondents to adjust their response to the question asking number of hours per week in care when the average hours per day was calculated for them. This verification item reduces reporting error (Hagedorn et al., 2006).</p>
Item Limitations and Strengths for NSCCSD:	Data from these and similar questions can be used to calculate total hours within and across arrangements and to identify primary arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

ED12. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

Yes (GO TO ED13)

No (CORRECTION SCREEN)

ED8. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

_____ Hours

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total hours in care; Number of hours in each arrangement; Primary arrangement
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Data from these questions provide information about total hours in each care in an average week, and average number of hours in care arrangement per day. By collecting data on number of days per week, analysts may be able to piece together (across the different arrangements) a profile of care schedules. Data from these questions can also be used to identify primary care arrangements and to calculate total number of hours spent in care across arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F7.1 On average, how many days each week did (CHILD) use this care?

_____ Days per week

F8.1 On average, how many hours per day was (CHILD) in the arrangement or program?

_____ Hours per day

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Total hours in care; Number of hours in each arrangement; Primary arrangement
Source:	Survey of Wisconsin Works Families - Applicants Study
Year of Administration:	1999-2001
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare applicants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item comes from the Applicants study.
Item Limitations and Strengths for NSCCSD:	These questions provide comparable data on number of hours spent each week across four major types of care. Data quality may be an issue, in particular for those whose hours in care vary. Together data across these questions can be used to calculate total number of hours spent within and across care types and to identify primary care arrangement.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

275. How many hours each week did (CHILD) attend Head Start?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

277. How many hours each week was (CHILD) care for at that day care center?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

285. How many hours each week was (CHILD) cared for in your home by this child care provider or babysitter?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

294. How many hours each week did (CHILD) attend a before-school or after-school program?

_____ Number of hours

999. REFUSED

888. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Days of the week and/or time of day; Number of hours in each arrangement; Schedule of care: Matching child care and employment/school
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the days and times the child spends in a care arrangement. This series of questions is repeated for each type of care and for each day of the week, thereby allowing analysts to compute total hours spent in care in the last week and total hours spent by arrangement type, identify primary arrangements, and identify care schedules such as care during evenings and on

weekends. Together with a similar series of questions on parents work schedules, analysts can create a portrait of the match and mismatch between parents' work and child care schedules.

No problems were detected in the feasibility test with the calendar-type roster approach taken with this series of questions. The cognitive interviews indicate that, in general, parents were able to report about their children's care arrangements in the previous week and that requesting information in a chronological order (e.g., starting on Monday and ending on Sunday, starting at the beginning of day, etc.) aids respondents' recall process. However, some participants appeared to have difficulty reporting information when their spouse or other adult was responsible for the pick up and drop off of children. The results of the cognitive interview also indicate that "chronological schedule" approach is an efficient way to collect information about care schedules. The results of the cognitive interviews also suggest that respondents may be aided by clearer instructions on which types of care arrangements to include or exclude. Parents also appeared to be prone to report about the typical week rather than the last week.

Question Wording:

C2. Now I'd like to understand your child care schedule last week. Thinking about last Monday (that is, FILL IN DATE FOR LAST MONDAY), other than you (and your [spouse/partner]) who/who else cared for (CHILD)? IF NEEDED: Please tell me about last week, even if it was an unusual week. I'll ask you other questions about your usual schedule later on.

C2A. What time last Monday did (PROVIDER) start to care for (CHILD)?

C2B. [IF C1_1 =2] How did (CHILD) get to [provider]?

- 1 Walking or bicycle
- 2 Car
- 3 Public transportation
- 4 School bus
- 5 Other

C2C. Who took (CHILD) there?

<select from providers or hh members>

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

SCHEDULE for CHILD 1 FROM LAST WEEK						
	C2 PROVIDER NAME	C2A. STARTING TIME OF CARE		C2B. HOW DID CHILD GET THERE	C2C. WHO TOOK CHILD THERE	C2D. ENDING TIME OF CARE
MONDAY						
1						
2						
3						
4						
TUESDAY						
5						
6						
7						
8						
WEDNESDAY						
9						
10						
11						
12						
THURSDAY						
13						
14						
15						
16						
FRIDAY						
17						
18						
19						
20						
SATURDAY						
21						
SUNDAY						
22						

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Days of week and/or time of day; Total hours in care
Source:	Early Childhood Longitudinal Study – Kindergarten Cohort (ECLS-K)
Year of Administration:	1998-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children entering Kindergarten in 1998</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Chinese, Lakota, Hmong</u>
Notes Specific to Items:	This same series of questions is asked for before- and after-school care, Head Start, and for center care arrangements.
Item Limitations and Strengths for NSCCSD:	These questions provide data on total number of hours in arrangement type and across arrangements. These data allow users to identify primary arrangements and providers within arrangement types. Additionally, questions provide data on when child is in care including before or after school or on weekends. This question may be improved by having an additional category to distinguish care provided before and after 5 p.m.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCQ.075. Does (CHILD) receive that care before school, after school, or on weekends? [CODE ALL THAT APPLY]

1. Before school
2. After school
3. Weekends
8. REFUSED
9. DON'T KNOW

CCQ.080. Is the care that (CHILD) receives from (his/her) (RELATIVE /that relative) regularly scheduled at least once each week?

1. Yes
2. No (GO TO BOX 2)
8. REFUSED (GO TO BOX 2)
9. DON'T KNOW (GO TO BOX 2)

CCQ.085. How many days each week does (CHILD) receive care from (his/her) (RELATIVE/that relative)? CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

- _____ ENTER # OF HOURS
77. REFUSED
100. DON'T KNOW

CCQ.090. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE/that relative)? CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

- _____ ENTER # OF HOURS
78. REFUSED
100. DON'T KNOW

CCQ.110. You said that (CHILD) was cared for by (NUMBER) other relatives on a regular basis. How many hours each week does (CHILD) receive care from these other relatives?

CAPI INSTRUCTION: FOR (NUMBER), DISPLAY '1' IF CCQ.060=2; DISPLAY '2' IF CCQ.060=3; DISPLAY '3' IF CCQ.060=4.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

- _____ ENTER # OF HOURS
78. REFUSED
100. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Days of week and/or time of day; Schedule of care: Matching child care and employment/school; Total hours in care; Number of hours in each arrangement
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 5 <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Identical items capture hours spent in center-based care, family care arrangements, and prekindergarten.
Item Limitations and Strengths for NSCCSD:	These questions provide data on care arrangements including the number of hours spent in care arrangements, hours spent in care during nontraditional times (early morning, evenings, and weekends) and whether weekend and evening care was used because the parent was at work or in school. By asking about last week, recall may be improved as well as accuracy. Analysts can compute total number of hours in and across arrangement types and can identify primary care arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D22. Last week, how many hours was (CHILD) in the pre-school, nursery school or child care center, other than public school based pre-kindergarten, Early Head Start or Head Start?

_____ Hours

D. DON'T KNOW

R. REFUSED

D23. Last week, how many hours was (CHILD) cared for in pre-school, nursery school, day care or child care center in the evening or at night (after 6pm and before 6am) or on the weekends?

_____ Hours

D. DON'T KNOW

R. REFUSED

D24. How many hours of these (INSERT D23 HOURS) hours of evening and weekend care were you working or in school?

_____ Hours

D. DON'T KNOW

R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Days of week and/or time of day; Number of hours in each arrangement; Primary arrangement; Total hours spent in care
Source:	JOBS/NEWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This series of questions is asked for up to four care arrangements.</p> <p>An almost identical item on the number of hours in care was asked in the Philadelphia Child Care Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide data on a number of measures including total number of hours in each and across arrangements, primary arrangements, and use of care during evenings and weekends. (See also limits and strengths of Philadelphia Survey measure.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3a. Now let's think about the (program/arrangement) that you use for the greatest number of hours (second greatest, third, fourth) each week. How many hours each week is (CHILD) cared for in this (program/ arrangement)? (SKIP TO QUESTION 4.)

_____ NUMBER OF HOURS
997. _____ DON'T KNOW

H8. How many hours per week (is/was) this child care used?
_____ Hours per week (SKIP TO Q.H10)

H9. How many days per week (is/was) this child care used?
_____ Days per week

BB3. Are any of the hours (CHILD) spends in (any of these arrangements /this arrangement):

c. After 6:00pm?

- 11. Yes
- 12. No

d. On weekends?

- 13. Yes
- 14. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Days of week and/or time of day
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong, Somali</u>
Notes Specific to Items:	This same series of questions is asked in a similar way for before- and after-school.
Item Limitations and Strengths for NSCCSD:	This question provides a concise way to collect data on schedule or times during which child is in care, including nonstandard hours. Additionally, these categories provide disaggregated data on key times of the day and days of the week.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Q20CCC. Which of the following times of the week was (CHILD) in that type of care...(CIRCLE ALL THAT APPLY)

- 5. Standard weekday, any time from about 7:00 in the morning to 6:00 at night (includes after school)**
- 6. Early mornings before 7:00 a.m. (after child woke up in the morning)**
- 7. Evenings from about 6:00 p.m. to 10:00 p.m.**
- 8. Late nights after 10:00 p.m.**
- 9. Weekends**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Before/after school
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on participation in school- or community-based programs, as well as total hours and the times and days of the week spent in such programs, thus allowing analysts to identify children in before/after school programs.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

35. Did {child} attend a program based in a school or community center provided before school or after school care outside your home at least once in each of the last two weeks?

Yes		1
No	(GO TO Q. 38)	2
Refused	(GO TO Q. 38)	7
Don't know	(GO TO Q. 38)	8

36. About how many hours per week was {child} usually cared for there?
_____ (# OF HOURS)

Refused.....-7

37. Which of the following times of the week was {child} in that type of care...
(CIRCLE ALL THAT APPLY)

Standard weekday, any time from about 7:00 in the morning to 6:00 at night (includes after-school),.....	1
Early mornings before 7:00 a.m. (after child woke up in the morning).....	2
Evenings from about 6:00 p.m. to 10:00 p.m.,.....	3
Late nights after 10:00 p.m., or.....	4
Weekends?.....	5
Refused.....	7
Don't know.....	8

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Summer care
Source:	Panel Study of Income Dynamics
Year of Administration:	1968-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item is drawn from the Child Development Supplement instrument.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the summer care arrangements of children. The response options cover a range of care types including relative care, nonrelative, programs, extracurricular activities and camps. Additionally, within these types, it further distinguishes subsets of provider. For example, it distinguishes between relatives under the age of 13, who are most likely to be siblings, and relatives over the age of 13 years old. This series of questions collects number of hours in care for primary arrangement. As such, analysts cannot compute total hours spent across arrangements.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C28. (RB p.12) Now I'm going to ask you some questions about child care arrangements last summer. Please tell me which of these you used for (CHILD) on a regular basis during last summer. SELECT ALL THAT APPLY. RELATIVE INCLUDES ANY RELATIVES – PCG, OCG, SIBLINGS, AUNTS, GRAND PARENTS, ETC., FOR CHOICES 1-12, GO STRAIGHT TO C30, CHOICES 13-14, GO TO SECTION D

- Relative under 13 years1
- Relative 13 or older2
- Non-relative in the child's home (sitter)3
- Care in a non-relative's home (family daycare provider)5
- Head start program6
- Pre-kindergarten program, nursery school,
preschool, or child care center7
- Before or after-school program8
- Extra-curricular activities9
- Work10
- Overnight camp11
- Day camp.....12
- None of the above, one parent always cares for child13
- None of the above, child cares for himself/herself14
- Other type of child care97

C28a. Please specify other arrangement_____

IF ONLY ONE CHILD CARE ARRANGEMENT IS CHOSEN _ GO TO C31

C30. (RB p.12) Please tell me which of those arrangements you used the most hours each week. (Display arrangements chosen at C28 within range 1-12; 97)
Used Most: _____

C31. How many hours each week was (CHILD) cared for by (PROGRAM/ARRANGEMENT)? _____

C32a. How long had (CHILD) been cared for on a regular basis by (PROGRAM/ARRANGEMENT)? ENTER amount first _____

C32b. ENTER unit of time (Weeks, Months, Years) _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of transitions; Plans for future change
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	“Number of transitions” can also serve as a rough (albeit imperfect) indicator of quality.
Item Limitations and Strengths for NSCCSD:	These questions provide data on both the number of changes in arrangements in last year and whether a parent plans to change arrangement. It is unclear whether parent reports of anticipated changes are good predictors of actual change. Moreover, plans for change are difficult to interpret as they can be due to a number of reasons. As worded, the questions do not capture change in providers.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

34. How often have you changed child care arrangements in the past year?
_____ NUMBER

35. Do you plan to change your child care arrangements in the near future?

1. Yes
2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of transitions
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 5 <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The number of transitions can serve as a rough (albeit imperfect) indicator of quality.
Item Limitations and Strengths for NSCCSD:	These questions provide data on both changes within same type of care and across different types of care. Question wording may be difficult to understand. Additionally, provider changes within the same arrangement (e.g., changes in center staff) are not captured.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G18. In the last twelve months, how many times did you change childcare arrangements for (CHILD) to a DIFFERENT CAREGIVER FOR THE SAME TYPE OF CARE? (For example, to a different center, different relative or different family daycare home?)

_____ Number of arrangements

D. DON'T KNOW

R. REFUSED

G19. In the last twelve months, how many times did you change childcare arrangements for (CHILD) to a DIFFERENT TYPE OF CARE? (For example, from a center to a relative or family day care home?)

_____ Number of changes

D. DON'T KNOW

R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of transitions
Source:	JOBS/NEWWS (National Evaluation of Welfare-to-Work Strategies)
Year of Administration:	1989-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare participants</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	“Number of transitions” can also serve as a rough (albeit imperfect) indicator of quality.
Item Limitations and Strengths for NSCCSD:	This question collects data on total number of transitions since child began nonparental care. It is unclear if restricting reports to changes in which child was in care for one or more months is appropriate. Accuracy of reports may vary with amount of elapsed time since change and with number of changes.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

E9. (IF CHILD NEVER IN A HEAD START PROGRAM, KINDERGARTEN, CHILD CARE CENTER, NURSERY SCHOOL, OR PRESCHOOL, OR WITH BABYSITTER, SKIP TO NEXT MODULE.)

Since (CHILD) first went into any kind of regular child care or school program, how many persons has (he/she) had as a (babysitter/child care provider/teacher) for a month or more? Would you say:

1. Only one
2. Two to five
3. Six to nine
4. Ten to nineteen, or
5. Twenty or more?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of transitions; Plans for future change
Source:	Miami-Dade Survey of Child Health and Well-being
Year of Administration:	2007
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Haitian-Creole</u>
Notes Specific to Items:	A similar item to EC8 can be found in the Emlen Employee Survey. “Number of transitions” can also serve as a rough (albeit imperfect) indicator of quality.
Item Limitations and Strengths for NSCCSD:	This question collects data on changes in primary care arrangements, which may be a better indicator of change from the perspective of the child. The follow-up question on whether arrangements would be changed if another became available may serve as an indicator of quality or concerns about current arrangement.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

EC8. [IF EC1 OR EC3 OR EC5 EQ 1; ELSE SKIP TO EC18] Now, I'm going to ask you about changes that may have happened in [CHILD]'s primary care arrangement.

During the past 12 months, how many times has [CHILD]'s primary care arrangement changed?

[INT: THE PRIMARY CHILD CARE ARRANGEMENT IS THE CARE THAT THE CHILD SPENDS THE MOST HOURS IN. IF CHILD SPENDS AN EQUAL AMOUNT OF TIME IN MORE THAN ONE CARE ARRANGEMENT, R CAN SELECT THE ARRANGEMENT.]

- 1. Never**
- 2. Once**
- 3. Twice**
- 4. 3 or more times**
- 8. DON'T KNOW**
- 9. REFUSED**

EC8.2. [IF EC1 OR EC3 OR EC5 EQ 1; ELSE SKIP TO EC18] Would you change [CHILD]'s primary care arrangement if another one became available?

- 1. Yes**
- 2. No**
- 8. DON'T KNOW**
- 9. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Number of transitions
Source:	Partnership Impact Research Project
Year of Administration:	2001-2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children attending selected care centers/preschools</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	“Number of transitions” can also serve as a rough (albeit imperfect) indicator of quality.
Item Limitations and Strengths for NSCCSD:	This question is may be more appropriate for longitudinal surveys. Question provides data on whether a transition from center care has occurred. Transitions in which child is still attending center care but has stopped or started other care arrangements would be missed with this question.
Question Wording:	22. Has your child stopped attending this child care center over the past year? 1. Yes (Why? _____) 2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Duration of care; Reasons for change; Number of arrangements
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>“Duration of care” can serve as a potential indicator of quality.</p> <p>As noted by Weber, duration data may be difficult to collect in cross-sectional surveys, as it is difficult to select an appropriate start point on which to collect data. If, for example, only data on current or continuing arrangements are collected, resulting data will overestimate duration.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the start date of arrangements used in the last year, number of arrangements used in the last year, and the reason for changing arrangements. Because start dates are collected only for arrangements currently used, a profile of a child’s care stability cannot be developed. Collecting data only for arrangements currently used results in a skewing of stability measures, as longer lasting arrangements are more likely to get captured. It may be useful to allow parents to report multiple reasons for changes in care.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

2A. Did anyone other than you or your spouse care for (YOUNGEST CHILD) on a regular basis during the past year – since (CURRENT MONTH) 1988?

- 6. Yes (SKIP TO Q.4)
- 7. No (AND NO OTHER CHILD IN CARE) (SKIP TO Q.14)
- 8. No (OTHER CHILD IN CARE) (SKIP TO Q.14)
- 9. DON'T KNOW (SKIP TO Q.17)
- 10. REFUSED

2B. When did you start using (ARRANGEMENT) for (YOUNGEST CHILD)? RECORD ARRANGEMENT CODE AND BEGIN DATE BELOW FOR EACH ARRANGEMENT. RECORD ON CHILD CARE HISTORY FORM AND WORK HISTORY CALENDAR.

- _____ ARRANGEMENT CODE
- _____ MONTH BEGIN DATE
- _____ YEAR BEGIN DATE
- 13/91. DON'T KNOW
- 14/92. REFUSED

3. Did you use any other arrangements for (YOUNGEST CHILD) on a regular basis in the past 12 months – that is, since (CURRENT MONTH) 1989?

- _____ ARRANGEMENT #1
- _____ ARRANGEMENT #2
- _____ ARRANGEMENT #3
- _____ ARRANGEMENT #4
- 5. Yes
- 6. No (SKIP TO Q.12)
- 7. DON'T KNOW (SKIP TO Q.12)
- 8. REFUSED

6. How many hours per week did caregiver usually care for (CHILD)?

- _____ ARRANGEMENT #1
- _____ ARRANGEMENT #2
- _____ ARRANGEMENT #3
- _____ ARRANGEMENT #4
- 104. DON'T KNOW (SKIP TO Q.12)
- 105. REFUSED
- 106. NOTE

8. When did that arrangement begin? (RECORD BELOW AND ON CHILD CARE AND WORK HISTORY CALENDAR.)

- _____ ARRANGEMENT NUMBER
- _____ MONTH BEGIN DATE
- _____ YEAR BEGIN DATE
- 13/91. DON'T KNOW
- 14/92. REFUSED

8b. (IF DON'T KNOW) How many months ago did that arrangement begin?

- _____ MONTHS
- 159. DON'T KNOW
- 160. REFUSED
- 161. NOTE

9. When did that arrangement end? RECORD BELOW AND ON CHILD CARE AND WORK HISTORY CALENDAR.

_____ ARRANGEMENT NUMBER

_____ MONTH END DATE

_____ YEAR END DATE

13/91. DON'T KNOW

14/92. REFUSED

15/93. HAS NOT ENDED

9b. (IF DON'T KNOW) How many months ago did that arrangement end?

_____ MONTHS

159. DON'T KNOW

160. REFUSED

161. NOTE

10. What is the main reason that it ended? CODE ONE.

24. Wanted to stay with children

25. Care no longer available

26. Couldn't afford

27. Child too old

28. Child unhappy

29. Stopped working

30. Changed jobs

31. Respondent moved

32. School-year started/ended

33. Started having to stay home with other dependents

34. Arrangement was temporary

35. Other (SPECIFY) _____

36. DON'T KNOW

37. REFUSED

_____ ARRANGEMENT 1

_____ ARRANGEMENT 2

_____ ARRANGEMENT 3

_____ ARRANGEMENT 4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Duration of care
Source:	Early Childhood Longitudinal Study – Kindergarten Cohort (ECLS-K)
Year of Administration:	1998-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children entering Kindergarten in 1998</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Chinese, Lakota, and Hmong</u>
Notes Specific to Items:	<p>“Duration of care” can serve as a potential indicator of quality.</p> <p>As noted by Weber, duration data may be difficult to collect in cross-sectional surveys, as it is difficult to select an appropriate start point on which to collect data. If, for example, only data on current or continuing arrangements are collected, resulting data will overestimate duration.</p>
Item Limitations and Strengths for NSCCSD:	Data from these questions could be used to provide a rough indicator of duration for each type of care but not for a specific arrangement. Because data are collected only for one focal child, these data will underestimate duration of stability from the perspective of parents.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCQ.020. How old was (CHILD) in years and months when (he/she) first received care from any relative on a regular basis?

CAPI INSTRUCTION: RANGE CHECK 0-CURRENT AGE FOR YEARS, 0-24 FOR MONTHS. IF YEARS ARE GREATER THAN 0, THEN MONTHS MUST BE LESS THAN 12. IF YEARS EQUAL 0, THEN MONTHS MUST BE EQUAL TO OR GREATER THAN 0.

_____ ENTER YEAR
_____ ENTER MONTH
77. REFUSED
99. DON'T KNOW

CCQ.125. How old was (CHILD) in years and months when (he/she) first received regular care in a private home from any nonrelative?

CAPI INSTRUCTION: RANGE CHECK 0-CURRENT AGE FOR YEARS, 0-24 FOR MONTHS. IF YEARS ARE GREATER THAN 0, THEN MONTHS MUST BE LESS THAN 12. IF YEARS EQUAL 0, THEN MONTHS MUST BE EQUAL TO OR GREATER THAN 0.

_____ ENTER YEAR
_____ ENTER MONTH
77. REFUSED
99. DON'T KNOW

CCQ.275. How old was (CHILD) in years and months when (he/she) first attended any day care center, nursery school, preschool, prekindergarten, or before or after school program on a regular basis?

CAPI INSTRUCTION: RANGE CHECK 0-CURRENT AGE FOR YEARS, 0-24 FOR MONTHS. IF YEARS ARE GREATER THAN 0, THEN MONTHS MUST BE LESS THAN 12. IF YEARS EQUAL 0, THEN MONTHS MUST BE EQUAL TO OR GREATER THAN 0.

_____ ENTER YEAR
_____ ENTER MONTH
77. REFUSED
99. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Duration of care
Source:	National Household Education Surveys: Early Childhood Program Participation
Year of Administration:	1991; 1995; 1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children age 0 to 6 not enrolled in kindergarten</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Only children ages birth to 6 who are not yet in kindergarten are included in this survey. A similar item is asked about nonrelative and center care.</p> <p>“Duration of care” can serve as a potential indicator of quality. As noted by Weber, duration data may be difficult to collect in cross-sectional surveys, as it is difficult to select an appropriate start point on which to collect data. If, for example, only data on current or continuing arrangements are collected, resulting data will overestimate duration.</p>
Item Limitations and Strengths for NSCCSD:	Because data are not collected on current arrangements, these data may overestimate duration. Additionally, since data are collected for a focal child only, stability from the perspective of parents may be underestimated.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

ED13. How old was (CHILD) in years and months when this particular regular care arrangement with (his/her) (RELATIVE) began?

_____ Years
_____ Months

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Duration of care
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>“Duration of care” can serve as a potential indicator of quality.</p> <p>As noted by Weber, duration data may be difficult to collect in cross-sectional surveys, as it is difficult to select an appropriate start point on which to collect data. If, for example, only data on current or continuing arrangements are collected, resulting data will overestimate duration.</p>
Item Limitations and Strengths for NSCCSD:	Data collected from this series of questions provide detailed data on the duration of care – a key indicator of stability. Because these questions are asked for up to four children, the data collected provide a measure of stability for both the child and the parent perspectives. Additionally, because these data are collected for all arrangements the child was ever in, these data may provide less biased measures of stability (e.g., overestimating duration).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F3.1 When did you first start using this arrangement?

____ MM / ____ YYYY

F4.1 Are you still using this arrangement?

1. Yes (SKIP TO F6)

5. No

F5.1 When did you stop using this arrangement?

____ MM / ____ YYYY

F6.1 How old was (CHILD) when you started using this arrangement or program?

____ Years OR ____ Months

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Reasons for change; Number of arrangements; Duration of care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>“Duration of care” can serve as a potential indicator of quality.</p> <p>As noted by Weber, duration data may be difficult to collect in cross-sectional surveys, as it is difficult to select an appropriate start point on which to collect data. If, for example, only data on current or continuing arrangements are collected, resulting data will overestimate duration.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the start date of arrangements used in the last year, number of arrangements used in the last year, and the reason for changing arrangements. Because start dates are collected only for arrangements currently used, a profile of a child’s care stability cannot be developed. Collecting data only for arrangements currently used results in a skewing of stability measures, as longer lasting arrangements are more likely to get captured. It may be useful to allow parents to report multiple reasons for changes in care.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

2A. Did anyone other than you or your spouse care for (YOUNGEST CHILD) on a regular basis during the past year – since (CURRENT MONTH) 1988?

- 11. Yes (SKIP TO Q.4)
- 12. No (AND NO OTHER CHILD IN CARE) (SKIP TO Q.14)
- 13. No (OTHER CHILD IN CARE) (SKIP TO Q.14)
- 14. DON'T KNOW (SKIP TO Q.17)
- 15. REFUSED

2B. When did you start using (ARRANGEMENT) for (YOUNGEST CHILD)? RECORD ARRANGEMENT CODE AND BEGIN DATE BELOW FOR EACH ARRANGEMENT. RECORD ON CHILD CARE HISTORY FORM AND WORK HISTORY CALENDAR.

- _____ ARRANGEMENT CODE
- _____ MONTH BEGIN DATE
- _____ YEAR BEGIN DATE
- 13/91. DON'T KNOW
- 14/92. REFUSED

3. Did you use any other arrangements for (YOUNGEST CHILD) on a regular basis in the past 12 months – that is, since (CURRENT MONTH) 1989?

- _____ ARRANGEMENT #1
- _____ ARRANGEMENT #2
- _____ ARRANGEMENT #3
- _____ ARRANGEMENT #4
- 9. Yes
- 10. No (SKIP TO Q.12)
- 11. DON'T KNOW (SKIP TO Q.12)
- 12. REFUSED

6. How many hours per week did caregiver usually care for (CHILD)?

- _____ ARRANGEMENT #1
- _____ ARRANGEMENT #2
- _____ ARRANGEMENT #3
- _____ ARRANGEMENT #4
- 107. DON'T KNOW (SKIP TO Q.12)
- 108. REFUSED
- 109. NOTE

8. When did that arrangement begin? (RECORD BELOW AND ON CHILD CARE AND WORK HISTORY CALENDAR.)

- _____ ARRANGEMENT NUMBER
- _____ MONTH BEGIN DATE
- _____ YEAR BEGIN DATE
- 13/91. DON'T KNOW
- 14/92. REFUSED

8b. (IF DON'T KNOW) How many months ago did that arrangement begin?

- _____ MONTHS
- 162. DON'T KNOW
- 163. REFUSED
- 164. NOTE

9. When did that arrangement end? RECORD BELOW AND ON CHILD CARE AND WORK HISTORY CALENDAR.

_____ ARRANGEMENT NUMBER

_____ MONTH END DATE

_____ YEAR END DATE

13/91. DON'T KNOW

14/92. REFUSED

15/93. HAS NOT ENDED

9b. (IF DON'T KNOW) How many months ago did that arrangement end?

_____ MONTHS

162. DON'T KNOW

163. REFUSED

164. NOTE

10. What is the main reason that it ended? CODE ONE.

38. Wanted to stay with children

39. Care no longer available

40. Couldn't afford

41. Child too old

42. Child unhappy

43. Stopped working

44. Changed jobs

45. Respondent moved

46. School-year started/ended

47. Started having to stay home with other dependents

48. Arrangement was temporary

49. Other (SPECIFY) _____

50. DON'T KNOW

51. REFUSED

_____ ARRANGEMENT 1

_____ ARRANGEMENT 2

_____ ARRANGEMENT 3

_____ ARRANGEMENT 4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Plans for future change; Number of transitions
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	"Plans for future change" can serve as a potential indicator of concerns regarding quality of care.
Item Limitations and Strengths for NSCCSD:	These questions provide data on both number of changes in arrangements in last year and whether a parent plans to change arrangement. It is unclear whether parent reports of anticipated changes are good predictors of actual change. Moreover, plans for change are difficult to interpret as they can be due for a number of reasons. Questions do not capture change in providers.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

34. How often have you changed child care arrangements in the past year?
_____ NUMBER

35. Do you plan to change your child care arrangements in the near future?

1. Yes
2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Plans for future change; Number of transitions
Source:	Miami-Dade Survey of Child Health and Well-being
Year of Administration:	2007
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Haitian-Creole</u>
Notes Specific to Items:	A similar item to EC8 can be found in the Emlen Employee Survey. “Plans for future change” can serve as a potential indicator of concerns regarding quality of care.
Item Limitations and Strengths for NSCCSD:	This question collects data on changes in primary care arrangements, which may be a better indicator of change from the perspective of the child. The follow-up question on whether arrangements would be changed if another became available may serve as an indicator of quality or concerns about current arrangement.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

EC8. [IF EC1 OR EC3 OR EC5 EQ 1; ELSE SKIP TO EC18] Now, I'm going to ask you about changes that may have happened in [CHILD]'s primary care arrangement.

During the past 12 months, how many times has [CHILD]'s primary care arrangement changed?

[INT: THE PRIMARY CHILD CARE ARRANGEMENT IS THE CARE THAT THE CHILD SPENDS THE MOST HOURS IN. IF CHILD SPENDS AN EQUAL AMOUNT OF TIME IN MORE THAN ONE CARE ARRANGEMENT, R CAN SELECT THE ARRANGEMENT.]

- 5. Never**
- 6. Once**
- 7. Twice**
- 8. 3 or more times**
- 10. DON'T KNOW**
- 11. REFUSED**

EC8.2. [IF EC1 OR EC3 OR EC5 EQ 1; ELSE SKIP TO EC18] Would you change [CHILD]'s primary care arrangement if another one became available?

- 3. Yes**
- 4. No**
- 10. DON'T KNOW**
- 11. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Matching child care and employment/school
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Though the number of hours in school and training is collected in other items (not shown), school schedule data is not collected; as such school and care schedules cannot be matched up. The reference period of “last week” likely facilitates respondent recall and data quality but may under-represent instability in schedules. A similar but more extensive series of questions were asked in the National Study of Low-income Families.
Item Limitations and Strengths for NSCCSD:	This series of questions provides detailed information that allows users to construct a profile of how parent work schedules match with children’s care schedules. While data are collected for multiple children, schedules are not collected for both parents. It is unclear whether this type of question is feasible to administer in a telephone survey.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F1. Now I'd like to get an idea of (YOUNGEST CHILD)'s schedule last week.

When (is CHILD with/does CHILD go to) (ARRANGEMENT)?

**WRITE BEGINNING AND ENDING TIMES OF DAY UNDER
APPROPRIATE DAYS OF WEEK ON CHILD'S WEEKLY SCHEDULE.
ASK FOR ALL ARRANGEMENTS ON SCHEDULE.**

**IF ARRANGEMENT WAS NOT USED LAST WEEK, WRITE "NOT USED"
ACROSS THE ROW.**

AFTER ASKING ABOUT ALL ARRANGEMENTS FOR CHILD, SAY:

**Now, according to what I have recorded, (SUMMARIZE CHILD'S
SCHEDULE). Is that correct? Have I missed anything?**

IF NECESSARY, CORRECT SCHEDULE.

Let's continue with (NEXT CHILD'S NAME)

COMPLETE WEEKLY SCHEDULE FOR EACH CHILD.

**F7. I'd like to get your work schedule for last week – beginning on Monday and
ending last Sunday. (I'll ask about your jobs one at a time starting with the job
at which you worked the most hours last week.)**

What is your job title? (DO NOT PROBE FOR SPECIFIC TASKS.)
_____ **JOB TITLE**

**F8. What days did you work at this job? For each day that you worked, please
tell me when you began and when you ended work.**

**REFER TO QUESTION 5. IF NECESSARY, REPEAT QUESTIONS 7 AND 8
FOR JOBS WORKED NEXT MOST NUMBER OF HOURS DURING THE
WEEK OF INTEREST.**

_____ **TOTAL NUMBER OF JOBS**

**AFTER SCHEDULE IS COMPLETE, SAY: Now, according to what I have
recorded (SUMMARIZE SCHEDULE). Is that correct? Have I missed
anything? (IF NECESSARY, CORRECT SCHEDULE.)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Matching child care and employment/school; Schedule of care: Days of the week and/or time of day; Number of hours in each arrangement
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the days and times the child spends in a care arrangement. This series of questions is repeated for each type of care and for each day of the week, thereby allowing analysts to compute total hours spent in care in the last week and total hours spent by arrangement type, identify primary arrangements, and identify care schedules such as care during evenings and on

weekends. Together with a similar series of questions on parents work schedules, analysts can create a portrait of the match and mismatch between parents' work and child care schedules.

No problems were detected in the feasibility test with the calendar-type roster approach taken with this series of questions. The cognitive interviews indicate that, in general, parents were able to report about their children's care arrangements in the previous week and that requesting information in a chronological order (e.g., starting on Monday and ending on Sunday, starting at the beginning of day, etc.) aids respondents' recall process. However, some participants appeared to have difficulty reporting information when their spouse or other adult was responsible for the pick up and drop off of children. The results of the cognitive interview also indicate that "chronological schedule" approach is an efficient way to collect information about care schedules. The results of the cognitive interviews also suggest that respondents may be aided by clearer instructions on which types of care arrangements to include or exclude. Parents also appeared to be prone to report about the typical week rather than the last week.

Question Wording:

C2. Now I'd like to understand your child care schedule last week. Thinking about last Monday (that is, FILL IN DATE FOR LAST MONDAY), other than you (and your [spouse/partner]) who/who else cared for (CHILD)? IF NEEDED: Please tell me about last week, even if it was an unusual week. I'll ask you other questions about your usual schedule later on.

C2A. What time last Monday did (PROVIDER) start to care for (CHILD)?

C2B. [IF C1_1 =2] How did (CHILD) get to [provider]?

- 1 Walking or bicycle
- 2 Car
- 3 Public transportation
- 4 School bus
- 5 Other

C2C. Who took (CHILD) there?

<select from providers or hh members>

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

SCHEDULE for CHILD 1 FROM LAST WEEK						
	C2 PROVIDER NAME	C2A. STARTING TIME OF CARE		C2B. HOW DID CHILD GET THERE	C2C. WHO TOOK CHILD THERE	C2D. ENDING TIME OF CARE
MONDAY						
1						
2						
3						
4						
TUESDAY						
5						
6						
7						
8						
WEDNESDAY						
9						
10						
11						
12						
THURSDAY						
13						
14						
15						
16						
FRIDAY						
17						
18						
19						
20						
SATURDAY						
21						
SUNDAY						
22						

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Matching child care and employment/school; Schedule of care: Days of week and/or time of day; Total hours in care; Number of hours in each arrangement
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 5 <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Identical items capture hours spent in center-based care, family care arrangements, and prekindergarten.
Item Limitations and Strengths for NSCCSD:	These questions provide data on care arrangements including the number of hours spent in care arrangements, hours spent in care during nontraditional times (early morning, evenings, and weekends) and whether weekend and evening care was used because the parent was at work or in school. By asking about last week, recall may be improved as well as accuracy. Analysts can compute total number of hours in and across arrangement types and can identify primary care arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D22. Last week, how many hours was (CHILD) in the pre-school, nursery school or child care center, other than public school based pre-kindergarten, Early Head Start or Head Start?

_____ Hours

D. DON'T KNOW

R. REFUSED

D23. Last week, how many hours was (CHILD) cared for in pre-school, nursery school, day care or child care center in the evening or at night (after 6pm and before 6am) or on the weekends?

_____ Hours

D. DON'T KNOW

R. REFUSED

D24. How many hours of these (INSERT D23 HOURS) hours of evening and weekend care were you working or in school?

_____ Hours

D. DON'T KNOW

R. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Matching child care and employment/school
Source:	Partnership Impact Research Project
Year of Administration:	2001-2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children attending selected care centers/preschools</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

4. Are the following statements true about this child care center?
 - f. To cover my work or school schedule, sometimes my child is cared for outside this child care center by other child care providers (including paid relatives)
 - g. I can easily balance my work or school schedule with this child care arrangement
 1. Always true
 2. Often true
 3. Sometimes true
 4. Never true

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Matching child care and employment/school
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Each of these series of questions is asked for up to four children in the household.
Item Limitations and Strengths for NSCCSD:	Question provides data on hours parent needs care but not on the match between current care and work schedules. Data on this question, however, may provide policy-relevant information. The question is also easy to administer.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F45. What hours and days of child care do you need now or the last time you worked? [READ LIST AND CHECK ALL THAT APPLY]

1. Monday – Friday 8:00am to 6:00pm
2. Monday – Friday, but open earlier than 8:00am. How early? _____
3. Monday – Friday, but closing later than 6:00pm. How late? _____
4. Night shift
5. Weekends
6. Other times (SPECIFY)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Amount/Usage/Stability
Measure:	Schedule of care: Matching child care and employment/school
Source:	Survey of Income and Program Participation
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This question used flashcards for each type of care and is asked for multiple children.</p> <p>There is a follow-up question which asks how many hours the child was in this arrangement while the parent was at school or work.</p> <p>This question combines family, friend and neighbor care with nanny and au pair care.</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides a concise way of collecting information on the extent to which a parent's work and school schedule matches with their child's care schedule. Such a question may be more easily administered in a telephone survey than those used in the National Study of Low Income Families or in the 1990 study. However, because data are collected for only one child, the extent to which parents and child schedules match is underrepresented in the households with multiple children.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

PARHRS1. Of those hours per week that (child's name)'s other parent /step-parent cared for him/her, how many of them were while you were working or at school?

_____ Hours

HRSB15A. Of those hours per week that (child's name)'s brother or sister age 15 or over cared for him/her, how many of them were while you were working or at school?

_____ Hours

HRGRAN1. Of those hours per week that (child's name)'s grandparent or set of grandparents cared for him/her, how many of them were while you were working or at school?

_____ Hours

RELAHR1. Of those hours per week that (child's name)'s other relative cared for him/her, how many of them were while you were working or at school?

_____ Hours

HRSFAM1. Of those hours that (child's name) was cared for in family day care, how many of them were while you were working or at school?

_____ Hours

HRDAYC1. Of those hours per week that (child's name) was cared for in this child care center, how many of them were while you were working or at school?

_____ Hours

KIDSHR1. About how many hours per week did (child's name) usually care for him/herself? (Note to FR: Be sure respondent gives weekly hours of care.)

_____ Hours

VERHRS1. (PROBE TO CORRECT THE INCONSISTENT HOURS.)

According to the hours you reported, (child's name) was being watched for total hours in a typical week last month while you were working or at school. However, you were working or at school for hours. Is this correct? (ENTER "N" FOR NONE/NO MORE CORRECTIONS.) (PROGRAMMER: ALLOW A SPACE TO CORRECT HOURS IF NECESSARY.)

Reported		Corrected
_____ Hours per week		_____ Hours per week

- (1) Child's other parent or stepparent
- (2) Did you care for (child's name) while you were working or at school
- (3) Brother or sister age 15 or older
- (4) Brother or sister under age 15
- (5) Grandparent
- (6) Any other relative
- (7) Family day care provider caring for 2 or more children outside of your home
- (8) A child care or day care center
- (9) A nursery or preschool
- (10) A federally supported Head Start program
- (11) Any other friend, neighbor, sitter, nanny, or au pair
- (12) Hours per week (child's name) was usually in school during the time you were working or at school
- (13) Hours per week (child's name) usually cared for him/her when you were working or at school

Geographic marker (zip code, census tract): See “Defining the Market”

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item found in Parent Study. A similar set of questions appear in the National Study of Child Care Supply and Demand Design Questionnaire. Those questions ask parents to report on the availability and proximity of relatives care providers.
Item Limitations and Strengths for NSCCSD:	Series of questions collects information about the length of travel time to and from a provider, the mode of transportation to a provider, and the proximity of other available providers. A strength of these questions is that they would allow for trend analyses using data from the 1990 National Child Care Survey and the NSCCSD. This series of questions could be easily adapted for a broader range of care settings.

Question Wording:

E3. How long does it take you to travel from your home to this relative's home?

- 3. Less than 10 minutes**
- 4. Between 10 and 19 minutes**
- 5. Between 20 and 29 minutes**
- 6. 30 minutes or more**
- 7. DON'T KNOW**
- 8. REFUSED**

E4. Do you have any relatives other than those in your household who would be available to care for (YOUNGEST CHILD) on a regular basis?

E5. How long does it take you to travel from your home to the home of the nearest of these relatives?

- 1. Less than 10 minutes**
- 2. Between 10 and 19 minutes**
- 3. Between 20 and 29 minutes**
- 4. 30 minutes or more**
- 5. DON'T KNOW**
- 6. REFUSED**

E31. How does (YOUNGEST CHILD) get to your provider's home?

E32. How long does it take to get there? [IF NECESSARY READ:] From wherever the child usually is before going there.

[CATEGORIES MAY BE READ IF NEEDED]

- 1. Less than 10 minutes**
- 2. Between 10 and 19 minutes**
- 3. Between 20 and 29 minutes**
- 4. 30 minutes or more**
- 5. DON'T KNOW**
- 6. REFUSED**

E33. Do you know of anyone who might be available to care for (YOUNGEST CHILD) in their own home on a regular basis?

E34. How long would it take to travel to this person's home? [READ LIST IF NEEDED]

- 1. Less than 10 minutes**
- 2. Between 10 and 19 minutes**
- 3. Between 20 and 29 minutes**
- 4. 30 minutes or more**
- 5. DON'T KNOW**
- 6. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of these questions is that they collect data on the distance between the respondent's home and care arrangement and how much additional time is added to the respondent's work commute by child care related transportation. Transportation estimates are collected separately for each care type. Information on additional travel time due to child care can be useful in providing estimates of how far (in time) a parent travels out of his/her way to access child care. One potential problem is that data on distance between home and care is collected in terms of miles whereas commute between care and work is collected in terms of additional minutes. Thus it may be difficult to compute total transportation time/distance or child care related transportation burden.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

31. If you use child care in a non-relative's home ("family day care" or "family group home"): How far is it from your home?

- 0. Not applicable**
- 1. Next door**
- 2. 1 or 2 blocks**
- 3. ¼ mile**
- 4. ½ mile**
- 5. 1 mile**
- 6. 2 miles**
- 7. 4 miles**
- 8. 8 miles**
- 9. Over 8 miles**

32. If you use a child care center or nursery school (not a provider's home): How far is it from your home?

- 0. Not applicable**
- 1. Next door**
- 2. 1 or 2 blocks**
- 3. ¼ mile**
- 4. ½ mile**
- 5. 1 mile**
- 6. 2 miles**
- 7. 4 miles**
- 8. 8 miles**
- 9. Over 8 miles**

33. About how much extra time (minutes) does your travel for child care add to your daily round trip travel time to and from work? If none, put "0."

