

Child Care and Health in America

October 2016



CHILD CARE AND HEALTH IN AMERICA

EXECUTIVE SUMMARY

A new poll among parents in the U.S. with children in child care was conducted by NPR, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health to examine parents' selection of and experiences with child care. The poll included parents of a child cared for regularly by someone other than a parent, including a relative, a non-relative (e.g., a family or home daycare, a nanny, or a babysitter), or a center (e.g., a daycare or preschool)¹. This poll sought to answer several questions:

- How do parents rate the quality of their child care?
- What are parents' priorities when selecting child care, and what challenges do they face?
- What impact do parents think child care has had on their child? On them personally?
- Do parents believe child care has lasting effects?
- How do parents feel about policies to promote health in child care?
- What challenges do parents face when a child is sick and unable to receive their usual care?

Poll findings suggest a major gap between parents' and research experts' assessments of the quality of child care in the U.S. Studies by experts on the state of U.S. child care suggest a majority of child care is not high quality^{2,3}. The findings of this poll show that most parents share the opposite view. Parents rate the quality of their own child's care highly, and many further believe their child care offers a range of activities to promote their child's development. The poll findings also suggest parents seek quality when choosing a particular provider, and thus believe they find it. These findings amplify concerns that parents may overestimate what experts consider to be the quality of their child's care.⁴

In addition to quality, cost and convenience play a key role in child care choice. Cost is also the most commonly reported challenge in finding care. Further, it continues to be an issue once parents have found care, with many saying the cost of care is a problem for their families - especially for those who feel their financial situation is not strong. These findings correspond to a number of other recent surveys showing the burden of child care cost on families today^{5,6,7}.

Another critical issue in finding child care is the availability of options that parents feel suit their needs. A majority of parents felt they had limited options for child care, and a substantial number say finding care for their child was difficult. Parents who say their financial situation is not strong are especially likely to say this.

Despite the challenges, most parents report that child care has had a positive impact on their families. A majority believe child care has benefitted their child's overall well-being, development, and health. Furthermore, many parents - especially mothers - feel child care has had substantial benefits for their own health and well-being and for their relationship with the child.

Parents also support the idea that child care has lasting effects on a child’s overall well-being, health, and success in their education and career.

Not all parents say their child care has policies to promote health, such as limiting sugary foods or screen time, but those whose child care does implement these policies view them favorably.

Parents face challenges finding back-up care when a child gets sick and cannot receive their usual care. Many working parents have to miss work, and parents report negative repercussions for themselves or their spouses such as docked pay or getting in trouble with a supervisor. Findings suggest that, in households with two working parents, mothers are more likely to stay home with a sick child than fathers. While parents most often cite job flexibility as a driver for this decision, traditional views of gender roles are also important.

Conclusion: Overall, findings suggest that parents value and seek out quality child care, believing it benefits their child, them and the parent-child relationship. However, parents face challenges related to limited options for child care, a lack of information about its quality, and cost.

These findings therefore highlight the importance of enhancing child care for parents in three ways. First, it is important to provide better information for parents about the quality of their child care. While parents may not have the same priorities as experts, the contrast in parent and expert assessments does suggest there is a more fundamental need for national standards and ratings about the features of child care that foster long-term developmental and health benefits for children. As part of these ratings, it may benefit parents to have robust data reflecting parents’ views of their experiences. Second, findings emphasize the need to make child care more affordable for parents and to help parents find financial means to pay for care. Finally, findings support expanding the availability of child care options that are both high quality and affordable. Addressing these challenges and thus improving access to high quality child care holds important benefits for U.S. children and their families.

¹ This sample includes parents or guardians of a child five years old or younger not yet in kindergarten who receive regularly scheduled care at least once a week from someone other than a parent. For those whose child receives more than one type of regularly scheduled non-parental care each week, parents were asked about the setting where the child spends the most time per week. For those with more than one qualifying child, a random child was selected as the target-child for the interview.

² National Institute of Child Health and Human Development, NIH, DHHS. 2006. *The NICHD Study of Early Child Care and Youth Development (SECCYD): Findings for Children up to Age 4 1/2 Years (05-4318)*. Available online at: https://www.nichd.nih.gov/publications/pubs/documents/seccyd_06.pdf.

³ Helburn, S., et al. 1995. *Cost, Quality, and Child Outcomes in Child Care Centers*. Available online at: <http://files.eric.ed.gov/fulltext/ED386297.pdf>.

⁴ Helburn, S., et al.

⁵ Pew Research Center, “Parenting in America”. December 2015. Available online at: <http://www.pewsocialtrends.org/2015/12/17/parenting-in-america/>.

⁶ Washington Post Child Care Poll. July 2015. Available online at: https://www.washingtonpost.com/page/2010-2019/WashingtonPost/2015/08/07/National-Politics/Polling/release_405.xml.

⁷ Allstate/National Journal Heartland Monitor Poll, “Childhood in America”. September 2013. Available online at: <http://heartlandmonitor.com/childhood-in-america/>.

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PERCEPTIONS OF CHILD CARE QUALITY

Most parents believe their child is receiving high quality child care, though experts suggest children may not be.

Poll findings suggest a major gap between parents' and research experts' assessments of the quality of child care in the U.S. Studies by experts on the state of U.S. child care suggest a majority of child care is not high quality. For example, findings from the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development published in 2006 indicate that a majority of child care in the U.S. is of "fair" quality, with less than 10% considered to be "very high" quality. The assessment was based on measures of "structural" features of child care – those that are sometimes regulated by public agencies, such as adult-to-child ratio and provider training – as well as "process" features – aspects of a child's daily experience in child care, such as interactions with providers, interactions with other children, and activities⁸. Earlier findings from the Cost, Quality and Child Outcomes in Child Care Centers study indicated comparable rates of quality among child care centers using similar measures, concluding that "child care at most centers in the United States is poor to mediocre"⁹.

The findings of this poll show that most parents share the opposite view. Parents rate the quality of their own child's care highly. Over half of parents in this poll (59%) rate the quality of their child's care as "excellent." Between 43% and 54% of parents give their child care an "excellent" rating for individual features of quality, such as the safety of the indoor and outdoor environment (54%), efforts to teach the child health habits (52%, among parents with a child three to five years old), activities for social development and friendships (50%), providers' training, education, and experience in caring for children (46%, among parents with a child cared for by someone other than a relative), activities for learning (46%), preparation for kindergarten and later schooling (45%, among parents with a child three to five years old), amount of individual attention (44%), and activities for physical development and exercise (43%).

FIGURE 1. Percent of parents giving their child care each rating for "quality of care" their child receives.

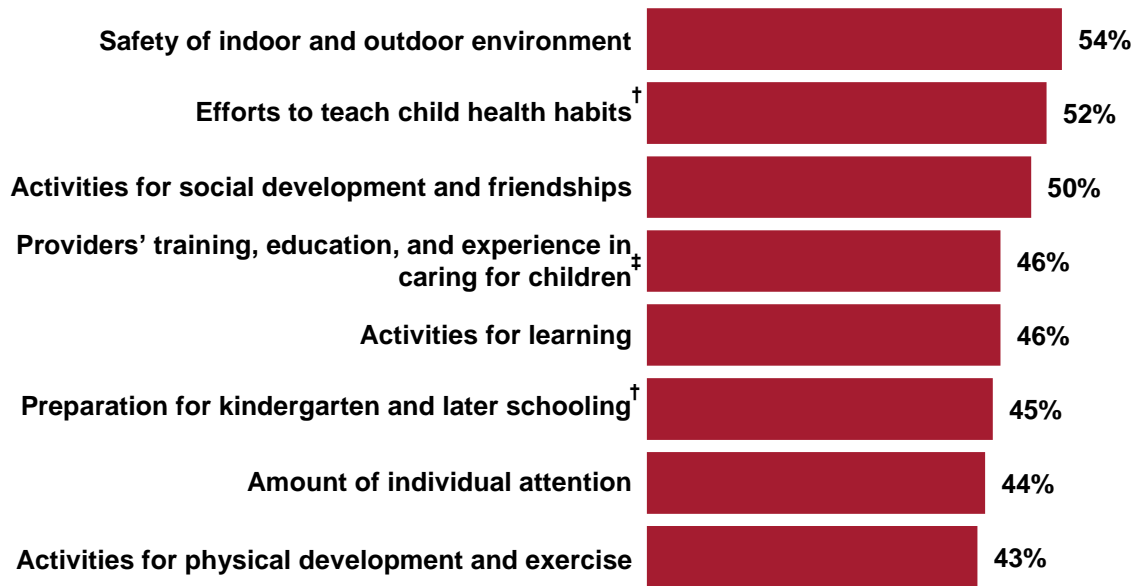


Base: Q8. Total sample (n=1120). Note: Responses of "don't know" and "refused" not shown; percentages may not add up to 100%.

