

NCS Data Collection Protocol Excerpts

DRAFT

6-Month Visit: Child Care Arrangements

Next, I'd like to ask you about different types of child care {CHILD} may receive from someone other than parents or guardians. This includes regularly scheduled care arrangements with relatives and non-relatives, and day care or early childhood programs, whether or not there is a charge or fee, but not occasional babysitting.

Section A: Any Regularly Scheduled Non-Parental Child Care

A01. Does {CHILD} currently receive any regularly scheduled care from someone other than a parent or guardian, for example from relatives, non-relatives, or a child care center or program?

- Yes 1
No 2
REFUSED 9--97
DON'T KNOW 9--98

BOX A02
CHECK ITEM:
IF CHILD IS CURRENTLY RECEIVING REGULAR NON-PARENTAL CARE (A01 = 1), GO TO SECTION B.
ELSE, END CHILD CARE ARRANGEMENTS SECTION.

Section B. Care by a Relative Other Than a Parent or Guardian

B01. I'd like you to think about all the care {CHILD} receives from relatives, for example, from grandparents, brothers or sisters, or any other relatives. This includes all regularly scheduled care arrangements with relatives that happen at least weekly, but does not include occasional babysitting. Including all of these regular arrangements, how many total hours each week does {CHILD} receive care from relatives?

NUMBER OF HOURS PER WEEK

OR

- REFUSED 9--97
DON'T KNOW 9--98

BOX B02
CHECK ITEM:
IF CHILD IS CURRENTLY RECEIVING CARE FROM RELATIVES FOR 10 OR MORE HOURS PER WEEK (B01 >= 10) GO TO B04.
ELSE, GO TO SECTION C.

B04. How many care arrangements with relatives does {CHILD} have that are regularly scheduled for 10 hours or more each week?

|_|_|

NUMBER OF CARE ARRANGEMENTS AT 10 HOURS OR MORE

OR

- REFUSED..... 9--97
- DON'T KNOW 9--98

BOX B05

CHECK ITEM:

- IF CHILD HAS ONE OR MORE RELATIVE CARE ARRANGEMENTS THAT LAST FOR 10 OR MORE HOURS PER WEEK (B04 ≥ 1), GO TO BOX B06.
- ELSE, GO TO SECTION C.

BOX B06

CHECK ITEM:

- ASK B07 THROUGH B31 FOR EACH RELATIVE WHO PROVIDES 10 OR MORE HOURS PER WEEK OF CARE FOR CHILD

B07. [Let's start with the relative who provides the most care for {CHILD} now./Now let's talk about the next relative who cares for {CHILD}]. How is this person related to {CHILD}?

- Grandmother 1
- Grandfather..... 2
- Aunt..... 3
- Uncle 4
- Brother 5
- Sister 6
- Another Relative (SPECIFY): _____ 7
- REFUSED..... 9--97
- DON'T KNOW 9--98

B10. Is the care provided by {{CHILD}'s {RELATIVE}/that relative} in your home or in another home?

- Own home 1
- Other home 2
- Both/Varies 3
- REFUSED..... 9--97
- DON'T KNOW 9--98

B13. Does {{CHILD}'s {RELATIVE}/that relative} who provides this care live in your household? PROBE: Include persons living in in-law suites, above garages, or in quarters attached to house.

- Yes 1
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW 9--98

B16. How many hours each week does {CHILD} receive care from {{his/her}{RELATIVE}/that relative)?

|_|_|
NUMBER OF HOURS PER WEEK

OR

- REFUSED..... 9--97
- DON'T KNOW 9--98

B19. How old was {CHILD} in months when this particular regular care arrangement with {{his/her} {RELATIVE}/that relative) began?

|_|_|
AGE IN MONTHS WHEN CARE WITH RELATIVE BEGAN

OR

- REFUSED..... 9--97
- DON'T KNOW 9--98

B22. How many children are usually cared for together, in the same group at the same time, by {{CHILD}'s {RELATIVE}/that relative}, counting {CHILD}?

|_|_|
NUMBER OF CHILDREN

OR

- REFUSED..... 9--97
- DON'T KNOW 9--98

B25. How many adults usually care for {CHILD} at the same time during that care arrangement?

|_|_|
NUMBER OF ADULTS

OR

- REFUSED..... 9--97
- DON'T KNOW 9--98

B28. Does the child care provider allow you or other parents to leave children who are sick?