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This question ask respondents to provide the number of minutes it takes the person who picks up the child to get to the child's prekindergarten program; thus, providing an indication of parent's additional travel time due to child care. However, it is unclear if the resulting data provides information on the average commute time between pre-kindergarten and home, pre-kindergarten and work, or something else, or how respondents compute estimates when multiple adults pick up the child. This question can be easily adapted for a broader range of settings.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D7CC. How many minutes does it take the person who usually picks up (CHILD) to get to the public school-based pre-kindergarten? [IWR CLARIFICATION Travel time could be from work or home. Recognize that person picking up and where they are picking up from may vary by days. If this is the case, ask R to give best estimate of most typical travel time]

_____ Minutes

D. Don't know

R. Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home
Source:	Minnesota Statewide Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong, Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Item provides a time estimate of commute/transportation time to primary care arrangement from the respondent's home. Estimate of commute time from home to primary arrangement may underestimate parents' child care related transportation burden (e.g., for those whose care arrangements are not on their way to work) or the total amount of time that parent spends commuting to and from care arrangements for those with multiple care arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Q46. How long does it take to go one way from (CHILD)'s home to (ARRANGEMENT USED MOST)? Would you say...

- 1. It's in my home [GO TO Q48A]**
- 2. A couple of minutes (next door or across the street)**
- 3. 5 minutes or less (1 or 2 blocks)**
- 4. More than 5 but less than 10 minutes**
- 5. 10 to 20 minutes**
- 6. 21 to 30 minutes**
- 7. More than 30 minutes**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home; Proximity of care to workplace; Transportation to/from care
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar item can be found in Philadelphia Survey of Work and Family (p.55 #F38.1-F40.1).
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it allows respondents to report the distance between their home, work, and care arrangement separately using their choice of metric (miles, minutes by car, public transportation, or foot). It is unclear how total distance or time spent commuting can be computed in instances where respondents report about their commute both in terms of minutes and miles.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F9. How does (FOCUS CHILD) get to and from his/her primary care arrangement? (CIRCLE ALL THAT APPLY.)

1. Parent picks up/drops off child in own car
2. Parent picks up/drops off child, using public transportation
3. Parent picks up/drops off child on foot
4. Another parent picks up/drops off child
5. Provider picks up/drops off child
8. OTHER (Specify _____)

F9a. About how far from your home is (FOCUS CHILD's) main care arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

F9b. About how far from where you work is this arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home; Proximity of care to workplace
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides information on the mode of transportation used to get to and from the child's arrangement and the commute time from the child's home to the care arrangement and from the parent's place of work to the care arrangement. Because it is unclear in most cases <i>who</i> takes and picks up the focal child it may not be possible to estimate parents' total commute time or child care related transportation burden. This series of questions is asked of up to 4 different arrangements.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F38.1 How does [CHILD] get to this arrangement/school?

- 1. Public transport**
- 2. Caregiver provides transportation**
- 3. Family member in car**
- 4. Non-family member in car**
- 5. Walks**
- 6. N/A Cared for at home [SKIP TO NEXT CHILD OR F41 IF NO MORE CHILDREN]**

F39.1 How much time (does it /did it) usually take to get from home to this arrangement/school [in minutes]?

_____ minutes

995. Not applicable

F40.1 How much time (does it/did it) usually take to get from work to this arrangement/school [IN MINUTES]?

_____ minutes

995. Not applicable

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to home
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item is found in the Primary Caregiver Survey.
Item Limitations and Strengths for NSCCSD:	The item provides data on the number of blocks or miles between care arrangement and home, a measure of proximity of care. Question does not provide travel time/distance between arrangement and parent's work and thus does not provide a measure of total commute time.
Question Wording:	P_HC7A. How many blocks or miles is this childcare from your home? ____ Number 1 = BLOCKS 2 = MILES

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to workplace
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of these questions is that they collect data on the distance between the respondent's home and work and the child's care arrangement, as well as how much additional time is added to the respondent's work commute by child care related transportation. Transportation estimates are collected separately for each care type. Information on additional travel time due to child care can be useful in providing estimates of how far (in time) a parent travels out of his/her way to access child care.</p>

Question Wording:

31. If you use child care in a non-relative's home ("family day care" or "family group home"): How far is it from your home?

- 0. Not applicable**
- 1. Next door**
- 2. 1 or 2 blocks**
- 3. ¼ mile**
- 4. ½ mile**
- 5. 1 mile**
- 6. 2 miles**
- 7. 4 miles**
- 8. 8 miles**
- 9. Over 8 miles**

Using the same choices, how far is it from your work?

- 0. Not applicable**
- 1. Next door**
- 2. 1 or 2 blocks**
- 3. ¼ mile**
- 4. ½ mile**
- 5. 1 mile**
- 6. 2 miles**
- 7. 4 miles**
- 8. 8 miles**
- 9. Over 8 miles**

32. If you use a child care center or nursery school (not a provider's home): How far is it from your home?

- 0. Not applicable**
- 1. Next door**
- 2. 1 or 2 blocks**
- 3. ¼ mile**
- 4. ½ mile**
- 5. 1 mile**
- 6. 2 miles**
- 7. 4 miles**
- 8. 8 miles**
- 9. Over 8 miles**

Using the same choices, how far is it from your work?

- 0. Not applicable**
- 1. Next door**
- 2. 1 or 2 blocks**
- 3. ¼ mile**
- 4. ½ mile**
- 5. 1 mile**
- 6. 2 miles**
- 7. 4 miles**
- 8. 8 miles**
- 9. Over 8 miles**

33. About how much extra time (minutes) does your travel for child care add to your daily round trip travel time to and from work? If none, put "0".

_____ MINUTES

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to workplace; Proximity of care to home; Transportation to/from care
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar item can be found in Philadelphia Survey of Work and Family.
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it allows respondents to report the distance between their home, work, and care arrangement separately using their choice of metric (miles, minutes by car, public transportation, or foot). It is unclear how total distance or time spent commuting can be computed in instances where respondents report about their commute both in terms of minutes and miles.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F9. How does (FOCUS CHILD) get to and from his/her primary care arrangement? (CIRCLE ALL THAT APPLY.)

- 1. Parent picks up/drops off child in own car**
- 2. Parent picks up/drops off child, using public transportation**
- 3. Parent picks up/drops off child on foot**
- 4. Another parent picks up/drops off child**
- 5. Provider picks up/drop off child**
- 8. Other (Specify _____)**

F9a. About how far from your home is (FOCUS CHILD's) main care arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

F9b. About how far from where you work is this arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Proximity of care to workplace; Proximity of care to home
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions provides information on the mode of transportation used to get to and from the child's arrangement and the commute time from the child's home to the care arrangement and from the parent's place of work to the care arrangement. Because it is unclear in most cases <i>who</i> takes and picks up the focal child it may not be possible to estimate parents' total commute time or child care related transportation burden. This series of questions is asked of up to 4 different arrangements.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F38.1 How does [CHILD] get to this arrangement/school?

- 1. Public transport**
- 2. Caregiver provides transportation**
- 3. Family member in car**
- 4. Non-family member in car**
- 5. Walks**
- 6. N/A Cared for at home [SKIP TO NEXT CHILD OR F41 IF NO MORE CHILDREN]**

F39.1 How much time (does it /did it) usually take to get from home to this arrangement/school [in minutes]?

_____ minutes

995. Not applicable

F40.1 How much time (does it/did it) usually take to get from work to this arrangement/school [IN MINUTES]?

_____ minutes

995. Not applicable

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Provider offers transportation; Transportation to/from care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item found in the Parent Study.
Item Limitations and Strengths for NSCCSD:	This question provides data on how the child is transported to their care arrangement. A strength of this item is that it allows for trend analysis using data from the 1990 National Child Care Survey and NSCCSD. This item also has an exhaustive list of response choices on mode of transportation which includes information on who transports the child to the arrangement including family member, nonfamily member, or caregiver.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

31. How does (YOUNGEST CHILD) get to your provider's home? [IF NECESSARY READ: From wherever the child usually is before going there.]

- 1. Family member in car**
- 2. Non-family member in car**
- 3. Public transportation**
- 4. Caregiver or school provides transportation**
- 5. Caregiver in previous arrangement provides transportation**
- 6. Caregiver picks child up**
- 7. Walks**
- 8. Not applicable – in same place (skip to Q36)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Provider offers transportation
Source:	Head Start Family and Child Experiences Survey (FACES)
Year of Administration:	1997- 2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in Head Start</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input checked="" type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Question is specific to Head Start programs, though it could be applied to other child care settings.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

A5. How does child usually get to the Head Start program to attend classes or group activities? (Do not read list. Circle all that apply.)

- 01. Head Start school bus**
- 02. Personal transportation (including care or car pool)**
- 03. Public transportation (bus/subway)**
- 04. Walks**
- 05. Other (Please specify)**
- 99. Don't know (Give prompt)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Provider offers transportation; Transportation to/from care
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong, Somali</u>
Notes Specific to Items:	A similar item is found in the Philadelphia Survey of Child Care and Work and in the National Study of Child Care Supply and Demand Design Questionnaire (NSCCSD). The NSCCSD design questionnaire breaks mode of transportation and person taking the child to care into two separate questions. The response choices for the Philadelphia Survey differ slightly—they are as follows: public transport; caregiver provides transportation; family member in car; non-family member in car; walks; NA- cared for at home
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it allows respondents to select multiple modes of transportation. It might be helpful to include additional questions in order to determine the type of transportation most commonly used and who transports the child to and from care.

Question Wording:

Q46. How long does it take to go one way from {child}'s home to (ARRANGEMENT USED MOST)? Would you say...

- It's in my home,.....(GO TO Q48A).....1
- A couple of minutes (next door or across the street),.....2
- 5 minutes or less (1 or 2 blocks),.....3
- More than 5 but less than 10 minutes,.....4
- 10 to 20 minutes,.....5
- 21 to 30 minutes, or.....6
- More than 30 minutes?.....7

**Q47A. How does (CHILD) get to and from this arrangement?
(DO NOT READ LIST) (CIRCLE ALL THAT APPLY)**

- 1. Family vehicle
- 2. Public transportation (city bus)
- 3. School bus
- 4. Child care provider picks up child
- 5. Someone else, besides other parent, takes child to child care
- 6. Walk
- 7. Car pool
- 8. Taxi
- 9. Other (Q47B. Specify _____)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Transportation to/from care; Provider offers transportation
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item found in the Parent Study.
Item Limitations and Strengths for NSCCSD:	This question provides data on how the child is transported to their care arrangement. A strength of this item is that it allows for trend analysis using data from the 1990 National Child Care Survey and NSCCSD. This item also has an exhaustive list of response choices on mode of transportation which includes information on who transports the child to the arrangement including family member, nonfamily member, or caregiver.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

31. How does (YOUNGEST CHILD) get to your provider's home? [IF NECESSARY READ: From wherever the child usually is before going there.]

- 1. Family member in car**
- 2. Non-family member in car**
- 3. Public transportation**
- 4. Caregiver or school provides transportation**
- 5. Caregiver in previous arrangement provides transportation**
- 6. Caregiver picks child up**
- 7. Walks**
- 8. Not applicable – in same place (skip to Q36)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Transportation to/from care; Provider offers transportation
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	A similar item is found in the Philadelphia Survey of Child Care and Work and in the National Study of Child Care Supply and Demand Design Questionnaire (NSCCSD). The NSCCSD design questionnaire breaks mode of transportation and person taking the child to care into two separate questions. The response choices for the Philadelphia Survey differ slightly—they are as follows: public transport; caregiver provides transportation; family member in car; non-family member in car; walks; NA- cared for at home
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it allows respondents to select multiple modes of transportation. It might be helpful to include additional questions in order to determine the type of transportation most commonly used and who transports the child to and from care.

Question Wording:

Q46. How long does it take to go one way from {child}'s home to (ARRANGEMENT USED MOST)? Would you say...

- It's in my home,.....(GO TO Q48A).....1
- A couple of minutes (next door or across the street),.....2
- 5 minutes or less (1 or 2 blocks),.....3
- More than 5 but less than 10 minutes,.....4
- 10 to 20 minutes,.....5
- 21 to 30 minutes, or.....6
- More than 30 minutes?.....7

**Q47A. How does (CHILD) get to and from this arrangement?
(DO NOT READ LIST) (CIRCLE ALL THAT APPLY)**

- 1. Family vehicle
- 2. Public transportation (city bus)
- 3. School bus
- 4. Child care provider picks up child
- 5. Someone else, besides other parent, takes child to child care
- 6. Walk
- 7. Car pool
- 8. Taxi
- 9. Other (Q47B. Specify _____)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Proximity and Transportation
Measure:	Transportation to/from care; Proximity of care to workplace; Proximity of care to home
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar item can be found in Philadelphia Survey of Work and Family (p.55 #F38.1-F40.1).
Item Limitations and Strengths for NSCCSD:	A strength of this measure is that it allows respondents to report the distance between their home, work, and care arrangement separately using their choice of metric (miles, minutes by car, public transportation, or foot). It is unclear how total distance or time spent commuting can be computed in instances where respondents report about their commute both in terms of minutes and miles.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

F9. How does (FOCUS CHILD) get to and from his/her primary care arrangement? (CIRCLE ALL THAT APPLY.)

- 1. Parent picks up/drops off child in own car**
- 2. Parent picks up/drops off child, using public transportation**
- 3. Parent picks up/drops off child on foot**
- 4. Another parent picks up/drops off child**
- 5. Provider picks up/drops off child**
- 8. OTHER (Specify _____)**

F9a. About how far from your home is (FOCUS CHILD's) main care arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

F9b. About how far from where you work is this arrangement?

_____ miles
_____ minutes by car
_____ minutes by public transportation
_____ minutes on foot

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Perceived availability
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items on the availability of relatives (as measured by proximity and willingness to provide care) are included in the NSCCSD design questionnaire, but are asked of all respondents irrespective of the type of arrangement they use.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data to capture parent perceived availability of relative, nonrelative, family day care, and center-based care among nonusers of these types of care. Availability is measured as parents' knowledge of people, providers, or programs that could care for their child and proximity of such providers or arrangements to the participant. Additionally, the parents' perceptions of the appropriateness of self and sibling care is assessed by asking respondents how old their child would have to be for such care arrangements to be appropriate for them.

Question Wording:

E. PERCEPTIONS OF ALTERNATIVES FOR YOUNGEST CHILD'S CARE INTERVIEWER:

Do not probe if a respondent says, "DON'T KNOW" in this section – these are sensitive questions. Accept "DON'T KNOW" and continue.

Non-Users of Relative Care

4. Do you have any relatives other than those in your household who would be able to care for (YOUNGEST CHILD) on a regular basis?

5. How long does it take you to travel from your home to the home of your relatives?

- Less than 10 min
- Between 10 and 19 min
- Between 20 and 29 min
- 30 min or more
- Don't know
- Refused

Non-Users of Self Care

11. In your neighborhood, at what age do you think a child could be left to care for (himself/herself) on a regular basis?

12. In decided when to allow (YOUNGEST CHILD) to care for (him/herself) which of the following would be most important to you (READ LIST AND CIRCLE ONE)

- (his/her) maturity
- Blank
- (his/her) desire for more independence
- Safety in the home
- Safety in the neighborhood
- A reliable neighbor or adult available in case of emergency
- Lack of alternatives
- Family finances
- Child can easily reach parent on the phone
- Other (specify)
- Don't know
- Refused

Users of sibling care

IF MORE THAN 1 OLDER SIBLING ASK ABOUT THE YOUNGEST SIBLING WHO IS CARING FOR YOUNGEST CHILD.

18. How old would (YOUNGEST CHILD) have to be before you would consider letting an older brother or sister take care of (him/her) on a regular basis?

Non-Users of Non-Relative Care in Child's Home

25. Do you know of any individual not related to you who might be available to come into your home for regular child care? (IF NECESSARY READ: Such as a babysitter or nanny.)

IF NO: A. Do you know of an individual or organization that could help you find such a person?

Non-Users of Family Day Care

33. Do you know anyone who might be able to care for (YOUNGEST CHILD) in their own home on a regular basis?

Non-Users of Center/Preschool Care/Before-After School Program

43. Do you know of any (day care center or preschool/before or after school program) that (YOUNGEST CHILD) could attend?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Perceived availability
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the availability of relatives who live nearby to provide paid or unpaid care, including the number of relatives living within close proximity (within 15 miles of the respondent's home) and those living close within 15 and 45 minutes. No problems were detected with this series of questions; however, to conserve time it may be suggested that the question be limited to asking

about the availability of relatives living within 45 miles. Forty-five miles was suggested by the substantive consultants as a more appropriate cut-off for a national survey since it takes into account greater distances in rural areas and travel time in urban areas.

Question Wording:

B3. Do your children have any relatives who live within 15 minutes of your child's home? Please include relatives on your side of the family as well as relatives of the child's other parent. IF NEEDED: Please report all relatives, even if they could not or would not provide care for a child.

1. Yes (go to B3a)
2. No (skip to B4)

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

_____ Number of relatives

B3b. Would any of these relatives be able to care for your child/children on a regular basis with no payment or only payment that covers transportation costs?

1. Yes
2. No

B3c. Would any of these relatives be able to care for your child if you were to pay them?

1. Yes
2. No

B4. Do your children have any relatives that live between 15 and 45 minutes of your child's home?

1. Yes (ask B4a)
2. No (Skip to C1)

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

_____ Number of relatives

B4b. Would any of these relatives be able to care for your child/children on a regular basis with no payment or only payment that covers transportation costs?

1. Yes
2. No

B4c. Would any of these relatives be able to care for your child if you were to pay them?

1. Yes
2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Perceived availability; Decision factors when selecting care
Source:	America After 3PM
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in K-12</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <u>Mail survey</u>
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions assesses parent's perceptions about the appropriateness of after-school care for their child, the factors they considered in deciding whether or not to enroll their children in after-school programs, and the options available to them for after-school care across a wide range of issues including quality of care, potential benefits, safety, etc. Data from these questions may be subject to social desirability bias. Please note that separate but similar questions (if appropriate) are asked of parents using after-school programs and those parents not using after-school care.</p>

Question Wording:

5. To what extent do you agree or disagree with each of the following statements regarding finding care for your children during the afterschool hours? (scale of 1-5, completely disagree – completely agree)

- I have no need for afterschool care..... —
- The cost of afterschool care limits my options for after school care..... —
- Finding afterschool care that meets my needs is a challenge..... —
- Finding an enriching environment for my children in the hours after school is a challenge..... —
- Information on afterschool care is readily available in my community. —
- I am concerned that my children will not be sufficiently cared for in the afterschool hours..... —
- The afterschool care options in my community are limited..... —
- My child/children are old enough to be able to care for themselves in the hours after school..... —
- My child/children require a structured environment in the hours after school..... —
- I am concerned that my children do not have a safe place to be in the hours after school —
- I prefer to use several different types of afterschool care..... —

6. Many factors may have influenced your decision not to enroll your child/children in afterschool programs. Please think about the factors that influenced your decision and indicate how important each of the following was in your decision not to have your children attend an afterschool program. (Scale of 1-5, not at all important-very important)

- My child does not enjoy afterschool programs —
- A parent or guardian is home during the hours after school..... —
- Afterschool programs are not available in my community —
- I prefer my child participate in lessons, hobby clubs, and/or sports..... —
- The afterschool programs' hours of operation are not adequate —
- The afterschool programs' locations are not convenient —
- The quality of care in afterschool programs is not satisfactory —
- The quality of academic help in afterschool programs is not satisfactory..... —
- After school programs do not address the special needs of my child/children —
- After school programs are not available for my child/children's age group —
- My children do not have a safe way to get to and come home from afterschool programs —

13. To what extent do you agree or disagree with each of the following statements regarding afterschool programs?

Scale of 1-5 from Completely Disagree to Completely Agree

- Afterschool programs are available in my area —
- Afterschool programs are readily accessible to me —
- The hours of operation adequately meet my needs..... —
- Afterschool programs in my area keep kids safe..... —
- Afterschool programs in my area provide a high quality of care..... —
- Although my children attend programs, I prefer other types of afterschool care for my children for part of the week —
- The afterschool programs in my area are affordable..... —
- I am aware of free afterschool programs in my area —
- My children have a positive opinion of the afterschool programs in our area —
- Afterschool programs offer my children access to technology —
- Afterschool programs help my children prepare for standardized tests..... —
- Afterschool programs offer my children opportunities to be physically active..... —
- Afterschool programs help my children get better grades —
- Afterschool programs help my children develop social skills..... —
- Afterschool programs help prevent my children from using drugs..... —
- Afterschool programs help prevent my children from committing crimes or becoming the victims of crime..... —
- Afterschool programs address the special needs of my children —
- Afterschool programs provide healthy snacks and/or meals for my children —
- Afterschool programs help prevent my children from engaging in sexual activity. —
- Afterschool programs help my children complete homework —

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Length of search (in time)
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	A similar item appears in the National Study of Child Care Supply and Demand Design Questionnaire.
Item Limitations and Strengths for NSCCSD:	This item may not fully capture the ongoing nature of a search for arrangements that some parents may conduct. A more concrete start time may be important to collect.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

7. How long was it between the time you started trying to arrange child care and the time you had a commitment for this arrangement?

IF NECESSARY READ: Include in this, things such as the time you had to wait while someone else changed their schedules and the time it took to locate a satisfactory caregiver.

(FOR EACH ARRANGEMENT: enter number & circle time period)

Number _____

- **Days**
- **Weeks**
- **Months**
- **Years**
- **Other**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Length of search (in time); Types of care considered; How parents learned about care
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<p><u>Households:</u></p> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items appear in the Minnesota Child Care Choices Survey and the NSCCSD design questionnaire.
Item Limitations and Strengths for NSCCSD:	This series of questions capture information on the search process parents underwent in selecting current arrangement, including whether they considered and visited other arrangements, the types of choices they perceived having, the type of information they gathered about their current arrangement, and the amount of time it took them to find their arrangement. Data quality for these questions may vary with the amount of time elapsed since the search.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Section H: Specific Reasons for Choosing Mode of Care and Specific Arrangement

H1: Before you chose (PROVIDER) to care for (CHILD) did you visit other providers in person, visit other facilities, check references, or consider staying home yourself?

H2: Did you find any other arrangements that were satisfactory with respect to type and quality of care, location, and cost, and that had space for (CHILD)?

H3: Not including (PROVIDER), how many acceptable choices did you have?

H3a: What kinds of choices of care did you have?

- Center care
- Other family child care
- Relative care
- Other

H7: How did you first learn about (PROVIDER/CENTER/PROGRAM)?

- Knew provider/center/program already as a friend or neighbor
- Referred by friends, neighbor or relatives
- Referred by another provider/center/program
- Newspaper/advertisement/bulletin boards
- Yellow pages
- Resource and referral service
- Welfare or social service
- Other community service or agency
- Provider cared for other child
- Other

H8: Before (PROVIDER/CENTER/PROGRAM) started to care for (CHILD) did you ever visit the home/center/program to see where and how (CHILD) would be cared for?

H9: How difficult was it for you to find a satisfactory child care arrangement for (CHILD)?

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

H10: How long was it between the time you started looking and the time you made final plans for (CHILD) to stay with (PROVIDER/CENTER /PROGRAM)?

- Immediately
- ____ Number of days
- Weeks
- Months
- Years

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Neighborhood factors affecting search
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	A similar question is asked in the 1990 National Child Care Survey.
Item Limitations and Strengths for NSCCSD:	Data from this question captures whether parents would consider self care but does not assess neighborhood factors.
Question Wording:	<p>Q10. Thinking about your neighborhood, for how long at a time do you think a child of that age could be left to care for himself or herself?</p> <p>_____ minutes or _____ hours</p>

Search: Boundaries: No questions from existing surveys were found

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Number of providers considered; How parents learned about care; Types of care considered; Use of quality ratings system; Use of consumer information
Source:	Minnesota Child Care Choices Survey
Year of Administration:	2009-2010
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 6 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income households with children under 6</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare/child care subsidy applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on a variety of issues related to the search and selection process including: 1) how the parents learned about the arrangement they selected; 2) whether the parent seriously considered other providers or centers; 3) whether other options were realistically considered; 4) the types of other providers or arrangements they considered; 5) how many providers they considered; 6) how many providers and programs they called; 7) how many providers and programs they visited; and 8) what sources of information they relied on to get information, including websites or organizations and information on the quality of care. It is</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

unclear how respondents will interpret and distinguish between programs and providers they “seriously considered” and other “realistic options.” Additionally, the quality of the data is likely to be correlated with the amount of elapsed time between the search and survey reports.

Question Wording:

Q14A. How did you first learn about [AUMO]? (DO NOT READ CHOICES. PICK ONE.)

- | | |
|--|----|
| Relative | 1 |
| Friends/co-workers/neighbors | 2 |
| Program provides care for another child of mine | 3 |
| Workplace/employer | 4 |
| Health care provider | 5 |
| Home Visitor/Parent Mentor/Social Worker/Case Worker | 6 |
| Parent Educator | 7 |
| School | 8 |
| Church/synagogue/other place of worship | 9 |
| Newspaper/advertisement/yellow pages | 10 |
| Internet (Specify website: _____) | 11 |
| Child care resource and referral network | 12 |
| Parent Aware (Minnesota’s Quality Rating System) | 13 |
| Other (Specify: _____) | 14 |
| Refused | -7 |
| Don’t know | -8 |

Q14B. When you chose this care for [CHILD], did you seriously consider using other providers or programs?

- | | |
|-----------------------------------|---|
| Yes.....(GO TO Q. 15A)..... | 1 |
| No..... | 2 |
| Refused.....(GO TO Q. 16)..... | 7 |
| Don’t know.....(GO TO Q. 16)..... | 8 |

Q14C. Were there other realistic options that you could consider?

- | | |
|-----------------------------------|---|
| Yes.....(GO TO Q. 15A)..... | 1 |
| No..... | 2 |
| Refused.....(GO TO Q. 16)..... | 7 |
| Don’t know.....(GO TO Q. 16)..... | 8 |

Q15A. What other types of providers or programs did you seriously consider using? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.)

- | | |
|---------------------------------------|---|
| A child care center | 1 |
| Pre-K or Head Start | 2 |
| A licensed family child care provider | 3 |
| A friend/family member/neighbor | 4 |
| A sibling under the age of 18 | 5 |
| Other (Specify: _____) | 6 |
| Refused | 7 |
| Don't know | 8 |

Q15B. How many different child care providers did you consider?

_____ Number of providers

- | | |
|------------|----|
| Refused | -7 |
| Don't know | -8 |

Q15C. How many of these programs or providers did you actually call to get more information?

_____ Number of providers

- | | |
|------------|----|
| Refused | -7 |
| Don't know | -8 |

Q15D. How many of these programs or providers did you visit?

_____ Number of providers

- | | |
|------------|----|
| Refused | -7 |
| Don't know | -8 |

Q30. What sources do you rely on to learn about the child care options available to you? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY) (PROBE: Are there any other sources you rely on?)

- Internet (specify website: _____).....1
- Child care resource and referral network.....2
- Parent Aware (Minnesota's Quality Rating System)3
- Newspaper/advertisement/yellow pages.....4
- Relative5
- Friends/co-workers/neighbors6
- Workplace/Employer7
- Health care provider8
- Home Visitor/Parent Mentor/Social Worker/Case Worker.....9
- Public or private school10
- Church, synagogue, or other place of worship11
- Other (Specify: _____).....12
- Refused.....-7
- Don't know.....-8

Q31A. Have you heard of any organizations or websites you can go where you can get a list of child care providers?

- Yes.....1
- No.....(GO TO Q. 32A).....2
- Refused.....(GO TO Q. 32A).....7
- Don't know...(GO TO Q. 32A)....8

Q31B. What is this organization or website called?

Q32A. Have you heard of any organization or website where you can get information on the quality of child care?

- Yes.....1
- No.....(GO TO Q. 33).....2
- Refused.....(GO TO Q. 33).....7
- Don't know...(GO TO Q. 33)....8

Q32B. What is this organization or website called?

Distance/length from home/work searched: No questions from existing surveys were found

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Use of consumer information
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question collects data on parental awareness of child care referral and resource hotline. Data on the use of such hotlines is not collected.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

14. Are you aware that there is a child care resource and referral service in your community to help you find child care? (IF RESPONDENT ASKS HOW TO CONTACT CHILD CARE RESOURCE AND REFERRAL, GIVE THEM THIS NUMBER: 1-888-291-9811.)

Yes	1
No	2
Refused	7
Don't know	8

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Use of consumer information; Use of quality ratings system; Number of providers considered; How parents learned about care; Types of care considered
Source:	Minnesota Child Care Choices Survey
Year of Administration:	2009-2010
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 6 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income households with children under 6</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare/child care subsidy applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on a variety of issues related to the search and selection process including: 1) how the parents learned about the arrangement they selected; 2) whether the parent seriously considered other providers or centers; 3) whether other options were realistically considered; 4) the types of other providers or arrangements they considered; 5) how many providers they considered; 6) how many providers and programs they called; 7) how many providers and programs they visited; and 8) what sources of information they relied on to get information, including websites or organizations and information on the quality of care. It is</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

unclear how respondents will interpret and distinguish between programs and providers they “seriously considered” and other “realistic options.” Additionally, the quality of the data is likely to be correlated with the amount of elapsed time between the search and survey reports.

Question Wording:

Q14A. How did you first learn about [AUMO]? (DO NOT READ CHOICES. PICK ONE.)

Relative	1
Friends/co-workers/neighbors	2
Program provides care for another child of mine	3
Workplace/employer	4
Health care provider	5
Home Visitor/Parent Mentor/Social Worker/Case Worker	6
Parent Educator	7
School	8
Church/synagogue/other place of worship	9
Newspaper/advertisement/yellow pages	10
Internet (Specify website: _____)	11
Child care resource and referral network	12
Parent Aware (Minnesota’s Quality Rating System)	13
Other (Specify: _____)	14
Refused	-7
Don’t know	-8

Q14B. When you chose this care for [CHILD], did you seriously consider using other providers or programs?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q14C. Were there other realistic options that you could consider?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q15A. What other types of providers or programs did you seriously consider using? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.)

- | | |
|---------------------------------------|---|
| A child care center | 1 |
| Pre-K or Head Start | 2 |
| A licensed family child care provider | 3 |
| A friend/family member/neighbor | 4 |
| A sibling under the age of 18 | 5 |
| Other (Specify: _____) | 6 |
| Refused | 7 |
| Don't know | 8 |

Q15B. How many different child care providers did you consider?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q15C. How many of these programs or providers did you actually call to get more information?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q15D. How many of these programs or providers did you visit?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q30. What sources do you rely on to learn about the child care options available to you? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY) (PROBE: Are there any other sources you rely on?)

- Internet (specify website: _____).....1
- Child care resource and referral network.....2
- Parent Aware (Minnesota's Quality Rating System)3
- Newspaper/advertisement/yellow pages.....4
- Relative5
- Friends/co-workers/neighbors6
- Workplace/Employer7
- Health care provider8
- Home Visitor/Parent Mentor/Social Worker/Case Worker.....9
- Public or private school10
- Church, synagogue, or other place of worship11
- Other (Specify: _____).....12
- Refused.....-7
- Don't know.....-8

Q31A. Have you heard of any organizations or websites you can go where you can get a list of child care providers?

- Yes.....1
- No.....(GO TO Q. 32A).....2
- Refused.....(GO TO Q. 32A).....7
- Don't know...(GO TO Q. 32A)....8

Q31B. What is this organization or website called?

Q32A. Have you heard of any organization or website where you can get information on the quality of child care?

- Yes.....1
- No.....(GO TO Q. 33).....2
- Refused.....(GO TO Q. 33).....7
- Don't know...(GO TO Q. 33)....8

Q32B. What is this organization or website called?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Use of quality ratings system
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions gauges parents' awareness of a quality rating system (QRS) being tested in their community and how useful they think such a system would be. The ordering of the question is likely to minimize social desirability bias. No data are collected on the actual use or expected use of a QRS.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

15. How helpful would it be to you if there was a child care rating system in your community that would give you information you could use for selecting quality child care? Would it be...

Very helpful,	1
Somewhat helpful,	2
Not very helpful, or	3
Not at all helpful?	4
Refused	7
Don't know	8

16. Are you aware of the child care rating system called "Parent Aware" that is being tested in parts of Minnesota?

Yes	1
No	2
Refused	7

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	Use of quality ratings system; Number of providers considered; How parents learned about care; Types of care considered; Use of consumer information
Source:	Minnesota Child Care Choices Survey
Year of Administration:	2009-2010
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 6 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income households with children under 6</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare/child care subsidy applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on a variety of issues related to the search and selection process including: 1) how the parents learned about the arrangement they selected; 2) whether the parent seriously considered other providers or centers; 3) whether other options were realistically considered; 4) the types of other providers or arrangements they considered; 5) how many providers they considered; 6) how many providers and programs they called; 7) how many providers and programs they visited; and 8) what sources of information they relied on to get information, including websites or organizations and information on the quality of care. It is</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

unclear how respondents will interpret and distinguish between programs and providers they “seriously considered” and other “realistic options.” Additionally, the quality of the data is likely to be correlated with the amount of elapsed time between the search and survey reports.

Question Wording:

Q14A. How did you first learn about [AUMO]? (DO NOT READ CHOICES. PICK ONE.)

Relative	1
Friends/co-workers/neighbors	2
Program provides care for another child of mine	3
Workplace/employer	4
Health care provider	5
Home Visitor/Parent Mentor/Social Worker/Case Worker	6
Parent Educator	7
School	8
Church/synagogue/other place of worship	9
Newspaper/advertisement/yellow pages	10
Internet (Specify website: _____)	11
Child care resource and referral network	12
Parent Aware (Minnesota’s Quality Rating System)	13
Other (Specify: _____)	14
Refused	-7
Don’t know	-8

Q14B. When you chose this care for [CHILD], did you seriously consider using other providers or programs?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q14C. Were there other realistic options that you could consider?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q15A. What other types of providers or programs did you seriously consider using? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.)

- | | |
|---------------------------------------|---|
| A child care center | 1 |
| Pre-K or Head Start | 2 |
| A licensed family child care provider | 3 |
| A friend/family member/neighbor | 4 |
| A sibling under the age of 18 | 5 |
| Other (Specify: _____) | 6 |
| Refused | 7 |
| Don't know | 8 |

Q15B. How many different child care providers did you consider?

_____ Number of providers

- | | |
|------------|----|
| Refused | -7 |
| Don't know | -8 |

Q15C. How many of these programs or providers did you actually call to get more information?

_____ Number of providers

- | | |
|------------|----|
| Refused | -7 |
| Don't know | -8 |

Q15D. How many of these programs or providers did you visit?

_____ Number of providers

- | | |
|------------|----|
| Refused | -7 |
| Don't know | -8 |

Q30. What sources do you rely on to learn about the child care options available to you? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY) (PROBE: Are there any other sources you rely on?)

- Internet (specify website: _____).....1
- Child care resource and referral network.....2
- Parent Aware (Minnesota's Quality Rating System)3
- Newspaper/advertisement/yellow pages.....4
- Relative5
- Friends/co-workers/neighbors6
- Workplace/Employer7
- Health care provider8
- Home Visitor/Parent Mentor/Social Worker/Case Worker.....9
- Public or private school10
- Church, synagogue, or other place of worship11
- Other (Specify: _____).....12
- Refused.....-7
- Don't know.....-8

Q31A. Have you heard of any organizations or websites you can go where you can get a list of child care providers?

- Yes.....1
- No.....(GO TO Q. 32A).....2
- Refused.....(GO TO Q. 32A).....7
- Don't know...(GO TO Q. 32A)....8

Q31B. What is this organization or website called?

Q32A. Have you heard of any organization or website where you can get information on the quality of child care?

- Yes.....1
- No.....(GO TO Q. 33).....2
- Refused.....(GO TO Q. 33).....7
- Don't know...(GO TO Q. 33)....8

Q32B. What is this organization or website called?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	How parents learned about care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This type of question could be useful, but should be updated to reflect the increased use of the Internet in many search activities.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

6. How did you first learn about the (ARRANGEMENT) that you are currently using? (for each arrangement)

- **Newspaper/advertisements/bulletin boards**
- **Community service (not social service or welfare agency); info and referral service**
- **Referred by friends/neighbors/relatives**
- **Provided care for other child**
- **Welfare or social service**
- **Health care provider**
- **Others, specify**
- **Don't know**
- **Refused**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	How parents learned about care; Length of search (in time); Types of care considered
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<p><u>Households:</u></p> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low income households</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items appear in the Minnesota Child Care Choices Survey and the NSCCSD design questionnaire.
Item Limitations and Strengths for NSCCSD:	This series of questions captures information on the search process parents underwent in selecting current arrangement, including whether they considered and visited other arrangements, the types of choices they perceived having, the type of information they gathered about their current arrangement, and the amount of time it took them to find their arrangement. Data quality for these questions may vary with the amount of time elapsed since the search.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Section H: Specific Reasons for Choosing Mode of Care and Specific Arrangement

H1: Before you chose (PROVIDER) to care for (CHILD) did you visit other providers in person, visit other facilities, check references, or consider staying home yourself?

H2: Did you find any other arrangements that were satisfactory with respect to type and quality of care, location, and cost, and that had space for (CHILD)?

H3: Not including (PROVIDER), how many acceptable choices did you have?

H3a: What kinds of choices of care did you have?

- Center care
- Other family child care
- Relative care
- Other

H7: How did you first learn about (PROVIDER/CENTER/PROGRAM)?

- Knew provider/center/program already as a friend or neighbor
- Referred by friends, neighbor or relatives
- Referred by another provider/center/program
- Newspaper/advertisement/bulletin boards
- Yellow pages
- Resource and referral service
- Welfare or social service
- Other community service or agency
- Provider cared for other child
- Other

H8: Before (PROVIDER/CENTER/PROGRAM) started to care for (CHILD) did you ever visit the home/center/program to see where and how (CHILD) would be cared for?

H9: How difficult was it for you to find a satisfactory child care arrangement for (CHILD)?

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

H10: How long was it between the time you started looking and the time you made final plans for (CHILD) to stay with (PROVIDER/CENTER /PROGRAM)?

- Immediately
- ____ Number of days
- Weeks
- Months
- Years

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Perceived Availability and Parental Search
Measure:	How parents learned about care; Types of care considered; Number of providers considered; Use of quality ratings system; Use of consumer information
Source:	Minnesota Child Care Choices Survey
Year of Administration:	2009-2010
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 6 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income households with children under 6</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare/child care subsidy applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on a variety of issues related to the search and selection process including: 1) how the parents learned about the arrangement they selected; 2) whether the parent seriously considered other providers or centers; 3) whether other options were realistically considered; 4) the types of other providers or arrangements they considered; 5) how many providers they considered; 6) how many providers and programs they called; 7) how many providers and programs they visited; and 8) what sources of information they relied on to get information,

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

including websites or organizations and information on the quality of care. It is unclear how respondents will interpret and distinguish between programs and providers they “seriously considered” and other “realistic options.” Additionally, the quality of the data is likely to be correlated with the amount of elapsed time between the search and survey reports.

Question Wording:

Q14A. How did you first learn about [AUMO]? (DO NOT READ CHOICES. PICK ONE.)

Relative	1
Friends/co-workers/neighbors	2
Program provides care for another child of mine	3
Workplace/employer	4
Health care provider	5
Home Visitor/Parent Mentor/Social Worker/Case Worker	6
Parent Educator	7
School	8
Church/synagogue/other place of worship	9
Newspaper/advertisement/yellow pages	10
Internet (Specify website: _____)	11
Child care resource and referral network	12
Parent Aware (Minnesota’s Quality Rating System)	13
Other (Specify: _____)	14
Refused	-7
Don’t know	-8

Q14B. When you chose this care for [CHILD], did you seriously consider using other providers or programs?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q14C. Were there other realistic options that you could consider?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q15A. What other types of providers or programs did you seriously consider using? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.)

- | | |
|---------------------------------------|---|
| A child care center | 1 |
| Pre-K or Head Start | 2 |
| A licensed family child care provider | 3 |
| A friend/family member/neighbor | 4 |
| A sibling under the age of 18 | 5 |
| Other (Specify: _____) | 6 |
| Refused | 7 |
| Don't know | 8 |

Q15B. How many different child care providers did you consider?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q15C. How many of these programs or providers did you actually call to get more information?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q15D. How many of these programs or providers did you visit?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q30. What sources do you rely on to learn about the child care options available to you? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY) (PROBE: Are there any other sources you rely on?)

- Internet (specify website: _____).....1
- Child care resource and referral network.....2
- Parent Aware (Minnesota's Quality Rating System)3
- Newspaper/advertisement/yellow pages.....4
- Relative5
- Friends/co-workers/neighbors6
- Workplace/Employer7
- Health care provider8
- Home Visitor/Parent Mentor/Social Worker/Case Worker.....9
- Public or private school10
- Church, synagogue, or other place of worship11
- Other (Specify: _____).....12
- Refused.....-7
- Don't know.....-8

Q31A. Have you heard of any organizations or websites you can go where you can get a list of child care providers?

- Yes.....1
- No.....(GO TO Q. 32A).....2
- Refused.....(GO TO Q. 32A).....7
- Don't know...(GO TO Q. 32A)....8

Q31B. What is this organization or website called?

Q32A. Have you heard of any organization or website where you can get information on the quality of child care?

- Yes.....1
- No.....(GO TO Q. 33).....2
- Refused.....(GO TO Q. 33).....7
- Don't know...(GO TO Q. 33)....8

Q32B. What is this organization or website called?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Decision factors when selecting care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Children under the age of 13</u> <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Responses to this series of items were found to have limited variance. It is possible that parents may first select the type of arrangement and then consider different providers within an arrangement type. Questions tapping into similar constructs in the child care search process were tested in the NSCCSD feasibility test.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

1. When you chose (CURRENT ARRANGEMENT #1) for (YOUNGEST CHILD), did you seriously consider other types of providers such as (DO NOT READ TYPE CURRENTLY USED) a day care center, nursery school, care in someone else's home, care by a relative, or staying home yourself? IF NECESSARY READ: By "seriously consider" we mean visiting and interviewing the provider in person (if the provider is not already known to you), visiting facilities, checking references or availability.

	Arrangement	
	#1	#2
Yes	_____	_____
No	_____	_____
Don't Know	_____	_____
Refused	_____	_____

2. What else did you consider? (CIRCLE ALL THAT APPLY)

D28. Did you consider this at the child's home, or other home or other place? (DO FOR ALL ARRANGEMENTS)

- Center/preschool/nursery school
- Head Start
- Kindergarten/school
- Lessons, clubs, sports
- Non-relative over 18
- Non-relative under 18
- Grandparent
- Brother/sister
- Another relative
- Spouse/partner
- Ex-spouse/ex-partner
- Child takes care of self
- No regular arrangement
- Other (specify)
- Don't know
- Refused
- No other
-

4A. Why did you choose (ARRANGEMENT) for child yourself (over other possibilities)? What was the most important thing you considered? READ LIST IF NECESSARY. _____

4B. What was the second most important thing? (for each arrangement)

- Cost
- Convenient hours
- Convenient location
- Quality
- Availability
- Prefers family
- Others, specify
- Don't know
- Refused
- No reason/no other

5.A. What aspect of quality was most important? CIRCLE UP TO TWO ANSWERS. D5B. What was second most important?

(for each arrangement)

- **Child/staff ratio**
- **Group size**
- **Age ranges**
- **Warm and loving/teaching-parenting style**
- **Reliability**
- **Training/credentials**
- **Familiar with provider/recommendation of friend/neighbor, relative**
- **Provider is experienced/is a parent**
- **Preparation for school**
- **Cognitive/social/emotional development**
- **Religious instruction**
- **Instruction in your own culture**
- **Equipment/toys, materials/indoor-outdoor areas/physical surrounding/meals provided**
- **Home-like environment**
- **Health and safety/medical information on file**
- **Other, specify**
- **Don't know**
- **Refused**
- **None/no other**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Decision factors when selecting care
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data about the most recent child care search including when and why the search was conducted; for which children care was sought; whether more than one provider was considered; the types and number of providers considered; where the respondent first learned about the provider,

including community services referral list; what the respondent did to learn about the provider; and the type of information he or she collected about the provider(s) considered. This information can be used to distinguish nonuse of care due to external factors such as availability or cost versus parental preferences. The quality of responses is likely to be correlated with the amount of elapsed time between the search and survey reports.