⁸ National Institute of Child Health and Human Development, NIH, DHHS. 2006. *The NICHD Study of Early Child Care and Youth Development (SECCYD): Findings for Children up to Age 4 1/2 Years (05-4318)*. Available online at: https://www.nichd.nih.gov/publications/pubs/documents/seccyd_06.pdf.

⁹ Helburn, S., et al. 1995. *Cost, Quality, and Child Outcomes in Child Care Centers*. Available online at: <http://files.eric.ed.gov/fulltext/ED386297.pdf>.

FIGURE 2. Percent of parents rating their child care as “excellent” on individual features of quality.



Base: Q9. Total sample (n=1120); [†]among parents of a child three to five years old (n=684); [‡]among parents of a child cared for by someone other than a relative (n=851).

Those who identify the state of their household finances as not strong (“not so good” or “poor”) are less likely than those who feel their finances are strong (“good” or “excellent”) to rate several aspects of their child’s care as “excellent”, including providers’ training, education and experience (38% vs. 48%, among parents with a child cared for by someone other than a relative), preparation for kindergarten and later schooling (37% vs. 48%, among parents with a child three to five years old), and efforts to teach the child health habits (38% vs. 57%, among parents with a child three to five years old).

Most parents further believe their child care offers activities to encourage the child’s development. Many say their provider or program regularly reads with the child (86%) and has planned physical activities (82%), while roughly three-quarters say there are planned activities for understanding numbers or counting (78%) and arts and crafts (75%). Slightly fewer say there are planned musical activities (65%), while only about a third say their child care teaches the child a language other than the one spoken most often at home (34%). The majority of parents whose child care offers each of these activities believe it has a “major impact” on the child’s overall development. For example, among those who say the provider regularly reads with their child, 84% believe it has a “major impact” on their child’s overall development. Similarly, among those who say there are planned musical activities, 75% say this has a “major impact” on their child’s overall development.

Given their views of overall quality, specific features of quality, and developmental activities offered, it may not be surprising that a strong majority of parents (81%) say they are “very satisfied” with the care their child receives.

DRIVERS OF CHILD CARE CHOICE

Parents seek quality when choosing a provider or program, but affordability and convenience also play a key role.

Nearly three-quarters of parents (71%) whose child receives care from someone other than a relative give at least one quality-related reason for choosing their child’s particular provider or program over another provider or program. When asked to describe these reasons in their own words, key features of quality mentioned by parents are providers’ trustworthiness (20%), quality of care generally (14%), activities for learning/cognitive development (13%), and providers’ education and training (12%).

Beyond quality, other top reasons reflect the importance of cost and convenience in child care choice. Parents whose child receives care from someone other than a relative most commonly mention location (27%), cost (18%), and hours (8%) as reasons for choosing one provider or program over another.

TABLE 1. Percent of parents saying each is among the top two or three most important reasons for choosing their child’s particular provider or program rather than another provider or program, among those whose child is cared for by from someone other than a relative.

	%
Quality	71
Trustworthy providers	20
Quality of care generally	14
Activities for learning (cognitive development)	13
Educated/well-trained providers	12
Activities for building friendships (social development)	7
Amount of individual attention	6
Warm/kind providers	6
Experienced providers	5
Activities for exercise (physical development)	3
Cleanliness	3
Preparation for kindergarten/school	3
Food	2
Parental involvement	2
Safety of indoor environment	2
Type of education/curriculum	2
Special needs accommodation	2
Better for child’s health	1
Safety of outdoor environment	1
Safety generally	1
Accreditation/license	1
Bilingual/language program	1
Location	27
Cost	18
Hours	8
Personal familiarity	4
Available sooner	3
Religious reasons	3
Accepts voucher/subsidy	1
No other choices	1
Could accommodate both/all children	1
Other	9

Base: Q5. Among parents of a child cared for by someone other than a relative (n=851). Note: Responses of “don’t know” and “refused” not shown; responses of <0.5% not shown individually.

CHALLENGES OF FINDING CHILD CARE

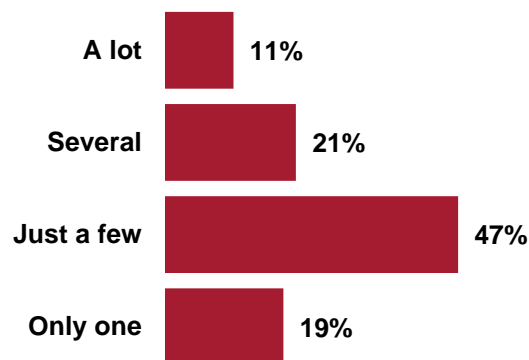
A substantial number of parents say they had a difficult time finding child care, with cost being the most common challenge. Many felt they had limited options.

Approximately one in three parents (32%) say it was difficult (“very” or “somewhat”) to find care for their child, and almost three-quarters of parents (72%) report facing at least one challenge finding care. Those who say the state of their household finances is not strong (“not so good” or “poor”) are more likely than those who feel their finances are strong (“good” or “excellent”) to say finding care was “very” or “somewhat” difficult (43% vs. 29%).

The most common challenge in finding care was cost (27%). Smaller shares report a lack of convenience (location, 13% or hours, 12%) or concerns about quality (quality of care generally, 12% or not trusting providers, 11%). Further, about four in ten parents (39%) say that the cost of paid child care in their area is not affordable for them (“not very” or “not at all”).

Roughly two in three parents (67%) say they had limited “realistic” options for child care, with nearly half (47%) saying they had “just a few” and approximately one in five (19%) saying they had “only one”.

FIGURE 3. Percent of parents who say they had a lot, several, just a few realistic care options or only one realistic care option for their child.



Base: Q4A. Total sample (n=1120). Note: Responses of “don’t know” and “refused” not shown; percentages may not add up to 100%.

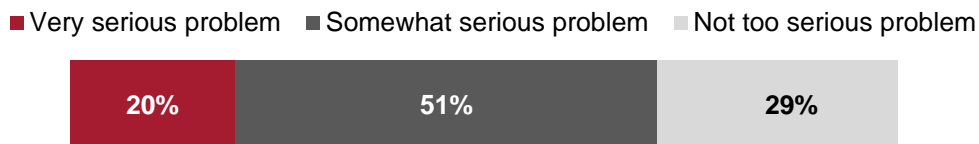
Those who say their household finances are not strong are more likely than their counterparts with strong finances to say they had limited options (“just a few” or “only one”) (79% vs. 63%). Further, those with limited options are less likely than their counterparts with more options (“several” or “a lot”) to say the quality of their child’s care is “excellent” (56% vs. 66%).

BURDEN OF CHILD CARE COST

Once parents have found care, many say the cost is a problem for their families.

More than two-thirds of parents (69%) say there is a fee for their child care. Child care arrangements among parents surveyed include many different types of care, representing a range of costs, but nearly a third of parents (31%) who have a fee for their child care say the cost has caused a financial problem for their household. Approximately three-quarters of those parents (71%) say it has caused a “very” or “somewhat” serious problem. When asked to rate the cost of their child care, most parents (60%) say it is not “excellent”.

FIGURE 4. Percent of parents saying the cost of their child care has caused a very serious, a somewhat serious, or a not too serious financial problem for their household, among those who say the cost has caused a problem.



Base: Q18-Q19. Among parents who say their child care’s charge or fee has caused a financial problem for their household (n=242). Note: Responses of “don’t know” and “refused” not shown; percentages may not add up to 100%.

Those who identify the state of their household finances as “not so good” or “poor” are more likely than those who feel their finances are “good” or “excellent” to say the cost of child care has caused a financial problem for their families (61% vs. 24%), and – among those for whom it has caused a problem – are more likely to say it has caused a “very serious” problem (36% vs. 9%).