- No, the parent/s have to make other arrangements if the child is at all sick (e.g., a cold or sniffles but no fever, or fever under some predetermined level, such as 100)..... 1
- No, the parent/s have to make other arrangements if the child is very sick (e.g., any fever over some predetermined level, such as 100.1)..... 2
- Yes, the parent/s can leave the child as usual 3
- Yes, the provider takes the child, but keeps him/her isolated from other children (or there are no other children) 4
- Yes, the provider takes the child, and makes other arrangements for the child (has someone else take care of the child, etc.) 5
- Other (SPECIFY): _____ 6
- REFUSED..... 9--97
- DON'T KNOW 9--98

BOX B29

CHECK ITEM:

- IF B10 = 2 or B10 = 3, GO TO B31.
- ELSE, GO TO B37.

B31. May I have the address where this relative provides care for your child? [IF NEEDED: We will not use this information to contact your relative. We will only use this information for analysis.]

STREET NUMBER STREET NAME APT #

CITY

_____|_____| _____|_____|_____|_____|

STATE ZIP CODE

BOX B29

CHECK ITEM:

- IF (CITY AND STATE) OR ZIP WAS PROVIDED IN B31, GO TO BOX B35.
- ELSE, GO TO B34.

B34. About how many miles is the {CHILD}'s {RELATIVE/relative caregiver} from your house?

_____|_____|

NUMBER OF MILES

BOX B35

CHECK ITEM:

- IF B04 = 1 (ONE RELATIVE ARRANGEMENT), GO TO B37.
- IF B04 ≥ 2 (MORE THAN ONE RELATIVE ARRANGEMENT), RETURN TO B07 UNTIL THE NUMBER OF ARRANGEMENTS IN B04 IS COMPLETED, THEN GO TO B37.

B37. Does {CHILD} have another care arrangement with a relative that is regularly scheduled for 10 hours or more per week?

- Yes..... 1 (GO TO B07)
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW 9--98

Section C: Care by a Non-Relative

Now I'd like to ask you about any regularly scheduled care {CHILD} receives from someone not related to {him/her}, either in your home or someone else's home. This includes all regularly scheduled care arrangements with non-relatives that happen at least weekly, including home child care providers, regularly scheduled sitter arrangements, or neighbors. This does not include day care centers, early childhood programs, or occasional babysitting.

C01. I'd like you to think about all the regularly scheduled care your child receives on a weekly basis from non-relatives in a home setting. Including all of these arrangements, how many total hours each week does {CHILD} receive care from non-relatives in a home setting?

|_|_|
NUMBER OF HOURS PER WEEK

OR

- REFUSED..... 9--97
- DON'T KNOW 9--98

BOX C02

CHECK ITEM:

- IF CHILD IS CURRENTLY RECEIVING CARE FROM NON-RELATIVES FOR 10 OR MORE HOURS PER WEEK (C01 ≥ 10), GO TO C04.
- ELSE, GO TO SECTION D.

C04. How many care arrangements with non-relatives does {CHILD} have that are regularly scheduled for 10 hours or more each week?

|_|_|

NUMBER OF CARE ARRANGEMENTS AT 10 HOURS OR MORE

OR

REFUSED..... 9--97

DON'T KNOW 9--98

BOX C05

CHECK ITEM:

- IF CHILD HAS ONE OR MORE NON-RELATIVE CARE ARRANGEMENTS THAT LAST FOR 10 OR MORE HOURS PER WEEK (C04 ≥ 1), GO TO BOX C06.
- ELSE, GO TO SECTION D.