Findings from the feasibility test suggest that respondents may have had difficulty recalling the level of detail inquired about in this series of questions for all providers considered. To reduce respondent burden and interview length, it may be useful to first inquire about the number of providers considered and then ask about up to three providers the respondent most seriously considered.

Question Wording:

F2. Next, I'm going to ask you some questions about your latest search for child care, whether or not a new arrangement resulted from the search. We are interested in things like what you were looking for, how you were searching, and what you considered during your search. [FOR SCHOOL AGE CHILDREN: Please think about before or after-school care you searched for, or activities, lessons or other programs outside of the regular school day.]

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

____ Year ____ Month

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

(IF R HAS MORE THAN ONE CHILD:)

F2A. For which of your children were you searching for care? CHECK ALL THAT APPLY

- 1. CHILD**
- 2. CHILD2**
- 3. CHILD3**
- 4. TWO OR MORE CHILDREN TOGETHER**

F3. What is the main reason that you searched for child care at that time?

- 1 SO THAT I COULD WORK/CHANGE IN WORK SCHEDULE**
- 2 TO PROVIDE MY CHILD EDUCATIONAL OR SOCIAL ENRICHMENT**
- 3 TO GIVE ME SOME RELIEF**
- 4 TO FILL IN GAPS LEFT BY MY MAIN PROVIDER OR BEFORE/AFTER SCHOOL**
- 6. WASN'T SATISFIED WITH CARE**
- 7. WANTED TO REDUCE CHILD CARE EXPENSES**
- 8. PROVIDER STOPPED PROVIDING CARE**
- 9. OTHER(SPECIFY: _____)**

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

- 1) Parental Care only**
- 2) Relative care**
- 3) family day care**
- 4) Center-based care**
- 5) Other (SPECIFY: _____)**

F5. Did you consider more than one provider as part of your search or did you considered only one provider? Please include providers you asked about, read about, or talked to, even if you didn't consider them seriously in your decision.

- 1. MORE THAN ONE PROVIDER CONSIDERED (SKIP TO F7)**
- 2. ONLY ONE PROVIDER CONSIDERED**

F6. Who was the one provider whom you considered during your search?

Provider name: _____

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

- 1. Relative**
- 2. family day care**
- 3. Center-based care**
- 4. Other**

F6a_1. (IF F6A=1 or 2) What is your relationship to this person?

- 1. FORMER SPOUSE/PARTNER**
- 2. CHILD/SON/DAUGHTER-IN-LAW**
- 3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW**
- 4. OTHER RELATIVE**
- 5. FRIEND**
- 6. NEIGHBOR**
- 7. NO RELATIONSHIP**

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

<RECORD VERBATIM AND CODE>

-
- 1.Knew provider personally**
 - 2.Friends/family have used this provider in the past**
 - 3.Provider has good reputation in the community**
 - 4.No other providers of this type in the area**
 - 5.Saw advertisement online or elsewhere**
 - 6.Resource and referral agency**

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

F7. How did you look for providers in your last search? CODE ALL THAT APPLY.

- 1. Asked friends and family with children**
- 2. Asked potential contacts who are providers**
- 3. Community service, resource and referral lists**
- 4. Posted an ad/Responded to an ad**
- 5. Yellow pages/newspapers/bulletin boards**
- 6. Welfare or social services**
- 7. Healthcare provider**
- 8. Other (SPECIFY: _____)**

F8. How many providers did you get some information about in your last search?

Number of candidate providers: _____

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

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

F9B. What is the address of [provider]?

Address: _____

F9C. What type of provider is that?

1. Relative
2. Family day care
3. Center-based care
4. Other (SPECIFY)

F9D. (IF F9C=1 OR 2) What is your relationship to [PROVIDER]?

1. FORMER SPOUSE/PARTNER
2. CHILD/SON/DAUGHTER-IN-LAW
3. BROTHER OR SISTER OR BROTHER OR SISTER-IN-LAW
4. OTHER RELATIVE
5. FRIEND
6. NEIGHBOR
7. NO RELATIONSHIP

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

1. Asked friends and family with children
2. Asked potential contacts who are providers
3. COMMUNITY SERVICE, Resource and referral lists
4. Posted an ad/Responded to an ad
5. Yellow pages/NEWSPAPERS\BULLETIN BOARDS
6. WELFARE OR SOCIAL SERVICES
7. HEALTH CARE PROVIDER
8. Other (SPECIFY: _____)

F9F. Did you do any of the following to learn about [provider]?

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

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

RECORD VERBATIM AND CODE, DO NOT READ CATEGORIES

1. Type of care
2. Hours of care
3. Willingness to accept or availability of subsidies
4. Financial aid available
5. Fees charged
6. Geographic location
7. Public transportation accessibility
8. Content of program
9. Year round care
10. Services provided (e.g., transportation, meals, etc.)
11. Languages spoken
12. Curriculum/philosophy (including religion)
13. Licensing status
14. Teacher tenure/turnover
15. Other (SPECIFY)

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

F9I. is that per

1. Hour
2. Day
3. Week
4. Month
5. Other _____

F9J. Does the [provider] take subsidies or vouchers?

1. YES
2. NO
3. I DIDN'T ASK

F9K. Does the [provider] offer some other financial assistance?

1. YES
2. NO
3. I DIDN'T ASK

F9L. (IF F9J=1 or F9K=1) Was the price you quoted just now reflecting those discounts?

1. YES
2. NO

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

F9N. How well would the provider's schedule have covered the hours of care you needed?

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

F9O. How would you rate the overall quality of [provider]?

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

F9P. How much do you think [provider] share your values?

- 1. A great deal**
- 2. Somewhat**
- 3. Not at all**

F0Q. How often do you think (CHILD) would have felt completely safe and secure in (PROVIDER)'s care?

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

F9R. How often do you think (CHILD) would have gotten a great deal of individual attention while in the care of (PROVIDER)?

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

F9R. How often do you think (PROVIDER/your caregiver at PROVIDER) would have been very open to new information and learning?

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

F9T. How often do you think you would have felt that (PROVIDER)'s care was just what your child needed?

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

<REPEAT F9A-F9T FOR ALL CANDIDATE PROVIDERS CONSIDERED>

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

1 Yes ADD TO LIST

2 No → what was the main reason you didn't consider center care?

- 1. Don't like center care**
- 2. None available**
- 3. Don't know how to find them**
- 4. Don't think I can afford it**
- 5. Don't like the centers around here**
- 6. Other**

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

1 Yes ADD TO LIST

2 No -> What was the main reason you didn't consider family day care?

- 1. Don't like family day care**
- 2. None available**
- 3. Don't know how to find them**
- 4. Don't think I can afford it**
- 5. Don't like the family day cares around here**
- 6. Other**

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

1 Yes -> ADD TO LIST

2 No -> What was the main reason you didn't consider asking someone you know?

- 1. Don't like that type of care**
- 2. No friends/family/neighbors**
- 3. Don't feel comfortable asking**
- 4. Don't think I can afford it**
- 5 Don't think friends/family/neighbors would provide good care**
- 6. Other**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Decision factors when selecting care
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u>
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	A similar item can be found in the NLSY97.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides data on the number of choices parents perceived having when they selected their current arrangement, the type of care arrangements choices they had, and the reasons they selected their current arrangement. It is unclear whether parents focus their search on providers within a particular type of arrangement or consider different types of care (e.g., center vs. family child care). The wording in this series of questions may be more appropriate for cases in which parents considered various types of arrangements.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

H3: Not including (PROVIDER), how many acceptable choices did you have?

H3a: What kinds of choices of care did you have?

- Center care
- Other family child care
- Relative care
- Other

H11a: Why did you choose (ARRANGEMENT) instead of another kind of arrangement for (CHILD)? What was the most important reason?

H11b: What other things were important for you? Tell me in order of importance (RANK RESPONSES IN ORDER GIVEN, STARTING WITH #2)

- Costs
- Accepts subsidy
- Convenient hours
- Convenient location
- Availability
- Staff is trained, professional
- Centers are monitored more closely
- Size of group
- Safety/health/cleanliness
- Children of different ages
- Wanted an experience that would prep my child for school
- Prefer family member
- Provider is trustworthy
- Provider is like a family member/close relationship to family
- Provider's attention/warmth towards children
- Provider's relationship to parents
- Provider's experience in caring for children
- Has same values
- Home-like atmosphere
- Same language/ethnicity
- Recommended by someone I trust
- Will care for siblings
- Child was comfortable
- Other

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Decision factors when selecting care; Tastes and preferences
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	A similar set of questions appears in the ECLS-B 48-month parent interview questionnaire and the NSCCSD feasibility test.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the importance of a range of characteristics and qualities in the selection of care. By asking about characteristics and qualities of various care arrangements rather than their actual arrangement, less biased reports of quality may be obtained.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

First, we would like your opinions about child care, including centers and homes, as well as regular care by relatives, friends, or neighbors; preschool programs; before and after school programs; and summer programs. I am going to read some things that people look for in selecting arrangements for child care and for school age care. For each one, please tell me if you think it is very important, somewhat important, or not important in selecting care arrangements for your youngest child.

How about...	Would you say...				
	Very important,	Somewhat important, or	Not important?	REF	DK
1. A caregiver or provider who has special training in taking care of children?	1	2	3	7	8
2. A caregiver who is a relative or family member?	1	2	3	7	8
3. A place close to home?	1	2	3	7	8
4. A reasonable cost?	1	2	3	7	8
5. A small number of children in the same class, home, or group?	1	2	3	7	8
6. A caregiver or provider who speaks your family's native language with your child? This includes English.	1	2	3	7	8
7. A caregiver or provider that is rated high quality?	1	2	3	7	8
8. A caregiver or provider that helps your child do well in school or when they start school?	1	2	3	7	8

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Decision factors when selecting care; Perceived availability
Source:	America After 3PM
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in K-12</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <u>Mail survey</u>
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions assesses parents' perceptions about the appropriateness of after-school care for their child, the factors they considered in deciding whether or not to enroll their children in after-school programs, and the options available to them for after-school care across a wide range of issues including quality of care, potential benefits, safety, etc. Data from these questions may be subject to social desirability bias. Please note that separate but similar questions (if appropriate) were asked of parents using after-school programs and those parents not using after-school care.</p>

Question Wording:

5. To what extent do you agree or disagree with each of the following statements regarding finding care for your children during the afterschool hours? (scale of 1-5, completely disagree – completely agree)

- I have no need for afterschool care..... —
- The cost of afterschool care limits my options for after school care..... —
- Finding afterschool care that meets my needs is a challenge..... —
- Finding an enriching environment for my children in the hours after school is a challenge..... —
- Information on afterschool care is readily available in my community. —
- I am concerned that my children will not be sufficiently cared for in the afterschool hours..... —
- The afterschool care options in my community are limited..... —
- My child/children are old enough to be able to care for themselves in the hours after school..... —
- My child/children require a structured environment in the hours after school..... —
- I am concerned that my children do not have a safe place to be in the hours after school —
- I prefer to use several different types of afterschool care..... —

6. Many factors may have influenced your decision not to enroll your child/children in afterschool programs. Please think about the factors that influenced your decision and indicate how important each of the following was in your decision not to have your children attend an afterschool program. (Scale of 1-5, not at all important-very important)

- My child does not enjoy afterschool programs —
- A parent or guardian is home during the hours after school..... —
- Afterschool programs are not available in my community —
- I prefer my child participate in lessons, hobby clubs, and/or sports..... —
- The afterschool programs' hours of operation are not adequate —
- The afterschool programs' locations are not convenient —
- The quality of care in afterschool programs is not satisfactory —
- The quality of academic help in afterschool programs is not satisfactory..... —
- After school programs do not address the special needs of my child/children —
- After school programs are not available for my child/children's age group —
- My children do not have a safe way to get to and come home from afterschool programs —

13. To what extent do you agree or disagree with each of the following statements regarding afterschool programs?

Scale of 1-5 from Completely Disagree to Completely Agree

- Afterschool programs are available in my area —
- Afterschool programs are readily accessible to me —
- The hours of operation adequately meet my needs..... —
- Afterschool programs in my area keep kids safe..... —
- Afterschool programs in my area provide a high quality of care..... —
- Although my children attend programs, I prefer other types of afterschool care for my children for part of the week —
- The afterschool programs in my area are affordable..... —
- I am aware of free afterschool programs in my area —
- My children have a positive opinion of the afterschool programs in our area —
- Afterschool programs offer my children access to technology —
- Afterschool programs help my children prepare for standardized tests..... —
- Afterschool programs offer my children opportunities to be physically active..... —
- Afterschool programs help my children get better grades —
- Afterschool programs help my children develop social skills..... —
- Afterschool programs help prevent my children from using drugs..... —
- Afterschool programs help prevent my children from committing crimes or becoming the victims of crime..... —
- Afterschool programs address the special needs of my children —
- Afterschool programs provide healthy snacks and/or meals for my children —
- Afterschool programs help prevent my children from engaging in sexual activity. —
- Afterschool programs help my children complete homework —

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Tastes and preferences
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Children under the age of 13</u> <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions asks parents to report on their ideal or preferred care arrangement. Comparing parents' responses to this set of questions with their current arrangements may provide a window into their perceptions of quality and satisfaction with current arrangements. However, there is evidence to suggest that respondents have problems responding to taste and preference questions and such responses do not correspond well to subsequent behavior.</p>

Question Wording:

9. Assuming you could have any type of combination of care arrangements you wanted for (YOUNGEST CHILD), would you prefer some other type or combination of types instead of what you have now?

D10. What would you prefer? CODE UP TO TWO DIFFERENT ARRANGEMENTS. IF RESPONDENT SAYS HE/SHE WOULD PREFER TO STAY AT HOME, PROMPT FOR WHAT HE/SHE WOULD PREFER AFTER THAT. IF RESPONDENT INSISTS THAT NO REGULAR ARRANGEMENT (CARING FOR CHILD HIM/HERSELF) IS PREFERRED SKIP TO SECTION E.

10A. What else would you prefer?

D10B. Would you prefer this at (for each option mentioned):

- **Child's home**
- **Other home**
- **Other place**

Options:

- **Center/preschool, nursery**
- **Head start**
- **Kindergarten, school**
- **Lessons, clubs, sports**
- **Non-relative over age 18**
- **Non-relative under age 18**
- **Grandparent**
- **Brother or sister**
- **Another relative**
- **Spouse or partner**
- **Ex-spouse or partner**
- **Child takes care of self**
- **No regular**
- **Other (specify)**
- **Don't know**
- **Refused**

11A. Why would you prefer this (type/combination) of arrangements? What is most important?

11B. What is 2nd most important?

- **Cost**
- **Convenient hours**
- **Convenient location**
- **Quality**
- **Availability**
- **Prefers family**
- **Others, specify**
- **Don't know**
- **Refused**
- **No reason/no other**

12. What aspect of quality would be most important? _____

D12B. CIRCLE UP TO TWO ANSWERS. What would be second most important?

- **Child/staff ratio**
- **Group size**
- **Age ranges**
- **Warm and loving/teaching-parenting style**
- **Reliability**
- **Training/credentials**
- **Familiar with provider/recommendation of friend/neighbor, relative**
- **Provider is experienced/is a parent**
- **Preparation for school**
- **Cognitive/social/emotional development**
- **Religious instruction**
- **Instruction in your own culture**
- **Equipment/toys, materials/indoor-outdoor areas/physical surrounding/meals provided**
- **Home-like environment**
- **Health and safety/medical information on file**
- **Other, specify**
- **Don't know**
- **Refused**
- **None/no other**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Tastes and preferences; Decision factors when selecting care
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the importance of a range of characteristics and qualities in the selection care. By asking about characteristics and qualities of various care arrangements rather than their actual arrangement, less biased reports of quality may be obtained.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

First, we would like your opinions about child care, including centers and homes, as well as regular care by relatives, friends, or neighbors; preschool programs; before and after school programs; and summer programs. I am going to read some things that people look for in selecting arrangements for child care and for school age care. For each one, please tell me if you think it is very important, somewhat important, or not important in selecting care arrangements for your youngest child.

How about...	Would you say...				
	Very important,	Somewhat important, or	Not important?	REF	DK
1. A caregiver or provider who has special training in taking care of children?	1	2	3	7	8
2. A caregiver who is a relative or family member?	1	2	3	7	8
3. A place close to home?	1	2	3	7	8
4. A reasonable cost?	1	2	3	7	8
5. A small number of children in the same class, home, or group?	1	2	3	7	8
6. A caregiver or provider who speaks your family's native language with your child? This includes English.	1	2	3	7	8
7. A caregiver or provider that is rated high quality?	1	2	3	7	8
8. A caregiver or provider that helps your child do well in school or when they start school?	1	2	3	7	8

Distance/length from home searched: See “Perceived Availability and Parental Search”

Use of consumer information: See “Perceived Availability and Parental Search”

**How parent learned about care: See “Perceived Availability
and Parental Search”**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Types of care considered; How parents learned about care; Length of search (in time)
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<p><u>Households:</u></p> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items appear in the Minnesota Child Care Choices Survey and in the NSCCSD design questionnaire.
Item Limitations and Strengths for NSCCSD:	This series of questions captures information on the search process parents underwent in selecting current arrangement, including whether they considered and visited other arrangements, the types of choices they perceived having, the type of information they gathered about their current arrangement, and the amount of time it took them to find their arrangement. Data quality for these questions may vary with the amount of time elapsed since the search.

Question Wording:**Section H: Specific Reasons for Choosing Mode of Care and Specific Arrangement**

H1: Before you chose (PROVIDER) to care for (CHILD) did you visit other providers in person, visit other facilities, check references, or consider staying home yourself?

H2: Did you find any other arrangements that were satisfactory with respect to type and quality of care, location, and cost, and that had space for (CHILD)?

H3: Not including (PROVIDER), how many acceptable choices did you have?

H3a: What kinds of choices of care did you have?

- Center care
- Other family child care
- Relative care
- Other

H7: How did you first learn about (PROVIDER/CENTER/PROGRAM)?

- Knew provider/center/program already as a friend or neighbor
- Referred by friends, neighbor or relatives
- Referred by another provider/center/program
- Newspaper/advertisement/bulletin boards
- Yellow pages
- Resource and referral service
- Welfare or social service
- Other community service or agency
- Provider cared for other child
- Other

H8: Before (PROVIDER/CENTER/PROGRAM) started to care for (CHILD) did you ever visit the home/center/program to see where and how (CHILD) would be cared for?

H9: How difficult was it for you to find a satisfactory child care arrangement for (CHILD)?

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

H10: How long was it between the time you started looking and the time you made final plans for (CHILD) to stay with (PROVIDER/CENTER /PROGRAM)?

- Immediately
- ____ Number of days
- Weeks
- Months
- Years

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Types of care considered
Source:	America After 3PM
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in K-12</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <u>Mail survey</u>
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This set of questions collects data on a series of scenarios on the use of after-school programs including whether sick programs would be used if available in the respondents' community, how many times per week after-school programs would be used if available and whether the respondent would continue using current arrangement if after-school programs were also available. Together, these questions may provide data on latent demand and need for after-school programs and may serve as a proxy indicator of the extent to which parents place school-aged children in other arrangements although they prefer after-school programs.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

8. An afterschool program is defined as a program that a child regularly attends that provides a supervised enriching environment in the hours after the school day ends. These programs are usually offered in schools or centers and are different from individual activities, such as sports, special lessons, or hobby clubs. If a program as described was available in your community, please indicate how likely you would be to have your children participate in such an afterschool program?

Not at all Likely	Somewhat Unlikely	Neither Likely Nor Unlikely	Somewhat Likely	Extremely Likely
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9. If an afterschool program was available 5 days per week, how many days per week would each of your children be likely to participate?

1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
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10. If your child/children went to an afterschool program, how likely would you be to continue using other methods of afterschool care for part of each week?

Not at all Likely	Somewhat Unlikely	Neither Likely Nor Unlikely	Somewhat Likely	Extremely Likely
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Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Parental Choice
Measure:	Types of care considered; How parents learned about care; Number of providers considered; Use of quality ratings system; Use of consumer information
Source:	Minnesota Child Care Choices Survey
Year of Administration:	2009-2010
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 6 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income households with children under 6</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare/child care subsidy applicant</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on a variety of issues related to the search and selection process including: 1) how the parents learned about the arrangement they selected; 2) whether the parent seriously considered other providers or centers; 3) whether other options were realistically considered; 4) the types of other providers or arrangements they considered; 5) how many providers they considered; 6) how many providers and programs they called; 7) how many providers and programs they visited; and 8) what sources of information they relied on to get information, including websites or organizations and information on the quality of care. It is</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

unclear how respondents will interpret and distinguish between programs and providers they “seriously considered” and other realistic “options” Additionally, the quality of the data is likely to be correlated with the amount of elapsed time between the search and survey reports.

Question Wording:

Q14A. How did you first learn about [AUMO]? (DO NOT READ CHOICES. PICK ONE.)

Relative	1
Friends/co-workers/neighbors	2
Program provides care for another child of mine	3
Workplace/employer	4
Health care provider	5
Home Visitor/Parent Mentor/Social Worker/Case Worker	6
Parent Educator	7
School	8
Church/synagogue/other place of worship	9
Newspaper/advertisement/yellow pages	10
Internet (Specify website: _____)	11
Child care resource and referral network	12
Parent Aware (Minnesota’s Quality Rating System)	13
Other (Specify: _____)	14
Refused	-7
Don’t know	-8

Q14B. When you chose this care for [CHILD], did you seriously consider using other providers or programs?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q14C. Were there other realistic options that you could consider?

Yes.....(GO TO Q. 15A).....	1
No.....	2
Refused.....(GO TO Q. 16).....	7
Don’t know.....(GO TO Q. 16).....	8

Q15A. What other types of providers or programs did you seriously consider using? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.)

- | | |
|---------------------------------------|---|
| A child care center | 1 |
| Pre-K or Head Start | 2 |
| A licensed family child care provider | 3 |
| A friend/family member/neighbor | 4 |
| A sibling under the age of 18 | 5 |
| Other (Specify: _____) | 6 |
| Refused | 7 |
| Don't know | 8 |

Q15B. How many different child care providers did you consider?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q15C. How many of these programs or providers did you actually call to get more information?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

Q15D. How many of these programs or providers did you visit?

- | | |
|---------------------------|----|
| _____ Number of providers | |
| Refused | -7 |
| Don't know | -8 |

- Q30. What sources do you rely on to learn about the child care options available to you? (DO NOT READ CHOICES. CIRCLE ALL THAT APPLY) (PROBE: Are there any other sources you rely on?)**
- Internet (specify website: _____).....1
- Child care resource and referral network.....2
- Parent Aware (Minnesota's Quality Rating System)3
- Newspaper/advertisement/yellow pages.....4
- Relative5
- Friends/co-workers/neighbors6
- Workplace/Employer7
- Health care provider8
- Home Visitor/Parent Mentor/Social Worker/Case Worker.....9
- Public or private school10
- Church, synagogue, or other place of worship11
- Other (Specify: _____).....12
- Refused.....-7
- Don't know.....-8

Q31A. Have you heard of any organizations or websites you can go where you can get a list of child care providers?

- Yes.....1
- No.....(GO TO Q. 32A).....2
- Refused.....(GO TO Q. 32A).....7
- Don't know...(GO TO Q. 32A)....8

Q31B. What is this organization or website called?

Q32A. Have you heard of any organization or website where you can get information on the quality of child care?

- Yes.....1
- No.....(GO TO Q. 33).....2
- Refused.....(GO TO Q. 33).....7
- Don't know...(GO TO Q. 33)....8

Q32B. What is this organization or website called?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement; Total cost of care per child
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in Parent Study. These items were asked for each child care arrangement. Similar items can be found in ECLS-K; ECLS-B; Los Angeles Family and Neighborhood Survey (LAFANS), Parent Questionnaire; and Philadelphia Survey of Child Care and Work.
Item Limitations and Strengths for NSCCSD:	These items would allow for trend analyses using data from the National Child Care Survey and the NSCCSD. The questions are worded clearly and cover all information needed to calculate household expenditures on child care and average expenditures per child. A limitation of these items is that they do not provide information on the unique cost of care per child but rather total cost of care per family, though information on the number of children included in the cost estimate is provided. Total cost per family cannot be divided by number of children included

in the estimate to calculate cost per child since cost is likely to vary across children (e.g., cost of infant vs. school-age child care).

Question Wording:

ASK QUESTION 2 FOR EACH ARRANGEMENT ON YOUNGEST CHILD'S SCHEDULE.

2A. Does your household pay for (ARRANGEMENT)? RECORD ON GRID BELOW.

1. Yes (SKIP to Q.2)
2. No (SEE INSTRUCTION)
3. DON'T KNOW
4. REFUSED

B. How much does your household pay for (ARRANGEMENT)? ENTER AMOUNT AND CIRCLE TIME PERIOD ON GRID BELOW.

\$ _____
 9998.0. DON'T KNOW
 9999.0. REFUSED
 10000.0. NOTE

Is that per:

1. Hour
2. Day
3. Week
4. Every two weeks
5. Month
6. Year

IF MORE THAN ONE CHILD UNDER 13 IN HOUSEHOLD, ASK C AND D. OTHERWISE, SKIP NEXT ARRANGEMENT OR QUESTION 4 IF NO OTHER ARRANGEMENT.

C. Is this for (YOUNGEST CHILD) only, or does it include other children in your household?

1. Includes other children
2. Youngest child only
3. DON'T KNOW
4. REFUSED

IF AMOUNT INCLUDES OTHER CHILDREN, ASK D. OTHERWISE, SKIP TO NEXT ARRANGEMENT OR QUESTION 3 IF NO OTHER ARRANGEMENT.

D. How many other children?

_____ Number
 98. DON'T KNOW
 99. REFUSED
 97. NOTE

The questions on this grid were asked of up to 4 arrangements:

A. Household Pay?

1. Yes
2. No

B. Amount \$ _____

1. Per hour
2. Day
3. Week
4. Every two weeks
5. Month
6. Year

C. Includes Other Children

1. Yes
2. No

D. Number of Other Children Include _____

IF ONLY ONE CHILD UNDER 13, SKIP to Q.4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on the total cost of care for each arrangement/provider for each child receiving care in the household, thereby allowing analysts to compute total cost per family, by child or by arrangement type. Additionally, data are collected on in-kind payments or exchanges given to provider in exchange for care, as well as the provision of gifts or assistance given to

providers for the providers' benefit.

No problems were detected with this series of questions. However, due to time limitations questions E10a-E11a3 will likely be recommended for deletion.

Question Wording:

[ASK E10 AND E11 FOR FIRST CHILD WITH EACH PROVIDER ONLY.]

E10. Do you (also) give [provider] anything other than money in exchange for caring for [CHILD]? For example, do you provide groceries or transportation, or do work such as caring for children or small repair jobs in exchange for the care that {} receives?

1 YES

2 NO-> go to E11

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

1 Groceries

2 Transportation

3 Services such as child-care or small repair jobs

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

E10B1. Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else _____

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

E10B3. . Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else _____

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

1 YES

2 NO-> go to INSTRUCTION BEFORE E12

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

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

1 Per week

2 Per month

3 Something else _____

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

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

1 Per week

2 Per month

3 Something else _____

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

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

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

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

\$_____

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

- 1. Per Hour**
- 2. Per day**
- 3. Per week**
- 4. Every other week**
- 5. Per month**
- 6. Something else (specify:_____)**

E12AB. (if r has more than one child who uses provider) Is that amount for (CHILD) only, or for more than one child?

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement; Total cost for all children
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This set of questions provides information that can be summed in order to get the total cost of child care.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the cost of care for each arrangement type. A strength of these items is that they allow respondents to report the cost of care for multiple children in an arrangement which may improve recall and data quality. Another strength is that respondents are allowed to provide data on the cost of care using multiple units or metrics. This likely improves the reliability of the data collected and eliminates the need for the respondent to do calculations in order to put their child care costs into a standard unit. Additional questions asking how many hours per day, hours per week, and/or weeks per month the child is in care are needed in order for researchers to calculate the cost of care using a standard unit across respondents (i.e. cost per month, cost per hour, etc.).</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

29. How much does child care cost you per month (if any)? For each type of child care that you use, write the dollars per month than it costs and for how many children in that type of care.

In non-relative's home ("family day care" or "family group home")

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

In relative's home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Someone who provides care in my home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Child care center or nursery school (not a provider's home)

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Other

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under <u>13</u> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>These questions collect data on whether the family paid for their child's care, the amount paid and the period the payment covered. A strength of this series of items is that it allows the respondent to provide the cost of care in whichever unit he/she prefers, which may improve response formation and data quality. Although this is a strength, the question instructions do not make this option clear to respondents. (See: "We are only interested in payments you have made or will make for child care <i>last week</i>.")</p> <p>This question is unclear in that in Section A it asks if <i>anyone in the household</i> helped pay for care, but in Section B it asks what the <i>respondent</i> paid for care. Additionally,</p>

a potential limitation of this question is that may be burdensome for the respondent to calculate how much he/she paid for the focal child if multiple children were in an arrangement.

Question Wording: **Q55A. Think about all of the child care arrangements you had last week for {child}. Did or will anyone in your household, pay any amount of your/their own money at any time (cash, check or credit card) for any of these arrangements?**

(INTERVIEWER: If payment has not yet been made, but they expect to pay for these services, code yes. If payment is 100% through subsidy, or childcare is provided at no cost, code no.)

1. Yes
2. No (SKIP TO Q.56)

Q55B. For which arrangement(s) last week did you or will you make any payment? We are only interested in payments you have made or will make for child care last week for {child}. If payment covers more than one child, please estimate amount paid for {child}.

Paid Arrangement	RECORD AMOUNT PAID HERE	PERIOD OF TIME (e.g. day, week, month, quarter)
1.	\$ _____	
2.	\$ _____	
3.	\$ _____	
4.	\$ _____	
5.	\$ _____	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care per child; Cost of care per arrangement
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item found in Parent Study. These set of items were asked for each child care arrangement. Similar items can be found in ECLS-K; ECLS-B; Los Angeles Family and Neighborhood Survey (LAFANS), Parent Questionnaire; and Philadelphia Survey of Child Care and Work.
Item Limitations and Strengths for NSCCSD:	These items would allow for trend analyses using data from the National Child Care Survey and the NSCCSD. The questions are worded clearly and cover all information needed to calculate household expenditures on child care and average expenditures per child. A limitation of these items is that they do not provide information on the unique cost of care per child but rather total cost of care per family, though information on the number of children included in the cost estimate is provided. Total cost per family cannot be divided by number of children included in the estimate to calculate cost per child since cost is likely to vary across children

(e.g., cost of infant vs. school-age child care).

Question Wording:

ASK QUESTION 2 FOR EACH ARRANGEMENT ON YOUNGEST CHILD'S SCHEDULE.

2. A. Does your household pay for (ARRANGEMENT)? RECORD ON GRID BELOW.

Yes (SKIP to Q.2)1
 No (SEE INSTRUCTION)2
 Don't Know3
 Refused.....4

B. How much does your household pay for (ARRANGEMENT)? ENTER AMOUNT AND CIRCLE TIME PERIOD ON GRID BELOW.

\$ _____
 Don't Know..... = 9998.00
 Refused = 9999.00
 Note = 9997.00

Is that per:

Hour.....1
 Day2
 Week.....3
 Every two weeks4
 Month5
 Year6

IF MORE THAN ONE CHILD UNDER 13 IN HOUSEHOLD, ASK C AND D. OTHERWISE, SKIP NEXT ARRANGEMENT OR QUESTION 4 IF NO OTHER ARRANGEMENT.

C. Is this for (YOUNGEST CHILD) only, or does it include other children in your household?

Includes other children 1
 Youngest child only.....2
 Don't know 3
 Refused 4

IF AMOUNT INCLUDES OTHER CHILDREN, ASK D. OTHERWISE, SKIP TO NEXT ARRANGEMENT OR QUESTION 3 IF NO OTHER ARRANGEMENT.

D. How many other children?

Don't know 98
 Refused 99
 Note 97

The questions on this grid were asked of up to 4 arrangements:

E. Household Pay?

Yes.....1

No.....2

F. Amount \$ _____

Per hour1

Day.....2

Week.....3

Every Two weeks.....4

Month.....5

Year6

G. Includes Other Children

Yes..... 1

No 2

H. Number of Other Children Include _____

IF ONLY ONE CHILD UNDER 13, SKIP to Q.4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care per child
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other: <u>Birth cohort of children born in 2001</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items are asked in the 48-month parent interview.</p> <p>This set of questions was asked for each child care arrangement. Total cost of child care per arrangement can be calculated by summing the cost for each of the arrangements. Similar items can be found in the ECLS-K and ECLS-B 48-month parent interview.</p>
Item Limitations and Strengths for NSCCSD:	<p>These items provide information needed to calculate how much was paid for each arrangement. It is flexible in terms of response units, which likely improves the reliability of the data collected and eliminates the need for the respondent to do calculations in order to put their child care costs into a standard unit. It minimizes respondent bias by not asking the respondent to determine the cost of care for the focal child alone when other children are in the care arrangement.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CC195

Is there any charge or fee for the care {CHILD/TWIN} receives from {{his/her}}{RELATIVE}/that relative, paid either by you or someone else?

- YES 1
 NO 2 (CC218BX)
 REFUSED RF (CC218BX)
 DON'T KNOW DK (CC218BX)

CC205

How much does your household pay {{CHILD/TWIN}}'s {RELATIVE}/that relative to care for {CHILD/TWIN}?

Answer must be in range 0 up to 40000.

\$|_|_|, |_|_|_|

ENTER AMOUNT TO THE NEAREST DOLLAR. (Allow Zero.)

- REFUSED RF (CC218BX)
 DON'T KNOW DK (CC218BX)

CC205a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC205.

|_|

ENTER UNIT

- PER HOUR 1
 PER DAY 2
 PER WEEK 3
 PER BI-WEEKLY (EVERY 2 WEEKS) 4
 PER MONT 6
 ENTER OTHER 91

(Specify) [What other unit of pay is there for the program?] _____

CC210BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD, ASK CC210. ELSE GO TO CC218BX.

CC210

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

- CHILD ONLY 1 (CC218BX)
 CHILD AND OTHER(S) 2
 REFUSED RF (CC218BX)
 DON'T KNOW SK (CC218BX)

CC215

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

Answer cannot be greater than number of household members under 18.

|_|_|

ENTER NUMBER OF CHILDREN

- REFUSED RF
 DON'T KNOW DK

IF CC135 = 1, RF, OR DK, GO TO CC220. ELSE GO TO CC218.

Market prices: This is an analytical measure

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care for all children
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This question collects data on the total cost of care for the household for all children under the age of 13. A strength of this measure is that it would allow for trend analyses using data from the National Child Care Survey and the NSCCSD. An additional question that asks how many children under age 13 were in paid care arrangements may be helpful for analyst in computing approximate costs per child.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3. How much does your household pay for all of the arrangements and activities by all the children under age 13 in the household?

ENTER AMOUNT AND CIRCLE TIME PERIOD. IF NONE, ENTER 0.00

\$_____.

NOTHING..... = 0.00

DON'T KNOW..... = 9998.00

REFUSED = 9999.00

NOTE = 9997.00

PER HOUR 1

DAY 2

WEEK 3

EVERY TWO WEEKS..... 4

MONTH 5

YEAR 6

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost for all children; Cost of care per arrangement
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This set of questions provides information that can be summed in order to get the total cost of child care.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the cost of care for each arrangement type. A strength of these items is that they allow respondents to report the cost of care for multiple children in an arrangement, which may improve recall and data quality. Another strength is that respondents are allowed to provide data on the cost of care using multiple units or metrics. This likely improves the reliability of the data collected and eliminates the need for the respondent to do calculations in order to put their child care costs into a standard unit. Additional questions asking how many hours per day, hours per week, and/or weeks per month the child is in care are needed in order for researchers to calculate the cost of care using a standard unit across respondents (i.e. cost per month, cost per hour, etc.).</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

29. How much does child care cost you per month (if any)? For each type of child care that you use, write the dollars per month than it costs and for how many children in that type of care.

In non-relative's home ("family day care" or "family group home")

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

In relative's home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Someone who provides care in my home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Child care center or nursery school (not a provider's home)

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Other

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost for all children
Source:	National Survey of America's Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items can be found in the JOBS Year 5 in-home survey (their question specifies amount paid for care per week while the parent was working (or in school) and asks questions on hours per week and days per week in care). A similar item can also be found in the Massachusetts Welfare Leavers study.
Item Limitations and Strengths for NSCCSD:	This question collects data on total cost of care per child and for all children while the parent was at work or in school during the reference month. A strength of this item is that it defines care as those arrangements the child is in while the parent is at work or in school and allows parents to calculate payments within different time frames if necessary. An additional question asking how many children are in paid care arrangements is needed to help calculate the approximate cost of care per child.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G52. Now think back to all the child care arrangements and programs you use regularly for (CHILD1/CHILD2/all your children under age 13) while you worked, were in school, or looked for work during the month of May. How much did you pay for all child care arrangements and programs used in May?

[IF NECESSARY, SAY: If it is easier, you can tell us what you paid in a typical month.]

PER MONTH \$ _____

PER WEEK \$ _____

NO PAYMENT IN LAST MONTH/WEEK.....9

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care for all children
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item # CCE34 is a computer-generated total of care expenditures based on reports of expenditure by arrangement.
Item Limitations and Strengths for NSCCSD:	A strength of this set of items is that it allows parents to report the cost of care per arrangement, and then the computer calculates the total cost of care for them. This will likely reduce calculation error. It also gives the parent the opportunity to hear the calculated total amount and state if they think it is wrong.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

<CCE34> total expenditures

COMPUTE TOTAL

EXPENDITURES=CCE30_f+CCE31_f+CCE32_f+CCE33_f

99996=missing

<CCE35> this means you paid. . . in the last year

Altogether this means you paid [FILL CETOT1] for child care last year. Does that sound about right?

1 Yes → CCE36

2 No → CCE35_a

8 DON'T KNOW → CCE 35_a

9 REFUSED → CCE36

<CCE35_a> about how much did you pay for child care

About how much did you pay for child care last year?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Parental perception of cost
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of this measure is that it assesses parents' subjective feelings about child care cost. This is important as individuals often make decisions based on how they feel rather than "objective" information. That being said, a limitation of this measure is that it is subjective and does not provide parents guidance on how to formulate a response. Improvements to this question could include the specification of a reference period or the provision of examples of what parents may be experiencing if paying for child care were "very easy", "easy", etc.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

42. How easy or difficult has it been to pay for child care arrangements?

0. I don't pay for child care

1. Very easy

2. Easy

3. Somewhat easy

4. Somewhat difficult

5. Difficult

6. Very difficult

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Parental perception of cost
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items were asked in the Primary Caregiver Interview.
Item Limitations and Strengths for NSCCSD:	<p>This set of questions collects data on parents' perceptions of the cost of care. Capturing parents' subjective experience of cost is important as these perceptions may affect their child care choices. This set of questions may be particularly useful if questions are also asked about the amount spent on care and the family's household income. Such data would allow analysts to identify the cost thresholds (in dollar amounts) or the percent of household income spent on child care at which parents feel care is too expensive.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>P_HC51<

You have difficulty paying for childcare. (How much do you agree or disagree that you have difficulty paying for child care? Would you say...)

1 = STRONGLY DISAGREE,

2 = DISAGREE,

3 = AGREE, OR

4 = STRONGLY AGREE?

>P_HC52<

You can't afford the kind of childcare you would like. (How much do you agree or disagree that you can't afford the kind of child care you would like? Would you say...)

1 = STRONGLY DISAGREE,

2 = DISAGREE,

3 = AGREE, OR

4 = STRONGLY AGREE?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement; Total cost of care per child
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items found in Parent Study. These items were asked for each child care arrangement. Similar items can be found in ECLS-K; ECLS-B; Los Angeles Family and Neighborhood Survey (LAFANS), Parent Questionnaire; and Philadelphia Survey of Child Care and Work.
Item Limitations and Strengths for NSCCSD:	These items would allow for trend analyses using data from the National Child Care Survey and the NSCCSD. The questions are worded clearly and cover all information needed to calculate household expenditures on child care and average expenditures per child. A limitation of these items is that they do not provide information on the unique cost of care per child but rather total cost of care per family, though information on the number of children included in the cost estimate is provided. Total cost per family cannot be divided by number of children included in the estimate to calculate cost per child since cost is likely to vary across children (e.g., cost of infant vs. school-age child care).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

ASK QUESTION 2 FOR EACH ARRANGEMENT ON YOUNGEST CHILD'S SCHEDULE.

2A. Does your household pay for (ARRANGEMENT)? RECORD ON GRID BELOW.

- 5. Yes (SKIP to Q.2)
- 6. No (SEE INSTRUCTION)
- 7. DON'T KNOW
- 8. REFUSED

B. How much does your household pay for (ARRANGEMENT)? ENTER AMOUNT AND CIRCLE TIME PERIOD ON GRID BELOW.

\$ _____
10001.0. DON'T KNOW
10002.0. REFUSED
10003.0. NOTE

Is that per:

- 7. Hour
- 8. Day
- 9. Week
- 10. Every two weeks
- 11. Month
- 12. Year

IF MORE THAN ONE CHILD UNDER 13 IN HOUSEHOLD, ASK C AND D. OTHERWISE, SKIP NEXT ARRANGEMENT OR QUESTION 4 IF NO OTHER ARRANGEMENT.

C. Is this for (YOUNGEST CHILD) only, or does it include other children in your household?

- 1. Includes other children
- 2. Youngest child only
- 3. DON'T KNOW
- 4. REFUSED

IF AMOUNT INCLUDES OTHER CHILDREN, ASK D. OTHERWISE, SKIP TO NEXT ARRANGEMENT OR QUESTION 3 IF NO OTHER ARRANGEMENT.

D. How many other children?

_____ Number
100. DON'T KNOW
101. REFUSED
98. NOTE

The questions on this grid were asked of up to 4 arrangements:

E. Household Pay?

1. Yes
2. No

F. Amount \$_____

1. Per hour
2. Day
3. Week
4. Every two weeks
5. Month
6. Year

G. Includes Other Children

1. Yes
2. No

H. Number of Other Children Include _____

IF ONLY ONE CHILD UNDER 13, SKIP to Q.4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions provides data on the total cost of care for each arrangement/provider for each child receiving care in the household, thereby allowing analysts to compute total cost per family, by child or by arrangement type. Additionally, data are collected on in-kind payments or exchanges given to provider in exchange for care, as well as the provision of gifts or assistance given to providers for the providers' benefit.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

No problems were detected with this series of questions. However, due to time limitations questions E10a-E11a3 will likely be recommended for deletion.

Question Wording:

[ASK E10 AND E11 FOR FIRST CHILD WITH EACH PROVIDER ONLY.]
E10. Do you (also) give [provider] anything other than money in exchange for caring for [CHILD]? For example, do you provide groceries or transportation, or do work such as caring for children or small repair jobs in exchange for the care that {} receives?

1 YES

2 NO-> go to E11

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

1 Groceries

2 Transportation

3 Services such as child-care or small repair jobs

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

E10B1. Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else _____

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

_____ Hours

E10B3. . Is that per week, per month, or something else?

1 Per week

2 Per month

3 Something else _____

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

1 YES

2 NO-> go to INSTRUCTION BEFORE E12

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

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

1 Per week

2 Per month

3 Something else _____

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

_____ Hours

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

1 Per week

2 Per month

3 Something else _____

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

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

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

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

\$_____

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

- 1. Per Hour**
- 2. Per day**
- 3. Per week**
- 4. Every other week**
- 5. Per month**
- 6. Something else (specify:_____)**

E12AB. (if r has more than one child who uses provider) Is that amount for (CHILD) only, or for more than one child?

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement; Total cost for all children
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This set of questions provides information that can be summed in order to get the total cost of child care.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the cost of care for each arrangement type. A strength of these items is that they allow respondents to report the cost of care for multiple children in an arrangement which may improve recall and data quality. Another strength is that respondents are allowed to provide data on the cost of care using multiple units or metrics. This likely improves the reliability of the data collected and eliminates the need for the respondent to do calculations in order to put their child care costs into a standard unit. Additional questions asking how many hours per day, hours per week, and/or weeks per month the child is in care are needed in order for researchers to calculate the cost of care using a standard unit across respondents (i.e. cost per month, cost per hour, etc.).</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

29. How much does child care cost you per month (if any)? For each type of child care that you use, write the dollars per month than it costs and for how many children in that type of care.