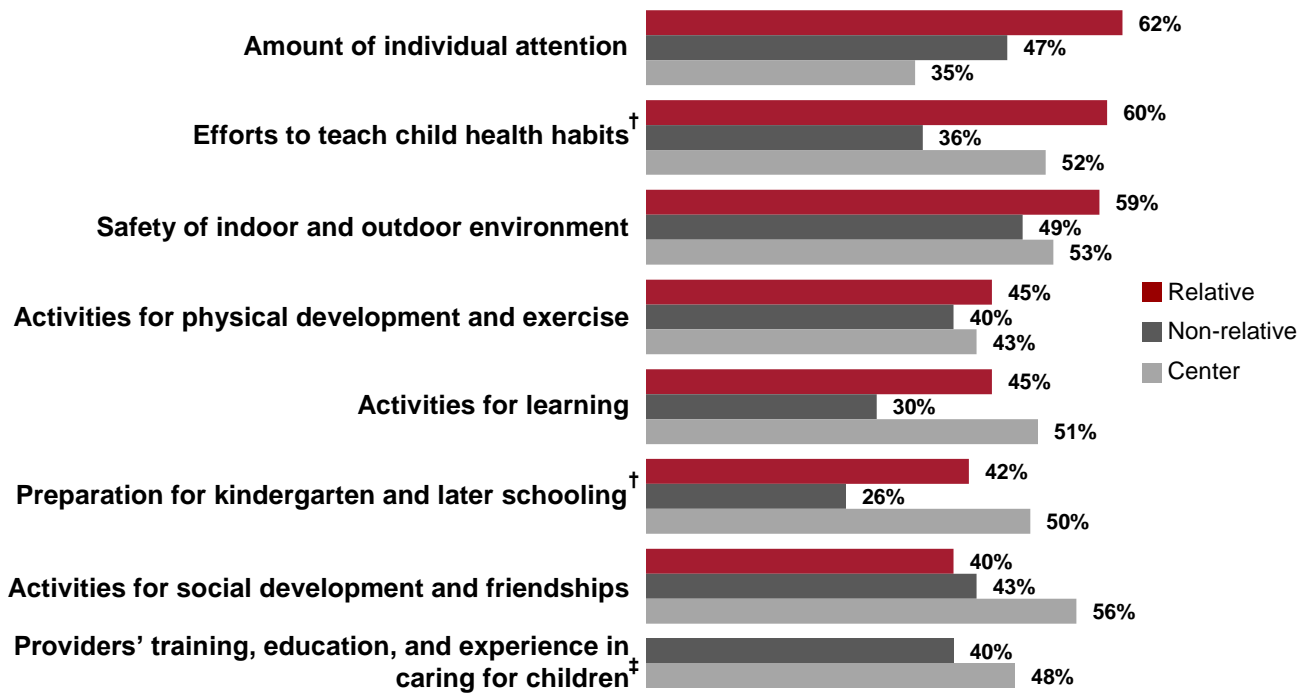
PERCEPTIONS OF CHILD CARE ACROSS SETTINGS

Child care from relatives and centers receive higher quality ratings than non-relative care, and care from relatives receives the highest cost and convenience ratings.

Among parents polled, 25% have a child most often in cared for by a relative, 18% have a child most often care for by a non-relative (e.g., a family or home daycare, a nanny, or a babysitter), and 57% have a child most often cared for in a center (e.g., a daycare or preschool). Parents are nearly equally satisfied with the care in each of these settings. Assessments of quality of care are also high, regardless of setting. Each setting is rated “excellent” by a majority of parents, though care from a relative receives slightly more “excellent” ratings as compared to care from a center (67% vs. 56%).

However, when it comes to specific aspects of quality, relative care and centers nearly always receive higher ratings than non-relative care. Relative care receives more “excellent” ratings than both non-relative care and centers with respect to the amount of individual attention (62% vs. 47% vs. 35%), and relative care receives more “excellent” ratings than non-relative care with respect to activities for learning (45% vs. 30%), the safety of the indoor and outdoor environment (59% vs. 49%), and efforts to teach the child health habits (60% vs. 36%, among parents with a child three to five years old). Centers receive more “excellent” ratings than both relative care and non-relative care when it comes to activities for social development and friendships (56% vs. 40% vs. 43%), and centers receive more “excellent” ratings than non-relative care with respect to preparation for kindergarten and later schooling (50% vs. 26%, among parents with a child three to five years old), activities for learning (51% vs. 30%) and efforts to teach health habits (52% vs. 36%, among parents with a child three to five years old). All settings fare roughly equally when it comes to activities for physical development and exercise. We note that in some cases, differences between relative care or centers and non-relative care may be due to differences in the average age of the referenced child or other factors.

FIGURE 5. Percent of parents rating their child care as “excellent” on individual features of quality.



Base: Q9. Among parents of a child cared for by a relative (n=269), by a non-relative (n=201), and at a center (n=650); [†]among parents of a child three to five years old cared for by a relative (n=141), by a non-relative (n=89), and at a center (n=454); [‡]not asked of parents of a child cared for by a relative.

On features related to convenience and cost, relatives fare better than centers and, in some cases, than non-relatives. For example, 59% of parents whose child is mostly with a relative and 57% whose child is mostly with a non-relative say the hours are excellent, compared to 46% of those in a center. Nearly two-thirds (64%) of parents whose child is mostly with a relative say the cost is excellent, compared to 39% of those whose child is mostly with a non-relative and 24% of those whose child is in a center.

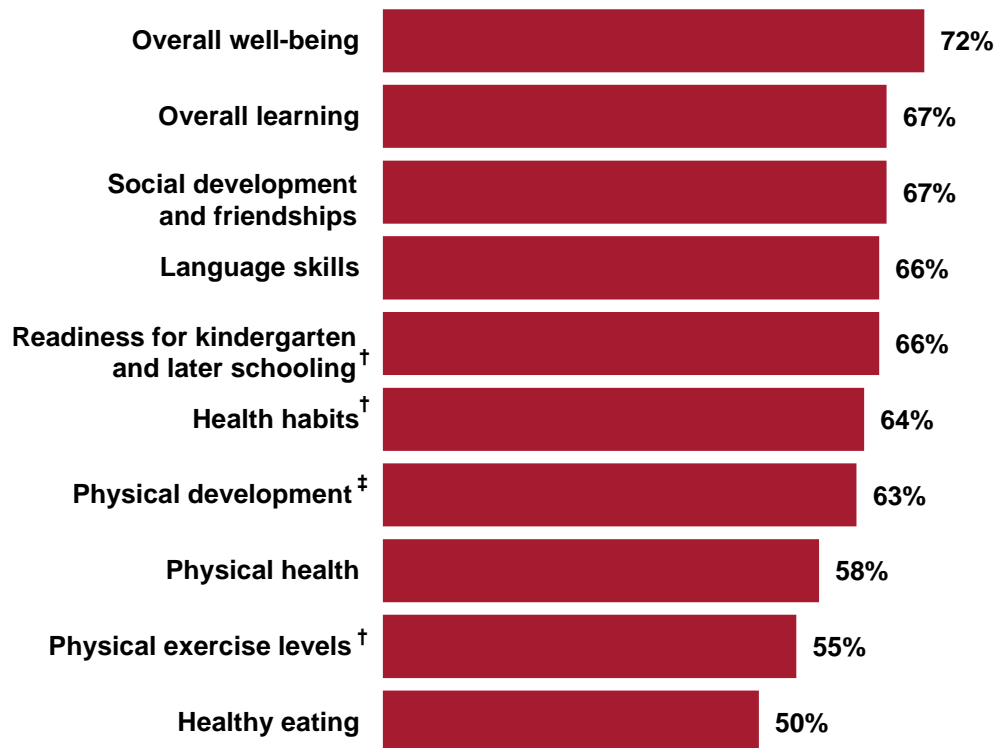
IMPACT OF CARE ON CHILD

Parents believe child care has benefitted their child’s well-being, health, and development.

Nearly three-quarters of parents (72%) say child care has had a “very positive” impact on their child’s overall well-being, though those who say the state of their household finances is “not so good” or “poor” are less likely than those who feel their finances are “good” or “excellent” to say this (63% vs. 75%). In regards to their child’s development, most parents feel child care has had a “very positive” impact on the child’s overall learning (67%), social development and friendships (67%), language skills (66%), and readiness for kindergarten and later schooling (66%, among parents of a child three to five years old).

Many parents also feel child care has benefitted their child’s health. A majority or near-majority of parents report that child care has had a “very positive” impact on their child’s physical health (58%) and healthy eating (50%). Among parents of a child two or younger, most say child care has had a “very positive” impact on the child’s physical development (63%), while a similar share of parents of a child three to five years old say the same regarding the child’s physical exercise levels (55%). Most parents of a child three to five years old also report a “very positive” impact on the child’s health habits (64%).