BOX C06

CHECK ITEM:

- ASK C07 THROUGH C28 FOR EACH NON-RELATIVE WHO PROVIDES 10 OR MORE HOURS PER WEEK OF CARE FOR CHILD

C07. [Let's talk about the non-relative who provides the most care for {CHILD} now./Now let's talk about the next non-relative who cares for {CHILD}.]

Is that care provided in your home or another home?

- Own home 1
- Other home 2
- Both/Varies 3
- REFUSED..... 9--97
- DON'T KNOW 9--98

C10. Does this person who cares for {CHILD} live in your household? PROBE: Include persons living in in-law suites, above garages, or in quarters attached to house.

- Yes 1
- No..... 2
- REFUSED..... 9--97
- DON'T KNOW 9--98

C13. How many hours each week does {CHILD} receive care from that person?

|_|_|
NUMBER OF HOURS PER WEEK

OR

REFUSED..... 9--97
DON'T KNOW 9--98

C16. How old was {CHILD} in months when this particular care arrangement began?

|_|_|
AGE IN MONTHS WHEN CARE BEGAN

OR

REFUSED..... 9--97
DON'T KNOW 9--98

C19. How many children are usually cared for together, in the same group at the same time, by that person, counting {CHILD}?

|_|_|
NUMBER OF CHILDREN

OR

REFUSED..... 9--97
DON'T KNOW 9--98

C22. How many adults usually care for {CHILD} at the same time during that care arrangement?

|_|_|
NUMBER OF ADULTS

OR

REFUSED..... 9--97
DON'T KNOW 9--98

C25. Does the child care provider allow you or other parents to leave children who are sick?

- No, the parent/s have to make other arrangements if the child is at all sick (e.g., a cold or sniffles but no fever, or fever under some predetermined level, such as 100)..... 1
- No, the parent/s have to make other arrangements if the child is very sick (e.g., any fever over some predetermined level, such as 100.1)..... 2
- Yes, the parent/s can leave the child as usual 3
- Yes, the provider takes the child, but keeps him/her isolated from other children (or there are no other children) 4
- Yes, the provider takes the child, and makes other arrangements for the child (has someone else take care of the child, etc.) 5
- Other (SPECIFY): _____ 6
- REFUSED..... 9-97
- DON'T KNOW 9-98

BOX C23

CHECK ITEM:

- IF C07 = 2 or C07 = 3, GO TO C28.
- ELSE, GO TO C34.

C28. May I have the address where this person provides care for your child? [IF NEEDED: We will not use this information to contact your child's care provider. We will only use this information for analysis.]

STREET NUMBER	STREET NAME	APT #
CITY		
_ _ _	_ _ _ _ _ _ _	
STATE	ZIP CODE	

BOX C29

CHECK ITEM:

- IF (CITY AND STATE) OR ZIP WAS PROVIDED IN C28, GO TO BOX C32.
- ELSE, GO TO C31.

C31. About how many miles is the {CHILD}'s {RELATIVE/relative caregiver} from your house?

|_|_|
NUMBER OF MILES

BOX C32

CHECK ITEM:

- IF C04 = 1 (ONE NON-RELATIVE ARRANGEMENT), GO TO C34.
- IF C04 ≥ 2 (MORE THAN ONE 10 HOUR NON-RELATIVE ARRANGEMENT), RETURN TO C07 UNTIL THE NUMBER OF ARRANGEMENTS IN C04 IS COMPLETED, THEN GO TO C34.

C34. Does {CHILD} have another care arrangement with a non-relative that is regularly scheduled for 10 hours or more each week?

- Yes 1 (GO TO C07)
- No 2
- REFUSED 9--97
- DON'T KNOW 9--98

Section D. Center-Based Care

Now I want to ask you about child care centers {CHILD} may attend on a regular basis. Such centers include day care centers, early learning centers, nursery schools, and preschools.