In non-relative's home ("family day care" or "family group home")

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

In relative's home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Someone who provides care in my home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Child care center or nursery school (not a provider's home)

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Other

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Cost of care per arrangement
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>These questions collect data on whether the family paid for their child's care, the amount paid and the period the payment covered. A strength of this series of items is that it allows the respondent to provide the cost of care in whichever unit he/she prefers, which may improve response formation and data quality. Although this is a strength, the question instructions do not make this option clear to respondents. (See: "We are only interested in payments you have made or will make for child care <i>last week</i>.")</p> <p>This question is unclear in that in Section A it asks if <i>anyone in the household</i> helped pay for care, but in Section B it asks what the <i>respondent</i> paid for care. Additionally, a potential limitation of this question is that may be burdensome for the respondent to</p>

Question Wording:

calculate how much he/she paid for the focal child if multiple children were in an arrangement.

Q55A. Think about all of the child care arrangements you had last week for {child}. Did or will anyone in your household, pay any amount of your/their own money at any time (cash, check or credit card) for any of these arrangements?

(INTERVIEWER: If payment has not yet been made, but they expect to pay for these services, code yes. If payment is 100% through subsidy, or childcare is provided at no cost, code no.)

3. Yes

4. No (SKIP TO Q.56

Q55B. For which arrangement(s) last week did you or will you make any payment? We are only interested in payments you have made or will make for child care last week for {child}. If payment covers more than one child, please estimate amount paid for {child}.

Paid Arrangement	RECORD AMOUNT PAID HERE	PERIOD OF TIME (e.g. day, week, month, quarter)
1.	\$ _____	
2.	\$ _____	
3.	\$ _____	
4.	\$ _____	
5.	\$ _____	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care per child; Cost of care per arrangement
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item found in Parent Study. These set of items were asked for each child care arrangement. Similar items can be found in ECLS-K; ECLS-B; Los Angeles Family and Neighborhood Survey (LAFANS), Parent Questionnaire; and Philadelphia Survey of Child Care and Work.
Item Limitations and Strengths for NSCCSD:	These items would allow for trend analyses using data from the National Child Care Survey and the NSCCSD. The questions are worded clearly and cover all information needed to calculate household expenditures on child care and average expenditures per child. A limitation of these items is that they do not provide information on the unique cost of care per child but rather total cost of care per family, though information on the number of children included in the cost estimate is provided. Total cost per family cannot be divided by number of children included in the estimate to calculate cost per child since cost is likely to vary across children

(e.g., cost of infant vs. school-age child care).

Question Wording:

ASK QUESTION 2 FOR EACH ARRANGEMENT ON YOUNGEST CHILD'S SCHEDULE.

2. A. Does your household pay for (ARRANGEMENT)? RECORD ON GRID BELOW.

Yes (SKIP to Q.2)1
 No (SEE INSTRUCTION)2
 Don't Know3
 Refused.....4

B. How much does your household pay for (ARRANGEMENT)? ENTER AMOUNT AND CIRCLE TIME PERIOD ON GRID BELOW.

\$ _____
 Don't Know..... = 9998.00
 Refused = 9999.00
 Note = 9997.00

Is that per:

Hour.....1
 Day2
 Week.....3
 Every two weeks4
 Month5
 Year6

IF MORE THAN ONE CHILD UNDER 13 IN HOUSEHOLD, ASK C AND D. OTHERWISE, SKIP NEXT ARRANGEMENT OR QUESTION 4 IF NO OTHER ARRANGEMENT.

C. Is this for (YOUNGEST CHILD) only, or does it include other children in your household?

Includes other children 1
 Youngest child only.....2
 Don't know 3
 Refused 4

IF AMOUNT INCLUDES OTHER CHILDREN, ASK D. OTHERWISE, SKIP TO NEXT ARRANGEMENT OR QUESTION 3 IF NO OTHER ARRANGEMENT.

D. How many other children?

Don't know 98
 Refused 99
 Note 97

The questions on this grid were asked of up to 4 arrangements:

E. Household Pay?

Yes.....1

No.....2

F. Amount \$ _____

Per hour1

Day.....2

Week.....3

Every Two weeks.....4

Month.....5

Year6

G. Includes Other Children

Yes..... 1

No 2

H. Number of Other Children Include _____

IF ONLY ONE CHILD UNDER 13, SKIP to Q.4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care per child
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other: <u>Birth cohort of children born in 2001</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Items are asked in the 48-month parent interview.</p> <p>This set of questions was asked for each child care arrangement. Total cost of child care per arrangement can be calculated by summing the cost for each of the arrangements. Similar items can be found in the ECLS-K and ECLS-B 48-month parent interview.</p>
Item Limitations and Strengths for NSCCSD:	<p>These items provide information needed to calculate how much was paid for each arrangement. It is flexible in terms of response units, which likely improves the reliability of the data collected and eliminates the need for the respondent to do calculations in order to put their child care costs into a standard unit. It minimizes respondent bias by not asking the respondent to determine the cost of care for the focal child alone when other children are in the care arrangement.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CC195

Is there any charge or fee for the care {CHILD/TWIN} receives from {{his/her}{RELATIVE}/that relative}, paid either by you or someone else?

YES 1
NO 2 (CC218BX)
REFUSED RF (CC218BX)
DON'T KNOW DK (CC218BX)

CC205

How much does your household pay {{CHILD/TWIN}'s {RELATIVE}/that relative} to care for {CHILD/TWIN}?

Answer must be in range 0 up to 40000.

\$|_|_|, |_|_|_|

ENTER AMOUNT TO THE NEAREST DOLLAR. (Allow Zero.)

REFUSED RF (CC218BX)
DON'T KNOW DK (CC218BX)

CC205a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC205.

|_|

ENTER UNIT

PER HOUR 1
PER DAY 2
PER WEEK 3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONT 6
ENTER OTHER 91

(Specify) [What other unit of pay is there for the program?] _____

CC210BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD, ASK CC210. ELSE GO TO CC218BX.

CC210

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

CHILD ONLY 1 (CC218BX)
CHILD AND OTHER(S) 2
REFUSED RF (CC218BX)
DON'T KNOW SK (CC218BX)

CC215

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

Answer cannot be greater than number of household members under 18.

|_|_|

ENTER NUMBER OF CHILDREN

REFUSED RF
DON'T KNOW DK

IF CC135 = 1, RF, OR DK, GO TO CC220. ELSE GO TO CC218.

Market prices: This is an analytical measure

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care for all children
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This question collects data on the total cost of care for the household for all children under the age of 13. A strength of this measure is that it would allow for trend analyses using data from the National Child Care Survey and the NSCCSD. An additional question that asks how many children under age 13 were in paid care arrangements may be helpful for analyst in computing approximate costs per child.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3. How much does your household pay for all of the arrangements and activities by all the children under age 13 in the household?

ENTER AMOUNT AND CIRCLE TIME PERIOD. IF NONE, ENTER 0.00

\$_____.

NOTHING..... = 0.00

DON'T KNOW..... = 9998.00

REFUSED = 9999.00

NOTE = 9997.00

PER HOUR 1

DAY 2

WEEK 3

EVERY TWO WEEKS..... 4

MONTH 5

YEAR 6

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost for all children; Cost of care per arrangement
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This set of questions provides information that can be summed in order to get the total cost of child care.
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the cost of care for each arrangement type. A strength of these items is that they allow respondents to report the cost of care for multiple children in an arrangement, which may improve recall and data quality. Another strength is that respondents are allowed to provide data on the cost of care using multiple units or metrics. This likely improves the reliability of the data collected and eliminates the need for the respondent to do calculations in order to put their child care costs into a standard unit. Additional questions asking how many hours per day, hours per week, and/or weeks per month the child is in care are needed in order for researchers to calculate the cost of care using a standard unit across respondents (i.e. cost per month, cost per hour, etc.).</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

29. How much does child care cost you per month (if any)? For each type of child care that you use, write the dollars per month than it costs and for how many children in that type of care.

In non-relative's home ("family day care" or "family group home")

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

In relative's home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Someone who provides care in my home

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Child care center or nursery school (not a provider's home)

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Other

Monthly total: \$ _____

of kids: _____

What rate do you pay per child?

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

\$ _____ per _ hr _ day _ wk _ mo # of kids: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost for all children
Source:	National Survey of America's Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items can be found in the JOBS Year 5 in-home survey (their question specifies amount paid for care per week while the parent was working (or in school) and asks questions on hours per week and days per week in care). A similar item can also be found in the Massachusetts Welfare Leavers study.
Item Limitations and Strengths for NSCCSD:	This question collects data on total cost of care per child and for all children while the parent was at work or in school during the reference month. A strength of this item is that it defines care as those arrangements the child is in while the parent is at work or in school and allows parents to calculate payments within different time frames if necessary. An additional question asking how many children are in paid care arrangements is needed to help calculate the approximate cost of care per child.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G52. Now think back to all the child care arrangements and programs you use regularly for (CHILD1/CHILD2/all your children under age 13) while you worked, were in school, or looked for work during the month of May. How much did you pay for all child care arrangements and programs used in May?

[IF NECESSARY, SAY: If it is easier, you can tell us what you paid in a typical month.]

PER MONTH \$ _____

PER WEEK \$ _____

NO PAYMENT IN LAST MONTH/WEEK.....9

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Total cost of care for all children
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Item # CCE34 is a computer-generated total of care expenditures based on reports of expenditure by arrangement.
Item Limitations and Strengths for NSCCSD:	A strength of this set of items is that it allows parents to report the cost of care per arrangement, and then the computer calculates the total cost of care for them. This will likely reduce calculation error. It also gives the parent the opportunity to hear the calculated total amount and state if they think it is wrong.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

<CCE34> total expenditures

COMPUTE TOTAL

EXPENDITURES=CCE30_f+CCE31_f+CCE32_f+CCE33_f

99996=missing

<CCE35> this means you paid. . . in the last year

Altogether this means you paid [FILL CETOT1] for child care last year. Does that sound about right?

1 Yes → CCE36

2 No → CCE35_a

8 DON'T KNOW → CCE 35_a

9 REFUSED → CCE36

<CCE35_a> about how much did you pay for child care

About how much did you pay for child care last year?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Parental perception of cost
Source:	Emlen Employee Survey
Year of Administration:	1994
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents who are employees</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of this measure is that it assesses parents' subjective feelings about child care cost. This is important as individuals often make decisions based on how they feel rather than "objective" information. That being said, a limitation of this measure is that it is subjective and does not provide parents guidance on how to formulate a response. Improvements to this question could include the specification of a reference period or the provision of examples of what parents may be experiencing if paying for child care were "very easy", "easy", etc.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

42. How easy or difficult has it been to pay for child care arrangements?

0. I don't pay for child care

1. Very easy

2. Easy

3. Somewhat easy

4. Somewhat difficult

5. Difficult

6. Very difficult

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Cost of Care
Measure:	Parental perception of cost
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items were asked in the Primary Caregiver Interview.
Item Limitations and Strengths for NSCCSD:	<p>This set of questions collects data on parents' perceptions of the cost of care. Capturing parents' subjective experience of cost is important as these perceptions may affect their child care choices. This set of questions may be particularly useful if questions are also asked about the amount spent on care and the family's household income. Such data would allow analysts to identify the cost thresholds (in dollar amounts) or the percent of household income spent on child care at which parents feel care is too expensive.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

>P_HC51<

You have difficulty paying for childcare. (How much do you agree or disagree that you have difficulty paying for child care? Would you say...)

1 = STRONGLY DISAGREE,

2 = DISAGREE,

3 = AGREE, OR

4 = STRONGLY AGREE?

>P_HC52<

You can't afford the kind of childcare you would like. (How much do you agree or disagree that you can't afford the kind of child care you would like? Would you say...)

1 = STRONGLY DISAGREE,

2 = DISAGREE,

3 = AGREE, OR

4 = STRONGLY AGREE?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>This question refers to parents' perceptions of quality of types of care providers (preschool, Head Start, relative care, etc.) in general rather than their perceptions of the quality of care their child receives from their specific care provider.</p>
Item Limitations and Strengths for NSCCSD:	Data from these questions can be used to assess the range of care options a family may consider. Additionally, it may provide an opportunity to collect data on parents' perceptions of their arrangement type in a manner that provides less biased

reports.

Results from the feasibility test suggest that these questions worked well. There was variance in responses and low levels of DK or missing data. Additionally, parents appeared to distinguish across the types of care in expected ways. For example, a higher percentage of respondents rated relative care as “very good” in terms of providing a nurturing environment while center care was rated “very good” by a higher percentage of parents on “educational preparedness.” Data from the feasibility test also suggest that parents could distinguish between the children when providing assessments of quality for their individual children.

Question Wording:

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

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

	Nurturing Environment	Education Preparedness	Social Interactions
Center care	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good
Relative or friend care	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good
Family day care	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good
Parental care only	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

	Safety	Affordability	Flexibility for parents
Center care	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good
Relative or friend care	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good
Family day care	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good
Parental care only	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good	1. Very good 2. Somewhat good 3. Not very good

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>This question refers to parents' perceptions of quality of types of care providers (preschool, Head Start, relative care, etc.) in general rather than their perceptions of the quality of care their child receives from their specific care provider.</p>
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on parent-child interactions that may help to tap into quality of care. These items are also intended to measure the extent to which providers help to support parents and the degree of two-way communication

between parents and providers.

The results of the feasibility test indicate that there was little variance in this set of questions. Additionally, concerns were raised about the current wording of the questions including the possibility that the word “concerns” may be too limiting (e.g., parents may discuss these issues but may not have concerns), double barreled items, and ambiguity in response options (e.g., “never” may indicate not having a concern or having a concern but never discussing it). While the constructs tapped in the questions are important to capture, further development and testing of these items is warranted.

Question Wording:

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

C13A. Your concerns about something your child’s teacher/caregiver is doing with the child or group

- 1 Never
- 2 once or twice
- 3 three or more times

C13B Your concerns about the child’s behavior

- 1 Never
- 2 once or twice
- 3 three or more times

C13C Your concerns about your child’s development

- 1 Never
- 2 once or twice
- 3 three or more times

C13D Seeking direction for how to support children’s learning at home

- 1 Never
- 2 once or twice
- 3 three or more times

C13E Seeking direction for how to discipline the child at home

- 1 Never
- 2 once or twice
- 3 three or more times

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

C14A. (CHILD) feels completely safe and secure in (PROVIDER)’s care.

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Frequently
- 5 Always

C14B. (CHILD) gets a great deal of individual attention while in the care of (PROVIDER).

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

C14C. (PROVIDER/My caregiver at PROVIDER) is very open to new information and learning.

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

C14D. (PROVIDER)'s care is just what my child needs

- 1 Rarely**
- 2 Sometimes**
- 3 Usually**
- 4 Frequently**
- 5 Always**

LOOP THROUGH NEXT CHILD CARED FOR BY PROVIDER BEGINNING WITH C14A. AFTER ALL CHILDREN COMPLETE FOR THIS PROVIDER, RETURN TO C11 AND ASK ABOUT NEXT PROVIDER UNTIL ALL NON-SCHOOL, NON-SINGLE ACTIVITY, NON-DROP-IN PROVIDERS ASKED ABOUT.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	Emlen (1999) Packet of quality measures
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>Similar questions can be found in the NHES: ECPP and the ECLS-B, Head Start Family And Care Experiences Survey (FACES), Partnership Impact Research Study, and the Minnesota Statewide Child Care Survey.</p> <p>Since data on quality are collected for only one arrangement per child, quality among those in multiple care arrangements may be under-measured.</p> <p>The Emlen scale correlates well with other aspects of child care including affordability, accessibility, and flexibility, as well as global measures of satisfaction with care; and were found to have good levels of comparability with other external and observable measures of quality (Emlen et al., 2000).</p> <p>Response categories presented after question #55 are used for items 1-55. Response categories presented after item 59 are used for items 56-59.</p> <p>The NHES included items 1, 3, 11, 14, 17, 18, 22, 27, 33, 36, 38, 44, 45, and 49 of the Emlen scale. Factor analysis of the Emlen items included in the NHES</p>

identified the following seven factors (alphas are in parentheses):

- 1 – Warmth and interest – items 22, 36, 44, 45 (.93)
- 2 – Rich activities and environment – item 17 (.87)
- 3 – Skilled caregiver – items 27, 33 (.88)
- 4 – Talking and sharing information – item 14 (.72)
- 5 – Caregiver is supportive of parent – item 11 (.70)
- 6 – High risk score – items 1, 3 (.73)
- 7 – Child feels safe and secure – items 38, 49 (.82)

(These findings come from personal communication with Sandra Eyster of the Education Statistics Services Institute and Emlen, 1999.)

Analysis also showed that response distribution was highly skewed towards Perfect (A+) and Excellent (A). NHES:ECPP 2001 uses a 5-point response scale from perfect to poor. Child Trends analysis of the NHES Emlen items indicates that 13 to 29 percent of parents report that their child's care is good, fair or poor rather than excellent or perfect. The dimensions of care that parents are most likely to rate as *less than excellent* are caregiver warmth and interest in the child, rich activities and environment, and the caregiver's skill in meeting the child's needs and handling discipline. Child Trends analyses suggest that distinguishing between ratings of excellent versus below excellent may provide sufficient discrimination to identify areas in which quality is a concern.

Cognitive interviews conducted by Westat of the Emlen items (using the response scales below) included the NHES:ECPP 2005 instrument revealed that there was little variability in responses to the quality items. Approximately 90% of participants in the cognitive interview reported "always" for the individual items and 80-90% of respondents in the NHES:ECPP 2001 responded "Perfect" or "Excellent" to the item on global assessment of quality.

Four items were adapted from the Emlen scale and included in the NSCCSD design questionnaire. Items 22, 26, 49, and 56 were slightly re-worded and the response scale was changed to rarely, sometimes, usually, frequently, or always. The items were reworded with the intent to increase variance by increasing the threshold needed for parents to report on the upper end of the scale. For example, the item "My child gets a lot of individual attention," was re-worded to "My child gets a lot of individual attention while in the care of (PROVIDER)." The use of a frequency scale was also intended to increase discrimination across response categories by asking parents to report on how often this happened rather than whether the trait was present. The results of the feasibility test indicate that these changes did not have their desired intent as minimal variation was observed in responses.

Additionally, the use of a frequency scale may be inappropriate for some of the constructs tapped by these items, such as "My provider is very open to new information and learning."

Item Limitations and Strengths for NSCCSD:

This series of questions provides both global and detailed measures of quality. This scale covers a number of domains including caregiver warmth, safety and security, skills of caregiver, quality of activities and environment, quality of relationship between parent and caregiver, risk to health, and safety and well-being. Subsets of these scales have been used in a number of surveys. Problems with this scale include concerns regarding social desirability bias, the ability of parents to accurately report on the full range of measures (e.g., regarding interactions or situations not viewed by parents), and upward bias of resulting data. Emlen (personal communication, March 2008) has noted that the addition of a small number of items worded negatively and geared towards a number of key domains may improve the scale (see also summary of revised Emlen items included in the NSCCSD feasibility test).

Question Wording:

Okay, now you are ready to answer the quality-of-care questions! Again, as you answer the following questions, please be thinking about this child and care arrangement you checked above, that is, the child-care arrangement you use most often for your youngest child.

1. My child is safe with this caregiver
2. I worry about bad things happening to my child in care
3. It's a healthy place for my child
4. The conditions are unsanitary
5. I can be sure my child gets good, nutritious food
6. Dangerous things are kept out of reach
7. There are too many children being cared for at the same time
8. The caregiver needs more help with the children
9. I feel comfortable telling my caregiver what's going on at home
10. My caregiver accepts the way I raise my child
11. My caregiver is supportive of me as a parent
12. My caregiver gets uncomfortable when I try to suggest changes
13. We've talked about how to deal with problems that might arise
14. My caregiver and I share information
15. I feel welcomed by the caregiver
16. I'm free to drop in whenever I wish
17. It's an interesting place for my child
18. There are lots of creative activities going on
19. There are plenty of toys, books, pictures, and music for my child
20. The caregiver provides activities that are just right for my child
21. I feel my child is getting too old for the activities
22. My child gets a lot of individual attention
23. The caregiver helps children to make their own decisions
24. The caregiver changes activities in response to my child's needs
25. My caregiver shows good training and education
26. My caregiver is open to new information and learning
27. My caregiver shows she (he) knows a lot about children and their needs
28. In care, my child has many natural learning experiences
29. The caregiver reads aloud during the day
30. The children watch a great deal of TV or videos in care
31. In my child's care, there is a balance between quiet and noisy activities
32. The caregiver is skilled with children in a group
33. The caregiver handles discipline matters easily without being harsh
34. The caregiver seems happy and content
35. The children seem out of control
36. My caregiver is happy to see my child
37. The caregiver seems impatient with my child
38. My child likes the caregiver
39. The caregiver takes an interest in my child
40. The caregiver accepts my child for who she (he) is
41. The caregiver makes an effort to get to know my child
42. My caregiver recognizes my child's special abilities
43. The caregiver tries to figure out how my child is feeling
44. The caregiver is warm and affectionate toward my child
45. My child is treated with respect
46. My child gets along well with the other children in care
47. My child likes the other children
48. My child has been happy in the arrangement

49. My child feels safe and secure in care
50. My child feels accepted by the caregiver
51. I think my child feels isolated and alone in care
52. When I'm at work, I find myself wondering if my child is okay
53. My child enjoys the things she (he) is learning
54. In the current situation, my child is just as happy as he (she) used to be
55. My child is irritable since being in this arrangement
 1. Never
 2. Sometimes
 3. Often
 4. Always
 5. DON'T KNOW
 6. N/A

56. The care I have is just what my child needs
57. I feel good about this arrangement for my child
58. This has been a good experience for my child
59. If I had to do it over, I would choose this care again
 1. Yes
 2. Mixed feelings
 3. No

60. All things considered, how would you grade the quality of the care your child is in? Would you say it is:
 - A+ Perfect
 - A Excellent
 - B Good
 - C Fair
 - D Poor
 - E Bad
 - F Awful

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	Head Start Family and Child Experiences Survey (FACES)
Year of Administration:	1997- 2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in Head Start</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>A similar set of items can be found in the Emlen measures of child care quality.</p> <p>Since data on quality are collected for only one arrangement per child, quality among those in multiple care arrangements may be under-measured.</p> <p>It is unclear why this abbreviated set of items from the Emlen scale was selected.</p>
Item Limitations and Strengths for NSCCSD:	For strengths and limitations see summary on the Emlen measure.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

J11. Now I'm going to ask you about (CHILD)'s experience in this care. Please let me know which answer best describes (CHILD)'s experience. [READ LIST. CIRCLE ONE RESPONSE FOR EACH]

- a. (CHILD) feels safe and secure in care
- b. (CHILD) gets lots of individual attention
- c. (CHILD)'s caregiver is open to new information and learning
 - 01. Never
 - 02. Sometimes
 - 03. Often
 - 04. Always
 - 99. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under _13_ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong, Somali</u>
Notes Specific to Items:	<p>Questions 29-41 are drawn from the Emlen scale with some minor adaptations. For strengths and limitations see summary on the Emlen measure.</p> <p>Since data on quality are collected for only one arrangement per child, quality among those in multiple care arrangements may be under-measured.</p> <p>It is unclear how this abbreviated set of Emlen measures was selected. Additionally, a slightly different response scale than the original Emlen Scale is used in this survey. This survey uses a 5-point scale with different labels including never, rarely, sometimes, usually, and always. It is also unclear if changes in the response categories are associated with variation in response distribution and improved data quality.</p>
Item Limitations and Strengths for NSCCSD:	For strengths and limitations see summary on the Emlen measure.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Next, I'll read some statements about child care. Please think about when (CHILD) is at (ARRANGEMENT USED MOST), and choose the answer that best represents the quality of care you believe (CHILD) is receiving there.

Would you say...

1. Never
2. Rarely
3. Sometimes
4. Usually, or
5. Always

Q29. My child feels safe and secure

Q30. The caregiver or provider is warm and affectionate toward my child

Q31. The caregiver or provider and I share information about my child

Q32. There are lots of creative activities going on

Q33. My child gets a lot of individual attention

Q34. The caregiver or provider provides activities that are just right for my child

Q35. My caregiver or provider knows a lot about children and their needs

Q36. My child likes the caregiver or provider

Q37. My caregiver or provider feels that my child's needs are too demanding

Q38. I rely on my caregiver or provider to be flexible about my hours

Q39. The caregiver or provider needs more help with the children

Q40. The children watch too much TV

Q41. If I had it to do over, I would choose this care again

Q42. There has been too much turnover in my child's caregivers or providers at this arrangement

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	Partnership Impact Research Project
Year of Administration:	2001-2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children attending selected care centers/preschools</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>These questions provide parent assessments of quality over a broad range of domains. Items 4a-c and 10a, b, d, g, h, j, k are drawn from the Emlen scale with some minor revision to make the items more appropriate for center care. The response scale has also been adapted from never, sometimes, often, always to “always true” to “never true” or “always,” “often,” “rarely,” or “never.”</p> <p>[Please note that cognitive interviews conducted with racially and economically diverse respondents by Child Trends suggest that the word ‘rarely’ is not always understood.] Since data on quality is collected for only one arrangement per child, quality among those in multiple care arrangements may be under-measured. It is unclear if changes in the response categories are associated with greater variation in response distribution and data quality or how this abbreviated set of items from the Emlen scale was selected.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths
for NSCCSD:

For strengths and limitations see summary of the Emlen measure.

Question Wording:

- 4. Are the following statements true about this child care center?**
- h. There are a lot of creative activities going on**
 - i. There are plenty of children's books, pictures, and music**
 - j. My child's teacher and I share information about my child**
 - k. My teacher visits our home**
 - l. My child has had the same set of teachers since he or she started this classroom**
 - 1. Always true**
 - 2. Often true**
 - 3. Sometimes true**
 - 4. Never true**
- 10. Are the following statements true at this center?**
- a. My child feels safe and secure**
 - b. My child gets lots of individual attention**
 - c. My child is being well prepared for kindergarten**
 - d. My child is treated with respect**
 - e. My child's cultural background is reflected in the classroom**
 - f. My child is happy to go to the center**
 - g. My child likes the teachers**
 - h. My child's teachers are supportive of me as a parent**
 - i. The teachers discipline without being harsh**
 - j. The teachers are warm and affectionate toward my child**
 - k. The teachers show they know a lot about children and their needs**
 - 1. Always**
 - 2. Often**
 - 3. Rarely**
 - 4. Never**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>This series of questions is asked for up to four children in the household. Since data on quality is collected for only one arrangement per child, quality among those in multiple care arrangements may be under-measured.</p> <p>It is unclear whether the middle category “in between” is appropriate or well understood by respondents. The response scale “very poor” or “very good” may not be appropriate for all items (e.g., F31.1).</p>
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides a succinct way to measure quality across a number of key domains including safety, enriching environment, caregiver warmth and skills, and interactions with parents. Items are similar to those in the Emlen scale so problems are likely to be similar. By collecting data for up to four children, a family and child level portrait of quality can be constructed.</p>

Question Wording:

Now I would like you to rate some aspects of your child care for [CHILD] on a scale of 1 to 5, 1 being very poor and 5 being very good.

F28.1 The safety of the child care environment.

1. Very poor
2. Poor
3. In between
4. Good
5. Very good

F29.1 Preparing your child to be ready for school or helping your child be a good student, depending on your child's age.

1. Very poor
2. Poor
3. In between
4. Good
5. Very good

F30.1 Caregiver's attention to your child.

1. Very poor
2. Poor
3. In between
4. Good
5. Very good

F31.1 Caregiver makes available sufficient games, materials, and education activities on a regular basis.

1. Very poor
2. Poor
3. In between
4. Good
5. Very good

F32.1 Caregiver is patient with children.

1. Very poor
2. Poor
3. In between
4. Good
5. Very good

F33.1 Caregiver's communication with parents

1. Very poor
2. Poor
3. In between
4. Good
5. Very good
6. NA (Only for respondent with no childcare)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parental perception of quality of care
Source:	Three City Study
Year of Administration:	1999-2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>These items are drawn from the Primary Caregiver Survey instrument. Focal children were between ages 0 and 4 at the time of the first data collection in 1999. With the exception of item P_HC35, items are a subset of the Emlen scale. Modifications to the Emlen items include “child care provider” instead of “caregiver” (Packet of Scales, Emlen 2000). In contrast to NHES which uses a response scale ranging from “excellent” to “poor,” the Three City Study uses the same response categories found in the Emlen scale (2000).</p> <p>Since data on quality are collected for only one arrangement per child, quality among those in multiple care arrangements may be under-measured. Please note that cognitive interviews with racially and economically diverse respondents by Child Trends suggest that the word “rarely” is not well understood by participants.</p> <p>It is not known how this abbreviated set of items from the Emlen scale was selected.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Item Limitations and Strengths
for NSCCSD:

For strengths and limitations see Emlen measure.

Question Wording:

P_HC25. Now I have some questions concerning your feelings about the main childcare you now use for [CHILD], that is, the [CCARE] you told me about first. Please use card HC-1 to tell me how often each of the following statements is true.

P_HC26. The first statement is: [CHILD] feels safe and secure in this childcare. How often is this true?

- 1 = Never,
- 2 = Rarely,
- 3 = Sometimes,
- 4 = Often, or
- 5 = Always?

P_HC27. The childcare provider is warm and affectionate toward [CHILD]. How often is this true?

- 1 = Never,
- 2 = Rarely,
- 3 = Sometimes,
- 4 = Often, or
- 5 = Always?

P_HC28. It's a healthy place for [CHILD]. (How often is it true that this childcare is a healthy place for [CHILD]. Would you say...)

- 1 = Never,
- 2 = Rarely,
- 3 = Sometimes,
- 4 = Often, or
- 5 = Always?

P_HC29. [CHILD] is treated with respect. (How often is it true that [CHILD] is treated with respect? Would you say...)

- 1 = Never,
- 2 = Rarely,
- 3 = Sometimes,
- 4 = Often, or
- 5 = Always?

P_HC30. [CHILD] is safe with the childcare provider. (How often is it true that [CHILD] is safe with the childcare provider? Would you say...)

- 1 = Never,
- 2 = Rarely,
- 3 = Sometimes,
- 4 = Often, or
- 5 = Always?

P_HC31. [CHILD] gets a lot of individual attention. (How often is it true that [CHILD] gets a lot of individual attention? Would you say...)

- 1 = Never,
- 2 = Rarely,
- 3 = Sometimes,
- 4 = Often, or
- 5 = Always?

P_HC32. You and the childcare provider share information. (How often is it true that you and the childcare provider share information? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC33. The childcare provider is open to new information and learning. (How often is it true that the childcare provider is open to new information and learning? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC34. The childcare provider shows he or she knows a lot about children and their needs. (How often is it true that the childcare provider shows he or she knows a lot about children and their needs? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC35. The childcare provider handles discipline matters easily without being harsh. (How often is it true that the childcare provider handles discipline matters easily without being harsh? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC36. [CHILD] likes the childcare provider. (How often is it true that [CHILD] likes the childcare provider? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC37. The childcare provider is supportive of me as a parent. (How often is it true that the childcare provider is supportive of me as a parent? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC38. There are a lot of creative activities going on. (How often is it true that there are a lot of creative activities going on? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC39. It's an interesting place for [CHILD]. (How often is it true that it's an interesting place for [CHILD]? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

P_HC40. The childcare provider is happy to see [CHILD]. (How often is it true that the childcare provider is happy to see [CHILD]? Would you say...)

- 1 = Never,**
- 2 = Rarely,**
- 3 = Sometimes,**
- 4 = Often, or**
- 5 = Always?**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Global assessment of quality
Source:	Partnership Impact Research Project
Year of Administration:	2001-2004
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children attending selected care centers/preschools</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This item provides a concise way to measure quality. NORC research indicates that global assessments or satisfaction with one's own health are a strong predictor of health. It is unclear if this pattern extends to quality of care.
Question Wording:	14. How would you rate the overall quality of your child's care at this center? 1. Excellent 2. Good 3. Fair 4. Poor

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Satisfaction with care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Inclusion of this question will provide trend data with the 1990 study. This data on satisfaction with care were collected for up to two care arrangements. In contrast, most measures of quality are asked of only one arrangement or the primary care arrangement. It is unclear the extent to which measures of satisfaction are based on assessments of quality or other issues (e.g., cost, proximity, etc.).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:	8. How satisfied are you with (ARRANGEMENT) for child yourself? Are you:	
	Arrangement #1	Arrangement #2
a. Very satisfied	1	1
b. Satisfied	2	2
c. Not completely satisfied	3	3
d. Dissatisfied	4	4
e. DON'T KNOW	5	5
f. REFUSED	6	6

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Satisfaction with care
Source:	ASPE TANF Leavers Study: Arizona
Year of Administration:	1999-2000
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	It is unclear the extent to which assessments of satisfaction refer solely to quality of care or other aspects of care (e.g., reliability, proximity, cost).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

213. Overall, how satisfied or dissatisfied are you with your current child care provider? Would you say you are very satisfied, satisfied, dissatisfied, or very dissatisfied?

- 15. Very satisfied (SKIP TO QUESTION 214)**
- 16. Satisfied (SKIP TO QUESTION 214)**
- 17. Dissatisfied**
- 18. Very dissatisfied**
- 7. DON'T KNOW (SKIP TO QUESTION 214)**
- 9. REFUSED (SKIP TO QUESTION 214)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Satisfaction with care
Source:	America After 3PM
Year of Administration:	2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in K-12</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <u>Mail survey</u>
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions provides data on parents' satisfaction with their children's after-school programs across a range of dimensions. In addition to covering the traditional array of dimensions such as safe and nurturing environment, these questions ask parents to rate their satisfaction with operational characteristics (e.g. hours of operation), price of care, and range of activities provided – dimensions not typically covered in such measures. A potential disadvantage of these questions is that they ask parents to rate their level of satisfaction for all of their children. It is unclear how parents whose level of satisfaction differs across children will arrive at an answer (e.g. average, modal, or most salient experience).</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

11. Overall, how satisfied were you with the afterschool program(s) each of your children attended in the 2002-2003 school year?

Extremely Satisfied	Somewhat Satisfied	Neither satisfied or Dissatisfied	Somewhat Dissatisfied	Not at all Dissatisfied
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12. Overall, how satisfied are were you with each of the following aspects of your children's afterschool program(s)?
(scale of 1-5, Not at all Satisfied – Extremely satisfied)

How much money the program costs	_____
Hours open each day	_____
Number of days per week your child can attend.....	_____
Providing quality care	_____
Providing a variety of activities.....	_____
Offering a convenient location	_____
Providing adequate transportation.....	_____
Providing a safe environment	_____
Providing a nurturing environment.....	_____
Providing quality academic programs.....	_____
Providing opportunities for physical activity.....	_____
Providing homework assistance	_____
Providing music, art, and culture	_____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Child Care Quality
Measure:	Parent report of provider training or qualification
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served):	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>It is unclear whether parents have this information about their care providers education or training.</p> <p>The items provide no indication of the amount of education or training the provider may have. Licensing requirements often involve some minimal amount of such education or training; as such, data from these items may not be very informative.</p>

Question Wording:

FAMILY DAYCARE

29. Has your provider received education or training specifically related to (young) children such as (early childhood) education or child psychology?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW (DO NOT PROBE)**
- 4. REFUSED**

NON-RELATIVE CARE

23. Has your sitter received education or training specifically related to (young) children, such as in early childhood education or child psychology?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW (DO NOT PROBE)**
- 4. REFUSED**

CENTER CARE

38. Has the person mainly responsible for caring for (YOUNGEST CHILD) received education or training specifically related to (young) children, such as in (early childhood) education or child psychology?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW (DO NOT PROBE)**
- 4. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Quality of Care
Measure:	Primary provider ratio
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other: <u>Birth cohort of children born in 2001</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items were asked in the 48-month parent interview.
Item Limitations and Strengths for NSCCSD:	These questions collect data on the number of children in focal child's care arrangement as well as the number of adults caring for children. Data from these questions can be used by analysts to compute child:provider ratios. These questions can also be used across a range of care settings. It is unclear the accuracy with which parents can report the size of the programs or how they account for variations in size or arrangements across the days of the week or time of day.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CC045. Counting {CHILD/TWIN}, how many children {are/were} usually in {his/her} room or group, at the same time, at that Head Start program?

Answer must be in range 1 to 30.

Interviewer is allowed to override this range up to 75.

|_|_| ENTER NUMBER OF CHILDREN

REFUSEDRF

DON'T KNOWDK

CC050. How many adults {are/were} usually in {CHILD/TWIN}'s room or group, at the same time, at that Head Start program?

Answer must be in range 1 up to 8.

Interviewer is allowed to override this range up to 25.

|_|_| ENTER NUMBER OF ADULTS

REFUSEDRF

DON'T KNOWDK

CC175. How many children are usually cared for together, in the same group at the same time, by {{CHILD/TWIN}'s {RELATIVE}}/that relative}, counting {CHILD/TWIN}?

Answer must be in range 1 up to 30.

Interviewer is allowed to override this range up to 75.

|_|_| ENTER NUMBER OF ADULTS

REFUSEDRF

DON'T KNOWDK

CC180. How many adults usually care for {CHILD/TWIN} at the same time during that care arrangement?

Answer must be in range 1 up to 8.

Interviewer is allowed to override this range up to 25.

|_|_| ENTER NUMBER OF ADULTS

REFUSEDRF

DON'T KNOWDK

Number of transitions: See “Amount/Usage/Stability”

Reasons for change: See “Amount/Usage/Stability”

Plans for future change: See “Amount/Usage/Stability”

Duration of care: See “Amount/Usage/Stability”

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of TANF for child care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar question can be found in the Chicago Survey of Child Care; FACES 1997 Parent Interview; and the Philadelphia Survey of Child Care and Work.
Item Limitations and Strengths for NSCCSD:	<p>A strength of this item is that its inclusion in the NSCCSD would allow for trend analyses between National Child Care Survey data and NSCCSD data. Additionally, the response categories disaggregate possible sources of income.</p> <p>While listing each source of income is typically associated with improved recall, these types of items are known to have problems associated with recall (in particular among those who may receive such sources of income irregularly or seldom) and with the recognition of terms used to describe sources of income. For example, the respondent may not be familiar with the county/state names used to describe government assistance programs. Additionally, respondents may not be aware of all</p>

of the sources of income for all of their household members. Since reports are provided at the household level an analyst may not be able to identify which household member is receiving each source of income. Finally, the possibility of social desirability bias is unknown.
The option AFDC should be replaced with TANF.

Question Wording:

**8. In the past year, did you or anyone in your household have any income from:
READ LIST, CODE ALL THAT APPLY.**

A1. AFDC or Welfare

A2. In what months did you receive AFDC or Welfare? _____

B. Alimony

C. Child Support

D. Dividends, Interest, trust funds or royalties

E. Help from relatives

F. Rental Properties

G. Retirement pay, pensions or annuities

H. Social Security

I. Unemployment compensation

J. Veteran's Administration

K. Worker's Compensation

L. Supplemental Security Income

M. Any Other Source

1) Yes

2) No

3) Don't Know

4) Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of TANF for child care
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A limitation of this measure is that does not provide clear definitions of what should be considered public aid. Additionally, because all three of these types of assistance are assessed in the aggregate, there is no way of telling whether a person is receiving TANF or another form of public aid. Finally, this measure does not provide a reference period and does not assess whether the respondent is receiving TANF, but rather whether the household is receiving TANF. Finally, the possibility of social desirability bias is unknown.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

H29. Does anyone in your household currently receive any of the following benefits from an employer or the government?

- TANF, welfare or public aid?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of TANF for child care
Source:	National Survey of Children's Health (NSCH)
Year of Administration:	2003-2004; 2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Question comes from the 2007 version of the questionnaire.
Item Limitations and Strengths for NSCCSD:	<p>A strength of this item is that by specifying “even for one month,” the respondent is prompted to think more carefully about the time frame provided. Additionally, the question is programmed to fill the name of the state’s TANF program – a technique that might aid recall and recognition.</p> <p>A limitation of this item is that “State or county welfare program,” may not be clearly defined enough for respondents to differentiate between TANF receipt and receipt of cash assistance from other programs. Additionally, the question asks whether anyone in the household has received TANF; thus, this question is not specific to the respondent. Finally, the possibility of social desirability bias is unknown.</p>

Question Wording:

K11Q60 -

CATI INSTRUCTION (K11Q60): CALCULATE HOUSEHOLD POVERTY LEVEL FROM HOUSEHOLD SIZE (K9Q00) AND REPORTED INCOME (K11Q51), OR FROM THE INCOME CASCADE. IF HH POVERTY LEVEL IS > 300%, SKIP TO K11Q70. IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED, OR IF HOUSEHOLD POVERTY LEVEL IS ≤ 300%, ASK K11Q60.

At any time during the past 12 months, even for one month, did anyone in this household receive any cash assistance from a state or county welfare program, such as [state TANF name]?

- (0) No**
- (1) Yes**
- (6) DON'T KNOW**
- (7) REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of TANF for child care
Source:	TANF Caseload Study
Year of Administration:	1996-2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Single-parent TANF recipients</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>TANF recipients</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of these items is that they assess whether a respondent was receiving TANF as well as the amount of aid they received. Using the “past month” as the reference period should be associated with improved recall and accuracy of reports. However, because reports are collected at the household level an analyst will not be able to identify which household member is receiving aid. Finally, the possibility of social desirability bias is unknown.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

E3. Now please think about all the money coming into your household from all sources during the past month, and for all members of your household who live with you, including yourself.

During the past month, did you (or anyone in your household) receive . . (READ EACH ITEM)

PROBE: Please include electronically transferred benefits.

INTERVIEWER: READ DOWN LIST FIRST, THEN FOR EACH YES RESPONSE, ASK E4.

- a. Money from jobs? Yes No
- b. Cash assistance from [STATE TANF PROGRAM]? Yes No
- c. Food Stamp benefits? Yes No
- d. SSI (Supplemental Security Income) or disability insurance? Yes No
- e. Any other money such as W.I.C., child support, unemployment benefits, alimony payments, or money from friends or relatives? Yes No
(SPECIFY) _____

E4. How much money, in total, did you (and others in your household) receive from [SOURCE] last month?

PROBE: Your best estimate is fine.

- a. \$ _____ Don't Know Refused
- b. \$ _____ Don't Know Refused
- c. \$ _____ Don't Know Refused
- d. \$ _____ Don't Know Refused
- e. \$ _____ Don't Know Refused

E5. TOTAL MONEY FOR LAST MONTH

\$ _____ Don't Know Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Eligibility for child care subsidy
Source:	Massachusetts Welfare Leavers Study
Year of Administration:	1996-1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <u>Mail survey</u>
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question collects respondent-level data on subsidy eligibility. It is unclear whether respondents know whether they are eligible to receive subsidies especially given that past research suggest that recipients are often unaware that they are receiving aid or that the aid they are receiving is child care subsidies.
Question Wording:	A31. Are you currently eligible for any federal or state child care subsidies? 1. Yes 2. No 3. DON'T KNOW

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Eligibility for child care subsidy; Barrier to using subsidy; Receipt of child care subsidy
Source:	The Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items assess whether a subsidy was received, when subsidy receipt began, whether the respondent was dropped/discontinued and why, the amount of the subsidy, to whom the subsidy was paid, whether the subsidy was adequate for covering the parents' child care costs, and whether subsidies were lost because of missing a work day.
Item Limitations and Strengths for NSCCSD:	A strength of these questions is they provide an assessment of why respondents did not apply for a child care subsidy. Because one question asks for the "main reason" the respondent did not apply for a child care subsidy, it may underestimate the number of people who did not apply, in part, because they thought they were ineligible. Asking additional questions about the family's income, child support agreements, work status, etc. would allow researchers to estimate whether the respondent was in fact eligible to receive a child care subsidy. Another strength of

these items is that they provide a history of child care subsidy receipt. This is a unique way to obtain information about stability of child care subsidies and the reasons and consequences of instability within a cross-sectional design. These items could be improved by more clearly defining child care subsidy. Also, the potential for social desirability bias is unknown.