FIGURE 6. Percent of parents saying, since their child started receiving care from his/her provider or program, it has had a “very positive” impact on each aspect of the child’s well-being, health, and development.



Base: Q10. Total sample (n=1120); [†]among parents of a child three to five years old (n=684); [‡]among parents of a child two years old or younger (n=436).

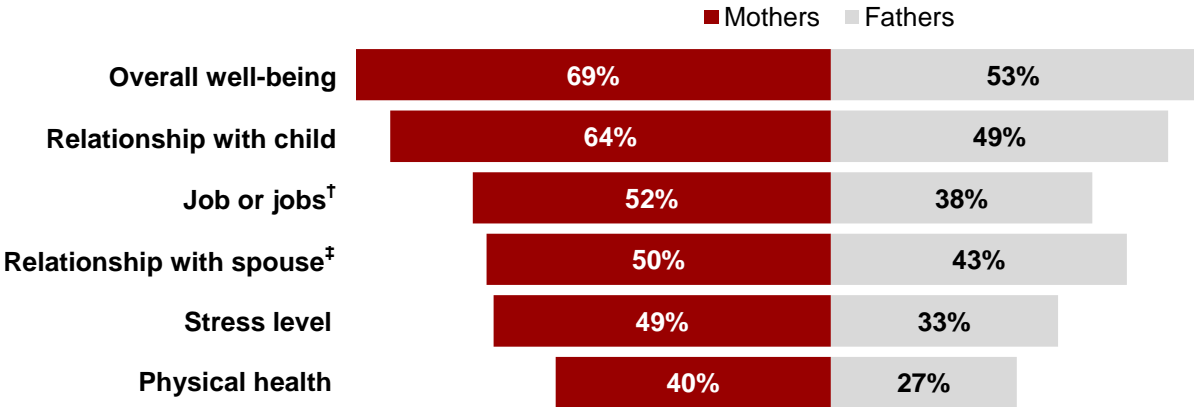
IMPACT OF CARE ON PARENT

Many parents – particularly mothers – feel child care has benefitted their own health and well-being as well as their relationship with the child.

In addition to the benefits for their child, parents feel child care has had positive effects on their own lives. A majority of parents say that having their child in child care has had a “very positive” impact on their own overall well-being (62%) and their relationship with the child (58%). Slightly less than half say the same about child care’s impact on their relationship with their spouse or partner (47%, among parents who are married or partnered) and their job(s) (46%, among employed parents). Smaller shares of parents say child care has had a “very positive” impact on their stress level (42%) and physical health (34%), with an additional 39% of parents saying child care has had “no impact” on their physical health.

Findings suggest that mothers are more likely than fathers to feel they have benefitted from child care. Mothers more frequently report that child care has had a “very positive” impact on their overall well-being (69% vs. 53%), relationship with their child (64% vs. 49%), job(s) (52% vs. 38%, among employed parents), stress level (49% vs. 33%), and physical health (40% vs. 27%).

FIGURE 7. Percent of parents saying, since their child started receiving care from his/her provider or program, it has had a “very positive” impact on each aspect of their own health and well-being.



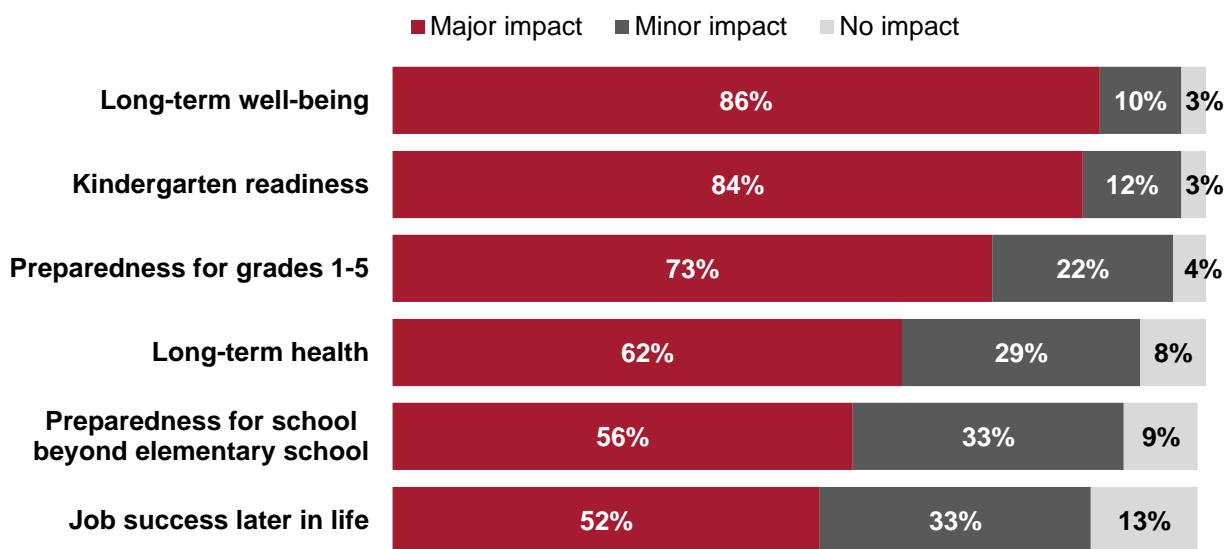
Base: Q14. Total sample (mothers n=625, fathers n=495); [†]among employed parents (mothers n=508, fathers n=457); [‡]among parents who are married or partnered (mothers n=469, fathers n=447).

LONG-TERM EFFECTS OF CHILD CARE

Parents believe child care has lasting effects on a child’s overall well-being, health, and success in their education and career.

A strong majority of parents (86%) feel that care in early childhood has a “major impact” on a child’s long-term well-being. When asked to reflect on the care a child receives at an age similar to their own child, more than half of all parents say care has a “major impact” on a child’s long-term health (62%) and job success later in life (52%). Many parents feel similarly about the benefits of child care when it comes to later education. Roughly four out of five parents (84%) believe the care a child gets through age five has a “major impact” on their kindergarten readiness, with around three-quarters of parents (73%) saying the same for a child’s preparedness for grades 1-5. More than half (56%) feel child care has a “major impact” on a child’s preparedness for school beyond elementary school.

FIGURE 8. Percent of parents saying the care a child gets when they are [less than a year old/one to two years old/three to five years old] has a major impact, a minor impact, or no impact on each aspect of a child’s life.



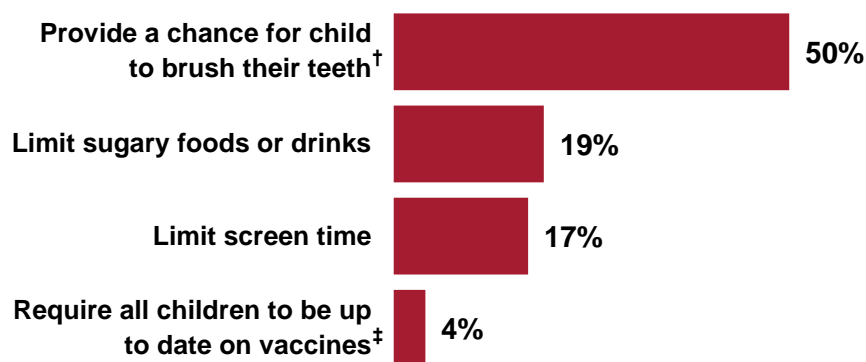
Base: Q34. Total sample (n=1120). Note: Responses of “don’t know” and “refused” not shown; percentages may not add up to 100%.

POLICIES TO PROMOTE HEALTH IN CHILD CARE

Not all parents say their child care has policies to promote health, but those who do view them favorably.

Of those with a child three to five years old, half of parents (50%) say their child care does not offer a chance for their child to brush their teeth. Among all parents, small shares say it does not limit sugary foods or drinks (19%) or limit screen time (17%), while only a few (4%) say it does not require all children to be up to date on their vaccines.

FIGURE 9. Percent of parents saying their child care does *not* have each policy.



Base: Q11 and Q12. Total sample (n=1120); [†]among parents of a child three to five years old (n=684); [‡]among parents of a child cared for at a center (n=650).

Among parents whose child care does have these policies, most regard them positively. About three-quarters (77%) of those with a child three to five years old whose child care gives the child a chance to brush their teeth say it has a “major impact” on the child’s health, while a slightly smaller share (68%) of parents whose child care limits sugary foods or drinks say this has a “major impact”. A strong majority (88%) of those with a child at a center that requires all children to be up to date on vaccines say this is a “very good idea”, and roughly the same share (87%) of those whose child care limits screen time think it is a “very good idea”.