D01. I'd like you to think about all the care your child receives from child care centers. This includes all regularly scheduled care arrangements in child care centers that happen at least weekly. Including all of these arrangements, how many total hours each week does {CHILD} receive care at child care centers?

|_|_|
NUMBER OF HOURS PER WEEK

OR

- REFUSED 9--97
- DON'T KNOW 9--98

BOX D02

CHECK ITEM:

- IF CHILD IS CURRENTLY RECEIVING CENTER-BASED CARE FOR 10 OR MORE HOURS PER WEEK, GO TO D04.
- ELSE, END CHILD CARE INTERVIEW.

D04. How many different child care center arrangements does {CHILD} have, where {CHILD} goes for at least 10 hours each week?

|_|_|
NUMBER OF CARE ARRANGEMENTS AT 10 HOURS OR MORE

OR

- REFUSED 9--97
- DON'T KNOW 9--98

BOX D05

CHECK ITEM:

- IF CHILD HAS ONE OR MORE CENTER-BASED CARE ARRANGEMENT THAT LASTS FOR 10 OR MORE HOURS PER WEEK (D04 ≥ 1), GO TO BOX D06.
- ELSE, END CHILD CARE INTERVIEW.

BOX D06

CHECK ITEM:

- ASK D07 THROUGH D22 FOR EACH CHILD CARE CENTER WHERE THE CHILD SPENDS 10 OR MORE HOURS PER WEEK.

D07. [Let's talk about the program where {CHILD} spends most of his/her time./Now let's talk about the next program that {CHILD} currently goes to.] How many hours each week does {CHILD} go to that program?

|_|_|
NUMBER OF HOURS PER WEEK

OR

REFUSED..... 9--97
DON'T KNOW 9--98

D10. How old was {CHILD} in months when {he/she} started going to this particular program?

|_|_|
AGE IN MONTHS WHEN CARE BEGAN

OR

REFUSED..... 9--97
DON'T KNOW 9--98

D13. How many children are usually in {CHILD}'s room or group, at the same time, at that program, counting {CHILD}?

|_|_|
NUMBER OF CHILDREN

OR

REFUSED..... 9--97
DON'T KNOW 9--98

D16. How many adults are usually in {CHILD}'s room or group, at the same time, at that program?

|_|_|
NUMBER OF ADULTS

OR

REFUSED..... 9--97
DON'T KNOW 9--98

D19. Does the child care provider allow you or other parents to leave children who are sick?

- No, the parent/s have to make other arrangements if the child is at all sick (e.g., a cold or sniffles but no fever, or fever under some predetermined level, such as 100)..... 1
- No, the parent/s have to make other arrangements if the child is very sick (e.g., any fever over some predetermined level, such as 100.1)..... 2
- Yes, the parent/s can leave the child as usual..... 3
- Yes, the provider takes the child, but keeps him/her isolated from other children (or there are no other children)..... 4
- Yes, the provider takes the child, and makes other arrangements for the child (has someone else take care of the child, etc.) 5
- Other (SPECIFY): 6
- REFUSED..... 9--97
- DON'T KNOW 9--98

D22. May I have the address of this child care program? [IF NEEDED: We will not use this information to contact your child's care provider. We will only use this information for analysis.]

STREET NUMBER STREET NAME APT #

CITY

|_|_| |_|_|_|_|_|_|_|_|
STATE ZIP CODE

BOX D23

CHECK ITEM:

- IF (CITY AND STATE) OR ZIP WAS PROVIDED IN D22, GO TO BOX D26.
- ELSE, GO TO D25.

D25. About how many miles is the {CHILD}'s {RELATIVE/relative caregiver} from your house?

|_|_|
NUMBER OF MILES

BOX D26

CHECK ITEM:

- IF D04 = 1 (ONE 10 HOUR CENTER-BASED ARRANGEMENT), GO TO D28.
- IF D04 ≥ 2 (MORE THAN ONE 10 HOUR CENTER-BASED ARRANGEMENT), RETURN TO D07 UNTIL THE NUMBER OF ARRANGEMENTS IN D04 IS COMPLETED, THEN GO TO D28.

D28. Does {CHILD} go to another child care center for at least 10 hours a week?

- Yes 1 (GO TO D07)
- No..... 2
- REFUSED..... 9-97
- DON'T KNOW 9-98

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