Question Wording:

F47. What was the main reason you didn't apply?

- They signed me up as part of my TANF/welfare application 1
- Didn't know about it 2
- Didn't think I would be eligible 3
- Too much paper work 4
- I prefer to manage on my own 5
- I don't need a subsidy/I don't want to receive a subsidy 7
- My income was too high 8
- Other (specify): 9

F48. Did you receive a child care subsidy from the government at any time during the past 12 months, including child care money from the welfare office?

Yes1

No.....5 (skip to section G)

F49. When did you first receive the subsidy?

Date subsidy began: ____/____ Month/Year

F50. Did you discontinue or were you dropped from the subsidy program?

Yes - Discontinued 1

Dropped2

Date subsidy ended: ____/____
Month Year

No (still receiving it)3 – (skip to F52)

F51. Why did you (were you) discontinued or dropped from the program?

- Because my household went over the income limit allowed by the subsidy program 1
- Because my employer did not want to verify my hours of work for the subsidy program2
- Because I couldn't get the required minimum of 25 hours of work per Week3
- Because I decided that I didn't want to be bothered any more with the requirements of the subsidy program..... 4
- Because I did not follow through with my re-certification5
- Because I underpaid my in-home child care provider6
- Because the subsidy was not mailed to me or the child care provider on Time7
- Because my welfare-to-work program ended8
- Other (Specify)..... 9

F52. How much did the government pay for the child care subsidy?

\$____ per week OR \$ ____ per month

Don't know8

F53. Is/Was the subsidy paid directly to you or to the child care provider?

To me1

To my provider2

F54. Is/Was subsidy enough to cover your child care expenses?

Yes1

No5

F55. How often, during the last 12 months, have you lost child care subsidy money because you missed a day of work?

Never1

Once2

Twice3

3-6 times4

More than 6 times ..5

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Eligibility for child care subsidy; Barrier to using subsidies
Source:	ASPE TANF Leavers Study: Arizona
Year of Administration:	1999-2000
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Persons who were receiving a child care subsidy were not asked whether they perceived themselves to be eligible for a subsidy.
Item Limitations and Strengths for NSCCSD:	A strength of these questions is that they provide some data on why respondents who are not currently using a child care subsidy are not doing so. Question 210a could be improved by allowing parents to select multiple reasons. Asking and linking additional questions about the family's income, child support agreements, work status, etc. would allow researchers to estimate eligibility status. Question wording would need to be adapted for use in a national study. The potential for social desirability bias is unknown.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

210. Has the Arizona Department of Economic Security, ADES, paid any part of your child care expenses since you stopped receiving Cash Assistance in January-98?

- 0 No**
- 1 Yes (Skip to question 211)**
- 9 DK/REF. (Skip to question 211)**

210a. Why haven't you received any help from DES to pay for child care?

- 0 No child (skip to question 220, bottom of next page)**
- 1 Not eligible**
- 2 Not needed/don't pay for child care**
- 3 Didn't think eligible**
- 4 Not worth effort/paper work etc.**
- 5 No provider available**
- 6 Costs too high even with des help**
- 7 Other _____**
- 9 Don't know/Refused**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidies
Measure:	Provider willing to take subsidies
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on whether the provider(s) that the respondent considered during the search process accept subsidies, offer other forms of financial assistance, and the price of care. This information could be used to examine the role providers' acceptance of subsidies may play in child care decision process. Data are also collected through a separate series of questions about subsidy receipt for current arrangements, but these other questions do not address provider willingness

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

to accept subsidies. See also findings from the feasibility test summarized in the receipt of subsidy section.

Question Wording:

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

F9I. Is that per
1. Hour
2. Day
3. Week
4. Month
5. Other_____

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

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

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Barrier to using subsidies
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other _Hmong and Somali_____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question is limited to one barrier to receiving a child care subsidy- being on a waiting list. Including a definition of the term “waiting list” may be helpful for some respondents.
Question Wording:	Q13C. Are you currently on a waiting list for child care financial assistance in your county? 1. Yes (Go to Q15) 2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Barrier to using subsidies; Eligibility for child care subsidy; Receipt of child care subsidy
Source:	The Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items assess whether a subsidy was received, when subsidy receipt began, whether the respondent was dropped/discontinued and why, the amount of the subsidy, to whom the subsidy was paid, whether the subsidy was adequate for covering the parents' child care costs, and whether subsidies were lost because of missing a work day.
Item Limitations and Strengths for NSCCSD:	A strength of these questions is they provide an assessment of why respondents did not apply for a child care subsidy. Because one question asks for the "main reason" the respondent did not apply for a child care subsidy, it may underestimate the number of people who did not apply, in part, because they thought they were ineligible. Asking additional questions about the family's income, child support agreements, work status, etc. would allow researchers to estimate whether the respondent was in fact eligible to receive a child care subsidy. Another strength of

these items is that they provide a history of child care subsidy receipt. This is a unique way to obtain information about stability of child care subsidies and the reasons and consequences of instability within a cross-sectional design. These items could be improved by more clearly defining child care subsidy. Also, the potential for social desirability bias is unknown.

Question Wording:

F47. What was the main reason you didn't apply?

- They signed me up as part of my TANF/welfare application 1
- Didn't know about it 2
- Didn't think I would be eligible 3
- Too much paper work 4
- I prefer to manage on my own 5
- I don't need a subsidy/I don't want to receive a subsidy 7
- My income was too high 8
- Other (specify): 9

F48. Did you receive a child care subsidy from the government at any time during the past 12 months, including child care money from the welfare office?

Yes1

No.....5 (skip to section G)

F49. When did you first receive the subsidy?

Date subsidy began: ____/____ Month/Year

F50. Did you discontinue or were you dropped from the subsidy program?

Yes - Discontinued 1

Dropped2

Date subsidy ended: ____/____
Month Year

No (still receiving it)3 – (skip to F52)

F51. Why did you (were you) discontinued or dropped from the program?

- Because my household went over the income limit allowed by the subsidy program.....1
- Because my employer did not want to verify my hours of work for the subsidy program2
- Because I couldn't get the required minimum of 25 hours of work per Week3
- Because I decided that I didn't want to be bothered any more with the requirements of the subsidy program.....4
- Because I did not follow through with my re-certification5
- Because I underpaid my in-home child care provider6
- Because the subsidy was not mailed to me or the child care provider on Time7
- Because my welfare-to-work program ended8
- Other (Specify).....9

F52. How much did the government pay for the child care subsidy?

\$____ per week OR \$ ____ per month

Don't know8

F53. Is/Was the subsidy paid directly to you or to the child care provider?

To me1

To my provider2

F54. Is/Was subsidy enough to cover your child care expenses?

Yes1

No5

F55. How often, during the last 12 months, have you lost child care subsidy money because you missed a day of work?

Never1

Once2

Twice3

3-6 times4

More than 6 times...5

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Barrier to using subsidies; Eligibility for child care subsidy
Source:	ASPE TANF Leavers Study: Arizona
Year of Administration:	1999-2000
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item was only asked of welfare leavers. However, it could be applied to a broader population by asking question 210a only.
Item Limitations and Strengths for NSCCSD:	<p>A strength of these questions is that they include barriers to receiving a child care subsidy associated with the application process. Question 210a could be improved by allowing parents to select multiple reasons. Asking and linking additional questions about the family's income, child support agreements, work status, etc. would allow researchers to estimate eligibility status.</p> <p>Wording would need to be adapted for a national study. Testing is needed to determine whether this set of reasons offer sufficient coverage for the most common barriers reported by families.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

210. Has the Arizona Department of Economic Security, ADES, paid any part of your child care expenses since you stopped receiving Cash Assistance in January-98?

- 0. No**
- 1. Yes (Skip to question 211)**
- 9. DK/REF. (Skip to question 211)**

210a. Why haven't you received any help from DES to pay for child care?

- 0. No child (skip to question 220, bottom of next page)**
- 1. Not eligible**
- 2. Not needed/don't pay for child care**
- 3. Didn't think eligible**
- 4. Not worth effort/paper work etc.**
- 5. No provider available**
- 6. Costs too high even with des help**
- 7. Other _____**
- 9. Don't know/Refused**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Source of child care payment assistance; Receipt of child care subsidy; Receipt of employer assistance for child care; Receipt of relatives' assistance for child care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This set of questions allows analysts to identify which of the focal child's care arrangement are subsidized, if any, and who subsidized the care. It might be useful to add a question on how many of the respondent's other children have a child care subsidy. Such information can be used to construct a child and family level portrait of child care subsidy receipt. The addition of a reference period may improve data quality. The inclusion of these items in the NSCCSD would allow for trend analysis. The potential for social desirability bias is unknown.</p>

Question Wording:

6. (p12) Does any person or agency outside your household help pay for any of the arrangements or activities used by (YOUNGEST CHILD)? For example, did you receive assistance from the government, a social service agency, an employer, or a relative?

- 9. Yes**
- 10. No**
- 11. DON'T KNOW**
- 12. REFUSED**

6A. (p13) Did you receive assistance for (READ ARRANGEMENT)

Arrangement #1

Arrangement #2

Arrangement #3

Arrangement #4

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

6B. Who provided this assistance—a government agency, an employer, a friend or relative, or someone else?

Who provided this assistance. Was it...

- 1. A government agency**
- 2. An employer**
- 3. Friend or relative**
- 4. Other (SPECIFY _____)**
- 5. DON'T KNOW**
- 6. REFUSED**

3A. Has your employer set up an account to pay for child care expenses out of pretax income?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

3B. Has your (husband/wife's) employer set up an account to pay for child care expenses out of pretax income?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

4. Do you use this benefit?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

5. How much did you put into this account last year? [ENTER AMOUNT AND CIRCLE TIME PERIOD]

_____ AMOUNT
5001.0 DON'T KNOW
5002.0 REFUSED
5003.0 NOTE

- 1. Per week**
- 2. Every two weeks**
- 3. Month**
- 4. Year**

6. Some employers offer a variety of benefits that can be traded for one another, based on the employee's choice. Sometimes one of these flexible benefits is child care or assistance in paying for child care.

[IF RESPONDENT IS EMPLOYED ASK:]

- A. Are the benefits you receive, if any, flexible—that is, cafeteria-style where you can trade among choices?**
- B. Are any of your (husband/wife)'s benefits flexible in this way?**
 - 1. Yes**
 - 2. NO**
 - 3. DON'T KNOW**
 - 4. REFUSED**

7. Do you trade other types of benefits for child care?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

8. Does your employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

8A1. Does your employer offer?

Money
 Vouchers
 Information and referral system
 Flex-time
 Liberal unpaid leave
 Work part time
 Work at home
 Other types of assistance (SPECIFY _____)

8B. Does your (husband/wife)'s employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

Money
 Vouchers
 Information and referral system
 Flex-time
 Liberal unpaid leave
 Work part time
 Work at home
 Other types of assistance (SPECIFY _____)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Source of child care payment assistance
Source:	Massachusetts Welfare Leavers Study
Year of Administration:	1996-1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Other <u>Mail survey</u>
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>welfare leaver</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This question provides data on the receipt of various types of child care subsidies. Its format in which various subsidy types are asked about individually may improve respondent recall and recognition and data quality. The wording of item “d” would need to be adapted for a national study. Likewise, the term “sliding scale” may need to be defined for respondents. Additional questions that assess how much assistance (dosage) was received may be helpful for researchers assessing the effect of child care assistance on child and family outcomes.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

A36. Do you currently have any help in paying for child care from any of the following ...

- a. A sliding scale or reduced rate from the provider?** ☐ Yes ☐ No
- b. Your employer or your partner's employer?** ☐ Yes ☐ No
- c. Any relatives or friends of you or your children?** ☐ Yes ☐ No
- d. A program through the State that pays your child care provider either \$8 or \$15 a day?** ☐ Yes ☐ No
- e. Anyone or anything else?** ☐ Yes ☐ No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Source of child care payment assistance
Source:	ASPE TANF Leavers Study: California
Year of Administration:	1999-2000
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>TANF leavers</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar items can be found in the Chicago Survey of Child Care, Minnesota Statewide Household Child Care Survey, Survey of Wisconsin Works Applicants, ECLS-B 48-months questionnaire, ECLS-K, Los Angeles Family and Neighborhood Survey, JOBS 2 yr., Survey of Program Dynamics, and New York Social Indicators Survey. The New York Social Indicators Survey measure includes “a community or religious group” and “family or friend” as additional response categories.
Item Limitations and Strengths for NSCCSD:	This item is unique in that it has a shorter reference period (6 months) than most questions about child care assistance, which tend to ask about current experience or the last 12 months. A limitation of this item is that it does not allow researchers to disaggregate different types (e.g., government, employer, friend, etc.) of child care assistance or identify for which child(ren) the subsidy is used. Social desirability bias may affect responses to this question.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

28. During the last 6 months has anyone else paid for part or all of the cost of childcare for any of your children while you were working, in school, in an employment program or looking for work? That is, did a government agency, an employer, a relative or friend, or someone else pay for all or part of your childcare?

Yes1

No (Go to Q30, Next page)2

Refused (Go to Q 30)3

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Source of child care payment assistance
Source:	Head Start Family and Child Experiences Survey (FACES)
Year of Administration:	1997-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in Head Start</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input checked="" type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of this question is that it allows the respondent to indicate multiple entities that may assist with the payment of child care. It might be useful, though taxing on the respondent, to ask what percentage of care was paid for by each source, for which child(ren) and for which arrangement(s).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

J10. Who pays for this child care?

Read list. Circle all that apply

- a. Do you pay for it yourself?
- b. Does a government agency pay?
- c. Does an employer pay?
- d. Does someone else pay?
- e. Do you trade child care with someone else?
- f. Is it free or no charge? (PROBE for other categories)
- g. Other (Please Specify) _____

1= No

2= Yes

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Type of child care assistance received; Receipt of employer assistance for child care; Receipt of child care subsidy
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong and Somali</u>
Notes Specific to Items:	<p>A similar set of items can be found in the Survey of Income and Program Participation (SIPP).</p> <p>An item similar to 53 can be found in the Emlen Employee Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide a broad range of information related to child care subsidies, including whether the respondent is aware of state/county child care subsidy programs; whether the respondent currently receives a child care subsidy through a state/county child care subsidy program; whether the respondent is on a wait list for a child care subsidy (no source specified); and whether the respondent receives other financial help in paying for child care from other sources (discount, bargain, sliding scale, scholarship, etc.). A strength of item Q53 is that it explains what an

employer-based child care tax credit is. The final questions (Q56 and Q57a) serve as a final catchall designed to ensure respondents who do not know the definition of “child care subsidies,” but who are receiving child care assistance from the government are captured. More detailed questions that disaggregate who provides assistance, additional questions on other types of employer-based child care benefits, and offering respondents a reference period may improve data quality.

Question Wording:

13A. Are you aware of the availability of state or county subsidy programs to help pay for childcare costs?

1. Yes
2. No (GO TO Q15)

13B. Do you currently receive child care financial assistance through a state or county subsidy program?

1. Yes (GO TO Q15)
2. No

13C. Are you currently on a waiting list for child care financial assistance in your county?

1. Yes (GO TO Q15)
2. No

Q53. Does your family use a plan through an employer that allows you to purchase child care with before-tax dollars?

1. Yes
2. No

Q54. Are your child-care expenses reduced because of a discount, bargain rate, sliding scale, scholarship, or general program subsidy by a church, child-care provider, employer, or agency?

1. Yes
2. No
8. DON'T KNOW

Q56. Does anyone else pay for all or part of the cost of the child care for (CHILD)? By this I mean a government agency, your employer, or someone outside your household.

1. Yes
2. No (GO TO Q58A)

Q57A. Who or what agency helped pay for this arrangement? CIRCLE ALL THAT APPLY.

1. Government (federal, state, or local government agency or welfare office)
2. Child's other parent
3. Employer

Other: Q57B. SPECIFY: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Type of child care assistance received; Receipt of child care subsidy
Source:	National Survey of America's Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u>
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This item clearly defines sliding fees. Several problems have been detected with this and similar questions. Specifically, respondents who participate on a sliding fee scale may not be aware that they are receiving government subsidies, and therefore may not answer yes to question CHC97_PAYHELP (synopsis of SIPP reengineering meeting communicated in an e-mail by the Office of Planning, Research, and Evaluation).</p> <p>However, according to Linda Giannarelli of Urban Institute, adding this item to the NSAF resulted in an increase in the number of respondents identified as being subsidized, including some increase in the estimate of respondents receiving a child care subsidy from the government.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Q58. Now think about the child care arrangements that you pay for. 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. Was the amount you were charged for the child care of (CHILD1/CHILD2/your other children) determined by how much money you earn?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy; Source of child care payment assistance; Receipt of employer assistance for child care; Receipt of relatives' assistance for child care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This set of questions allows analysts to identify which of the focal child's care arrangement are subsidized, if any, and who subsidized the care. It might be useful to add a question on how many of the respondent's other children have a child care subsidy. Such information can be used to construct a child and family level portrait of child care subsidy receipt. The addition of a reference period may improve data quality. The inclusion of these items in the NSCCSD would allow for trend analysis. The potential for social desirability bias is unknown.</p>

Question Wording:

6. (p12) Does any person or agency outside your household help pay for any of the arrangements or activities used by (YOUNGEST CHILD)? For example, did you receive assistance from the government, a social service agency, an employer, or a relative?

- 13. Yes**
- 14. No**
- 15. DON'T KNOW**
- 16. REFUSED**

6A. (p13) Did you receive assistance for (READ ARRANGEMENT)

Arrangement #1

Arrangement #2

Arrangement #3

Arrangement #4

- 5. Yes**
- 6. No**
- 7. DON'T KNOW**
- 8. REFUSED**

6B. Who provided this assistance—a government agency, an employer, a friend or relative, or someone else?

Who provided this assistance. Was it...

- 7. A government agency**
- 8. An employer**
- 9. Friend or relative**
- 10. Other (SPECIFY _____)**
- 11. DON'T KNOW**
- 12. REFUSED**

3A. Has your employer set up an account to pay for child care expenses out of pretax income?

- 5. Yes**
- 6. No**
- 7. DON'T KNOW**
- 8. REFUSED**

3B. Has your (husband/wife's) employer set up an account to pay for child care expenses out of pretax income?

- 5. Yes**
- 6. No**
- 7. DON'T KNOW**
- 8. REFUSED**

4. Do you use this benefit?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

5. How much did you put into this account last year? [ENTER AMOUNT AND CIRCLE TIME PERIOD]

- | | | |
|----|-----------------|------------|
| | _____ | AMOUNT |
| | 5004.0 | DON'T KNOW |
| | 5005.0 | REFUSED |
| | 5006.0 | NOTE |
| 5. | Per week | |
| 6. | Every two weeks | |
| 7. | Month | |
| 8. | Year | |

6. Some employers offer a variety of benefits that can be traded for one another, based on the employee's choice. Sometimes one of these flexible benefits is child care or assistance in paying for child care.

[IF RESPONDENT IS EMPLOYED ASK:]

- C. Are the benefits you receive, if any, flexible—that is, cafeteria-style where you can trade among choices?
- D. Are any of your (husband/wife)'s benefits flexible in this way?
 - 1. Yes
 - 2. NO
 - 3. DON'T KNOW
 - 4. REFUSED

7. Do you trade other types of benefits for child care?

- 1. Yes
- 2. No
- 3. DON'T KNOW
- 4. REFUSED

8. Does your employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

8A1. Does your employer offer?

- Money
- Vouchers
- Information and referral system
- Flex-time
- Liberal unpaid leave
- Work part time
- Work at home
- Other types of assistance (SPECIFY _____)

8B. Does your (husband/wife)'s employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

- Money
- Vouchers
- Information and referral system
- Flex-time
- Liberal unpaid leave
- Work part time
- Work at home
- Other types of assistance (SPECIFY _____)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidies
Measure:	Receipt of child care subsidy
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	This series of questions collects detailed information about the receipt of subsidies for care arrangements, including whether the subsidies are sent directly to the provider or the respondent; who provides the subsidy; and if the subsidy is sent to the respondent, the amount of the subsidy and whether the subsidy can be used on more children. Information about child care payments made by family members is also collected.

Results from the feasibility test and a small pilot qualitative study suggest that this series of items is useful in identifying a sizeable portion of subsidy recipients. However, consistent with past research, the findings from the qualitative studies comparing parent survey reports with provider reports also suggest underreporting of subsidy receipt in particular among those using Head Start programs or other publicly subsidized programs for which parents may perceive the programs as being “free.” To improve estimates of subsidy receipt, analysts may be able to estimate subsidy receipt by triangulating survey responses on subsidy receipt, information about known or likely under-reporters of subsidy use along with income data and receipt of other government aid.

Question Wording:

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

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

E3. Who pays them? MARK ALL THAT APPLY

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

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

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

E4A. How much do you pay yourself?

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

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

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

1. CHILD ONLY ->GO TO E9
2. OTHER CHILDREN (Which children? _____) ->GO TO E9

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

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

E6. Now think about the money you pay for [provider]. Sometimes the amount of money that a parent is charged for a child care arrangement or program depends on how much the family earns. This is sometimes called a sliding fee scale. Is the amount you are charged for the care provided by [provider] determined by how much money you earn?

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

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

- 1. Yes**
- 2. No ->GO TO E9**
- 3. DON'T KNOW->GO TO E9**
- 4. REFUSED ->GO TO E9**

E8A. Who pays them? MARK ALL THAT APPLY

- 1. Welfare or Office of Employment Services**
- 2. Agency for child development**
- 3. Local or COMMUNITY PROGRAM**
- 4. COMMUNITY OR RELIGIOUS GROUP**
- 5. Family or Friend**
- 6. Employer**
- 7. Other**
- 8. DON'T KNOW**
- 9. REFUSED**

E9. Do you receive payments, reimbursements or vouchers that are paid directly to you to cover some portion of the payments you make to [provider] for (CHILD)'s care?

- 1. YES**
- 2. NO-> go to E10**
- 3. DON'T KNOW -> go to E10**
- 4. REFUSED -> go to E10**

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

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

- 1. Per hour**
- 2. Per day**
- 3. Per week**
- 4. Every other week**
- 5. Per month**
- 6. Something else (specify:_____)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy; Type of child care assistance received; Receipt of employer assistance for child care
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<p><u>Households:</u></p> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<p><u>Households:</u></p> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<p><u>Providers:</u></p> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong, Somali</u>
Notes Specific to Items:	<p>A similar set of items can be found in the Survey of Income and Program Participation (SIPP).</p> <p>An item similar to 53 can be found in the Emlen Employee Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide a broad range of information related to child care subsidies, including whether the respondent is aware of state/county child care subsidy programs; whether the respondent currently receives a child care subsidy through a state/county child care subsidy program; whether the respondent is on a wait list for a child care subsidy (no source specified); and whether the respondent receives other financial help in paying for child care from other sources (discount, bargain, sliding scale, scholarship, etc.). A strength of item Q53 is that it explains what an

employer-based child care tax credit is. The final questions (Q56 and Q57a) serve as a final catchall designed to ensure respondents who do not know the definition of “child care subsidies,” but who are receiving child care assistance from the government are captured. More detailed questions that disaggregate who provides assistance, additional questions on other types of employer-based child care benefits, and offering respondents a reference period may improve data quality.

Question Wording:

13A. Are you aware of the availability of state or county subsidy programs to help pay for childcare costs?

- 3. Yes
- 4. No (GO TO Q15)

13B. Do you currently receive child care financial assistance through a state or county subsidy program?

- 3. Yes (GO TO Q15)
- 4. No

13C. Are you currently on a waiting list for child care financial assistance in your county?

- 3. Yes (GO TO Q15)
- 4. No

Q54. Are your child-care expenses reduced because of a discount, bargain rate, sliding scale, scholarship, or general program subsidy by a church, child-care provider, employer, or agency?

- 3. Yes
- 4. No
- 9. DON'T KNOW

Q56. Does anyone else pay for all or part of the cost of the child care for (CHILD)? By this I mean a government agency, your employer, or someone outside your household.

- 3. Yes
- 4. No (GO TO Q58A)

Q57A. Who or what agency helped pay for this arrangement? CIRCLE ALL THAT APPLY.

- 4. Government (federal, state, or local government agency or welfare office)
- 5. Child's other parent
- 6. Employer
- 7. Other: Q57B. SPECIFY: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy; Co-payment issues
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These questions were asked for each child care arrangement.
Item Limitations and Strengths for NSCCSD:	A strength of this set of items is that it first assesses whether the care arrangement was free, and if not, it asks if financial assistance in paying for care was obtained. If financial assistance was obtained it goes on to ask from whom and what impact this had on the cost of care. This skip pattern is useful in minimizing the length of the interview. In order to be used for the NSCCSD, the language of the response choices for these items would need to be adopted in order to be inclusive of all programs.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCE01. Did these friends or family members ever charge anything to you directly for babysitting? Please include charges even if you were later reimbursed.

- 3. Yes (SKIP TO CCE06)**
- 4. NO**
- 10. DON'T KNOW**
- 11. REFUSED**

CCE02. Were they paid by someone or someplace else? Do not include payments, reimbursements or vouchers that went directly to you.

- 1. Yes**
- 2. No (SKIP TO CCE05)**
- 8. DON'T KNOW**
- 9. REFUSED**

CCE03. Who paid them?

- 1. Welfare or Office of Employment Services**
- 2. NYC Agency for Child Development**
- 3. ANOTHER COMMUNITY PROGRAM**
- 4. A COMMUNITY OR RELIGIOUS GROUP**
- 5. Family or Friend**
- 7. Other**
- 8. DON'T KNOW**
- 9. REFUSED**

CCE04. Did they pay the whole amount, or did you have some co-payment?

- 1. Paid whole amount (SKIP TO CCE07)**
- 2. COPAYMENT (SKIP TO CCE07)**
- 8. DON'T KNOW (SKIP TO CCE07)**
- 9. REFUSED (SKIP TO CCE07)**

CCE05. So this care was provided free by your friends or family members?

- 9. Yes (SKIP TO CCE07)**
- 10. No (BACK TO CCE03)**
- 8. DON'T KNOW (SKIP TO CCE07)**
- 9. REFUSED (SKIP TO CCE07)**

CCE06. Were these friends or family members also paid or reimbursed directly by any person or program? Do not include payments, reimbursements or vouchers that went directly to you.

- 3. Yes**
- 4. No (SKIP TO CCE07)**
- 10. DON'T KNOW**
- 11. REFUSED**

CCE06_A. Who paid them?

- 1. Welfare or Office of Employment Services**
- 2. NYC Agency for Child Development**
- 3. ANOTHER COMMUNITY PROGRAM**
- 4. A COMMUNITY OR RELIGIOUS GROUP**
- 5. Family or Friend**
- 7. Other**
- 8. DON'T KNOW**
- 9. REFUSED**

(Followed by Nannies/Babysitters reimbursements and provider discounts)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy; Receipt of employer assistance for child care; Receipt of relatives' assistance for child care
Source:	National Household Education Survey: After-School Programs and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Cognitive testing of this item included in NHES:ASPA 2005 found that it was well understood by respondents. Additionally, it is recommended that the item include the name of state-run programs in the text in order to facilitate recall (Hagedorn et al., 2006).
Item Limitations and Strengths for NSCCSD:	A limitation of this item is that it groups social service, welfare, and child care agency assistance into one response category. A strength of this item, when it is asked of all providers, is that it allows researchers to identify which child care arrangements were subsidized (and in the cases of subsidized care, who subsidized the care). This item also distinguishes employer-based subsidies from other types of child care assistance provided by employers. A limitation is that it does not ask about other employer-based child care benefits.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

SF14 (SG13+SH14). Do any of the following people or organizations help to pay for (CHILD) to be cared for by (his/her) (RELATIVE)? How about...

- a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general support?
- b. Temporary Assistance for Needy Families, or TANF?
- c. Another social service, welfare, or child care agency?
- d. An employer, not including a tax-free spending account for child care?
- e. Someone else?

- 1. Yes
- 2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy; Type of child care assistance received
Source:	National Survey of America's Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This item clearly defines sliding fees. Several problems have been detected with this and similar questions. Specifically, respondents who participate on a sliding fee scale may not be aware that they are receiving government subsidies, and therefore may not answer yes to question CHC97_PAYHELP (synopsis of SIPP reengineering meeting communicated in an e-mail by the Office of Planning, Research, and Evaluation).</p> <p>However, according to Linda Giannarelli of Urban Institute, adding this item to the NSAF resulted in an increase in the number of respondents identified as being subsidized, including some increase in the estimate of respondents receiving a child care subsidy from the government.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G58. Now think about the child care arrangements that you pay for. 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. Was the amount you were charged for the child care of (CHILD1/CHILD2/your other children) determined by how much money you earn?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy; Eligibility for child care subsidy; Barrier to using subsidy
Source:	The Philadelphia Survey of Child Care and Work
Year of Administration:	2001-2003
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items assess whether a subsidy was received, when subsidy receipt began, whether the respondent was dropped/discontinued and why, the amount of the subsidy, to whom the subsidy was paid, whether the subsidy was adequate for covering the parents' child care costs, and whether subsidies were lost because of missing a work day.
Item Limitations and Strengths for NSCCSD:	A strength of these questions is they provide an assessment of why respondents did not apply for a child care subsidy. Because one question asks for the "main reason" the respondent did not apply for a child care subsidy, it may underestimate the number of people who did not apply, in part, because they thought they were ineligible. Asking additional questions about the family's income, child support agreements, work status, etc. would allow researchers to estimate whether the

respondent was in fact eligible to receive a child care subsidy. Another strength of these items is that they provide a history of child care subsidy receipt. This is a unique way to obtain information about stability of child care subsidies and the reasons and consequences of instability within a cross-sectional design. These items could be improved by more clearly defining child care subsidy. Also, the potential for social desirability bias is unknown.

Question Wording:

F47. What was the main reason you didn't apply?

- They signed me up as part of my TANF/welfare application** 1
- Didn't know about it** 2
- Didn't think I would be eligible** 3
- Too much paper work** 4
- I prefer to manage on my own** 5
- I don't need a subsidy/I don't want to receive a subsidy** 7
- My income was too high** 8
- Other (specify):** 9

F48. Did you receive a child care subsidy from the government at any time during the past 12 months, including child care money from the welfare office?

Yes1

No.....5 (skip to section G)

F49. When did you first receive the subsidy?

Date subsidy began: ____/____ Month/Year

F50. Did you discontinue or were you dropped from the subsidy program?

Yes - Discontinued 1

Dropped2

Date subsidy ended: ____/____
Month Year

No (still receiving it)3 – (skip to F52)

F51. Why did you (were you) discontinued or dropped from the program?

- Because my household went over the income limit allowed by the subsidy program1**
- Because my employer did not want to verify my hours of work for the subsidy program2**
- Because I couldn't get the required minimum of 25 hours of work per Week3**
- Because I decided that I didn't want to be bothered any more with the requirements of the subsidy program.....4**
- Because I did not follow through with my re-certification5**
- Because I underpaid my in-home child care provider6**
- Because the subsidy was not mailed to me or the child care provider on Time7**
- Because my welfare-to-work program ended8**
- Other (Specify)9**

F52. How much did the government pay for the child care subsidy?

\$____ per week OR \$____ per month

Don't know8

F53. Is/Was the subsidy paid directly to you or to the child care provider?

To me1

To my provider2

F54. Is/Was subsidy enough to cover your child care expenses?

Yes1

No5

F55. How often, during the last 12 months, have you lost child care subsidy money because you missed a day of work?

Never1

Once2

Twice3

3-6 times4

More than 6 times...5

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of child care subsidy
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question collects disaggregated data on the receipt of various types of child care subsidies.
Item Limitations and Strengths for NSCCSD:	<p>Because respondents may not always know whether they have received a government child care subsidy, one potential improvement to this question would be to program the instrument with the specific names of local agencies that handle child care subsidy receipt, and include these as additional response categories. Or, alternatively, to add a question such as: "To get this type of help, were you ever told that the (fill in the blank) agency was helpful?"</p> <p>Additionally, 'social services' included in the first response option is a very general</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

term that may not capture government services (synopsis of meeting for re-engineering the SIPP, written in an e-mail by the Office of Planning, Research and Evaluation). See also synthesis of similar items in the NHES.

Question Wording:

CHC98_WHOPAID. What persons or agencies helped to pay for part or all of (your child's/any of your children)'s care?
[CHECK ALL THAT APPLY]

- (1) Welfare or social services
- (2) Employer
- (3) Non-resident parent
- (4) Relative or friend
- (5) Other

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of pre-K
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	By asking about a short reference period (the last week), these questions minimize response burden and maximize the reliability of data collected. Though the term “public school-based pre-kindergarten” is explicit, some parents may need additional explanation (e.g. that it refers to pre-kindergarten located in a public school).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D7AA. Last week, was (CHILD) in public school-based pre-kindergarten?

- 1. Yes
- 2. No
- d. DON'T KNOW
- r. REFUSED

D7BB. Last week, how many hours was (CHILD) in public school-based pre-kindergarten?

- Hours
- d. DON'T KNOW
- r. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of pre-K; Use of Head Start
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of this measure is that it allows parents to report the early intervention/pre-K programs their children are attending. A limitation of these items is that they don't define the types of programs. Additionally, the interviewer instructions state the interviewer is not to read the response options to parents. As parents may receive services at a child care center or a school, they may respond with the name of center or school, leaving it up to the interviewer's discretion to code the program in one of the categories. These items allow for a shorter survey by including a skip pattern.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCU05. [IF ANY CHILDREN BETWEEN 3 AND 6 ASK THE FOLLOWING ELSE SKIP TO CCU06] In the past 12 months, did your (FILL CCU00) ever attend a public preschool, Pre-K or early intervention program?

1. Yes
2. No
6. MISSING
8. DON'T KNOW
9. REFUSED

CCU05a_1. Which program was that? [ALLOW 3 RESPONSES – DO NOT READ CATEGORIES]

1. Head Start
2. Pre-Kindergarten
3. Early intervention
4. Other
8. DON'T KNOW
9. REFUSED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of pre-K
Source:	Panel Study of Income Dynamics
Year of Administration:	1968-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question aggregates child care center, nursery school, preschool, pre-kindergarten and Head Start. While aggregating these programs simplifies the item (because otherwise it would be necessary to define each program in terms of how it is unique from the others), it does not allow for researchers to differentiate these programs in their analyses.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

B4. Is (Child) currently enrolled in kindergarten, elementary school, middle school, high school, or college?

Yes 1

No5

IF IN SCHOOL (B4 = 1) – GO TO B6

IF NOT IN SCHOOL (B4 = 5) AND YOUNGER THAN 7 YRS – GO TO B5

IF NOT IN SCHOOL (B4 = 5) AND 7 YRS OR OLDER – GO TO B12

Is (CHILD) in a child care center, nursery school, preschool, pre-kindergarten, or Head Start Program?

Child care center, nursery school, preschool, Pre-kindergarten, or Head Start 1 GO TO B7

Not in any program2 GO TO B29

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of Head Start; Use of pre-K
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of this measure is that it allows parents to report the early intervention/pre-K programs their children are attending. A limitation of these items is that they don't define the types of programs. Additionally, the interviewer instructions state the interviewer is not to read the response options to parents. As parents may receive services at a child care center or a school, they may respond with the name of center or school, leaving it up to the interviewer's discretion to code the program in one of the categories. These items allow for a shorter survey by including a skip pattern.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCU05. [IF ANY CHILDREN BETWEEN 3 AND 6 ASK THE FOLLOWING ELSE SKIP TO CCU06] In the past 12 months, did your (FILL CCU00) ever attend a public preschool, Pre-K or early intervention program?

- 3. Yes**
- 4. No**
- 7. MISSING**
- 8. DON'T KNOW**
- 9. REFUSED**

CCU05a_1. Which program was that? [ALLOW 3 RESPONSES – DO NOT READ CATEGORIES]

- 5. Head Start**
- 6. Pre-Kindergarten**
- 7. Early intervention**
- 8. Other**
- 8. DON'T KNOW**
- 9. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of Head Start
Source:	National Longitudinal Survey of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input checked="" type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This question assesses whether the focal child ever attended Head Start. Similar items are found in the Panel Study of Income Dynamics, ECLS-K baseline parent questionnaire, and the ECLS-B 48-month parent interview.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it defines Head Start for respondents. It may be useful to include such information with the question text. Past research suggests that parents may not be able to consistently or accurately report on whether their child has participated in a Head Start program.
Question Wording:	(PC8-095) R06494.00. Did (YOUTH) ever attend an official, government sponsored Head Start program? (INTERVIEWER: HEAD START IS A FEDERALLY SUPPORTED PRESCHOOL PROGRAM FOR LOW-INCOME FAMILIES) 1. Yes 0. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of Head Start
Source:	National Survey of Children's Health (NSCH)
Year of Administration:	2003-2004; 2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Question comes from the 2003-2004 version of the questionnaire.
Item Limitations and Strengths for NSCCSD:	Question provides disaggregated data on a number of arrangement types including Head Start and Early Head Start. Depending on which month or season the interview is administered, the estimates based on this item may vary. Defining each type of care may be helpful to some respondents. Testing of the various labels of arrangement type may be useful. This set of questions does not collect data on friend and neighbor care and lump nanny and relative care together.

Question Wording:

S6Q48. During the past month, did (CHILD) regularly attend:

S6Q48. A child care center?

S6Q49. Family-based child care outside of your home?

S6Q50. Child care in your home provided by a nanny or relative other than a parent or guardian?

S6Q51. Nursery school, preschool or kindergarten?

S6Q52. Head Start or Early Start program?

- 0. No**
- 1. Yes**
- 6. DON'T KNOW**
- 7. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of Head Start
Source:	Survey of Program Dynamics
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input checked="" type="checkbox"/> Other <u>Individual</u> <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Individual</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it provides a detailed history of Head Start enrollment in the last year. Some respondents may need a definition of “Head Start” as past research suggest that parents have trouble reporting on Head Start program participation.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

**A10MNTHS. Between January, 1998 and May, 1999, which months has (CHILD) been enrolled in Head Start?
[ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE; USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.**

1998

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC

1999

1. JAN
2. FEB
3. MAR
4. APR
5. MAY
6. JUN
7. JUL
8. AUG
9. SEP
10. OCT
11. NOV
12. DEC

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Co-payment issues; Receipt of child care subsidy
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These questions were asked for each child care arrangement.
Item Limitations and Strengths for NSCCSD:	<p>A strength of this set of items is that it first assesses whether the care arrangement was free, and if not, it asks if financial assistance in paying for care was obtained. If financial assistance was obtained it goes on to ask from whom and what impact this had on the cost of care. This skip pattern is useful in minimizing the length of the interview. In order to be used for the NSCCSD, the language of the response choices for these items would need to be adopted in order to be inclusive of all programs.</p>

Question Wording:

CCE01. Child care can be a big expense for families. To help us understand how New York families meet this expense I will be asking you some questions about what you paid for child care and also any type of assistance you may have received either from family or various programs.

[ASK FOLLOWING IF RESPONDENT USED FAMILY/FRIENDS TO BABYSIT (CCU02=1) ELSE SKIP TO INSTRUCTIONS BEFORE CCE07]

You told me that you sometimes used family or friends to babysit in the last year. Did these friends or family members ever charge anything to you directly for babysitting? Please include charges even if you were later reimbursed.

- 1. Yes**
- 2. No**
- 8. DON'T KNOW**
- 9. REFUSED**

CCE02. Were they paid by someone or someplace else? Do not include payments, reimbursements or vouchers that went directly to you.

- 1. Yes**
- 2. No (SKIP TO CCE05)**
- 8. DON'T KNOW (SKIP TO CCE07)**
- 9. REFUSED (SKIP TO CCE07)**

CCE03. Who paid them? [READ IF NECESSARY]

- 1. Welfare or Office of Employment Services**
- 2. NYC Agency for Child Development**
- 3. Another community program**
- 4. A community or religious group**
- 5. Family of friend**
- 7. Other**
- 8. DON'T KNOW**
- 9. REFUSED**

CCE04. Did they pay the whole amount, or did you have some co-payment?

- 1. Paid whole amount**
- 2. Co-payment**
- 8. DON'T KNOW**
- 9. REFUSED**

CCE05. So this care was provided free by your friends or family members?

- 1. Yes (SKIP TO CCE07)**
- 2. No (BACK TO CCE03)**
- 10. DON'T KNOW (SKIP TO CCE07)**
- 11. REFUSED (SKIP TO CCE07)**

CCE06. Were these friends or family members also paid or reimbursed directly by any person or program? Do not include payments, reimbursements or vouchers that went directly to you.

- 1. Yes**
- 2. No (SKIP TO CCE07)**
- 12. DON'T KNOW**
- 13. REFUSED**

CCE06_A. Who paid them?

- 1. Welfare or Office of Employment Services**
- 2. NYC Agency for Child Development**
- 3. ANOTHER COMMUNITY PROGRAM**
- 4. A COMMUNITY OR RELIGIOUS GROUP**
- 5. Family or Friend**
- 7. Other**
- 8. DON'T KNOW**
- 9. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of employer assistance for child care; Source of child care payment; Receipt of child care subsidy; Use of relatives' assistance for child care
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This set of questions allows analysts to identify which of the focal child's care arrangement are subsidized, if any, and who subsidized the care. It might be useful to add a question on how many of the respondent's other children have a child care subsidy. Such information can be used to construct a child and family level portrait of child care subsidy receipt. The addition of a reference period may improve data quality. The inclusion of these items in the NSCCSD would allow for trend analysis. The potential for social desirability bias is unknown.

Question Wording:

6. Does any person or agency outside your household help pay for any of the arrangements or activities used by (YOUNGEST CHILD)? For example, did you receive assistance from the government, a social service agency, an employer, or a relative?

- 17. Yes**
- 18. No**
- 19. DON'T KNOW**
- 20. REFUSED**

6A. Did you receive assistance for (READ ARRANGEMENT)

Arrangement #1

Arrangement #2

Arrangement #3

Arrangement #4

- 9. Yes**
- 10. No**
- 11. DON'T KNOW**
- 12. REFUSED**

6B. Who provided this assistance—a government agency, an employer, a friend or relative, or someone else?

Who provided this assistance. Was it...

- 13. A government agency**
- 14. An employer**
- 15. Friend or relative**
- 16. Other (SPECIFY _____)**
- 17. DON'T KNOW**
- 18. REFUSED**

3A. Has your employer set up an account to pay for child care expenses out of pretax income?

- 9. Yes**
- 10. No**
- 11. DON'T KNOW**
- 12. REFUSED**

3B. Has your (husband/wife's) employer set up an account to pay for child care expenses out of pretax income?

- 9. Yes**
- 10. No**
- 11. DON'T KNOW**
- 12. REFUSED**

4. Do you use this benefit?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

5. How much did you put into this account last year? [ENTER AMOUNT AND CIRCLE TIME PERIOD]

_____	AMOUNT
5007.0	DON'T KNOW
5008.0	REFUSED
5009.0	NOTE

- 9. Per week
- 10. Every two weeks
- 11. Month
- 12. Year

6. Some employers offer a variety of benefits that can be traded for one another, based on the employee's choice. Sometimes one of these flexible benefits is child care or assistance in paying for child care.

[IF RESPONDENT IS EMPLOYED ASK:]

- E. Are the benefits you receive, if any, flexible—that is, cafeteria-style where you can trade among choices?
- F. Are any of your (husband/wife)'s benefits flexible in this way?
 - 1. Yes
 - 2. NO
 - 3. DON'T KNOW
 - 4. REFUSED

7. Do you trade other types of benefits for child care?

- 1. Yes
- 2. No
- 3. DON'T KNOW
- 4. REFUSED

8. Does your employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

8A1. Does your employer offer?