IMPACT ON WORK WHEN CHILD IS SICK

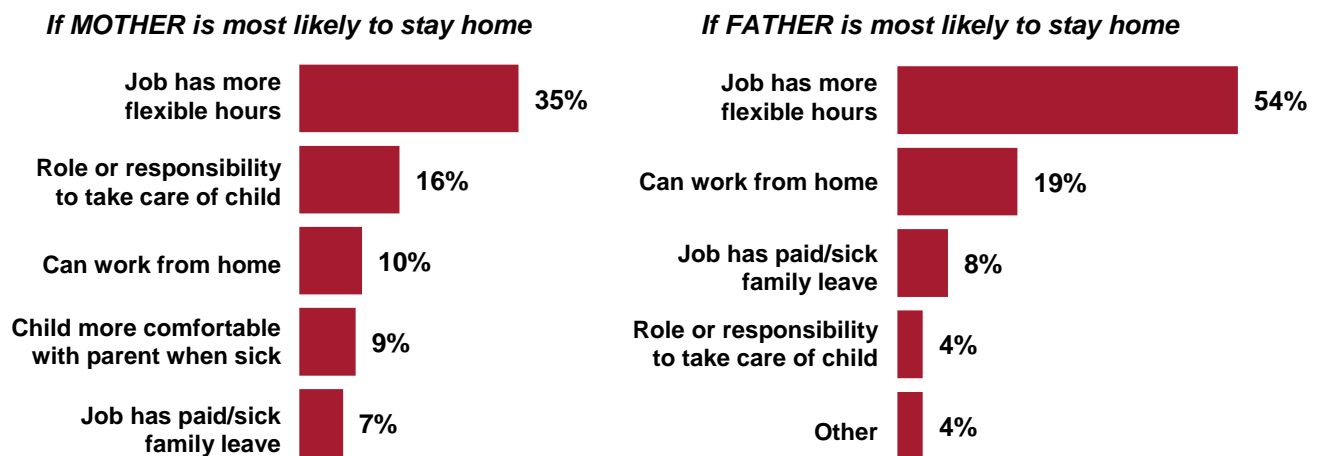
When a child gets sick, parents who need back-up care face challenges with work. Mothers have different experiences than fathers when a child gets sick.

Roughly a quarter of parents (23%) say their child has been sick and needed back-up care in the past year. Of those parents, more than half (56%) say finding back-up care was difficult (“very” or “somewhat”).

Three out of four employed parents (75%) faced with a sick child unable to receive their regular care say they have had to miss work, of which nearly half (47%) say it had an impact on their job. Among those who say their finances are not strong (“not so good” or “poor”), this fraction is 58%, compared to 43% among those whose finances are strong (“good” or “excellent”). Thinking beyond the past year, relatively small percentages of all parents say they or their spouse have ever been docked pay (12%) or gotten in trouble with a supervisor (10%) because their child was sick and unable to receive their regular care. Those whose household finances are not strong are more likely than their more financially stable counterparts to say these things have happened (docked pay, 27% vs. 7%; gotten in trouble with supervisor, 23% vs. 6%). A small share of employed parents (15%) say they have brought their sick child into work with them at some point.

Mothers are more likely than fathers to stay home when their child is sick and cannot receive their regular care (45% vs. 13%, among those in families where both parents work). Top reasons a given parent stays home are related to workplace policy or job structure, such as having more flexible work hours or being allowed to work from home (39% and 12%, respectively, among those who say one parent is most likely to stay home). Who stays home is most commonly related to flexible work hours regardless of gender, but traditional views of gender roles also have an influence. When mothers are the ones staying home, the second-most common reason is that it is their responsibility or role to stay home with the child (16%) and an additional 9% mention that the child is more comfortable with the parent when they are sick. By contrast, very few mention these reasons for fathers staying home (4%, it is their role or responsibility and 3%, the child is more comfortable with the parent when they are sick).

FIGURE 10. Percent of parents saying each is the primary reason the parent is most likely to stay home with child when he/she is sick [top five reasons].



Base: Q29-Q30. Among parents who say one parent is most likely to stay home (n=405).

CONCLUSION

This poll examined U.S. parents' selection of and experiences with child care across different child care arrangements. Poll findings suggest four key conclusions:

1. Many parents may not have the information or tools they need to identify what experts consider high quality child care. Most parents – across a variety of child care providers and programs – believe their child's care is high quality, despite leading research that suggests otherwise. Findings demonstrate that many parents believe in the benefits of child care and are committed to finding high quality care for their children, but may need better information about quality.
2. Many parents face financial challenges with respect to child care. Affordability of child care in their communities is an issue, and not all parents are finding care that fits their family's budget. For some parents, the cost of child care represents a serious financial problem, particularly for those who feel their financial situation is not strong. Parents are weighing cost and convenience alongside quality of care.
3. Many parents feel the child care options they have are limited, with a sizable number saying only one option is realistic for them. This may be due in part to financial challenges noted above, though findings suggest a variety other factors may be involved, including issues of convenience and quality. Further, most parents cite challenges in finding care, with many concluding that it is a difficult process – especially those who feel their financial situation is not strong.
4. Despite the challenges, many parents feel child care benefits them as well as their children. While child care's impact on children has been widely discussed – and poll findings suggest parents believe children benefit from quality child care in the long run – there has been less discussion about how child care affects parents and families overall. In this poll, many parents report significant personal benefits as a result of having their child in child care, from improved physical and mental health to better relationships with their children and partners. Mothers in particular feel they have benefitted from child care. It is important to consider whether these feelings would be as strong if parents' assessments of quality were aligned with that of experts.

Overall, findings suggest that parents value and seek out quality child care, believing it benefits their child, them and the parent-child relationship. However, parents face challenges related to limited options for child care, a lack of information about its quality, and cost.

These findings therefore highlight the importance of enhancing child care for parents in three ways. First, it is important to provide better information for parents about the quality of their child care. While parents may not have the same priorities as experts, the contrast in parent and expert assessments does suggest there is a more fundamental need for national standards and ratings about the features of child care that foster long-term developmental and health benefits for children. As part of these ratings, it may benefit parents to have robust data reflecting parents' views of their experiences. Second, findings emphasize the need to make child care more affordable for parents and to help parents find financial means to pay for care. Finally, findings support expanding the availability of child care options that are both high quality and affordable. Addressing these challenges and thus improving access to high quality child care holds important benefits for U.S. children and their families.

METHODOLOGY

The polls in this study are part of a series of surveys developed by researchers at the Harvard Opinion Research Program (HORP) at Harvard T.H. Chan School of Public Health in partnership with the Robert Wood Johnson Foundation and NPR. The research team consists of the following members at each institution.

Harvard T.H. Chan School of Public Health: Robert J. Blendon, Professor of Health Policy and Political Analysis and Executive Director of HORP; Gillian K. SteelFisher, Research Scientist and Deputy Director of HORP; and Hannah Caporello, Program Manager.

Robert Wood Johnson Foundation: Fred Mann, Vice President, Communications; Carolyn Miller, Senior Program Officer, Research and Evaluation; and Joe Costello, Director of Marketing.

NPR: Anne Gudenkauf, Senior Supervising Editor, Science Desk and Joe Neel, Deputy Senior Supervising Editor, Science Desk.

	Number of Interviews	Margin of Error (percentage points)
Total respondents	1120	+/- 3.4
Men	495	+/- 5.1
Women	625	+/- 4.5
State of family's finances: good/excellent	865	+/- 3.8
State of family's finances: not so good/poor	249	+/- 7.2
Options for child care: a lot/several	368	+/- 5.9
Options for child care: just a few/only one	739	+/- 4.2
Relative care	269	+/- 7.0
Non-relative care	201	+/- 8.0
Center care	650	+/- 4.4

Interviews were conducted by SSRS of Media (PA) via telephone (including both landline and cell phone) using random-digit dialing (including pre-recruited sample using RDD), June 8 - August 7, 2016, among a nationally representative sample of 1,120 parents or guardians of children five years old or younger not yet in kindergarten who receive regularly scheduled care at least once a week from someone other than a parent. The interviews were conducted in English and Spanish. The margin of error for total respondents is +/- 3.4 percentage points at the 95% confidence level.

Possible sources of non-sampling error include non-response bias, as well as question wording and ordering effects. Non-response in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases and for variations in probability of selection within and across households, sample data are weighted by cell phone/landline use and demographics (age-by-sex, race/ethnicity, education, marital status, Census region and population density of the respondent's county) to reflect the estimated true population. Other techniques, including random-digit dialing, replicate subsamples, and systematic respondent selection within households, are used to ensure that the sample is representative.

TOPLINE

NPR
ROBERT WOOD JOHNSON FOUNDATION
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Child Care and Health in America Poll

This survey was conducted for National Public Radio, the Robert Wood Johnson Foundation, and Harvard T.H. Chan School of Public Health, via telephone (landline and cell phone) by SSRS, an independent research company. Interviews were conducted using random-digit dialing (including pre-recruited sample using RDD), **June 8 – August 7, 2016**, among a nationally representative probability sample of **1,120 parents or guardians of a child five years old or younger not yet in kindergarten who receive regularly scheduled care at least once a week from someone other than a parent**. The margin of error for total respondents is +/- 3.4 percentage points at the 95% confidence level.

<i>I. Child care choice</i>	Pg. 19
<i>II. Child care experience and impact on child's health</i>	Pg. 22
<i>III. Impact of child care on parent and cost</i>	Pg. 31
<i>IV. Impact on health of parents and work</i>	Pg. 34
<i>V. Assessment of child care options in the community</i>	Pg. 41
<i>VI. Long-term impact of child care</i>	Pg. 42
<i>VII. Demographics</i>	Pg. 43

Note: In order to show results by topic, question order is not always identical to questionnaire.

I. Child care choice

Q3. Overall, how easy or difficult would you say it was to find care for [TCHILDNAME/CHILD A]? Would you say it was very easy, somewhat easy, somewhat difficult, or very difficult?

	EASY			DIFFICULT			Don't know	Refused
	NET	Very easy	Somewhat easy	NET	Somewhat difficult	Very difficult		
8/5/16	66	36	30	32	24	9	1	1

Q4. What, if any, were the challenges in finding care for [TCHILDNAME/CHILD A]?

	8/5/16
Cost	27
Did not trust providers	11
Hours/Hours of operation	12
Limited options	4
Limited spots	5
Location	13
Not enough information	1
Not safe	2
Quality of care	12
Time consuming	2
Paperwork	1
Wait Lists	5
Special Needs	2
Age restrictions	2
Learning environment/curriculum	1
The facilities (home environment/clean/etc.)	1
The right fit/being comfortable with choice	1
Other	7
None	27
Don't know	1
Refused	*

Q4A. In your view, how many realistic care options were there for [TCHILDNAME/CHILD A] at this time? Would you say a lot, several, just a few, or only one?

	MORE THAN ONE					Don't know	Refused
	NET	A lot	Several	Just a few	Only one		
8/5/16	79	11	21	47	19	1	1

(Respondents whose child spends the most time receiving non-relative care or daycare; n=851)

Q5. What are the two or three most important reasons [TCHILDNAME/CHILD A] is cared for (by this particular [PROVIDER]/in this particular [PROGRAM]) rather than another provider or program?

	8/5/16
Activities - exercise/physical development	3
Activities - learning/cognitive	13
Activities - social development/friendship building	7
Cleanliness	3
Educated/Well trained providers	12
Experienced providers	5
Food/healthier food	2
Health/better for child health	1
Health habits - teaches health habits	*
Individual attention	6
Kindergarten/schooling prep	3
Parent involvement	2
Quality of care	14
Safer-indoor	2
Safer-outdoor	1
Trustworthy providers	20
Warm/Kind providers	6
Accreditation/qualifications/licensed/approved by state	1
Safety (general)	1
Curriculum/the type of education	2
Bilingual/language program	1
Special Needs	2
Accepts voucher/subsidy	1
Available sooner	3
Cost	18
Hours/Better hours	8
Location	27
No other choices	1
Religious reasons/faith based	3
Personal familiarity/recommended	4
Could accommodate both/all of my children	1
Other	9
Don't know	1
Refused	1

Q6. Overall, how satisfied are you with the care that [TCHILDNAME/CHILD A] receives from [his/her/his or her] [PROVIDER/PROGRAM]? Would you say you are very satisfied, somewhat satisfied, somewhat unsatisfied, very unsatisfied?

	SATISFIED			UNSATISFIED				
	NET	Very satisfied	Somewhat satisfied	NET	Somewhat unsatisfied	Very unsatisfied	Don't know	Refused
8/5/16	98	81	17	2	2	*	--	*

II. Child care experience and impact on child's health

Q8. Now, thinking about the care [TCHILDNAME/CHILD A] receives specifically, how would you rate the quality of care that [he/she/they] receives from [his/her/his or her] [PROVIDER/PROGRAM]? Would you say it is excellent, very good, good, fair, or poor?

	EXCELLENT/VERY GOOD				FAIR/POOR			Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor		
8/5/16	88	59	29	9	3	3	*	--	*

Q9. How would you rate care from [TCHILDNAME/CHILD A]'s [PROVIDER/PROGRAM] on the following? [INSERT ITEM] Would you say this is excellent, very good, good, fair or poor? If an item is not relevant or not offered, please tell me. How about [INSERT ITEM]?

a. Hours

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	77	51	26	17	4	4	*	*	--	*	*

b. Location

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	78	57	20	15	7	6	1	1	--	--	*

c. Cost

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	57	37	20	22	18	16	2	2	1	1	*

(Respondents whose child spends the most time receiving non-relative care or daycare; n=851)

d. Provider(s)' training, education and experience in caring for children

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	76	46	29	18	5	5	*	*	--	1	*

(Respondents whose child spends the most time receiving relative care; n=269)

e. [TCHILDNAME/CHILD A]'s [IF CARETYPE=1] (PROVIDER)'s experience in caring for children

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	87	65	21	9	4	4	1	--	--	--	*

(Respondents who have a child between ages 3 and 5; n=684)

f. Preparation for kindergarten or later schooling

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	70	45	25	19	9	6	3	*	1	1	*

g. Activities for learning

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	74	46	28	17	7	5	2	1	*	1	*

h. Activities for physical development and exercise

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	74	43	31	18	6	5	1	1	*	*	*

i. Activities for social development and friendships

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	76	50	26	16	7	6	1	1	*	*	*

j. Amount of individual attention

	EXCELLENT/VERY GOOD				FAIR/POOR			Not relevant	Not offered	Don't know	Refused
	NET	Excellent	Very good	Good	NET	Fair	Poor				
8/5/16	73	44	29	18	8	7	2	*	--	1	*

(Respondents who have a child between ages 3 and 5; n=684)

- k. Efforts to teach the child health habits, like hand-washing, teeth brushing or covering their mouth when sneezing and coughing

	EXCELLENT/VERY GOOD				FAIR/POOR						
	NET	Excellent	Very good	Good	NET	Fair	Poor	Not relevant	Not offered	Don't know	Refused
8/5/16	80	52	28	14	4	4	1	1	--	1	*

- l. Safety of indoor and outdoor environment

	EXCELLENT/VERY GOOD				FAIR/POOR						
	NET	Excellent	Very good	Good	NET	Fair	Poor	Not relevant	Not offered	Don't know	Refused
8/5/16	82	54	28	14	3	2	*	1	--	--	*

Q10. Since [TCHILDNAME/CHILD A] started receiving care from [his/her/his or her] [PROVIDER/PROGRAM], what impact do you think it has had on [his/her/his or her] [INSERT ITEM]? Would you say it has had a very positive impact, a somewhat positive impact, no impact, a somewhat negative impact, or a very negative impact? How about [INSERT ITEM]?

- a. Overall well-being

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	95	72	22	4	1	1	*	*	*

- b. Overall learning

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	94	67	26	5	1	1	*	*	*

- c. Language skills

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	89	66	24	8	*	*	*	1	*

d. Social development and friendships

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	93	67	26	5	1	1	*	1	*

e. Physical health

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	82	58	24	12	4	4	*	1	*

f. Healthy eating

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	78	50	29	17	3	3	*	1	*

(Respondents who have a child age 2 years or younger; n=436)

g. Physical development

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	90	63	27	8	1	*	1	1	*

(Respondents who have a child between ages 3 and 5; n=684)

h. Physical exercise levels

	POSITIVE IMPACT				NEGATIVE IMPACT				
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	Refused
8/5/16	88	55	33	10	1	1	*	*	*

(Respondents who have a child between ages 3 and 5; n=684)

- i. Health habits, like hand-washing, teeth brushing or covering their mouth when sneezing and coughing

	POSITIVE IMPACT				NEGATIVE IMPACT				Refused
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	
8/5/16	90	64	26	8	1	*	*	1	*

(Respondents who have a child between ages 3 and 5; n=684)

- j. Readiness for kindergarten and later schooling

	POSITIVE IMPACT				NEGATIVE IMPACT				Refused
	NET	Very positive impact	Somewhat positive impact	No impact	NET	Somewhat negative impact	Very negative impact	Don't know	
8/5/16	90	66	24	8	1	1	*	1	*

Q13. As far as you know, does [TCHILDNAME/your child]’s [PROVIDER/PROGRAM] regularly [INSERT ITEM]?