Money
 Vouchers
 Information and referral system
 Flex-time
 Liberal unpaid leave
 Work part time
 Work at home
 Other types of assistance (SPECIFY _____)

8B. Does your (husband/wife)'s employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

Money
 Vouchers
 Information and referral system
 Flex-time
 Liberal unpaid leave
 Work part time
 Work at home
 Other types of assistance (SPECIFY _____)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of employer assistance for child care
Source:	Head Start Family and Child Experiences Survey (FACES)
Year of Administration:	1997-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children in Head Start</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question assesses receipt of various types of child care subsidies including employer-based child care subsidies. A limitation of this item is that it does not ask about other employer-based child care benefits such as pre-tax dependent care saving accounts.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

J10. Who pays for this child care? [READ LIST. CIRCLE ALL THAT APPLY.]

- a. Do you pay for it yourself?
- b. Does a government agency pay?
- c. Does an employer pay?
- d. Does someone else pay?
- e. Do you trade child care with someone else?
- f. Is it free or no charge? (PROBE FOR OTHER CATEGORIES)
- g. Other (Please specify _____)

01. No

02. Yes

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of employer assistance for child care; Type of child care assistance received; Receipt of child care subsidy
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong and Somali</u>
Notes Specific to Items:	<p>A similar set of items can be found in the Survey of Income and Program Participation (SIPP).</p> <p>An item similar to 53 can be found in the Emlen Employee Survey.</p>
Item Limitations and Strengths for NSCCSD:	These questions provide a broad range of information related to child care subsidies, including whether the respondent is aware of state/county child care subsidy programs; whether the respondent currently receives a child care subsidy through a state/county child care subsidy program; whether the respondent is on a wait list for a child care subsidy (no source specified); and whether the respondent receives other financial help in paying for child care from other sources (discount, bargain, sliding scale, scholarship, etc.). A strength of item Q53 is that it explains what an

employer-based child care tax credit is. The final questions (Q56 and Q57a) serve as a final catchall designed to ensure respondents who do not know the definition of “child care subsidies,” but who are receiving child care assistance from the government are captured. More detailed questions that disaggregate who provides assistance, additional questions on other types of employer-based child care benefits, and offering respondents a reference period may improve data quality.

Question Wording:

13A. Are you aware of the availability of state or county subsidy programs to help pay for childcare costs?

- 5. Yes
- 6. No (GO TO Q15)

13B. Do you currently receive child care financial assistance through a state or county subsidy program?

- 5. Yes (GO TO Q15)
- 6. No

13C. Are you currently on a waiting list for child care financial assistance in your county?

- 5. Yes (GO TO Q15)
- 6. No

Q53. Does your family use a plan through an employer that allows you to purchase child care with before-tax dollars?

- 3. Yes
- 4. No

Q54. Are your child-care expenses reduced because of a discount, bargain rate, sliding scale, scholarship, or general program subsidy by a church, child-care provider, employer, or agency?

- 5. Yes
- 6. No
- 10. DON'T KNOW

Q56. Does anyone else pay for all or part of the cost of the child care for (CHILD)? By this I mean a government agency, your employer, or someone outside your household.

- 5. Yes
- 6. No (GO TO Q58A)

Q57A. Who or what agency helped pay for this arrangement? CIRCLE ALL THAT APPLY.

- 8. Government (federal, state, or local government agency or welfare office)
- 9. Child's other parent
- 10. Employer
- 11. Other: Q57B. SPECIFY: _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of employer assistance for child care; Receipt of child care subsidy; Receipt of relatives' assistance for child care
Source:	National Household Education Survey: After-School Programs and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Cognitive testing of this item included in NHES:ASPA 2005 found that it was well understood by respondents. Additionally, it is recommended that the item include the name of state run programs in the text in order to facilitate recall (Hagedorn et al., 2006).
Item Limitations and Strengths for NSCCSD:	A limitation of this item is that it groups social service, welfare, and child care agency assistance into one response category. A strength of this item, when it is asked of all providers, is that it allows researchers to identify which child care arrangements were subsidized (and in the cases of subsidized care, who subsidized the care). This item also distinguishes employer-based subsidies from other types of child care assistance provided by employers. A limitation is that it does not ask about other employer-based child care benefits.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

SF14 (SG13+SH14). Do any of the following people or organizations help to pay for (CHILD) to be cared for by (his/her) (RELATIVE)? How about...

- a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general support?
- b. Temporary Assistance for Needy Families, or TANF?
- c. Another social service, welfare, or child care agency?
- d. An employer, not including a tax-free spending account for child care?
- e. Someone else?

- 1. Yes
- 2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of flextime; Use of telecommuting
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items assess whether flextime is offered by the respondent's or the respondent's partner's employer. Telecommuting is defined in these items as working at home part-/full-time. The inclusion of these questions would allow for trend analyses. These questions does not provide information on whether the benefit is used by the respondent.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

8A. Does your employer offer any of the following types of assistance with child care? READ LIST AND CIRCLE YES OR NO FOR EACH ITEM

8A1. Does your employer offer:

Money

Vouchers

Information and

Referral system

Flex-time

Liberal unpaid leave

Work part-time

Work at home

Other types of assistance (specify) ____

1= Yes

2= No

3= Don't know (do not probe)

4= Refused

IF RESPONDENT HAS A SPOUSE WHO IS EMPLOYED, ASK:

8B. Does your (husband/wife)'s employer offer any of the following types of assistance with child care? READ LIST AND CIRCLE YES OR NO FOR EACH ITEM.

Money

Vouchers

Information and

referral system

Flex-time

Liberal unpaid leave

Work part-time

Work at home

Other types of assistance (specify) ____

1= Yes

2= No

3= Don't know (do not probe)

4= Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of flextime
Source:	Oregon Population Survey
Year of Administration:	1998; 2000; 2002; 2004; 2006; 2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age (5-11yrs) <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This item came from the 2006 questionnaire.
Item Limitations and Strengths for NSCCSD:	The question may be improved by incorporating the definition of flexible work arrangements currently within the probe into the question text. Follow-up questions including whether the respondent uses flexible work arrangements, how often flexible arrangements are permissible by the employer, and how often the respondent accesses these benefits may provide useful information.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

FLEXWRK.

[If Child 1>0] Did your job allow choice of flexible work arrangements of any kind?

[AS NEEDED: Does your job allow you to come to or leave work at times other than the regular work hours or in other ways alter your work schedule to meet family needs.]

- 1) Yes**
- 2) No**
- 3) Don't know/Refused**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of telecommuting; Use of flextime
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items assess whether flextime is offered by the respondent's or the respondent's partner's employer. Telecommuting is defined in these items as working at home part-/full-time. The inclusion of these questions would allow for trend analyses. These questions does not provide information on whether the benefit is used by the respondent.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

8A. Does your employer offer any of the following types of assistance with child care? READ LIST AND CIRCLE YES OR NO FOR EACH ITEM

8A1. Does your employer offer:

Money

Vouchers

Information and

Referral system

Flex-time

Liberal unpaid leave

Work part-time

Work at home

Other types of assistance (specify) ____

1= Yes

2= No

3= Don't know (do not probe)

4= Refused

IF RESPONDENT HAS A SPOUSE WHO IS EMPLOYED, ASK:

8B. Does your (husband/wife)'s employer offer any of the following types of assistance with child care? READ LIST AND CIRCLE YES OR NO FOR EACH ITEM.

Money

Vouchers

Information and

Referral system

Flex-time

Liberal unpaid leave

Work part-time

Work at home

Other types of assistance (specify) ____

1= Yes

2= No

3= Don't know (do not probe)

4= Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of telecommuting
Source:	Oregon Population Survey
Year of Administration:	1998; 2000; 2002; 2004; 2006; 2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input checked="" type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age (5-11 yrs) <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of these items is that they assess not only whether the respondent works from home, but whether the respondent is interested in working from home. Additional items about barriers to telecommuting may also be useful.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

WKHOM.

[IF EMP=1] Do you ever do work for your primary job from home?

- 1) Yes**
- 2) No [Skip to WKHM2]**
- 9) Don't know/Refused [Skip to WKHM2]**

WKHM3. [IF WKHM2=1, 9] Given the opportunity, how interested would you be in doing this at least one day a week – would you be very interested, somewhat interested, not too interested, or not at all interested?

- 1) Very interested**
- 2) Somewhat interested**
- 3) Not too interested**
- 4) Not at all interested**
- 9) Don't know/Refused**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of parental leave
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	A strength of these items is that their inclusion in the NSCCSD would allow for trend analysis. Additionally, these items assess a number of details regarding parental leave including whether it was taken; how much was taken; whether the leave was paid; what happened with health insurance after leave; whether the respondent's job was guaranteed during leave; and whether the respondent's partner took leave.

Question Wording:

ASK QUESTION 9 ONLY IF YOUNGEST CHILD IS LESS THAN ONE YEAR OLD.

9. Are you currently on (maternal/parental) leave?

Yes (Skip to Q11) 1

No2

Don't know3

Refused4

IF ANSWER TO J20A=0, SKIP TO SECTION L – HOUSEHOLD ROSTER.

10. Did you take time off from work for the birth or adoption of your youngest child?

Yes 1

No (Skip to section L – Household roster).....2

Don't know3

Refused4

11. How long (did you take/are you taking) off?

Number of years _____

Don't know = 11

Refused = 12

Note = 13

Number of months _____

Don't know = 13

Refused = 14

Note = 15

Number of weeks _____

None = 0

Don't know = 53

Refused = 54

Note = 55

12. For how much of this time (were you/are you) being paid?

Number of years _____

Don't know = 11

Refused = 12

Note = 13

Number of months _____

Don't know = 13

Refused = 14

Note = 15

Number of weeks _____

None = 0

Don't know = 53

Refused = 54

Note = 55

IF NONE (SKIP TO INSTRUCTION BEFORE Q15)

13. How much (are/were) you paid?

\$ _____
 899,999+ = 899999.00
 Same as usual = 900000.00
 Don't know = 900001.00
 Refused = 900002.00
 Note = 900003.00

Per Hour1
 Day2
 Week3
 Every two weeks ...4
 Month5
 Year6

14. How (are/were) you paid – through .. Read list, accept all that apply

Vacation1
 Sick leave or disability2
 Parental leave, or3
 Some other was (specify) ____4
 Don't know5
 Refused6
 No other7

ASK QUESTION 15 ONLY IF RESPONDENT IS MOTHER OF YOUNGEST CHILD

15. When you went on maternity leave, did you keep the health insurance that you had through your employer, did you lose it for at least part of the time you were on leave, or did you not have health insurance through your employer?

Kept health insurance1
 Lost health insurance2
 Did not have insurance3
 Don't know (do not probe) ..4

IF CURRENTLY ON PARENTAL LEAVE, ASK:

16. Is your same or comparable job guaranteed upon your return? READ CATEGORIES IF NEEDED

Yes, same1
 Yes, comparable ...2
 No3
 Don't know4
 Refused5

RESPONDENT IS NOT MARRIED, SKIP TO NEXT SECTION

17. Did your (husband/wife) take time off from work for the birth or adoption of your youngest child?

Yes 1
 No (Skip to section L)2
 Don't know3
 Refused4

18. How much time did (he/she) take off?

Number of years _____

Don't know = 11

Refused = 12

Note = 13

Number of months _____

Don't know = 13

Refused = 14

Note = 15

Number of weeks _____

None = 0

Don't know = 53

Refused = 54

Note = 55

19. Was (he/she) paid for this time away from work?

Yes1

No2

Don't know3

Refused4

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Use of parental leave
Source:	Survey of Income and Program Participant (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>A strength of these items is that they provide detailed information about the respondent's use of parental leave. Information assessed in these items include: whether the parent took leave; if the leave was paid; whether the parent worked for pay after leave; what the parent's work hours were upon returning from leave; the occupational responsibility level of the parent upon returning from leave; the pay upon returning from leave; and whether the parent returned to the same employer after leave. A limitation of these items is that they sometimes refer to "maternity leave" instead of the more inclusive term "parental leave".</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

BFBPRGFT. At the last job (fill HESHE) held before (fill HISHER) (fill FIRSTFIL) child was born, did (fill HESHE) usually work 35 hours or more per week?

1 Yes

2 No

BFBWRKST.

(fill TEMP2)

In what month and year did (fill HESHE) stop working before (fill HISHER) (fill FIRSTFIL) child was born – or did (fill HESHE) continue working right up to the delivery?

VERIFY IF SHE DID NOT STOP WORKING UNTIL AFTER THAT BIRTH OF HER FIRST BORN CHILD.

Enter (F) for stopped when found out pregnant.

Enter (N) for never stopped/worked right up to delivery

Month: @STOPM1

Year: @STOPY1

BFSTSIT.

Show flashcard Q

In order for (fill TEMPNAME) to stop working before (fill HISHER) (fill FIRSTFIL) child was born, did (fill HESHE) quit or (fill WASWERE) (fill HESHE) let go from (fill HISHER) job, or did (fill HESHE) take any paid or unpaid leave, or something else?

INCLUDE ANY MATERNITY, SICK, OR VACATION LEAVE ENTER ALL THAT APPLY. ENTER (N) FOR NO MORE

- 1) Quit
- 2) Let go from her job
- 3) Paid maternity leave
- 4) Unpaid maternity leave
- 5) Paid sick leave
- 6) Unpaid sick leave
- 7) Disability leave
- 8) Paid vacation leave
- 9) Unpaid vacation leave
- 10) Other paid leave
- 11) Other unpaid leave
- 12) Never stopped working
- 13) Self-employment
- 14) Employer went out of business
- 15) Other circumstances

AFBJSIT.

Show flashcard Q

What about AFTER (fill HISHER) (fill FIRSTFIL) child was born, and up to the time the baby was 12 weeks old? What types of leave, if any, did (fill HESHE) use then? Anything else?

INCULDE ANY MATERNITY, SICK, OR VACATION LEAVE. ENTER ALL THAT APPLY. ENTER (n) FOR NO MORE.

- 1) Quit
- 2) Let go from her job
- 3) Paid maternity leave
- 4) Unpaid maternity leave
- 5) Paid sick leave
- 6) Unpaid sick leave
- 7) Disability leave
- 8) Paid vacation leave
- 9) Unpaid vacation leave
- 10) Other paid leave
- 11) Other unpaid leave
- 12) Never stopped working
- 13) Self-employment
- 14) Employer went out of business
- 15) Other circumstances

AFBWRK.

Did (fill HESHE) work for pay at any time after the birth of (fill HISHER) (fill TEMP) child?

- 1) Yes
- 2) No

AFBWRKBG. (fill TEMP2)

In what month and year did (fill HESHE) start (fill BACKFIL) to work after the birth of (fill HISHER) (fill FIRSTFIL) child?

Verify if answer is before the child's birth date.

ENTER (X) FOR HAS NOT RETURNED TO WORK

Month: @AFBWM1

Year: @AFBWY1

AFBWRKFT.

When (fill HESHE) first (fill RETURNWORKFIL), did (fill HESHE) start out working 35 hours or more per week?

IF THE RESPONDENT RETURNED TO MORE THAN ONE JOB, ANSWER THIS ITEM FOR THE JOB RETURNED TO FIRST.

- 1) Yes
- 2) No

AFBWRKHR.

(When (fill HESHE) went back,) was that about the same, more, or fewer hours per week compared to the hours (fill HESHE) (fill WASWERE) working while (fill HESHE) (fill WASWERE) pregnant?

- 1) About the same hours
- 2) More hours than the last job
- 3) Fewer hours than the last job

AFBWRKEM.

Was this job with the same employer (fill HESHE) last worked for while pregnant?

- 1) Yes
- 2) No
- 3) Self-employed
- 4) Employer went out of business

AFBWRKPS.

Was this (fill NEWFIL) job at the same skill and responsibility level as the one (fill TEMPNAME) last had when (fill HESHE) (fill WASWERE) pregnant, or was it at a greater or lesser level of skill or responsibility?

- 1) About the same
- 2) Greater skill/responsibility level
- 3) Lesser skill/responsibility level

AFBWRKPY.

And did this (fill NEWFIL) job have the same pay rate as (JOBWHENFIL) (fill HESHE) left, or was it higher or lower?

- 1) Same pay rate
- 2) Higher pay rate
- 3) Lower pay rate

AFBWRKSE.

(fill C_AREIS) (fill HESHE) still with the same employer (fill HESHE) first worked for after (fill HISHER) (fill TEMP) child's birth?

- 1) Yes
- 2) No

AFBFELV.

Mother began working for employer in (fill TEMP) (fill AFBWRKBG@AFBWY1)

In what month and year did (fill HESHE) leave that employer (after the birth of (fill HISHER) (fill FIRSTFIL) child)?

VERIFY IF LEFT DATE IS BEFORE THE START DATE DISPLAYED ABOVE.

Month: @MO

Year: @YR

Attitude toward government/employer-based child care policies: No questions from existing surveys were found

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of relatives' assistance for child care; Source of child care payment assistance; Receipt of employer assistance for child care; Receipt of child care subsidy
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This set of questions allows analysts to identify which of the focal child's care arrangement are subsidized, if any, and who subsidized the care. It might be useful to add a question on how many of the respondent's other children have a child care subsidy. Such information can be used to construct a child and family level portrait of child care subsidy receipt. The addition of a reference period may improve data quality. The inclusion of these items in the NSCCSD would allow for trend analysis. The potential for social desirability bias is unknown.</p>

Question Wording:

6. (p12) Does any person or agency outside your household help pay for any of the arrangements or activities used by (YOUNGEST CHILD)? For example, did you receive assistance from the government, a social service agency, an employer, or a relative?

- 21. Yes**
- 22. No**
- 23. DON'T KNOW**
- 24. REFUSED**

6A. (p13) Did you receive assistance for (READ ARRANGEMENT)

Arrangement #1

Arrangement #2

Arrangement #3

Arrangement #4

- 13. Yes**
- 14. No**
- 15. DON'T KNOW**
- 16. REFUSED**

6B. Who provided this assistance—a government agency, an employer, a friend or relative, or someone else?

Who provided this assistance. Was it...

- 19. A government agency**
- 20. An employer**
- 21. Friend or relative**
- 22. Other (SPECIFY _____)**
- 23. DON'T KNOW**
- 24. REFUSED**

3A. Has your employer set up an account to pay for child care expenses out of pretax income?

- 13. Yes**
- 14. No**
- 15. DON'T KNOW**
- 16. REFUSED**

3B. Has your (husband/wife's) employer set up an account to pay for child care expenses out of pretax income?

- 13. Yes**
- 14. No**
- 15. DON'T KNOW**
- 16. REFUSED**

4. Do you use this benefit?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

5. How much did you put into this account last year? [ENTER AMOUNT AND CIRCLE TIME PERIOD]

- | | | |
|-----|--------|-----------------|
| | _____ | AMOUNT |
| | 5010.0 | DON'T KNOW |
| | 5011.0 | REFUSED |
| | 5012.0 | NOTE |
| 13. | | Per week |
| 14. | | Every two weeks |
| 15. | | Month |
| 16. | | Year |

6. Some employers offer a variety of benefits that can be traded for one another, based on the employee's choice. Sometimes one of these flexible benefits is child care or assistance in paying for child care.

[IF RESPONDENT IS EMPLOYED ASK:]

- G. Are the benefits you receive, if any, flexible—that is, cafeteria-style where you can trade among choices?
- H. Are any of your (husband/wife)'s benefits flexible in this way?
 - 1. Yes
 - 2. NO
 - 3. DON'T KNOW
 - 4. REFUSED

7. Do you trade other types of benefits for child care?

- 1. Yes
- 2. No
- 3. DON'T KNOW
- 4. REFUSED

8. Does your employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

8A1. Does your employer offer?

- Money
- Vouchers
- Information and referral system
- Flex-time
- Liberal unpaid leave
- Work part time
- Work at home
- Other types of assistance (SPECIFY _____)

8B. Does your (husband/wife)'s employer offer any of the following types of assistance with child care? [READ LIST AND CIRCLE YES OR NO FOR EACH ITEM]

- Money
- Vouchers
- Information and referral system
- Flex-time
- Liberal unpaid leave
- Work part time
- Work at home
- Other types of assistance (SPECIFY _____)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Receipt of relatives' assistance for child care; Receipt of employer assistance for child care; Receipt of relatives' assistance for child care
Source:	National Household Education Survey: After-School Programs and Activities
Year of Administration:	1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with students in Kindergarten through grade 8</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Cognitive testing of this item included in NHES:ASPA 2005 found that it was well understood by respondents. Additionally, it is recommended that the item include the name of state run programs in the text in order to facilitate recall (Hagedorn et al., 2006).
Item Limitations and Strengths for NSCCSD:	A limitation of this item is that it groups social service, welfare, and child care agency assistance into one response category. A strength of this item, when it is asked of all providers, is that it allows researchers to identify which child care arrangements were subsidized (and in the cases of subsidized care, who subsidized the care). This item also distinguishes employer-based subsidies from other types of child care assistance provided by employers. A limitation is that it does not ask about other employer-based child care benefits.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

SF14 (SG13+SH14). Do any of the following people or organizations help to pay for (CHILD) to be cared for by (his/her) (RELATIVE)? How about...

- a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general support?
- b. Temporary Assistance for Needy Families, or TANF?
- c. Another social service, welfare, or child care agency?
- d. An employer, not including a tax-free spending account for child care?
- e. Someone else?

3. Yes

4. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Child and Dependent Care Tax Credit (CDCTC)
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>The definition of the Child and Dependent Care Tax Credit could be improved by providing more details (i.e. sliding scale tax credit for child and dependent care). Also, as many states now have Child and Dependent Care tax provisions, additional questions about them may also be useful. The reliability of item 8 (which asks about future behavior) is questionable. It might be better to ask parents who did take the tax credit if they would do it again and those who did not take the tax credit why they did not take it.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

7. Did you (or your spouse) take a Child and Dependent Care Federal Income Tax Credit for any of the child care or activity arrangements we have discussed for the 1988 tax year?

[SLIDING SALES TAX BASED IN Y]

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

8. Do you think you'll take a Child and Dependent Care Federal Income Tax Credit for the 1989 tax year?

- 1. Yes**
- 2. No**
- 3. DON'T KNOW**
- 4. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Child and Dependent Care Tax Credit (CDCTC); Earned Income Tax Credit (EITC)
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These questions ask about both the Child and Dependent Care Tax Credit and the Earned Income Tax Credit. A strength of these items is that they provide clear definitions in the interviewer probes; including these definitions within the question text may improve data quality.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

H26. Did you claim an Earned Income Tax Credit on your federal tax return for the year 2001? [DEFINITION: The Earned Income Tax Credit can be taken at the end of the year when a person files their federal income tax return, and a person can get payments throughout the year in their paycheck. The tax credit a person receives is based on how much money a person earns and how many qualifying children they have]

- 1. Yes
- 2. No
- d. DON'T KNOW
- r. REFUSED

H27. How much money did you claim (or receive) from the Earned Income Tax Credit last year? Please tell me the TOTAL amount you received for the year 2001.

- _____ Amount
- d. DON'T KNOW
 - r. REFUSED

H28. Did you claim a child care tax credit on your federal income tax return for the year 2001? [IWR: there are two separate federal tax credits. The EITC is a general credit to low income individuals; the child care tax credit is for all individuals and specific to child care. If R has not yet file a 2001 tax return, ask if R expect to claim a child care tax credit]

- 1. Yes
- 2. No
- d. DON'T KNOW
- r. Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Child and Dependent Care Tax Credit (CDCTC)
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This question collects data on whether the respondent or the respondent's partner used the child and dependent tax credit but does not specify the type of credit (state or federal) taken. Additionally, asking about how much a respondent received from the tax credit might be helpful to some researchers. Respondents may need a definition of the child and dependent care tax credit.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCE36. Did you (or your partner) use the child and dependent care tax credit when you filed your income taxes this year, that is, when you filed your 1998 taxes?

- 1. Yes**
- 2. No**
- 8. DON'T KNOW**
- 9. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Earned Income Tax Credit (EITC); Child and Dependent Care Tax Credit (CDCTC)
Source:	HSPC Chicago Survey of Child Care
Year of Administration:	2002
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Parents with children under age 5 living in low-income tracts</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These questions ask about both the Child and Dependent Care Tax Credit and the Earned Income Tax Credit. A strength of these items is that they provide clear definitions in the interviewer probes; including these definitions within the question text may improve data quality.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

H26. Did you claim an Earned Income Tax Credit on your federal tax return for the year 2001? [DEFINITION: The Earned Income Tax Credit can be taken at the end of the year when a person files their federal income tax return, and a person can get payments throughout the year in their paycheck. The tax credit a person receives is based on how much money a person earns and how many qualifying children they have]

- 1. Yes
- 2. No
- e. DON'T KNOW
- r. REFUSED

H27. How much money did you claim (or receive) from the Earned Income Tax Credit last year? Please tell me the TOTAL amount you received for the year 2001.

- _____ Amount
- d. DON'T KNOW
 - r. REFUSED

H28. Did you claim a child care tax credit on your federal income tax return for the year 2001? [IWR: there are two separate federal tax credits. The EITC is a general credit to low income individuals; the child care tax credit is for all individuals and specific to child care. If R has not yet file a 2001 tax return, ask if R expect to claim a child care tax credit]

- 1. Yes
- 2. No
- e. DON'T KNOW
- r. Refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Earned Income Tax Credit (EITC)
Source:	Survey of Wisconsin Works Families
Year of Administration:	1998
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Welfare leavers</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>Welfare leaver</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items come from the Leavers Study.
Item Limitations and Strengths for NSCCSD:	<p>This set of items clearly defines what the Earned Income Tax Credit is and asks about the respondent's awareness, receipt, and intentions regarding this tax credit. The items also ask about the state-level Earned Income Tax Credit. Question wording will need to be adapted slightly for a national survey. Asking about future plans (21.1.3) may result in less reliable data.</p>

Question Wording:

21. The federal government allows parents who make less than about \$30,100 a year to receive an Earned Income Tax Credit. Are you aware of the federal Earned Income Tax Credit?

- 1. Yes**
- 2. No (GO TO 21.1)**
- 3. Not eligible (GO TO 21.1)**
- 4. DON'T KNOW (GO TO 21.1)**
- 5. REFUSED (GO TO 21.1)**

21.2. Are you receiving the federal Earned Income Tax Credit on your paycheck?

- 1. Yes**
- 2. No**
- 3. Not eligible**
- 4. DON'T KNOW**
- 5. REFUSED**

21.3. Did you receive the federal Earned Income Tax Credit when you filed your income taxes this year?

- 1. Yes**
- 2. No**
- 3. Not eligible**
- 4. DON'T KNOW**
- 5. REFUSED**

21.4. Do you plan to apply for the federal Earned Income Tax Credit next year?

- 1. Yes**
- 2. No**
- 3. Not eligible**
- 4. DON'T KNOW**
- 5. REFUSED**

21.1. The State of Wisconsin allows parents who are eligible for the federal Earned Income Tax Credit to also receive a state Earned Income Tax Credit. Are you aware of the state Earned Income Tax Credit?

- 1. Yes**
- 2. No (GO TO 22)**
- 3. Not eligible (GO TO 22)**
- 4. DON'T KNOW (GO TO 22)**
- 5. REFUSED (GO TO 22)**

21.1.3. Did you receive the state Earned Income Tax Credit when you filed your income taxes this year?

- 1. Yes**
- 2. No**
- 3. Not eligible**
- 4. DON'T KNOW**
- 5. REFUSED**

21.1.4. Do you plan to apply for the state Earned Income Tax Credit next year?

- 1. Yes**
- 2. No**
- 3. Not eligible**
- 4. DON'T KNOW**
- 5. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Flexible spending account
Source:	National Child Care Survey 1990: Parent Study
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	A similar item appears in the National Study of Child Care Supply and Demand Design Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of these items is that their inclusion in the NSCCSD would allow for trend analyses. These items also assess detailed information about flexible spending accounts, including whether the respondent/respondent's partner have access to such an account, whether they used this benefit, and how many pre-tax dollars they set aside in such an account. Finally, these items define flexible spending accounts in a clear way (see item 3A).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3A. (p61) Has your employer set up an account to pay for child care expenses out of pretax income?

- 17. Yes
- 18. No
- 19. DON'T KNOW
- 20. REFUSED

3B. (p61) Has your (husband/wife's) employer set up an account to pay for child care expenses out of pretax income?

- 17. Yes
- 18. No
- 19. DON'T KNOW
- 20. REFUSED

4. (p62) Do you use this benefit?

- 1. Yes
- 2. No
- 3. DON'T KNOW
- 4. REFUSED

5. (p62) How much did you put into this account last year? [ENTER AMOUNT AND CIRCLE TIME PERIOD]

_____ AMOUNT
5013.0 DON'T KNOW
5014.0 REFUSED
5015.0 NOTE

- 17. Per week
- 18. Every two weeks
- 19. Month
- 20. Year

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Programs and Subsidy
Measure:	Flexible spending account
Source:	New York Social Indicators Survey
Year of Administration:	1997; 1999
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Adults with children</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input checked="" type="checkbox"/> Parent <input checked="" type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	A similar item appears in the National Study of Child Care Supply and Demand Design Questionnaire.
Item Limitations and Strengths for NSCCSD:	A strength of this item is that it defines flexible spending account in two ways: 1) as a “flexible spending account” and 2) as “pre-tax money deducted from your salary to pay for child care costs”. The use of these two definitions may minimize underreporting on this item. This item could be improved by adding a reference period into the question (i.e. Since last January...).

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CCE37. Did you (or your partner) use a flexible spending account at work or have pre-tax money deducted from your salary to pay for child care costs?

- 1. Yes**
- 2. No**
- 8. DON'T KNOW**
- 9. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Child custody
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97).
Item Limitations and Strengths for NSCCSD:	This question establishes whether child lives with the respondent and if not, with whom. The response categories provide detailed information about the child's living arrangements including whether the child lives with the other parent; whether the child shares his/her time in the residences of both parents; and whether there is a primary shared residence.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Does [CHILD] live primarily with you or somewhere else?

(INTERVIEWER: IF CHILD is living with both biological parents, select the first category.)

- 1 RESIDES WITH RESPONDENT ALL THE TIME
- 2 RESIDES WITH OTHER BIO-PARENT ALL THE TIME
- 3 GIVEN UP FOR ADOPTION ...(Go To YFER-5913)
- 4 CHILD LIVES WITH NON-RELATIVE
- 5 INSTITUTIONALIZED (EG. HOSPITAL)
- 6 CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER BIO PARENT
- 7 CHILD LIVES PART-TIME WITH R AND PART-TIME WITH SOMEONE ELSE
- 8 CHILD IS AWAY AT SCHOOL
- 9 CHILD IS DECEASED ...(Go To YFER-6000)
- 10 CHILD LIVES WITH OTHER RELATIVE
- 11 OTHER (SPECIFY)

YHHI-12900 R27405.00

[Are you/Is CHILD] currently living with (him/her) full-time, living with (him/her) as part of a joint custody arrangement, or not living with (him/her) at all?

- 1 LIVING TOGETHER FULL-TIME
- 2 LIVING TOGETHER UNDER JOINT CUSTODY...(Go to YHHI-12910)
- 3 NOT LIVING TOGETHER
- 4 PARENT IS DECEASED

YHHI-12910 R27414.00

With whom does [parent's name] share custody under this arrangement?

YHHI-12920 R27427.00

Under this arrangement, [do you/does CHILD] stay at each household for one month at a time or more, or [do you/does CHILD] stay at each household for less than one month at a time?

- 1 ONE MONTH AT A TIME OR MORE
- 2 LESS THAN ONE MONTH AT A TIME
- 3 OTHER/IRREGULAR FREQUENCY

YHHI-12925 R27430.00

[Do you/does CHILD] consider one of these households to be [your/his/her] primary residence or are they pretty much equal?

- 1 ONE IS PRIMARY RESIDENCE(Go to YHHI-12926)
- 2 PRETTY MUCH EQUAL

Go To: YHHI-12930

YHHI-12926 R27433.00

Which household do you consider your primary residence?

- 1 HOUSEHOLD OF ORIGINAL PARENT
- 2 HOUSEHOLD OF OTHER CUSTODIAN

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Child custody
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is [fill PTEMPNAME] mother a member of this household? IF NO, ENTER (N). IF YES, ENTER THE MOTHER'S LINE NUMBER. ENTER (M) FOR MORE

Is [fill DADSFIL] biological, step, adopted or foster child? [[Mark One Only]

- Biological or natural child
- Stepchild
- Adopted child
- Foster child

Is [fill C_AREIS] [fill TEMPNAME] also [fill ADSFIL] an adopted child?

(1) Yes

(2) No

What month and year did [fill MOMFIL] adopt [fill TEMPNAME]?

Is [fill PTEMPNAME] father a member of this household? IF NO, ENTER (N). IF YES, ENTER THE FATHER'S LINE NUMBER. ENTER (M) FOR MORE

Is [fill DADSFIL] biological, step, adopted or foster child? [[Mark One Only]

- Biological or natural child
- Stepchild
- Adopted child
- Foster child

Is [fill C_AREIS] [fill TEMPNAME] also [fill DADSFIL] adopted child?

(1) Yes

(2) No

What month and year did [fill MOMFIL] adopt [fill TEMPNAME]?

Who in this household is responsible for [fill TEMPNAME]? ENTER (N) IF NOT LISTED

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Education
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Questions collect data on the educational level of all household members. It is unclear the extent to which a selected respondent can accurately report on the educational level of all household members. Those who received their schooling in other countries may have difficulty mapping their degrees onto the ones provided in this question.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

At any time **IN THE LAST THREE MONTHS** has this person attended school or college? (Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degrees.)

- ☐ No, has not attended in the last three months (SKIP PATTERN)
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

What grade or level was this person attending?

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1-12 (specify)
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional beyond a bachelor's degree (for example, M.A. or PhD program, or medical or law school)

What is the highest level of school this person has **COMPLETED**?

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grades 1-11 (specify grade)
- ☐ 12th grade, no diploma

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

- ☐ Some college credit, but less than 1 year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- ☐ Master's degree (for example: MA, MS, MEng, Med, MSW, MBA)
- ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Education
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97).
Item Limitations and Strengths for NSCCSD:	Questions collect data on the educational level of all household members. It is unclear the extent to which a selected respondent can accurately report on the educational level of all household members. Those who received their schooling in other countries may have difficulty mapping their degrees onto the ones provided in this question.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

What is the highest grade of schooling that [NAME] has completed?

- | | | | |
|----|--------------------------|----|------------------|
| 0 | NONE | 1 | 1ST GRADE |
| 2 | 2ND GRADE | 3 | 3RD GRADE |
| 4 | 4TH GRADE | 5 | 5TH GRADE |
| 6 | 6TH GRADE | 7 | 7TH GRADE |
| 8 | 8TH GRADE | 9 | 9TH GRADE |
| 10 | 10TH GRADE | 11 | 11TH GRADE |
| 12 | 12TH GRADE | 13 | 1ST YEAR COLLEGE |
| 14 | 2ND YEAR COLLEGE | 15 | 3RD YEAR COLLEGE |
| 16 | 4TH YEAR COLLEGE | 17 | 5TH YEAR COLLEGE |
| 18 | 6TH YEAR COLLEGE | 19 | 7TH YEAR COLLEGE |
| | | 95 | UNGRADED |
| 20 | 8TH YEAR COLLEGE OR MORE | | |

What is the highest educational degree that [NAME] has received?

- | | |
|---|---|
| 1 | None |
| 2 | GED |
| 3 | High school diploma (Regular 12 year program) |
| 4 | Associate/Junior college (AA) |
| 5 | Bachelor's degree (BA, BS) |
| 6 | Master's degree (MA, MS) |
| 7 | PhD |
| 8 | Professional degree (DDS, JD, MD) |

Geography: This is an administrative measure

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Health
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97).
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on whether the focal child has a physical, emotional, or mental condition that makes it difficult for the parents to go to work/school or limits the child's ability to 1) attend school; 2) do school work; or 3) do usual childhood activities. Data on the age at which the condition was first noticed is also collected. It is important to note that no data on a medical diagnosis of the condition are collected.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Does [CHILD] have a physical, emotional, or mental condition that demands a lot of attention and makes it hard for

[TOTBIOADOPTCHILDDUPD2_HIS_HER] parents to go to school or work?

1. Yes
2. No

Does [CHILD] have a physical, emotional, or mental condition that limits or prevents [his/her] ability to...

- Attend school regularly? (Yes/No)
- Do regular school work? (Yes/No)
- Do usual childhood activities such as play, or participate in games or sports? (Yes/No)

How old was [CHILD] when this condition was first noticed? _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Health
Source:	Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)
Year of Administration:	2001-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other: <u>Birth cohort of children born in 2001</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (of Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Items are asked in the 48-month parent interview. A similar item to CH055 appears in the National Survey of Children's Health (NSCH). Similar items to CH08a-d and Ch200a-1 appear in the National Household Education Survey (NHES).
Item Limitations and Strengths for NSCCSD:	These questions collect data on parental assessments of the child's global health and whether the child has been diagnosed as having an illness or disability. Asking parents to report whether a doctor has ever told them that their child has an illness or disability is likely to improve data quality. Global assessments of health have been found to be good predictors of actual health.

Question Wording:

CH055. Would you say {CHILD/TWIN}'s health is...

Excellent,1
 Very good,2
 Good,3
 Fair, or.....4
 Poor?5
 REFUSED.....RF
 DON'T KNOW.....DK

CH080a-d. Since {CHILD/TWIN} turned 2 years old, has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} has...

a. Asthma?
 b. A respiratory illness, such as bronchitis, pneumonia, or bronchiolitis?
 c. A severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?
 d. An ear infection?
 YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH200a-1. Since {CHILD/TWIN} turned 2 years old, has a doctor ever told you that {CHILD/TWIN} has the following conditions? Does {he/she} have...

a. A problem with mobility such as cerebral palsy?
 b. Another developmental delay?
 c. Epilepsy or seizures?
 d. A heart defect?
 e. Mental retardation?
 f. A lactose intolerance?
 g. Other food allergy or sensitivity such as to peanuts?
 h. Autism or PDD?
 i. Oppositional Defiant Disorder?
 j. ADHD?
 k. Problem with non-food allergies, such as to dust, animals, or medicine?
 l. Diabetes?
 YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH305. Has there been any change in {CHILD/TWIN}'s health care coverage or health insurance since {he/she} turned 2 years old?

YES.....1 (CH312)
 NO.....2 (CH325)
 REFUSED.....RF (CH312)
 DON'T KNOW.....DK (CH312)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Home ownership
Source:	National Child Care Survey 1990: Parent Survey
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under <u>13</u> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	
Question Wording:	M16. Do you own your own home? 1. Yes 2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Home ownership
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97). A similar question has been included in the NSCCSD.
Item Limitations and Strengths for NSCCSD:	Questions collect information on home ownership and the respondent's living arrangements (including whether living with parents, in an informal arrangement, subsidized housing, etc.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

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

- 1 RESPONDENT OWNS
- 2 RESPONDENT AND SPOUSE/PARTNER JOINTLY OWN
- 3 SPOUSE/PARTNER OWNS SEPARATELY FROM RESPONDENT
- 4 RENTS
- 5 OTHER, NEITHER OWNS NOR RENTS

What is your situation?

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Age
Source:	General Social Survey (GSS)
Year of Administration:	1972-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	
Question Wording:	How old (was/were) (NAME/you) on (his/her/your) last birthday?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Age/birthdate
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items are filled out for each person in the household roster, who is living or staying at this address for more than 2 months.
Question Wording:	What is Person #'s age and what is Person #'s date of birth? <i>Please report babies as age 0 when child is less than 1 year old.</i> _____ _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Age/birthdate
Source:	National Immunization Survey
Year of Administration:	1995-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CT10Amdy

What is (your/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) month, day, and year of birth?

ENTER 77/77/7777 FOR DON'T KNOW AND 99/99/9999 FOR
REFUSED

ENTER BIRTH DATE (MM/DD/YYYY)

_____/_____/_____

[IF MONTH=DK/REF OR YEAR=DK/REF, THEN GO TO C10B_X.
OTHERWISE, SKIP TO C11_X.]

C10B_X

What is (your/[FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'s mother's) current age?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

AGE _____

DON'T KNOW 77

REFUSED..... 99

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Child roster
Source:	National Child Care Survey 1990: Parent Survey
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under <u>13</u> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These questions are part of the household screener.
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

3. Do any children under the age of 13 live in this household?

PROBE: These may be children of different sets of parents, step-children, foster children or children for whom a member of the household is the guardian.

- a. Yes
- b. No
- c. Don't know/refused

4. I am also interested in learning if there are any children who do not live in your household who may be cared for in your home. Are there any children who come to your home to be taken care of on a regular basis?

- a. Yes
- b. No
- c. Don't know/refused

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Count
Source:	National Child Care Survey 1990: Parent Survey
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	
Question Wording:	Not including yourself (or your partner), how many people age 13 and older live in this household? _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Count
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items are filled out for each person in the household roster, who is living or staying at this address for more than 2 months.
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

How many people are living or staying at this address?

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living her for more than 2 months
- **INCLUDE** anyone else staying her who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Count
Source:	National Immunization Survey
Year of Administration:	1995-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Series of questions collects data on the total number of people living in household, number of adults ages 18 and older in the household, and number of child under the age of 18. The sequencing of questions as well as calculating and confirming the number of children in the household based on earlier responses may improve data quality.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

CINTRO. Now I have some questions about your entire household.

C1. Including the adults and all the children, how many people live in this household? ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE _____

C1_A. How many of these are adults 18 years of age or older?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE _____

C1_B And that means that [FILL VAR: ANSWER TO C1-ANSWER TO C1A] of these people are under 18 years of age?

1. YES (GO TO C2_X)

2. NO (GO TO INSTUCTION "PLEASE CORRECT NUMBERS"
THEN GO TO C1)

77. DON'T KNOW

99. REFUSED

[IF C1-C1A IS GREATER THAN OR EQUAL TO S_NUMB +1 OR C1_B=77 OR 99, THEN ASK C1.C, OTHERWISE, SKIP TO C2,]

C1_C How many children less than 12 months old live in this household?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

NUMBER OF PEOPLE _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Eligible children screener
Source:	National Immunization Survey
Year of Administration:	1995-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

How many children between the ages of 12 months and 3 years old are living or staying in your household?

IF THE RESPONDENT ASKS FOR A DEFINITION OF LIVING OR STAYING SAY “Would you consider the child to be living or staying in your household?” _____

IF ONE OR MORE, ENTER # OF CHILDREN... (ENTER 01 to 09)

IF NO CHILDREN ENTER... 00 GO TO S_NUMB2)

Don’t Know...77 (GO TO SOFTCHECK_77)

Refused...99

S3_3M/D/Y_X: Please tell me the month, day, and year of birth of the FIRST child in your household who is between 12 months and 3 years old.

ENTER 77/77/7777 FOR DON’T KNOW AND 99/99/9999 FOR REFUSED

MONTH	DAY	YEAR
__	__	____

S3_CONF_X: That would make the [ordinal # of kid derived from S_NUMB] child [age of child in months and years] old; is that correct?

1) YES (IF CHILD IS ELIGIBLE GO TO S3_4_X, IF NOT GO TO NEXT CHILD)

2) NO GO TO INSTRUCTION: PLEASE CORRECT DATE OF BIRTH AND THEN S3_3M_X

S3_4_X: Is the child born [insert month and year of birth] male or female?

MALE 1

FEMALE 2

DON’T KNOW.....77

REFUSED.....99

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Gender
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items are filled out for each person in the household roster, who is living or staying at this address for more than 2 months.
Item Limitations and Strengths for NSCCSD:	
Question Wording:	What is Person #'s sex? 1. Male 2. Female

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household Structure: Gender
Source:	General Social Survey (GSS)
Year of Administration:	1972-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	
Question Wording:	CODE SEX, ASK IF NOT OBVIOUS: What is (NAME's/your) sex, male or female?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Marital status
Source:	National Child Care Survey 1990: Parent Survey
Year of Administration:	1989-90
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under <u>13</u> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>Asking a similar question or collecting data on similar categories of marital/cohabitation status in the NSCCSD would provide trend comparisons. Most surveys collect data on cohabitation and marital status separately to improve data quality and clarity across categories. Additionally, mixing parental status (i.e., single parent with marital/cohabitation status) may be confusing for divorced or separated parents who have remarried.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

First, in order to ask only the right questions, I need to know if you are a single parent, married and living with your (husband/wife), or living with someone as a couple?

- a. Single parent (INCLUDES DIVORCED, SEPARATED WIDOWNED SPOUSE WHO'S ABSENT AND NEVER MARRIED)**
- b. Married and living with spouse**
- c. Living as a couple**
- d. Other (specify)**
- e. Don't know**
- f. Refused**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Marital status
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items are filled out for each person in the household roster who is living or staying at this address for more than 2 months.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the marital status, date of marriage, and number of times married for all household members. It is unclear the extent to which a respondent can accurately report on this for all household members.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

What is this person's marital status?

- a. Now married
- b. Widowed
- c. Divorced
- d. Separated
- e. Never married (SKIP PATTERN)

In the PAST 12 MONTHS did this person get:

- a. Married? (yes/no)
- b. Widowed? (yes/no)
- c. Divorced? (yes/no)

How many times has this person been married?

- a. Once
- b. Two times
- c. Three or more times

In what year did this person last get married? _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Marital status
Source:	General Social Survey (GSS)
Year of Administration:	1972-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	
Question Wording:	IF 13 YRS OR OLDER, ASK: (Is/Are) (NAME/you) now married, widowed, divorced, separated, or (has/have) (he/she/you) never been married?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household Structure: Marital status
Source:	National Immunization Survey
Year of Administration:	1995-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C7_x (Are you/is [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]'S mother) now married, widowed, divorced, separated, or (have you/has she) never been married?

Married	1
Widowed	2
Divorced ..	3
Separated	4
Never married.....	5
DECEASED	6
(GO TO C8_INTRO)	
DON'T KNOW	77
REFUSED	99

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Marital status
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is [fill C_AREIS] [fill TEMPNAME] currently married, widowed, divorced, separated or [fill HAVHAS] [fill HESHE] never married? [Mark One Only]

- (1) Married
- (2) Widowed
- (3) Divorced
- (4) Separated
- (5) Never Married

ASK IF NECESSARY: Is [fill PTEMPNAME] spouse a member of this household? IF NO, ENTER (N) IF YES, ENTER THE SPOUSE'S LINE NUMBER ENTER (M) FOR MORE

We have recorded that [fill TEMPNAME] is married but [fill HISHER] spouse does not live here (four or more nights per week). Is that correct?

- (1) Correct, married spouse absent
- (2) Incorrect marital status entered

Has [fill C_HAVHAS] [fill TEMPNAME] ever been widowed? (1) Yes/ (2) No

Has [fill C_HAVHAS] [fill TEMPNAME] ever been divorced? (1) Yes/ (2) No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Name, relation
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	These items are filled out for each person in the household roster, who is living or staying at this address for more than 2 months.
Item Limitations and Strengths for NSCCSD:	

Question Wording:

What is Person #'s name? _____

How is this person related to Person 1?

- **Is person 1**
- **Husband or wife**
- **Biological son or daughter**
- **Adopted son or daughter**
- **Stepson or stepdaughter**
- **Brother or sister**
- **Father or mother**
- **Grandchild**
- **Parent-in-law**
- **Son-in-law or daughter-in-law**
- **Other relative**
- **Roomer or boarder**
- **Housemate or roommate**
- **Unmarried partner**
- **Foster child**
- **Other nonrelative**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household Structure: Nonresident household members
Source:	General Social Survey (GSS)
Year of Administration:	1972-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Data collected from this set of questions can be used to establish whether each person listed in the household roster is considered a resident from the perspective of the study.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

12. Are any of the people we have listed staying somewhere else right now?

YES..... 1 → ASK Q.13

NO..... 2 → GO TO Q.15

FI INFO: “STAYING SOMEWHERE ELSE” MEANS BEING AWAY 4 OR MORE OF THE PREVIOUS 7 NIGHTS.

13. Who is staying somewhere else right now? CHECK (✓) ROW OF EACH PERSON WHO IS AWAY.

14. ASK FOR EACH PERSON CHECKED IN Q.13: Where is (NAME) staying right now: Is (NAME) staying at another household; is (s/he) traveling; is (s/he) in some institution or dormitory – like at college, or in a hospital or something; or what? CIRCLE APPROPRIATE INSTRUCTIONS BELOW AND CROSS THAT ROW OUT OR LEAVE IT IN AS INSTRUCTED. (sample table below)

IN OTHER HU	TRAVELING	INSTITUTION	OTHER/DK
X OUT	LEAVE IN	X OUT	CALL FM

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Nonresident household members
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Data collected from this set of questions can be used to establish whether each person listed in the household roster is considered a resident from the perspective of the study.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

I need to be sure I'm including the correct people in this survey. You have mentioned...[READ NAMES] Is there another place where [fill NAMEFIL] lives and sleeps most of the time?

Is this the address where [fill YOUALLFIL] live and sleep most of the time?

- 1) Yes
- 2) No

Who doesn't live or sleep here most of the time? Anyone else? [ENTER ALL THAT APPLY/ENTER (N) FOR NO MORE/RE-ENTER PRECODE TO DELETE]

[First time asked:] During a typical week over the last month or so, how many nights did [fill NAMEFIL] stay here overnight, or was there no usual pattern?

- (11) Three or fewer
- (12) Four or more
- (13) No usual pattern
- (14) Other {pop-up SPECIFY: @SP}

Is there another place where [fill NAMEFIL] lives or sleeps most of the time?

- 1) Yes
- 2) No

ASK IF NECESSARY: Is [fill ADROSTNAME]: (1) Yes to all 3/(2) No

- a student away attending school,
- non-married,
- whose permanent residence is [HERE2FIL]?

Does [fill ADROSTNAME] usually live here but is away traveling for work, or on vacation, or in a hospital?

- 1) Yes
- 2) No

Sometimes we miss people when it's not totally clear where they live. Just to make sure, have I missed...

- Anyone who is staying here until they find a place to live? (1) Yes (2) No
- Any lodgers boarders or persons you employ who live here? (1) Yes (2) No
- Anyone who may have another place to live, but who stays here often or has some space or a room here? (1) Yes (2) No

To The Best Of Your Knowledge, Does Anyone Now On This List Meet All 3 Of These Criteria:

- Non-Married Student;
- Living Here Temporarily While Attending School;
- With A Permanent Residence Elsewhere?

[If Yes To All 3, Enter Line Number(S). Enter (N) For None Or No More. [Mark All That Apply]

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Roster
Source:	General Social Survey (GSS)
Year of Administration:	1972-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar questions are included in the NSCCSD.
Item Limitations and Strengths for NSCCSD:	This household roster collects detailed information on the people who usually live in the sampled household, including the number of and names of residents, and their relationship to the respondent and head of household.

Question Wording:

5A. Only one member of your household will be eligible for this survey. In order to scientifically select that person, first I need to list the names of the people who usually live here. Please tell me the names of the people who usually live in this household. Let's start with the person or one of the persons who own or rents this home.

FI INFO: LIST ON ROWS A – J BELOW. IF HOME IS IN MORE THAN ONE PERSON'S NAME, LIST ANY OF THESE ON ROW A.

5B. (Does/Do) (PERSON IN ROW A/you) have a spouse or unmarried partner who lives in the household?

FI INFO: LIST ON LINE B. IF THERE IS NO SPOUSE OR PARTNER, WRITE "NONE" IN ROW B.

5C. Now, who else lives here?

FI INFO: LIST ADDITIONAL PERSONS ON ROWS C – J BELOW.

5D. Have we forgotten anyone: such as babies or small children; roomers; people who usually live here, but are away temporarily – on business trips, at school, temporarily in a hospital, and so on?

**YES1 → LIST ADDITIONAL PERSONS
ON ROWS C – J BELOW, THEN ASK Q.6
NO2 → ASK Q.6**

7. What is (NAME's/your) relationship to (PERSON IN ROW A/you)? SEE CODES BELOW ROSTER

8. What is (NAME's/your) relationship to (PERSON IN ROW B/you)? SEE CODES BELOW ROSTER

RELATIONSHIP QUESTION CODES

PARTNER OF HEAD

- 2 SPOUSE**
- 3 PARTNER, FIANCÉ(E), BOYFRIEND, GIRLFRIEND, ETC.**

CHILD OF HEAD

- 4 CHILD, NOT SPECIFIED**
- 5 NATURAL/BIOLOGICAL CHILD**
- 6 ADOPTED CHILD**
- 7 STEPCHILD**
- 8 GRANDCHILD, GREAT-GRANDCHILD**
- 9 SON-IN-LAW, DAUGHTER-IN-LAW**

PARENT OF HEAD

- 10 PARENT**
- 11 PARENT-IN-LAW**

OTHER RELATIVE OF HEAD

- 12 GRANDPARENT, GREAT-GRANDPARENT**
- 13 UNCLE OR AUNT**
- 14 NIECE OR NEPHEW**
- 15 COUSIN**
- 16 BROTHER, SISTER (FULL, HALF, OR STEP SIBLING)**
- 17 SIBLING-IN-LAW**
- 18 OTHER RELATIVE (GREAT-AUNT, GRANDNIECE, ETC.)**

ROOMMATE, FRIEND, OTHER

- 19 ROOMMATE, HOUSEMATE**
- 20 FRIEND**
- 21 CHILD OF NON-RELATIVE**
- 22 OTHER NON-RELATIVE (EMPLOYEE, BOARDER)**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Roster
Source:	National Immunization Survey
Year of Administration:	1995-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Household roster information was collected in a similar manner in the NSCCSD design questionnaire.
Item Limitations and Strengths for NSCCSD:	Data collected in this household roster collects information on the number of children living in the household including their date of birth, gender, names, and their relationship to the respondent.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

S3_C I have (name(s) of eligible children) listed between the age of 19 and 35 months old. Do you have any other children between 12 months and 3 years old living or staying in this household?

YES: 1 GO TO INSTRUCTION: PLEASE CORRECT THE NUMBER OF CHILDREN IN THE HOUSEHOLD – THEN GO TO S_NUMB

NO: 2 GO TO ELIG_GRID

ELIGIBILITY GRID: TABLE OF CHILDREN BETWEEN THE AGES OF 19 AND 35 MONTHS OLD. Primary eligible children are born from Month/Year to Month/Year

Child	Date of Birth	Sex MALE/ FEMALE	S3.5 First Name/ Initials	Eligible YES/NO
1	____/____/____			
2	____/____/____			
3	____/____/____			
4	____/____/____			
5	____/____/____			
6	____/____/____			
7	____/____/____			
8	____/____/____			
9	____/____/____			

C5 What is your relationship to [FILL VAR: NAME OF FIRST/SECOND.../NINTH CHILD, FROM S3.5]?

MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN.....	1
FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN	2
SISTER OR BROTHER (STEP/FOSTER/ HALF/ADOPTIVE)	3
IN-LAW OF ANY TYPE.....	4
AUNT/UNCLE	5
GRANDPARENT	6
OTHER FAMILY MEMBER.....	7
FRIEND.....	8
DON'T KNOW	77
REFUSED	99

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Household structure: Roster
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provide <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This household roster collects data on the people living in the household including their names, gender, and relationship to the respondent. An advantage of this roster is that it defines who should be included and provides examples of groups of people who should be included but are commonly excluded.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

(PREROST)First I need to make a list of all the people who live or stay here at this address. [Please mention someone even if you're not sure they should be included.]

Be sure to include:

- People who stay here only some of the time,
- non-relatives who live here,
- and of course any babies and small children.

(Multiple Entry ROST)

Let's start with you. What is your name? Please give me the names of everyone else who lives or stays here most of the time. Anyone else?

- Name (First, middle, last, maiden/other names)
- Sex (Male/Female)
- Relationship to you:
 - (0) Respondent
 - (1) Spouse
 - (2) Unmarried Partner
 - (3) Child
 - (4) Grandchild
 - (5) Parent
 - (6) Brother/Sister
 - (7) Other Relative (e.g., uncle, cousin, in-law)
 - (8) Foster Child
 - (9) House/Roommate
 - (10) Roomer/Boarder
 - (11) Other non-relative

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Immigration/citizenship
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Where was this person born?

- **In the United States (Print name of state)**
- **Outside of the United States (Print name of foreign country or Puerto Rico, Guam, etc.)**

Is this person a citizen of the United States?

- **Yes, born in the United States (SKIP PATTERN)**
- **Yes, born in Puerto Rico, Guam, the U.S. Virgin Territories, or Northern Marianas**
- **Yes, born abroad of U.S. citizen parents or parent**
- **Yes, U.S. citizen by naturalization. (Print year of naturalization)**
- **No, not a citizen**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Immigration/citizenship
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input checked="" type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97).
Item Limitations and Strengths for NSCCSD:	
Question Wording:	In what year did [person] first come to the United States to live? _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Immigration/citizenship
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
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Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other <u>All households members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Question Wording:

[fill WASEVERYONEFIL] born in the United States?

- 1. Yes**
- 2. No**

[READ IF NECESSARY: Consider persons born in a U.S. Island area -- such as Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas -- to have been born in the United States.]

[fill AREIS] [fill TEMPNAME] a citizen of the United States?

- 1. Yes**
- 2. No**

How did [fill TEMPNAME] become a U.S. citizen?

- 1. Naturalized**
- 2. Through [fill HISHER] (or spouse's) military service in U.S. Armed Forces**
- 3. Adopted by U.S. citizen parent or parents**
- 4. Born in a U.S. Island Area or born in the United States**
- 5. Born abroad of U.S. citizen parent or parents**
- 6. Other**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions provides detailed and disaggregated information on income and sources of income in the past 12 months. It is unclear the extent to which a respondent can accurately report about income for all household members.

Question Wording:

INCOME IN THE PAST 12 MONTHS

Mark (X) the “yes” box for each type of income this person received, and give your best estimate of the **TOTAL AMOUNT** during the **PAST 12 MONTHS** (NOTE: the “past 12 months” is the period from today’s date one year ago up through today. Mark (X) the “No” box to show types of income NOT received. If net income was a loss, mark the “Loss” box to the right of the dollar amount. For income received jointly, report the appropriate share for each person—or, if that’s not possible, report the whole amount for only one person and mark the “No” box for the other person.

- a. Wages, salary, commissions, bonuses, or tips from all jobs. (*Report amount before deductions for taxes, bonds, due or other items.* (Yes/No; Total amount for the past 12 months)
- b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships. *Report NET income after business expenses.* (Yes/No; Total amount for the past 12 months; Loss)
- c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.* (Yes/No; Total amount for the past 12 months; Loss)
- d. Social Security or Railroad Retirement (Yes/No; Total amount for the past 12 months; Loss)
- e. Supplemental Security Income (SSI) (Yes/No; Total amount for the past 12 months; Loss)
- f. Any public assistance or welfare payments from the state or local welfare office (Yes/No; Total amount for the past 12 months; Loss)
- g. Retirement, survivor, or disability pensions (Yes/No; Total amount for the past 12 months; Loss)

What was this person’s total income during the past 12 months?

Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount. (None; Total amount for the past 12 months; Loss)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income
Source:	Los Angeles Family and Neighborhood Survey (LAFANS)
Year of Administration:	2000-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input checked="" type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	L.A.FANS is based on a stratified random sample of 65 neighborhoods (census tracts) in Los Angeles County. Poor neighborhoods were oversampled. In Wave 1, an average of 41 households were randomly selected and interviewed within each neighborhood, including an oversample of households with children under 18. Within each household, both adults and children were sampled and interviewed.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on income from wages or salaries for the respondent, spouse, and child(ren). It is unclear whether respondents can accurately report income for their spouse and children. Data quality is also likely to vary by whether changes occurred during the reference period or whether there were variations in salaries and wages over the reference period.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

A1. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") did you yourself receive any income from a job? This includes wages, salary, commissions, and tips.

INTERVIEWER INSTRUCTION: INCLUDE WAGES AND SALARY FROM SELFEMPLOYMENT

1. YES

5. NO IF A1 = 5 GO TO A3

A2. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") How much income did you receive from all these sources?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __, __ __ __, __ __ __

DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000" - RANGE 1-9,999,999 VERIFY AT 500,000)

A4. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") did (IF R's SPOUSE / PARTNER = "MALE" FILL "he", ELSE FILL "she") receive any income from a job? This includes wages, salary, commissions, or tips.

1. YES

5. NO

IF A4 = 5, GO TO A6

A5. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") how much income did (IF R's SPOUSE / PARTNER = MALE" FILL "he", ELSE FILL "she") receive from all these sources?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __, __ __ __, __ __ __ (RANGE 1-9,999,999 VERIFY AT 500,000)

A11. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") did (IF 1 CHILD, FILL "that child", IF MORE THAN 1 CHILD, FILL "any of these children") earn any income from a job? Please include wages, salary, commissions, and tips.

1. YES

5. NO IF A11 = 5 GO TO A14

A12. Which children? _____

A13. During (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") how much income did (FILL CHILD'S NAME) receive from wages, salary, commissions and tips combined?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __, __ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97).
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on income from wages or salaries for the respondent, spouse, and child(ren). It is unclear whether respondents can accurately report income for their spouse and children. Data quality is also likely to vary by whether changes occurred during the reference period or whether there were variations in salaries and wages over the reference period.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

HIU1. During 2000, did you receive any income from wages, salaries, commissions or tips? (y/n)

HIU2. About how much did you receive (pre-tax)?

HIU3. During 2000, did your spouse or partner receive any income from wages, salaries, commissions or tips? (y/n/r has no spouse or partner)

HIU4. About how much did he or she receive (pre-tax)?

HIU5. During 2000, did you and/or your spouse or partner receive any other income? For example, did you receive any income from any farm, business or rental income, interest or dividends, income from government programs such as welfare, food stamps, Social Security or unemployment insurance, gifts or inheritances, alimony or child support payments, pension income, etc. (y/n)

HIU6. About how much did you both receive in total (pre-tax)?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NHES collects data on household income in a similar manner.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the household's income range. The sequence of the questions in which it is first established whether the household has received \$20,000 or more in income and then based on their answer the instrument provides a number of income categories, and finally confirms whether all income from all household members was included is likely to improve data quality and minimize non-response and respondent burden. Additionally, the data collected is likely to be sufficient to determine household poverty level.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

M9. To get a picture of people's financial situation, we need to know the range of income of all the parents we interview. Now, thinking of your household's total income from all sources, did your household receive \$20,000 or more last year?

- 1. Yes (SKIP TO Q.11)**
- 2. No**
- 3. Don't know (SKIP TO Q.13)**
- 4. Refused**

M10. Into which of the following categories does the annual income for your household fall? Stop me when I say the right range. (READ LIST)

- 1. Under \$5,000**
- 2. \$5,000 to UNDER \$7,500**
- 3. \$7,500 to UNDER \$10,000**
- 4. \$10,000 to UNDER \$12,500**
- 5. \$12,500 to UNDER \$15,000**
- 6. \$15,000 to UNDER \$17,500**
- 7. \$17,500 to UNDER \$20,000**
- 8. DON'T KNOW**
- 9. REFUSED**

[SKIP TO Q.M12]

M11. Into which of the following categories does the annual income for your household fall? Stop me when I say the right range. (READ LIST)

- 10. \$20,000 to under \$25,000**
- 11. \$25,000 to under \$30,000**
- 12. \$30,000 to under \$35,000**
- 13. \$35,000 to under \$40,000**
- 14. \$40,000 to under \$45,000**
- 15. \$45,000 to under \$50,000**
- 16. \$50,000 to under \$75,000**
- 17. \$75,000 to under \$100,000**
- 18. \$100,000 to under \$125,000**
- 19. \$125,000 to under \$150,000**
- 20. \$150,000 or over**
- 21. DON'T KNOW**
- 22. REFUSED**

M12. Have you included the income of all people in the household?

- 1. YES**
- 2. NO**
- 3. DON'T KNOW**
- 4. REFUSED**

REREAD CATEGORIES, RECODE TO INCLUDE ALL MEMBERS OF HOUSEHOLD

Is [fill YOURCOMBINEFIL] total annual income [fill [< >] of all members of this household >] below \$[fill INCFILL] or above \$[fill INCFILL]?

- (1) Below (\$0 - \$[fill INCFILL])**
- (2) Above (\$[fill INCFILL2] or more) @ Mark One Only**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Even though your income was above that amount, at any time since [fill MONTH1] 1st, did [fill YOUANYONEFIL] receive any kind of welfare or public assistance benefits from a federal, state, or county program?

- (1) Yes
- (2) No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income: Below poverty line
Source:	National Study of American Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>All Households with adults under the age of 65</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects information on whether the household income falls below or above the poverty line, two times the poverty line, and three times the poverty line. This type of question is useful in cases where the respondent cannot provide or has refused to provide detailed income data. The use of such questions may minimize respondent burden.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

J66A. For the purpose of this survey, it would be important to get at least a range for the total income received by all the members of your family in 2001. Would you say that this income was below or above \${POVERTY LINE COMPUTED FOR FAMILY}?

- At or below
- Above

J66B. [Would you say this income was...] below or above \${TWICE POVERTY LINE COMPUTED FOR FAMILY}?

- At or below
- Above

J66C: [Would you say this income was . . .] below or above \${THREE TIMES POVERTY LINE COMPUTED FOR FAMILY}?

- At or below
- Above

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income: Child support and alimony
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

1. (Since [fill MONTH1] 1st,) Did [fill TEMPNAME] receive any child support payments or other financial help from the [fill MOMDADFILL] of [CHILDFIL]? DO NOT INCLUDE ALIMONY
 - (1) Yes
 - (2) No
 - (3) No, absent parent is deceased
2. (Since [fill MONTH1] 1st,) [fill ALIMONY][fill TEMPNAME] receive any payments from [fill FORMERFIL] spouse, such as alimony?
 - 1) Yes
 - (2) No
3. Did [fill TEMPNAME] receive any foster child care payments?
 - (1) Yes
 - (2) No
4. If yes, since [fill MONTH1] have support payments been court ordered or informally agreed to for [CHILDFIL]?
 - (1) Yes
 - (2) No (Mark One Only)
5. Have support payments ever been court ordered or informally agreed to for [CHILDFIL]?
 - (1) Yes
 - (2) No (Mark One Only)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income: In-kind assistance
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under _____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the receipt of a variety of in-kind assistance, such as transportation vouchers, childcare assistance, and assistance getting food or clothes. Additionally, data is collected on the sources of aid. It is unclear how accurately a respondent can report about the receipt of such aid for all household members. (Also see problems noted in receipt of child care subsidies section).

Question Wording:**Transportation Assistance**

Did [fill TEMPNAME] receive any transportation assistance to help [fill HIMHER] get to work, school, training, or doctor's appointments -- such as gas vouchers, bus passes or help repairing a car?

- (1) Yes
- (2) No

How about child care services or assistance (since [fill MONTH1] 1st,) so [fill HESHE] could go to work or school or training?

Food Assistance

Earlier you said that since [fill MONTH1] 1st, [fill TEMPNAME] received some food assistance. [fill FOODFIL] [fill HESHE] receive...

- (1) Money, vouchers, or certificates to buy groceries or food? (Yes/No)
- (2) Bags of groceries or packaged foods? (Yes/No)
- (3) Any meals from a shelter, soup kitchen, Meals-on-Wheels, or other charity? (Yes/No)
- (4) Any other food assistance? {pop up: What was that?} (Yes/No)

Did [fill HESHE] get the grocery money, vouchers, or certificates through a government social service agency, through a community or religious charitable organization, through family or friends, or through someplace else? Any place else?

ENTER ALL THAT APPLY ENTER (N) FOR NO MORE RE-ENTER PRECODE TO DELETE

- (1) Government agency
- (2) Community or religious charity
- (3) Family or friends
- (4) Someplace else

(Since [fill MONTH1] 1st,) [fill C_WASWERE] [fill TEMPNAME] [fill WIFE_HUSBAND] authorized to receive food stamps?

- (1) Yes
- (2) No

Clothing Assistance

Earlier you said that since [fill MONTH1] 1st, [fill TEMPNAME] received clothing assistance or clothes. Did [fill HESHE] receive clothes or money or vouchers to buy clothes?

- (1) Clothes**
- (2) Money or vouchers**
- (3) Both clothes and money or vouchers**

Did [fill HESHE] get that through a government social service agency, through a community or religious charitable organization, through family or friends, through an employer, or through someplace else? Any place else?

**ENTER ALL THAT APPLY ENTER (N) FOR NO MORE RE-ENTER
PRECODE TO DELETE**

- (1) Government agency**
- (2) Community or religious charity**
- (3) Family or friends**
- (4) Employer**
- (5) Someplace else**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income: Public assistance
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the receipt of cash assistance from government programs. (See notes on programs with similar items in the receipt of child care subsidy section.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

At any time since [fill MONTH1] 1st, did [fill TEMPNAME] [fill CHILDFIL] receive any kind of government welfare or public assistance -- any food or housing benefits, welfare-to-work assistance, emergency help, or anything like that?

- (1) Yes
- (2) No

What kind of assistance was that? _____

(Since [fill MONTH1] 1st,) Did [fill TEMPNAME] [fill CHILDFIL] receive any CASH assistance from a state or county welfare program, such as [fill TANFIL1][fill TANFIL2] [fill TANFIL 3] or AFDC?

- (1) Yes
- (2) No

(display children's names under the age of 18 for whom R is a mom, dad or guardian)

Which program was that? (What do you call it?) Anything else?

ENTER ALL THAT APPLY ENTER (N) FOR NO MORE RE-ENTER PRECODE TO DELETE

- (1) [TANFFIL1] [fill <
- (2) [TANFFIL2]>/<>] [fill <
- (3) [TANFFIL3]>/<>] [fill <
- (4) TANF, Temporary Assistance for Needy Families
- (5) AFDC or ADC
- (6) Other {pop-up} SPECIFY

How about General Assistance or General Relief [fill STATEFIL] (since [fill MONTH1] 1st)?

- (1) Yes
- (2) No

(Did [fill TEMPNAME] receive) any short-term cash assistance (since [fill MONTH1] 1st) to tide [fill HIMHER] over when [fill HESHE] needed it to help [fill HIMHER] stay off welfare, or for an emergency?

- (1) Yes
- (2) No

(Did [fill TEMPNAME] receive) any short-term cash assistance (since [fill MONTH1] 1st) to tide [fill HIMHER] over when [fill HESHE] needed it to help [fill HIMHER] stay off welfare, or for an emergency?

- (1) Yes
- (2) No

Can you give me a label for this assistance, so I'll know how to refer to it later?

IF RESPONDENT DOES NOT PROVIDE A NAME/DESCRIPTION, ENTER "SHORT-TERM CASH ASSSISTANCE"

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income: Public sources/subsidies; Government program participation
Source:	Los Angeles Family and Neighborhood Survey (LAFANS)
Year of Administration:	2000-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input checked="" type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	L.A.FANS is based on a stratified random sample of 65 neighborhoods (census tracts) in Los Angeles County. Poor neighborhoods were oversampled. In Wave 1, an average of 41 households were randomly selected and interviewed within each neighborhood, including an oversample of households with children under 18. Within each household, both adults and children were sampled and interviewed.
Item Limitations and Strengths for NSCCSD:	This series of questions collects disaggregated data on the receipt of government aid and subsidies from a large number of programs including unemployment, worker's compensation, social security, SSI, food stamps, public assistance, housing, etc., as well as the amount of aid received.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

A14. Now I am going to read you a list of types of income that many households receive. Please tell me whether or not you (IF R HAS PARTNER OR SPOUSE IN HH, FILL APPROPRIATE "and your partner/wife/husband"; IF THERE ARE 1 OR MORE CHILDREN <18 IN HH, FILL APPROPRIATE "and your child/children") in this household received any income from each of these sources in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000").

A15. Did (IF ROSTER LIST 1 HAS 1 PERSON, FILL "you", ELSE FILL, "any of you") receive income in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") from INTERVIEWER INSTRUCTION: READ EACH CATEGORY:

a. Child support payments.

- 1. YES**
- 5. NO**

b. Unemployment compensation.

- 1. YES**
- 5. NO**

c. Workers' Compensation

- 1. YES**
- 5. NO**

d. Social Security payments, including payments for children

- 1. YES**
- 5. NO**

e. SSI or Supplemental Security Income (a federal government program to provide money to disabled persons and low-income elderly)

- 1. YES**
- 5. NO**

f. Food stamps (income to lower income families to purchase food)

- 1. YES**
- 5. NO**

g. Public assistance payments. This includes CalWORKs, County Assistance, Cash assistance, TANF, AFDC, General Relief, or other government welfare payments.

- 1. YES**
- 5. NO**

h. Energy or housing assistance from the government

- 1. YES**
- 5. NO**

i. Foster care payments

1. YES

5. NO

j. Veteran's or VA payments

1. YES

5. NO

k. Income from pensions, retirement income, trusts, annuities or survivor benefits (not including income from IRAs, Keoghs or 401(K) accounts)

1. YES

5. NO

l. Alimony or maintenance payments

1. YES

5. NO

PROBE: While you may not know the exact amount, please tell me about how much it was.

A16. Who received income from [FILL SOURCE OF INCOME FROM A15] in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

A17. About how much income did [FILL<NAME FROM A16>] receive from [FILL <SOURCE OF INCOME IN A15>] in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Income: Social security, SSI, and WIC
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

(Since [fill MONTH1] 1st,) Did [fill TEMPNAME] receive any Social Security payments? @ Mark One Only

1. YES
2. NO

(Since [fill MONTH1] 1st,) Did [fill TEMPNAME] receive any Social Security on behalf of [TEMP]? @CHILD

1. YES
2. NO

Did [fill TEMPNAME] receive any Social Security for [fill SELF]? @SELF

1. YES
2. NO

Did [fill TEMPNAME] receive any income from a program called Supplemental Security Income that is, SSI?

- (1) Yes
- (2) No

Did [fill TEMPNAME] receive any Supplemental Security Income--that is, SSI-- on behalf of [CHILD]?

- (1) Yes
- (2) No

Did [fill TEMPNAME] receive any SSI income for [fill SELF]?

- (1) Yes
- (2) No

(At any time since [MONTH1] 1st,) did [fill TEMPNAME] receive benefits from WIC - the Women, Infants, and Children nutrition program [fill TEMP] for whom R is a mom, dad or guardian)

- (1) Yes
- (2) No

[NAMES (display children's names who are either less or equal to the age of 5]

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Government program participation
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	Data from this series of items along with income data can be used to model whether participants qualify for subsidies and predict who is a likely recipient of subsidies. These estimates can be used in addition to respondent-based reports of subsidy use.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

G5B. In the last calendar year did you receive any public assistance or welfare payments from the state or local welfare office?

- 1. YES ->GO TO G5B1**
- 2. NO ->GO TO G5C**

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

\$ _____

IF DK THEN ASK G5B2.

IF REFUSED THEN ASK G5B3.

G5B2. You may not be able to give us an exact figure for the public assistance or welfare payments you received in the last calendar year, but was it

- a) less than \$500**
- b) \$500 to less than \$1000**
- c) \$1000 to less than \$1500**
- d) \$1500 to less than \$2000**
- e) \$2000 to less than \$5000**
- f) \$5000 or more**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Government program participation; Income: Public sources/subsidies
Source:	Los Angeles Family and Neighborhood Survey (LAFANS)
Year of Administration:	2000-2008
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
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Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	L.A.FANS is based on a stratified random sample of 65 neighborhoods (census tracts) in Los Angeles County. Poor neighborhoods were oversampled. In Wave 1, an average of 41 households were randomly selected and interviewed within each neighborhood, including an oversample of households with children under 18. Within each household, both adults and children were sampled and interviewed.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the receipt of cash assistance from government programs. (See notes on programs with similar items in the receipt of child care subsidy section.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

A14. Now I am going to read you a list of types of income that many households receive. Please tell me whether or not you (IF R HAS PARTNER OR SPOUSE IN HH, FILL APPROPRIATE "and your partner/wife/husband"; IF THERE ARE 1 OR MORE CHILDREN <18 IN HH, FILL APPROPRIATE "and your child/children") in this household received any income from each of these sources in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000").

A15. Did (IF ROSTER LIST 1 HAS 1 PERSON, FILL "you", ELSE FILL, "any of you") receive income in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000") from INTERVIEWER INSTRUCTION: READ EACH CATEGORY:

a. Child support payments.

- 1. YES**
- 5. NO**

b. Unemployment compensation.

- 1. YES**
- 5. NO**

c. Workers' Compensation

- 1. YES**
- 5. NO**

d. Social Security payments, including payments for children

- 1. YES**
- 5. NO**

e. SSI or Supplemental Security Income (a federal government program to provide money to disabled persons and low-income elderly)

- 1. YES**
- 5. NO**

f. Food stamps (income to lower income families to purchase food)

- 1. YES**
- 5. NO**

g. Public assistance payments. This includes CalWORKs, County Assistance, Cash assistance, TANF, AFDC, General Relief, or other government welfare payments.

- 1. YES**
- 5. NO**

h. Energy or housing assistance from the government

- 1. YES**
- 5. NO**

i. Foster care payments

1. YES

5. NO

j. Veteran's or VA payments

1. YES

5. NO

k. Income from pensions, retirement income, trusts, annuities or survivor benefits (not including income from IRAs, Keoghs or 401(K) accounts)

1. YES

5. NO

l. Alimony or maintenance payments

1. YES

5. NO

PROBE: While you may not know the exact amount, please tell me about how much it was.

A16. Who received income from [FILL SOURCE OF INCOME FROM A15] in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

A17. About how much income did [FILL<NAME FROM A16>] receive from [FILL <SOURCE OF INCOME IN A15>] in (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")?

PROBE: While you may not know the exact amount, please tell me about how much it was.

\$ __ __, __ __ __ DURING ALL OF (IF "TODAY'S DATE" <= "12/31/2000", FILL "1999" ELSE FILL "2000")

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Government program participation
Source:	National Study of American Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other <u>All Households with adults under the age of 65</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the receipt of a range of government programs including cash assistance from a welfare program, food stamps, foster care, SSI, etc. Detailed follow-up questions are also asked of those receiving cash assistance or food stamps including the name of the program, the amount received, and whether aid was given in a lump sum amount.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

J1A. Just to be sure, in 2001, did anybody receive cash assistance from a state or county welfare program, on behalf of children in the household?

YES.....1 (GO TO BOX J2)

NO.....2 (GO TO J6)

BOX J2

DOES THE STATE HAVE A SPECIFIC TANF PROGRAM?

☐ YES ☐ GO TO J2B

☐ NO ☐ GO TO J2

J2B. Was this assistance received from {STATE TANF PROGRAM}?

YES.....1 (GO TO J3)

NO.....2 (GO TO J2)

J2. Was this assistance received from Temporary Assistance for Needy Families, or TANF, which used to be called AFDC? [PROBE: TANF is the Temporary Assistance for Needy Families Program, which used to be called Aid to Families with Dependent Children, or AFDC. *State-specific TANF and General Assistance program names appear in Appendix.*]

YES.....1

NO.....2

J3. Was this assistance received from {STATE NAME FOR GENERAL ASSISTANCE}?

YES.....1

NO.....2

J3A. Was this assistance a one-time, lump sum cash payment from a state or county welfare program?

YES.....1

NO.....2

J6. In 2001, did anybody receive Food Stamps or a {STATE EBT CARD}?

YES.....1

NO.....2

BOX J5

DOES ANYONE IN THE HH GET CASH ASSISTANCE (J1 = 1 OR J1A = 1)?

☐ YES ☐ GO TO J5

☐ NO ☐ GO TO J7

J5. In 2001, apart from Food Stamps, did anybody receive vouchers or coupons from the welfare office to help pay for special expenses? [NOTE: FOOD STAMPS MUST NOT BE INCLUDED HERE. THEY GO IN PREVIOUS QUESTION (J6)]

YES.....1

NO.....2

J7. [In 2001, did anybody receive] child support?

YES.....1

NO.....2

J8. [In 2001, did anybody receive] foster care payments?

YES.....1

NO.....2

J11B. [In 2001, did anybody receive] veterans' benefits?

YES.....1

NO.....2

J13A. [In 2001, did anybody receive] Social Security disability benefits, or SSDI?

YES.....1

NO.....2

J13B. [In 2001, did anybody receive] private disability insurance payments?

YES.....1

NO.....2

BOX J13

**DID NOBODY RECEIVE SUPPLEMENTAL SECURITY, WORKER'S
COMPENSATION, VETERAN'S BENEFITS, SOCIAL SECURITY
DISABILITY, OR PRIVATE DISABILITY PAYMENTS (J12 = 2, J11A = 2,
J11B = 2, J13A = 2, AND J13B = 2)?**

☐ **YES** ☐ **GO TO J12A**

☐ **NO** ☐ **GO TO J13**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Language
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Does this person speak a language other than English at home?

- ☐ Yes
- ☐ No (SKIP PATTERN)

What is this language? _____

(For example: Korean, Italian, Spanish, Vietnamese)

How well does this person speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Language
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Mark One Only [fill INTROFIL] speak a language other than English at home? DO NOT COUNT AMERICAN SIGN LANGUAGE AS NON-ENGLISH LANGUAGE [fill UNDER5FIL]

- (1) Yes
- (2) No, only English

Who is that? _____

Anyone else? _____

What language [fill DODOES] [TEMPNAME] speak at home?

- (1) Spanish
- (2) French (include Creole)
- (3) German
- (4) Greek
- (5) Italian
- (6) Polish
- (7) Portuguese
- (8) Russian
- (9) Serbo-Croatian (include Bosnian, Yugoslavian)
- (10) Chinese (e.g. Cantonese, Mandarin) Japanese
- (11) Korean
- (12) Tagalog, Filipino
- (13) Vietnamese

OTHER LANGUAGES:

- (14) Arabic
- (15) Hindi, Urdu
- (16) African lang.(e.g. Swahili, Yoruba)
- (17) American Indian, Alaska Native lang.(e.g. Cherokee, Navajo, Yupik)

How well [fill DODOES] [TEMPNAME] speak English – would you say very well, well, not well, or not at all?

- (1) Very well
- (2) Well
- (3) Not well
- (4) Not at all

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Race/ethnicity
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is Person # of Hispanic, Latino or Spanish origin?

- No, not of Hispanic, Latino or Spanish origin.
- Yes, Mexican, Mexican American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, another Hispanic, Latino or Spanish origin.
Specify:

What is Person #'s race? (mark one or more boxes)

- White
- Black, African Am., or Negro
- American Indian or Alaska Native (specify tribe)
- Asian Indian
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify race)
- Some other race (specify) _____

What is this person's ancestry or ethnic origin? _____

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Race/ethnicity
Source:	National Immunization Survey
Year of Administration:	1995-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C2_06Q3_X Is [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5] Hispanic or Latino? (INCLUDES MEXICAN, MEXICAN-AMERICAN, CENTRAL AMERICAN, SOUTH AMERICAN OR PUERTO RICAN, CUBAN, OR OTHER SPANISH-CARIBBEAN)

- 1. YES.....GO TO C2_A_X
- 2. NO GO TO C3
- 77. DON'T KNOW GO TO C3
- 99. REFUSED..... GO TO C3

C2_A_06Q3_X Is [child] Mexican, Mexican-American, Central American, South American, Puerto Rican, Cuban, or other Spanish-Caribbean? **CLICK ALL THAT APPLY**

- MEXICAN/MEXICANO..... 1
- MEXICAN-AMERICAN..... 2
- CENTRAL AMERICAN 3
- SOUTH AMERICAN 4
- PUERTO RICAN 5
- CUBAN/CUBAN AMERICAN..... 6
- SPANISH-CARIBBEAN 7
- OTHER SPANISH/HISPANIC (SPECIFY)..... 10
- DON'T KNOW..... 77
- REFUSED..... 99
- ENTER OTHER SPECIFY _____

C3 Now, I am going to read a list of categories. Please choose one or more of the following categories to describe [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.]'s race. Is [FILL VAR: NAME OF FIRST/SECOND...NINTH CHILD, FROM S3.5.] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander? **CLICK ALL THAT APPLY**

- WHITE..... 1
- BLACK/AFRICAN AMERICAN..... 2
- AMERICAN INDIAN..... 3
- ALASKA NATIVE..... 4
- ASIAN..... 5
- NATIVE HAWAIIAN 6
- PACIFIC ISLANDER 7
- OTHER..... 8
- DON'T KNOW..... 77
- REFUSED..... 99
- ENTER OTHER SPECIFY _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Race/ethnicity
Source:	National Longitudinal Study of Youth (NLSY), 1997
Year of Administration:	1997-2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input checked="" type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	This questionnaire is from the 1997 Cohort (NLSY97). This format does not comply with OMB regulations regarding the collection of race data since 2002.
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Is [NAME] of Hispanic, Latino, or Spanish origin?

- 1 YES
- 0 NO

Which of the following is [NAME]?

(SELECT ALL THAT APPLY.)

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 OTHER? (SPECIFY)

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Race/ethnicity
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

First time asked:

Please choose one or more races (from this card) that [fill NAME1FIL] [fill NAME2FIL] to be.

Subsequent times asked:

(How about/And) [fill TEMPNAME]...?

(What race(s) [fill DODOES] [fill NAME3FIL] [fill NAME2FIL] to be?)

PROBE IF RESPONSE IS "HISPANIC" OR "LATINO", OR A SPECIFIC HISPANIC ORIGIN (E.G. "MEXICAN", "CUBAN") ENTER ALL THAT APPLY/ENTER (N) FOR NO MORE/RE-ENTER PRECODE TO DELETE

- (1) White**
- (2) Black or African American**
- (3) American Indian or Alaska Native**
- (4) Asian**
- (5) Native Hawaiian or Other Pacific Islander**
- (6) Other - DO NOT READ**

Which of the following Native Hawaiian or Other Pacific Islander groups [fill CONSIDERFIL]? READ EACH ITEM ENTER ALL THAT APPLY ENTER (N) FOR NO MORE

- (1) Native Hawaiian**
- (2) Guamanian or Chamorro**
- (3) Samoan**
- (4) Other Pacific Islander - DO NOT READ**

READ ONLY IF NECESSARY: What is [fill PTEMPNAME] other race?

- (1) Aleut
- (2) African American
- (3) American Nation, Ethnic Group or Tribe
- (4) American
- (5) American Indian or Alaska Native
- (6) Anglo-Saxon
- (7) Arab
- (8) Asian
- (9) Asian Indian
- (10) Black
- (11) Brazilian
- (12) Caucasian
- (13) Chicano
- (14) Chinese
- (15) Creole
- (16) Cuban or Cuban American
- (17) Eskimo
- (18) European
- (19) Filipino
- (20) German
- (21) Guamanian or Chamorro
- (22) Hispanic
- (23) Jamaican
- (24) Japanese
- (25) Korean
- (26) Latin American
- (27) Latino
- (28) Mexican or Mexican American
- (29) Native American
- (30) Native Hawaiian or Other Pacific Islander
- (31) Negro
- (32) Puerto Rican
- (33) Samoan
- (34) Scotch-Irish
- (35) Spanish
- (36) Vietnamese
- (37) West Indian
- (38) White
- (39) No race given
- (40) Other - DO NOT READ

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Residency
Source:	National Child Care Survey 1990: Parent Survey
Year of Administration:	1989-1990
Survey Design:	<input checked="" type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	
Question Wording:	M14. How long have you lived in your neighborhood? ___ Years and ___ Months

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Demographics
Measure:	Residency
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Did this person live in the house apartment 1 year ago?

- ☐ **Person is under 1 year old (SKIP PATTERN)**
- ☐ **Yes, this house (SKIP PATTERN)**
- ☐ **No, outside the United States and Puerto Rico (Specify name of foreign country, or U.S. Virgin Islands, Guam, etc.) (SKIP PATTERN)**
- ☐ **No, different house in the United States or Puerto Rico**

Where did this person live 1 year ago?