- a. Read with [TCHILDNAME/your child]
- b. Have planned activities that help [TCHILDNAME/your child] understand numbers or counting
- c. Have planned arts and crafts activities
- d. Have planned musical activities, such as singing or playing instruments
- e. Have planned physical activities, like playing with balls or dancing
- f. Teach [TCHILDNAME/your child] a language other than the one spoken most often at home

Q13a. Do you think this has a major impact, a minor impact or no impact on [TCHILDNAME/your child]’s overall development?

(Respondents whose child’s provider or program regularly reads with child)

- a. Read with [TCHILDNAME/your child]

(Respondents whose child’s provider or program regularly has planned activities that help child understand numbers or counting)

- b. Have planned activities that help [TCHILDNAME/your child] understand numbers or counting

(Respondents whose child’s provider or program regularly has planned arts and crafts activities)

- c. Have planned arts and crafts activities

(Respondents whose child’s provider or program regularly has planned musical activities, such as singing or playing instruments)

- d. Have planned musical activities, such as singing or playing instruments

(Respondents whose child’s provider or program regularly has planned physical activities, like playing with balls or dancing)

- e. Have planned physical activities, like playing with balls or dancing

(Respondents whose child’s provider or program regularly teaches child a language other than the one spoken most often at home)

- f. Teach [TCHILDNAME/your child] a language other than the one spoken most often at home

**Q13a/Q13aa Combo Table
Total Respondents**

	8/5/16
Regularly reads with child	86
Impact (NET)	84
Major Impact	72
Minor impact	11
No impact	2
Don't know	--
Refused	--
Does not regularly read with child	10
Don't know	4
Refused	*

**Q13b/Q13ab Combo Table-
Total Respondents**

	8/5/16
Regularly has planned activities that help child understand numbers or counting	78
Impact (NET)	76
Major Impact	65
Minor impact	10
No impact	2
Don't know	*
Refused	--
Does not regularly have planned activities that help child understand numbers or counting	17
Don't know	4
Refused	*

**Q13c/Q13ac Combo Table
Total Respondents**

	8/5/16
Regularly has planned arts and crafts activities	75
Impact (NET)	73
Major Impact	58
Minor impact	15
No impact	2
Don't know	*
Refused	--
Does not regularly have planned arts and crafts activities	23
Don't know	2
Refused	*

Q13d/Q13ad Combo Table
Total Respondents

	8/5/16
Regularly has planned musical activities, such as singing or playing instruments	65
Impact (NET)	63
Major Impact	49
Minor impact	14
No impact	2
Don't know	--
Refused	--
Does not have regularly planned musical activities, such as singing or playing instruments	30
Don't know	5
Refused	*

Q13e/Q13ae Combo Table
Total Respondents

	8/5/16
Regularly has planned physical activities	82
Impact (NET)	78
Major Impact	59
Minor impact	19
No impact	4
Don't know	*
Refused	--
Does not regularly have planned physical activities	15
Don't know	3
Refused	*

Q13f/Q13af Combo Table
Total Respondents

	8/5/16
Regularly teaches child a language other than the one spoken most often at home	34
Impact (NET)	31
Major Impact	22
Minor impact	10
No impact	2
Don't know	--
Refused	--
Does not regularly teach child a language other than the one spoken most often at home	64
Don't know	2
Refused	*

Q11. As far as you know, does [TCHILDNAME/CHILD A]'s [PROVIDER/PROGRAM] [INSERT ITEM]?

(Respondents who have a child between the ages 3 and 5)

- a. [IF child age 3-5] Provide a chance for [TCHILDNAME/CHILD A] to brush [his/her/his or her] teeth
- b. Limit sugary foods or drinks that [TCHILDNAME/CHILD A] can have

Q11a. Do you think this has a major impact, a minor impact or no impact on [TCHILDNAME/CHILD A]'s health?

(Respondents whose child's provider or program regularly provides a chance for child to brush their teeth and who have a child between ages 3 and 5)

- a. Provide a chance for [TCHILDNAME/CHILD A] to brush [his/her/his or her] teeth

(Respondents whose child's provider or program regularly limits sugary foods or drinks that child can have)

- b. Limit sugary foods or drinks that [TCHILDNAME/CHILD A] can have

Q11a/Q11aa Combo Table- Impact of provider or program providing a chance for child to brush his or her teeth

Respondents who have a child between the ages 3 and 5; n=684

	8/5/16
Provides a chance for child to brush his or her teeth	44
Impact (NET)	41
Major Impact	34
Minor impact	6
No impact	4
Don't know	--
Refused	--
Does not provide a chance for child to brush his or her teeth	50
Don't know	6
Refused	*

Q11b/Q11ab Combo Table

Total Respondents

	8/5/16
Limits sugary foods or drinks that child can have	76
Impact (NET)	68
Major Impact	52
Minor impact	17
No impact	7
Don't know	*
Refused	--
Does not limit sugary foods or drinks that child can have	19
Don't know	5
Refused	*

Q12. As far as you know, does [TCHILDNAME/CHILD A]'s [PROVIDER/PROGRAM] [INSERT ITEM]?

(a. only) (Respondents whose child spends the most time receiving care at a daycare)

- a. Require all children to be up to date on their vaccines
- b. Limit the amount of time [TCHILDNAME/your child] watches a television, computer, tablet or phone screen

Q12a. Do you think this is a very good idea, somewhat good idea, somewhat bad idea, or very bad idea?

(Respondents whose child's program requires all children to be up to date on their vaccines and whose child spends the most time receiving care at a daycare)

- a. Require all children to be up to date on their vaccines

(Respondents whose child's provider or program limits the amount of time child watches television, computer, tablet, or phone screens)

- b. Limit the amount of time [TCHILDNAME/your child] watches a television, computer, tablet or phone screen

Q12a/Q12aa Combo Table

Respondents whose child spends the most time receiving care at a daycare; n=650

	8/5/16
Requires all children to be up to date on their vaccines	92
Good idea (NET)	89
Very good idea	81
Somewhat good idea	8
Bad idea (NET)	2
Somewhat bad idea	1
Very bad idea	1
Don't know	1
Refused	*
Does not require all children to be up to date on their vaccines	4
Don't know	3
Refused	*

Q12b/Q12ab Combo Table

Total Respondents

	8/5/16
Limits the amount of time child watches a television, computer, tablet, or phone screen	79
Good idea (NET)	78
Very good idea	69
Somewhat good idea	9
Bad idea (NET)	1
Somewhat bad idea	*
Very bad idea	*
Don't know	*
Refused	--
Does not limit the amount of time child watches a television, computer, tablet, or phone screen	17
Don't know	4
Refused	*

III. Impact of child care on parent and cost

Q14. Thinking again about [TCHILD/Child A]’s [PROVIDER/PROGRAM], since [TCHILDNAME/CHILD A] started care with [his/her/his or her] [PROVIDER/PROGRAM], what impact do you think it has had on **YOUR** [INSERT ITEM]? Do you think it has had a very positive impact, a somewhat positive impact, no impact, a somewhat negative impact, or a very negative impact? How about YOUR [INSERT ITEM]?

a. Overall well-being

	POSITIVE IMPACT				No impact	NEGATIVE IMPACT			Don't know	Refused
	NET	Very positive impact	Somewhat positive impact			NET	Somewhat negative impact	Very negative impact		
8/5/16	89	62	27	7	3	3	*	*	*	

b. Stress level

	POSITIVE IMPACT				No impact	NEGATIVE IMPACT			Don't know	Refused
	NET	Very positive impact	Somewhat positive impact			NET	Somewhat negative impact	Very negative impact		
8/5/16	71	42	29	20	8	6	1	*	*	

c. Physical health

	POSITIVE IMPACT				No impact	NEGATIVE IMPACT			Don't know	Refused
	NET	Very positive impact	Somewhat positive impact			NET	Somewhat negative impact	Very negative impact		
8/5/16	56	34	22	39	4	3	*	1	*	