- ☐ **Address (number and street name) _____**
- ☐ **Name of city, town or post office _____**
- ☐ **Name of U.S. county or municipio in Puerto Rico _____**
- ☐ **Name of U.S. State or Puerto Rico _____**
- ☐ **Zip code _____**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Child care-related employment barriers
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u>
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>The sequencing in this series of questions –first asking whether various types of changes in the respondent’s work schedules or activities occurred and then why the change occurred –may improve reporting of work barriers/changes. However, asking about the main reason a change occurred may lead to underestimation of child care-related barriers, as child care barriers may be one of a set of reasons and may not be perceived by respondents as the most salient reason.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

D1: IF RESPONDENT IS NOT CURRENTLY WORKING AND C10=YES, SAY: You mentioned earlier that you did work in the past. What is the main reason you stopped working?

- Couldn't afford child care
- Preferred not to work while children are young
- Had problems finding a child care provider I felt comfortable with
- Had problems finding a child care arrangement in a convenient location
- Had problems finding a child care arrangement for the hours I needed it
- Pregnant/new baby/paternity leave
- Family member had special needs
- Illness/health-related reasons
- Not interested in working/don't need the money
- Lacked necessary job skills
- Spouse did not like respondent working
- Moved/relocated
- In school or training
- Other

D2: During the time you have had young children, did you ever reduce the number of hours you worked?

- Yes
- No

D3: Why was that?

- Preferred not to work while children were young
- Child care problems
- Couldn't afford child care
- Got pregnant/had a child/took paternity
- Started having to stay home with other dependents
- Own illness/health reasons
- Fired/laid off
- Did not make enough money
- Did not like job
- Spouse did not like respondent working
- Relocated/moved
- Returned to schooling/job training
- Other

D6: At any time in the past 12 months, have you had to quit a job, school, job search or a training activity because you had problems arranging child care or keeping a child care arrangement?

- Yes
- No

D7: And, at any time in the past 12 months, did you not take a job or not start a training program because you had problems arranging child care or keeping a child care arrangement?

- Yes
- No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Child care-related employment barriers
Source:	National Household Education Surveys: Early Childhood Program Participation
Year of Administration:	1991; 1995; 1999; 2001; 2005
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with children age 0 to 6 not enrolled in kindergarten</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Note that item PU32 was asked in 2001 but not repeated in 2005. Analyses of the NHES questions suggest less than optimal psychometric properties, including low test-retest reliability (Lippman and Guzman, personal communication with Chris Chapman, January 12, 2006).
Item Limitations and Strengths for NSCCSD:	Data for these measures are collected from both mothers and fathers, regarding employment, school attendance, and participation in training programs. Data are collected in reference to a focal child, and thus will likely underestimate child care barriers from the perspective of parents. Though both employed and unemployed parents are asked about barriers in the NHES, the wording of the questions differs by employment status, thus limiting the ability of analysts to create a common indicator across these two groups.

Question Wording:

EMPLOYED MOTHER Q's

PU19. (2001; 2005) Have (CHILD)'s (child/after-school) care needs influenced ((your/his/her)(mother/stepmother/foster mother/grandmother)/(NAME)'s) choice of a job or work schedule in any way?

1. Yes
2. No

PU20. (2001; 2005) How easy is it for (you/her) to leave work if (CHILD/one of your children/one of her children gets sick or needs (you/her) unexpectedly? Would you say...

1. (Very) easy
2. Somewhat easy
3. Not very easy
4. Difficult

PU32. (2001) Does (that arrangement/the time (CHILD) is in school) cover all of the hours that (you/CHILD's (mother/stepmother/foster mother)) (are/is) at (work) (or) (school or training)?

1. Yes (GO TO BOX BEFORE PVINTRO)
2. No (GO TO PU33)

EMPLOYED FATHER Q's

PU19. (2005) Have (CHILD)'s (child/after-school) care needs influenced ((your/his/her)(mother/stepmother/foster mother/grandmother)/(NAME)'s) choice of a job or work schedule in any way?

1. Yes
2. No

PU20. (2001; 2005) How easy is it for (you/him) to leave work if (CHILD/one of your children/one of her children gets sick or needs (you/her) unexpectedly? Would you say...

1. (Very) easy
2. Somewhat easy
3. Not very easy
4. Difficult

UNEMPLOYED MOTHER Q's

PU22. (2001) Would (you/(CHILD)'s (mother/stepmother/foster mother)) be working outside of the home if (you/she) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

1. Yes
2. No

PU23. (2001) Would (you/(CHILD)'s (mother/stepmother/foster mother)) enter job training or school if (you/she) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

1. Yes
2. No

UNEMPLOYED FATHER Q's

PV21. (2001) Would (you/(CHILD)'s (father/stepfather/foster father)) be working outside of the home if (you/he) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

- 1. Yes**
- 2. No**

PV22. (2001) Would (you/(CHILD)'s (father/stepfather /foster father)) enter job training or school if (you/he) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

- 1. Yes**
- 2. No**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Child care-related employment barriers
Source:	National Survey of Children's Health
Year of Administration:	2003-2004; 2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 18 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Note this question is only asked for children ages 0-5, and comes from the 2003-2004 version of the questionnaire.
Item Limitations and Strengths for NSCCSD:	Data are collected at the family level and thus cannot be linked to an individual household member. Data are also collected regarding a focal child and may underestimate problems for parents with multiple children.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

S6Q54. [During the past 12 months/Since (CHILD)'s birth], did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of problems with child care for (CHILD)?

- 0. No**
- 1. Yes**
- 6. DON'T KNOW**
- 7. REFUSED**

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Child care-related employment barriers; Flexibility
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>D3G-D3I, D3Q-D3R, and D6-D15 are the most relevant questions for child care-related employment barriers.</p>
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on a wide range of child care-related employment barriers and the extent to which respondents' jobs offer flexibility for child care-related matters. Together, this list of questions taps into barriers that employed parents working in a large number of sectors and industries may face,

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

varying from unstable or irregular work schedules to travel for work. Additionally, a series of questions collects data on the role child care may play in the job search and decision making process. Because affirmative reports for any particular item may be low, analysts may wish to construct a composite measure of barriers or flexibility for all respondents. However, such a composite measure would need to be developed carefully.

No problems were detected in the feasibility test from this series of items; however, the response distributions were relatively low, consistent with previous studies.

Question Wording:

(NOTE: Chart should have 5 columns, one for the question and one for each job 1-4, but was reduced to 3 to fit in template)

Questions:	job1	job 2, job 3, and/or job 4
D3G. [Do you/Does s/he] work the same days and times each week?	1 Yes 2 No	1 Yes 2 No
[if d3g=no] D3h. How far in advance [do you/does s/he] generally know [your/his/her] work schedule?	1 Less than 24 hours 2 1-3 days 3 4-7 days 4 8 days or more	1 Less than 24 hours 2 1-3 days 3 4-7 days 4 8 days or more
D3I. How much control [do you/does s/he] have over [your/his/her] work schedule?	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER
D3J. [Do you/does s/he] ever have to travel for work so that you are away from home overnight?	1 Yes 2 No	1 Yes 2 No
D3K. Is it possible for [you/him/her] to work from home occasionally?	1 Yes 2 No	1 Yes 2 No
D3L. What happens at this job if [you are/s/he is] 30 minutes late for work? IF NEEDED: What would happen on a normal day, when nothing special was scheduled?	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. Other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. Other
D3m. [Do you/does s/he] get any paid holidays?	1 Yes 2 No	1 Yes 2 No
D3N. [Are you/is s/he] allowed any paid time off for personal illness?	1 Yes 2 No	1 Yes 2 No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

D3O. Can your children or a provider get in touch with [you/him/her] while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No
D3P. Can [you/she/he] get in touch with your child(ren) or a provider while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No
D3Q. [Are you/is s/he] allowed to take a few days off to care for a sick child without losing pay, without losing vacation days AND without having to make up some other reason for the absence?	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRU- TION AFTER PC13.	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRU- TION AFTER PC13.
D3R. Please tell me how much you agree with the following statement: at the place where [you work/s/he works], employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or family needs are less likely to get ahead in their jobs. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

1 Yes

2 No

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

1 Yes

2 No

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

1 Yes (ask D7b)

2 No (skip to D8)

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

1 Yes (ask D7c)

2 No (ask D7d)

D7C. Did you have to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

1 Yes (skip to D8)

2 No (skip to D8)

D7D. I'd like to understand how far you pursued that opportunity.

1. Did you provide written materials, an application, or meet with someone? Y N

2. [if D7D1=y] Did you get a written or verbal offer with a specific job title and rate of pay? Y N

3. [if D7D2=y] Did you initially say that you would take the work? Y N

D7E. Would you have had to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

1 Yes

2 No (go to D8)

D7F. Did concerns about child-care have anything to do with your not pursuing that opportunity further?

1 Yes

2 No (go to D8)

D7G. What concerns about child-care did you have? (code all that apply)

- 1 Couldn't find care quickly enough
- 2 Couldn't find anyone for enough hours
- 3 Couldn't find anyone for the specific schedule (e.g., nights, weekends, variable, etc.)
- 4 Found care but didn't like the quality
- 5 Child care costs would be too high compared to income
- 6 Did not want to work as many hours as required
- 7 Other

D8. [Have you/has s/he] changed, reduced or increased [your/his/her] usual weekly work hours...

- | | | |
|--|---|---|
| 1 Because you wanted to use less child care? | Y | N |
| 2 Because of when you could get child care? | Y | N |
| 3 Because you were trying to reduce the amount you pay for child care? | Y | N |
| 4 So that you could earn enough to pay for child care? | Y | N |
| 5 Because you had to keep your subsidy or eligibility for child care? | Y | N |

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

D9. In the past 3 months, about how many days have you [or your spouse/partner] worked from home?

_____ Days IF 0, SKIP TO D10.

D9A. How many of those days did you [or your spouse/partner] work from home for a child-care related reason, such as wanting to stay nearby for a sick child, you didn't have a child-care arrangement in place, or your child-care provider was sick?

_____ Days

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

_____ Days IF 0, SKIP TO D11.

D10A. How many of these days did you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home?

_____ Days

D11. During the past 3 months, how many days were you or your spouse late to work or did you have to leave early for any reason?

_____ Days IF 0, SKIP TO D12.

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

_____ Days

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

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

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

D15. Do you or your spouse participate in a cafeteria-style flexible spending account at work so that you can pay for child care expenses out of pre-tax income?

1 Yes

2 No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Employer information
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Detailed information about employer name (item 2) or business/industry (item 3) may not be useful for the NSCCSD, given its relatively small sample sizes.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

1. Was this person:
 - f. an employee of a **PRIVATE FOR PROFIT** company or business, or of an individual, for wages, salary, or commissions?
 - g. an employee of a **PRIVATE NOT FOR PROFIT**, tax-exempt, or charitable organization?
 - h. a local **GOVERNMENT** employee (city, county, etc.)?
 - i. a state **GOVERNMENT** employee?
 - j. a Federal **GOVERNMENT** employee?
 - k. **SELF-EMPLOYED** in own **NOT INCORPORATED** business, professional practice, or farm?
 - l. **SELF-EMPLOYED** in own **INCORPORATED** business, professional practice, or farm?
 - m. working **WITHOUT PAY** in family business or farm?
2. For whom did this person work? _____
(If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces.)
Specify: Name of company, business, or other employer.
3. What kind of business or industry was this? _____
4. Is this mainly:
 - a. Manufacturing?
 - b. Wholesome trade?
 - c. Retail trade?
 - d. Other (agriculture, construction, service, government, etc.)?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Employment (general)
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on whether household members worked in the last week and last 12 months.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

2. LAST WEEK, did this person work for pay at a job (or business)?
 - a. Yes (SKIP PATTERN)
 - b. No—did not work (or retired)
3. At what location did this person do ANY work LAST WEEK, even for as little as one hour? (yes/no→SKIP to question 34a)
 - a. Address
 - b. Name of city, town or post office
 - c. Is this work location inside the limits of that city of town?
 - Yes
 - No, outside of city/town limits
 - d. Name of county
 - e. Name of U.S. state or foreign country
 - f. Zip code
3. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? *Count paid time off as work.*
 - a. Yes
 - b. No
4. During the PAST 12 MONTHS, in the WEEKSWORKED, how many hours did this person usually work each WEEK?
 - 50 to 52 weeks
 - 48 to 49 weeks
 - 40 to 47 weeks
 - 27 to 39 weeks
 - 14 to 26 weeks
 - 13 weeks or less

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Employment (general)
Source:	Survey of Income and Program Participation (SIPP)
Year of Administration:	1984-2006
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input checked="" type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input checked="" type="checkbox"/> Other <u>All household members over 15</u> <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on whether respondent was employed in a paid job since date of last interview, whether the respondent was self-employed, did any unpaid work, and reason for not working. This sequence of questions is likely to improve reporting of occasional paid work as well as unpaid work.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

Did [fill TEMPNAME] have at least one paid job, either full or part time, at any time between [fill MONTH1] 1st and today? [fill BIGTEMP]

- (1) Yes
- (2) No

Did [fill TEMPNAME] do any work at all that earned some money?

- (1) Yes
- (2) No

Was that for an employer or [fill WASWERE] [fill TEMPNAME] self-employed or did [fill HESHE] have some other arrangement?

OTHER ARRANGEMENTS INCLUDE ODD JOBS, ON-CALL WORK, DAY LABOR, ONE-TIME JOBS, AND INFORMAL ARRANGEMENTS LIKE BABYSITTING, LAWN MOWING, OR LEAF RAKING FOR NEIGHBORS.

- (1) Employer
- (2) Self-Employed
- (3) Both employer and self-employed
- (4) Some other arrangement

Did [fill TEMPNAME] do any unpaid working a family business or farm?

- (1) Yes
- (2) No

What is the main reason [fill TEMPNAME] did not work at a job or business between [fill MONTH1] 1st and today?

- (1) Temporarily unable to work because of an injury
- (2) Temporarily unable to work because of an illness
- (3) Unable to work because of chronic health condition or disability
- (4) Retired
- (5) Pregnancy/childbirth
- (6) Taking care of children/other persons
- (7) Going to school
- (8) Unable to find work
- (9) On layoff (temporary or indefinite)
- (10) Not interested in working at a job
- (11) Other

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Employment (general); Transportation/commute; Work schedule
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>D1A-D1D and D2-D3F are the most relevant questions for employment (general).</p>
Item Limitations and Strengths for NSCCSD:	This series of questions collects detailed data on the employment training and scheduling of respondents and their spouses/partners along with detailed information regarding work hours and commute time for the last week. Information on the work hours and commute is collected in a similar manner to the schedule of

child care arrangements for each child, thus allowing an analyst to compare parents' work and commute schedules to their children's care schedules to identify, for example, any gaps in care coverage. Collecting such detailed information for work and commute schedule may increase respondent burden and survey length in particular for those reporting about their spouse/partner's work activities and multiple children.

No problems were detected with this series of question in the feasibility test or in the cognitive interviews. As in the case with the care schedule series, respondents in the cognitive interviews reported that the chronological calendar approach aided their recall.

Question Wording:

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

D1A. I'm going to ask you about (your/HHMEM's) current work situation. Last week, did (you/s/he) do any work for pay? IF NEEDED: Please include freelance work, work in the military, work for a family-owned business even if (you/s/he) did not get paid, and work on (your/his/her) own business or farm.

- 1. YES**
- 2. NO**

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

- 1. YES, ENROLLED**
- 2. NO, NOT ENROLLED**

D1C. Other than high school, college, or university, did (you/s/he) attend any courses or training programs last week designed to help people find a job, improve their job skills, or learn a new job?

- 1. YES, IN TRAINING**
- 2. NO, NOT IN TRAINING**

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

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

D1D_1. What time did (you/s/he) begin work on last Monday?

D1D_2. What time did (you/s/he) end work last Monday?

**D1D_2a. Did (you/s/he) work another shift or job on Monday?
IF YES, ASK D1D_1.**

IF D1B=2 AND D1C=2 THEN ASK D1D3. OTHERWISE GO TO D1D_5.

D1D_3. How long did it take (you/him/her) to commute to work from home last Monday?

D1D_4. How long did it take (you/him/her) to get home from work last Monday?

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

D1D_5. What time last Monday did (you/s/he) begin school?

D1D_6. What time did (you/s/he) end school last Monday?

D1D_6a. Did (you/s/he) go to school another time on Monday? IF YES, ASK D1D-5.

D1D_7. How long did it take (you/him/her) to commute to school last Monday?

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

D1D_9. What time last Monday did (you/s/he) begin training?

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

D1D_11. How long did it take (you/him/her) to commute to training last Monday?

(NOTE: Chart should have 5 columns, one for the question and one for each job 1-4, but was reduced to 3 to fit in template)

Questions:	job1	job 2, job 3, and/or job 4
D2. Title or Name of Job		
D2A. Name of firm or work they do		
D3a. Same number of hours per week?	1 Yes 2 No	1 Yes 2 No
D3B. Usual hours per week		
D3D. Usual Wage and Time Unit	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
D3E. Years at this job		
D3F. ZIP code at job location		
D3G. [Do you/Does s/he] work the same days and times each week?	1 Yes 2 No	1 Yes 2 No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

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

EMPLOYMENT SCHEDULE	MON	TUES	WED	THURS	FRI	SAT	SUN
D1D_1. TIME BEGAN WORK							
D1D_2. TIME END WORK							
D1D_3. COMMUTE TO WORK							
D1D_4. COMMUTE BACK FROM WORK							
D1D_5. TIME BEGAN SCHOOL							
D1D_6. TIME END SCHOOL							
D1D_7. COMMUTE TO SCHOOL							
D1D_8. COMMUTE BACK FROM SCHOOL							
D1D_9. TIME BEGAN TRAINING							
D1D_10. TIME END TRAINING							
D1D_11. COMMUTE TO TRAINING							
D1D_12. COMMUTE BACK FROM TRAINING							

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Employment type
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	These items are used to collect verbatim responses adequate to code occupation. Post-data collection coding is an added expense, and the level of detail on occupation is likely greater than what is necessary to support the analytic objectives of the NSCCSD.
Question Wording:	<ul style="list-style-type: none"> ▪ What kind of work was this person doing? _____ ▪ What were this person's most important activities or duties? _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Flexibility
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u> <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u> <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar questions were included in the NSCCSD design questionnaire that underwent a feasibility test and cognitive testing.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on various types of child care-related barriers to work, and flexibility in child care and work arrangements including scheduling, penalties for taking off work to care for a sick child, sick leave, and ability to coordinate work and family life. Past research suggests a relatively low percentage of respondents in a national sample report experiencing any one of these problems. However, creating a composite measure of work/child care barriers and supports may provide a more accurate picture and may adjust for differences in the types of barriers/supports present across various sectors and industries.

Question Wording:

G3: Are you allowed to take a few days off to care for a sick child without losing pay, without using vacation days, AND without having to make up some other reason for your absence?

- Yes, in only one job
- Yes, in more than one job
- No
- Don't know
- Refused

G7: Please tell me how much you agree with the following statement: At the place where you work, employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or family needs are LESS likely to get ahead in their jobs. Do you...

- Strongly agree,
- Somewhat agree,
- Somewhat disagree,
- Strongly disagree?

G12a: How many of these days (days you were late to work) were you late or did you leave early because of your child care responsibilities?

G13: Approximately how many days in the last three months did you have to make special arrangements for (CHILD)'s care because (PROVIDER) was sick or unavailable? Don't count days when you would have had a holiday anyway. _____

G14: 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 reasons). Don't count days when you would have had a holiday anyway. _____

G15: How true are the following statements? Are they . . . not true at all, not usually true, somewhat true or very true?

- My work schedule makes it easy to be on time
- I work a regular day shift
- My work schedule keeps changing
- My shift and work schedule cause extra stress for me and my child
- Where I work it's difficult to deal with child care problems during working hours
- In my work schedule I have enough flexibility to handle family needs
- I rely on my caregiver to be flexible about hours
- My caregiver is willing to work with me about my work schedule
- I have changed my work schedule in order to keep the care I have
- I find it difficult to balance work and family life

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Flexibility; Child care-related employment barriers
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>D3I- D3R are the most relevant questions for flexibility.</p>
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on a wide range of child care-related employment barriers and the extent to which respondents' jobs offer flexibility for child care-related matters. Together, this list of questions taps into barriers that employed parents working in a large number of sectors and industries may face,

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

varying from unstable or irregular work schedules to travel for work. Additionally, a series of questions collects data on the role child care may play in the job search and decision making process. Because affirmative reports for any particular item may be low, analysts may wish to construct a composite measure of barriers or flexibility for all respondents. However, such a composite measure would need to be developed carefully.

No problems were detected in the feasibility test from this series of items; however, the response distributions were relatively low, consistent with previous studies.

Question Wording:

(NOTE: Chart should have 5 columns, one for the question and one for each job 1-4, but was reduced to 3 to fit in template)

Questions:	job1	job 2, job 3, and/or job 4
D3G. [Do you/Does s/he] work the same days and times each week?	1 Yes 2 No	1 Yes 2 No
[if d3g=no] D3h. How far in advance [do you/does s/he] generally know [your/his/her] work schedule?	1 Less than 24 hours 2 1-3 days 3 4-7 days 4 8 days or more	1 Less than 24 hours 2 1-3 days 3 4-7 days 4 8 days or more
D3I. How much control [do you/does s/he] have over [your/his/her] work schedule?	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER	1 I set my own hours 2 I can pick or rule out some shifts 3 I have very little control 4 OTHER
D3J. [Do you/does s/he] ever have to travel for work so that you are away from home overnight?	1 Yes 2 No	1 Yes 2 No
D3K. Is it possible for [you/him/her] to work from home occasionally?	1 Yes 2 No	1 Yes 2 No
D3L. What happens at this job if [you are/s/he is] 30 minutes late for work? IF NEEDED: What would happen on a normal day, when nothing special was scheduled?	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. Other	1. Nothing 2. Don't get paid for 30 minutes 3. Lose my shift 4. Get a bad assignment 5. Get a warning and could eventually lose my job 6. Other
D3m. [Do you/does s/he] get any paid holidays?	1 Yes 2 No	1 Yes 2 No
D3N. [Are you/is s/he] allowed any paid time off for personal illness?	1 Yes 2 No	1 Yes 2 No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

D3O. Can your children or a provider get in touch with [you/him/her] while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No
D3P. Can [you/she/he] get in touch with your child(ren) or a provider while [you are/s/he is] at work?	1 Yes 2 No	1 Yes 2 No
D3Q. [Are you/is s/he] allowed to take a few days off to care for a sick child without losing pay, without losing vacation days AND without having to make up some other reason for the absence?	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRU- TION AFTER PC13.	1 Yes 2 No IF HHMEM NOT R OR R'S SPOUSE/PARTNER, SKIP TO INSTRU- TION AFTER PC13.
D3R. Please tell me how much you agree with the following statement: at the place where [you work/s/he works], employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or family needs are less likely to get ahead in their jobs. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
2 No

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

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

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

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

D7C. Did you have to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

- 1 Yes (skip to D8)
2 No (skip to D8)

D7D. I'd like to understand how far you pursued that opportunity.

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

D7E. Would you have had to change anything about your child-care arrangements to take the opportunity, for example, change your regular hours, or find a new provider?

- 1 Yes**
2 No (go to D8)

D7F. Did concerns about child-care have anything to do with your not pursuing that opportunity further?

- 1 Yes**
2 No (go to D8)

D7G. What concerns about child-care did you have? (code all that apply)

- 1 Couldn't find care quickly enough
- 2 Couldn't find anyone for enough hours
- 3 Couldn't find anyone for the specific schedule (e.g., nights, weekends, variable, etc.)
- 4 Found care but didn't like the quality
- 5 Child care costs would be too high compared to income
- 6 Did not want to work as many hours as required
- 7 Other

D8. [Have you/has s/he] changed, reduced or increased [your/his/her] usual weekly work hours...

- | | | |
|---|----------|----------|
| 1 Because you wanted to use less child care? | Y | N |
| 2 Because of when you could get child care? | Y | N |
| 3 Because you were trying to reduce the amount you pay for child care? | Y | N |
| 4 So that you could earn enough to pay for child care? | Y | N |
| 5 Because you had to keep your subsidy or eligibility for child care? | Y | N |

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

D9. In the past 3 months, about how many days have you [or your spouse/partner] worked from home?

_____ Days IF 0, SKIP TO D10.

D9A. How many of those days did you [or your spouse/partner] work from home for a child-care related reason, such as wanting to stay nearby for a sick child, you didn't have a child-care arrangement in place, or your child-care provider was sick?

_____ Days

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

_____ Days IF 0, SKIP TO D11.

D10A. How many of these days did you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home?

_____ Days

D11. During the past 3 months, how many days were you or your spouse late to work or did you have to leave early for any reason?

_____ Days IF 0, SKIP TO D12.

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

_____ Days

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

_____ Days

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

_____ Days

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

D15. Do you or your spouse participate in a cafeteria-style flexible spending account at work so that you can pay for child care expenses out of pre-tax income?

1 Yes

2 No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Transportation/commute; Employment (general); Work schedule
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>D1D_3- D1D_4, D1D_6- D1D_7, D1D_11- D1D_12, and D3J are the most relevant questions for transportation/commute.</p>
Item Limitations and Strengths for NSCCSD:	This series of questions collects detailed data on the employment training and scheduling of respondents and their spouses/partners along with detailed information regarding work hours and commute time for the last week. Information

on the work hours and commute is collected in a similar manner to the schedule of child care arrangements for each child, thus allowing an analyst to compare parents' work and commute schedules to their children's care schedules to identify, for example, any gaps in care coverage. Collecting such detailed information for work and commute schedule may increase respondent burden and survey length in particular for those reporting about their spouse/partner's work activities and multiple children.

No problems were detected with this series of question in the feasibility test or in the cognitive interviews. As in the case with the care schedule series, respondents in the cognitive interviews reported that the chronological calendar approach aided their recall.

Question Wording:

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

D1A. I'm going to ask you about (your/HHMEM's) current work situation. Last week, did (you/s/he) do any work for pay? IF NEEDED: Please include freelance work, work in the military, work for a family-owned business even if (you/s/he) did not get paid, and work on (your/his/her) own business or farm.

- 3. YES**
- 4. NO**

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

- 3. YES, ENROLLED**
- 4. NO, NOT ENROLLED**

D1C. Other than high school, college, or university, did (you/s/he) attend any courses or training programs last week designed to help people find a job, improve their job skills, or learn a new job?

- 1. YES, IN TRAINING**
- 2. NO, NOT IN TRAINING**

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

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

D1D_1. What time did (you/s/he) begin work on last Monday?

D1D_2. What time did (you/s/he) end work last Monday?

**D1D_2a. Did (you/s/he) work another shift or job on Monday?
IF YES, ASK D1D_1.**

IF D1B=2 AND D1C=2 THEN ASK D1D3. OTHERWISE GO TO D1D_5.

D1D_3. How long did it take (you/him/her) to commute to work from home last Monday?

D1D_4. How long did it take (you/him/her) to get home from work last Monday?

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

D1D_5. What time last Monday did (you/s/he) begin school?

D1D_6. What time did (you/s/he) end school last Monday?

D1D_6a. Did (you/s/he) go to school another time on Monday? IF YES, ASK D1D-5.

D1D_7. How long did it take (you/him/her) to commute to school last Monday?

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

D1D_9. What time last Monday did (you/s/he) begin training?

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

D1D_11. How long did it take (you/him/her) to commute to training last Monday?

(NOTE: Chart should have 5 columns, one for the question and one for each job 1-4, but was reduced to 3 to fit in template)

Questions:	job1	job 2, job 3, and/or job 4
D2. Title or Name of Job		
D2A. Name of firm or work they do		
D3a. Same number of hours per week?	1 Yes 2 No	1 Yes 2 No
D3B. Usual hours per week		
D3D. Usual Wage and Time Unit	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
D3E. Years at this job		
D3F. ZIP code at job location		
D3G. [Do you/Does s/he] work the same days and times each week?	1 Yes 2 No	1 Yes 2 No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

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

EMPLOYMENT SCHEDULE	MON	TUES	WED	THURS	FRI	SAT	SUN
D1D_1. TIME BEGAN WORK							
D1D_2. TIME END WORK							
D1D_3. COMMUTE TO WORK							
D1D_4. COMMUTE BACK FROM WORK							
D1D_5. TIME BEGAN SCHOOL							
D1D_6. TIME END SCHOOL							
D1D_7. COMMUTE TO SCHOOL							
D1D_8. COMMUTE BACK FROM SCHOOL							
D1D_9. TIME BEGAN TRAINING							
D1D_10. TIME END TRAINING							
D1D_11. COMMUTE TO TRAINING							
D1D_12. COMMUTE BACK FROM TRAINING							

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Transportation/commute
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Carpooling is not likely of substantive interest to the NSCCSD. Commute mode and length may be, but such questions would probably best be asked in conjunction with transportation to/from child care as well as work.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

4. How did this person usually get to work LAST WEEK? *If this person usually used more than one method of transportation during the trip, mark (X) in the box of the one used for most of the distance.*

- a. Car, truck or van
- b. Bus or trolley bus
- c. Streetcar or trolley car
- d. Subway or elevated
- e. Ferryboat
- f. Taxicab
- g. Motorcycle
- h. Bicycle
- i. Walked
- j. Worked at home (SKIP PATTERN)
- k. Other method

Answer following question if you marked “car, truck or van” in previous question, otherwise skip question.

5. How many people, including this person, usually rode to work in the car, truck or van LAST WEEK?

6. What time did this person usually leave home to go to work LAST WEEK? (hour/minute/am/pm)

7. How many minutes did it usually take this person to get from home to work LAST WEEK?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Unemployment/labor force participation
Source:	American Community Survey (ACS)
Year of Administration:	1996-2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input checked="" type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input checked="" type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	It may not be necessary to determine the labor force participation status of NSCCSD respondents, although the extent of active job search would likely be informative.
Item Limitations and Strengths for NSCCSD:	

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

LAST WEEK, was this person on layoff from a job?

- Yes (SKIP PATTERN to Q3)
- No

LAST WEEK, was this person temporarily absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. (SKIP PATTERN to Q6)
- No (SKIP PATTERN to Q6)

Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes (SKIP PATTERN to Q5)
- No

During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
- No (SKIP PATTERN to Q5)

LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

When did this person last work, even for a few days?

- Within the past 12 months
- 1 to 5 years ago → SKIP PATTERN
- Over 5 years ago or never worked → SKIP PATTERN

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Wages
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.
Item Limitations and Strengths for NSCCSD:	Questions in this series collect data on the total number of hours the respondent worked in the previous week and the amount he/she is paid. By allowing respondents to report their wages in any time unit they choose (hour, day, week, month, year), data quality should be improved. Analysts can compute wages in a common unit across all respondents using the data collected. It is unclear how

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

accurately respondents can report about their partner/spouse's earnings. No problems were detected with this series of questions in the feasibility test.

Question Wording:

WHEN UP TO 4 JOBS HAVE BEEN ROSTERED, ASK:

D3A. (Do you/does s/he) usually work the same number of hours per week at that job?

D3B. About how many hours (do you/does s/he) usually work at that job each week?

D3C. (Do you/does s/he) usually work the same days and hours each week at that job?

D3D. About how much (are you/is s/he) paid at that job? RECORD WAGE AND UNIT (E.G., HOURLY, WEEKLY, PER YEAR, ETC.)

(NOTE: Chart should have 5 columns, one for the question and one for each job 1-4, but was reduced to 3 to fit in template)

Questions:	job1	job 2, job 3, and/or job 4
D2. Title or Name of Job		
D2A. Name of firm or work they do		
D3a. Same number of hours per week?	1 Yes 2 No	1 Yes 2 No
D3B. Usual hours per week		
D3D. Usual Wage and Time Unit	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
D3M. [Do you/does s/he] get any paid holidays?	1 Yes 2 No	1 Yes 2 No
D3N. [Are you/is s/he] allowed any paid time off for personal illness?	1 Yes 2 No	1 Yes 2 No

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

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Wages
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u>
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the respondent's wages. By collecting data on the unit of time wages are received, analysts can compute wages across respondents using a common metric.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C6: How much money do you earn from this job? _____

C7: Is that per:

- **Hour**
- **Day**
- **Week**
- **Month**
- **Year**

C7a: Is that before taxes, or is that after taxes?

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Wages
Source:	National Study of American Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with adults under the age of 65</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the wages of the respondent and his/her spouse. It is unclear how well respondents can accurately report on their spouses' wages.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

I30. {For the purpose of this survey, it is important to obtain some information on how much [you are/(SPOUSE/PARTNER) is] paid on [your/(his/her) main job?} [Are you/Is (SPOUSE/PARTNER)] paid by the hour {on (his/her) main job)?

- Yes
- No

I31. What is [your/(SPOUSE/PARTNER)'s] regular hourly pay, including tips and commissions? \$ _____

I33/34. Before taxes or other deductions, how much [are you/is (SPOUSE/PARTNER)] paid on this job, including tips and commissions?

AMOUNT \$_____

- Daily
- Weekly
- Bi-weekly
- Twice a month
- Monthly
- Annually

I41A. You mentioned that [you/(SPOUSE/PARTNER)] currently (have/has) more than one job. Not including earnings you just told me about on (your/his/her) main job, about how much (were you/was NAME) paid on (your/his/her) other job(s) last month, all together, before taxes and deductions? [DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT _____

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Work disruptions
Source:	Minnesota Statewide Household Child Care Survey
Year of Administration:	2004; 2009
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input checked="" type="checkbox"/> All Households with Children Under 13 <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Other <u>Hmong & Somali</u>
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	Question collects data on whether the respondent has not been able to accept or keep the type of job they want because of problems with child care. This question provides information about the type of child care-related work problems/barriers parents may experience. Because this question is asked only in regard to respondents' jobs, child care barriers experienced at the family level may be underestimated.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

11. In the past 12 months, have any problems with child care prevented you from accepting or keeping the kind of job you want?

Yes	1
No	2
Refused	7
Don't know	8

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Work schedule; Transportation/commute; Employment (general)
Source:	National Study of Child Care Supply & Demand Design Questionnaire
Year of Administration:	N/A
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input type="checkbox"/> Infants/Toddlers <input type="checkbox"/> Preschoolers <input type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____ <u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	<p>The NSCCSD questionnaire was developed by the study design team drawing from earlier surveys, prior research, and in consultation with substantive experts. This questionnaire includes a household-based demand survey and center- and home-based provider supply surveys. The questionnaire underwent cognitive testing and a feasibility test which targeted selected topics and questions. The findings of these tests are included when appropriate. Please note that the survey may be subject to modification prior to its national fielding.</p> <p>D1D_1- D1D_4, D3A-D3C, and D3G-D3I are the most relevant questions for work schedule.</p>
Item Limitations and Strengths for NSCCSD:	This series of questions collects detailed data on the employment training and scheduling of respondents and their spouses/partners along with detailed information regarding work hours and commute time for the last week. Information

on the work hours and commute is collected in a similar manner to the schedule of child care arrangements for each child, thus allowing an analyst to compare parents' work and commute schedules to their children's care schedules to identify, for example, any gaps in care coverage. Collecting such detailed information for work and commute schedule may increase respondent burden and survey length in particular for those reporting about their spouse/partner's work activities and multiple children.

No problems were detected with this series of question in the feasibility test or in the cognitive interviews. As in the case with the care schedule series, respondents in the cognitive interviews reported that the chronological calendar approach aided their recall.

Question Wording:

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

D1A. I'm going to ask you about (your/HHMEM's) current work situation. Last week, did (you/s/he) do any work for pay? IF NEEDED: Please include freelance work, work in the military, work for a family-owned business even if (you/s/he) did not get paid, and work on (your/his/her) own business or farm.

- 5. YES**
- 6. NO**

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

- 5. YES, ENROLLED**
- 6. NO, NOT ENROLLED**

D1C. Other than high school, college, or university, did (you/s/he) attend any courses or training programs last week designed to help people find a job, improve their job skills, or learn a new job?

- 1. YES, IN TRAINING**
- 2. NO, NOT IN TRAINING**

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

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

D1D_1. What time did (you/s/he) begin work on last Monday?

D1D_2. What time did (you/s/he) end work last Monday?

**D1D_2a. Did (you/s/he) work another shift or job on Monday?
IF YES, ASK D1D_1.**

IF D1B=2 AND D1C=2 THEN ASK D1D3. OTHERWISE GO TO D1D_5.

D1D_3. How long did it take (you/him/her) to commute to work from home last Monday?

D1D_4. How long did it take (you/him/her) to get home from work last Monday?

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

D1D_5. What time last Monday did (you/s/he) begin school?

D1D_6. What time did (you/s/he) end school last Monday?

D1D_6a. Did (you/s/he) go to school another time on Monday? IF YES, ASK D1D-5.

D1D_7. How long did it take (you/him/her) to commute to school last Monday?

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

D1D_9. What time last Monday did (you/s/he) begin training?

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

D1D_11. How long did it take (you/him/her) to commute to training last Monday?

(NOTE: Chart should have 5 columns, one for the question and one for each job 1-4, but was reduced to 3 to fit in template)

Questions:	job1	job 2, job 3, and/or job 4
D2. Title or Name of Job		
D2A. Name of firm or work they do		
D3a. Same number of hours per week?	1 Yes 2 No	1 Yes 2 No
D3B. Usual hours per week		
D3D. Usual Wage and Time Unit	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____	\$ _____ 1 per hour 2 per day 3 per week 4 per year 5 other _____
D3E. Years at this job		
D3F. ZIP code at job location		
D3G. [Do you/Does s/he] work the same days and times each week?	1 Yes 2 No	1 Yes 2 No

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

EMPLOYMENT SCHEDULE	MON	TUES	WED	THURS	FRI	SAT	SUN
D1D_1. TIME BEGAN WORK							
D1D_2. TIME END WORK							
D1D_3. COMMUTE TO WORK							
D1D_4. COMMUTE BACK FROM WORK							
D1D_5. TIME BEGAN SCHOOL							
D1D_6. TIME END SCHOOL							
D1D_7. COMMUTE TO SCHOOL							
D1D_8. COMMUTE BACK FROM SCHOOL							
D1D_9. TIME BEGAN TRAINING							
D1D_10. TIME END TRAINING							
D1D_11. COMMUTE TO TRAINING							
D1D_12. COMMUTE BACK FROM TRAINING							

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Work schedule
Source:	National Study of Child Care for Low-Income Families
Year of Administration:	1997-2007
Survey Design:	<input type="checkbox"/> Cross-sectional <input type="checkbox"/> Repeated cross-sectional <input checked="" type="checkbox"/> Longitudinal
Sample:	<input type="checkbox"/> National <input type="checkbox"/> State <input checked="" type="checkbox"/> Multi-State <input checked="" type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Low-income working families with children under the age of 13 in non-parental care</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input checked="" type="checkbox"/> Other <u>Low-income households</u>
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input type="checkbox"/> Phone survey <input checked="" type="checkbox"/> In-person survey <input checked="" type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	Similar data is collected in the NSCCSD design questionnaire.
Item Limitations and Strengths for NSCCSD:	This series of questions collects data on the respondent's and spouse's work schedules, including variations in weekly work schedules and number of hours worked, as well as shift hours. Because these questions are asked of each job, the presence of shift work or varying work schedules is not likely to be underestimated at the respondent level.

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

C4: FOR EACH JOB ASK: Do you work the same number of hours every week or does your schedule vary week to week?

1. Yes
2. No

C4a: Do you work the same number of hours each day or does your daily schedule vary day to day?

1. Yes
2. No

C4b: Last week how many hours did you work at (this job/these jobs)?

1. Yes
2. No

C5: Does your job require you to work weekends, nights or evenings after 6pm, or early morning hours before 6am?

1. Yes
2. No

C15: Does your (spouse/partner) work the same number of hours each week or does (his/her) schedule vary week to week?
(answers for each individual job)

1. Yes
2. No

C15a: Does s/he work the same number of hours each day or does (his/her) schedule vary day to day?

1. Yes
2. No

C15c: Is (his/her) job (are any of his/her jobs) seasonal?

1. Yes
2. No

C16: Does (his/her) job (any of his/her jobs) require (him/her) to work weekends, nights or evenings after 6pm, or early morning hours before 6am?

1. Yes
2. No

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Construct:	Employment
Measure:	Work schedule
Source:	National Study of American Families (NSAF)
Year of Administration:	1997; 1999; 2002
Survey Design:	<input type="checkbox"/> Cross-sectional <input checked="" type="checkbox"/> Repeated cross-sectional <input type="checkbox"/> Longitudinal
Sample:	<input checked="" type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Multi-State <input type="checkbox"/> Local
Data Source:	<input type="checkbox"/> Provider survey <input checked="" type="checkbox"/> Household survey
Study Population Sampled (P)/ Oversampled (O):	<u>Households:</u> <input type="checkbox"/> All Households <input type="checkbox"/> All Households with Children Under ____ <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Low-income <input type="checkbox"/> Non-English <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Native American <input checked="" type="checkbox"/> Other <u>Households with adults under the age of 65</u>
	<u>Providers:</u> <input type="checkbox"/> All Providers <input type="checkbox"/> Centers <input type="checkbox"/> Family Child Care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Pre-K <input type="checkbox"/> Head Start/Early Head Start <input type="checkbox"/> Before school care <input type="checkbox"/> After school care <input type="checkbox"/> Other _____
Study Unit of Analysis:	<u>Households:</u> <input checked="" type="checkbox"/> Focal child <input type="checkbox"/> All children <input type="checkbox"/> Parent <input type="checkbox"/> Family <input type="checkbox"/> Household <input type="checkbox"/> Employed Adult <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care center <input type="checkbox"/> Child care center classroom <input type="checkbox"/> Family child care <input type="checkbox"/> Friend, Family, Neighbor <input type="checkbox"/> Child care provider <input type="checkbox"/> Child care director <input type="checkbox"/> Other _____
Study Mode of Administration:	<input checked="" type="checkbox"/> Phone survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Self-administered survey <input type="checkbox"/> Observation <input type="checkbox"/> Other _____
Age of Children (or Children Served) in Study:	<input checked="" type="checkbox"/> Infants/Toddlers <input checked="" type="checkbox"/> Preschoolers <input checked="" type="checkbox"/> School-age <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Respondent:	<u>Households:</u> <input checked="" type="checkbox"/> Parent or Most Knowledgeable Adult (MKA) <input type="checkbox"/> Child <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
	<u>Providers:</u> <input type="checkbox"/> Child care director <input type="checkbox"/> Child care administrative personnel <input type="checkbox"/> Child care provider: <input type="checkbox"/> Center child care provider <input type="checkbox"/> Family child care provider <input type="checkbox"/> Friend, family, and neighbor child care provider <input type="checkbox"/> Not specified <input type="checkbox"/> Other _____
Study Languages:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
Notes Specific to Items:	
Item Limitations and Strengths for NSCCSD:	<p>This series of questions collects data on the respondents' and spouses' work schedules including number of hours worked per week, whether hours are worked during non-standard hours, number of hours worked per day, and whether work schedules have been selected to accommodate child care needs. The question on whether shift schedules were selected for child care reasons may improve reporting of this activity compared to questions which ask if child care reasons are the main reason for whether shift hours were selected. However, this question likely underestimates the percentage of parents who coordinate work schedules for child care reasons but do not work shift hours.</p>

Measures Compendium for the National Study of Child Care Supply and Demand: 2010

Question Wording:

I25. How many hours per week [do you/does (SPOUSE/PARTNER)] usually work on the job [you have/(SPOUSE/PARTNER) has] now? _____

I27. Considering all the jobs [you have/(SPOUSE/PARTNER) has] right now, {including self-employment}, how many hours per week on average [do you/does SPOUSE/PARTNER)] work? _____

I28. [Do you/Does (SPOUSE/PARTNER)] mostly work between 6 AM and 6 PM?

- 1. Yes**
- 2. No**

I29. During the last month, did you and (SPOUSE/PARTNER) work different hours so that the two of you could take turns caring for (your child/your children) while the other person worked?

- 1. Yes**
- 2. No**

I35. How many hours per day [do you/does (SPOUSE/PARTNER)] usually work?

HOURS _____

I51. How many hours did [you/(SPOUSE/PARTNER)] usually work per week last year, across all jobs? [INCLUDE OVERTIME, IF USUALLY WORKED OVERTIME]

HOURS _____