(Respondents who are employed; n=965)

d. Job or jobs

	POSITIVE IMPACT				No impact	NEGATIVE IMPACT			Don't know	Refused
	NET	Very positive impact	Somewhat positive impact			NET	Somewhat negative impact	Very negative impact		
8/5/16	68	46	22	28	4	4	*	*	*	

(Respondents who are married or living with a partner; n=916)

e. Relationship with your spouse/partner

	POSITIVE IMPACT			No impact	NEGATIVE IMPACT			Don't know	Refused
	NET	Very positive impact	Somewhat positive impact		Somewhat negative impact	Very negative impact			
8/5/16	75	47	28	23	2	1	*	*	*

f. Relationship with [TCHILDNAME/CHILD A]

	POSITIVE IMPACT			No impact	NEGATIVE IMPACT			Don't know	Refused
	NET	Very positive impact	Somewhat positive impact		Somewhat negative impact	Very negative impact			
8/5/16	79	58	22	17	3	3	--	*	*

Q15. Sometimes there is a charge or fee for child care. This can be paid by parents and guardians, another person like a family member, an outside organization or a government agency. Sometimes there is no fee or charge. Is there any charge or fee for the care [TCHILDNAME/CHILD A] receives from [his/her/his or her] [PROVIDER/ PROGRAM] or is there no charge or fee?

(Respondents whose child's program or provider has a charge or fee)

Q16. Does any social welfare service, such as a state child care subsidy or voucher or Temporary Assistance for Needy Families, also called TANF, help pay for this care?

Q15/Q16 Combo Table

Total Respondents

	8/5/16
Child's program or provider has a charge or fee	69
Social welfare service helps pay for this care	7
Social welfare service does not help pay for this care	62
Don't know	*
Refused	--
Child's program or provider does not have a charge or fee	31
Don't know	*
Refused	*

(Respondents whose child’s program or provider has a charge or fee)

Q18. Thinking about the cost of the care [TCHILDNAME/CHILD A] receives from [his/her/his or her [PROVIDER/PROGRAM] since [he/she/he or she] started, how would you describe the overall impact on your household’s financial situation? Would you say the cost caused a problem for your or your household’s overall financial situation, or did it not?

(Respondents whose child’s care charge or fee caused a problem for the household’s overall financial situation)

Q19. Was it a very, somewhat, or not too serious problem?

Q15/Q18/Q19 Combo Table

Total Respondents

	8/5/16
Child’s program or provider has a charge or fee	69
Cost of care caused a financial problem for household	22
Very serious problem	4
Somewhat serious problem	11
Not too serious problem	6
Don’t know	--
Refused	--
Cost of care did not cause a financial problem for household	47
Don’t know	*
Refused	--
Child’s program or provider does not have a charge or fee	31
Don’t know	*
Refused	*

IV. Impact on health of parents and work

Q20. In the past 12 months, approximately how many days has [TCHILDNAME/CHILD A] been sick and unable to receive care from [his/her/his or her] [PROVIDER/PROGRAM]? If none, please tell me.

	CHILD HAS BEEN SICK						Never	Don't know	Refused
	NET	A day or two	3-5 days	6-10 days-meaning between 1 and 2 business weeks	11-20 days-meaning between 2 and 4 business weeks	More than 20 days-meaning more than 4 business weeks			
8/5/16	60	20	24	11	4	1	39	*	*

(Respondents whose child has been sick and unable to receive care from provider or program in the past 12 months)

Q21. On any of those days, did you need back-up care for [TCHILDNAME/CHILD A] or not?

(Respondents who needed back-up care when child has been sick and unable to receive care from provider or program in the past 12 months)

Q22. How easy or difficult was it for you to **find** back-up care on those days? Would you say it was very easy, somewhat easy, somewhat difficult, or very difficult?

**Q20/Q21/Q22 Combo Table
Total Respondents**

	8/5/16
Child has been sick and unable to receive care from provider or program in the past 12 months	60
Yes, needed back-up care	23
Easy finding back-up care (NET)	10
Very easy	4
Somewhat easy	6
Difficult finding back-up care (NET)	13
Somewhat difficult	6
Very difficult	7
Don't know	*
Refused	--
No, did not need back-up care	37
Don't know	*
Refused	--
Child has never been sick and unable to receive care from provider or program in the past 12 months	39
Don't know	*
Refused	*

(Respondents who are employed and whose child has been sick and unable to receive care from provider or program in the past 12 months)

Q23. In the past 12 months, how many days have you missed work because [TCHILDNAME/CHILD A] was sick and could not receive care from [his/her/his or her] [PROVIDER/PROGRAM]?

Z-4/Q20/Q23 Combo Table

Total Respondents

	8/5/16
Employed and child has been sick and unable to receive care	53
Missed days of work (NET)	40
A day or two	22
3-5 days	12
6-10 days	5
11-20 days	1
More than 20 days	*
Never missed a day of work	13
Don't know	*
Refused	--
Employed, but child has never been sick and unable to receive care from provider or program in the past 12 months	34
Employed but don't know/refused to say if child has ever been sick	1
Not employed	13
Don't know	--
Refused	--
Child has never been sick and unable to receive care from provider or program in the past 12 months	--

(Respondents who are employed and missed days of work when child has been sick and unable to receive care from provider or program in the past 12 months)

Q24. Has this had a major impact, minor impact or no impact on your job or jobs?

Z-4/Q20/Q23/Q24 Combo Table

Total Respondents

	8/5/16
Employed and child has been sick and unable to receive care	53
Missed days of work	40
Impact (NET)	19
Major impact	3
Minor impact	16
No impact	21
Don't know	*
Refused	--
Never missed a day of work	13
Don't know	*
Refused	--
Employed, but child has never been sick and unable to receive care from provider or program in the past 12 months	34
Employed but don't know/refused to say if child has even been sick	1
Not employed	13
Don't know	--
Refused	--

(READ TO ALL) Now I'd like you to think not only about [TCHILDNAME/CHILD A]'s [PROVIDER/PROGRAM], but also about any other regular care [TCHILDNAME/CHILD A] has had since [he/she/he or she] was born. By this I mean any care arrangements regularly scheduled at least once a week.

Q25. Have you/Have you or your [spouse/partner] **ever** experienced any of the following because [TCHILDNAME/CHILD A] was sick and could not receive [his/her/his or her] regular care?

- a. Had pay docked or taken away

	Yes	No	Child has never been sick and unable to receive regular care	Don't know	Refused
8/5/16	12	87	1	1	*

b. Gotten in trouble with a supervisor or boss

	Yes	No	Child has never been sick and unable to receive regular care	Don't know	Refused
8/5/16	10	89	1	*	*

(Respondents who are employed)

Again, thinking about all the times [TCHILDNAME/CHILD A] was sick and could not receive [his/her/his or her] regular care...

(Respondents who are employed and whose child has ever been sick in the past 12 months)

Q26. Did you ever bring [TCHILDNAME/CHILD A] into work or didn't you?

Z-4/Q25/Q26 Combo Table

Total Respondents

	8/5/16
Employed	87
Has ever brought child into work	13
Has never brought child into work	73
Don't know	*
Refused	*
Child has never been sick and unable to receive regular care	1
Not employed	13
Don't know	--
Refused	--

(Respondents who are employed and whose child has ever been sick in the past 12 months)

Q28. In general, who is most likely to stay home with [TCHILDNAME/CHILD A] when [he/she/he or she] is sick and cannot attend [his/her/his or her] regular care – you, your [spouse/partner], both of you equally or someone else?

Z-4/Z-4a/Z-2/Q28 Combo Table

Total Respondents

	8/5/16
Married/Living with spouse/partner	84
Respondent and spouse/partner are employed	64
You are most likely to stay at home with child	22
Your spouse or partner is most likely to stay at home with child	16
Both of you are equally likely to stay home with child	22
Someone else stays home with child	4
Don't know	*
Refused	*
Child has never been sick	*
Respondent or spouse/partner not employed/refused employment status	19
Respondent doesn't have a spouse/partner	16

(Respondents who are employed and whose partner or spouse is employed)

Q31. How satisfied are you with this pattern of who is most likely to stay home with [TCHILDNAME/CHILD A] when [he/she/he or she] is sick? Are you very satisfied, somewhat satisfied, somewhat unsatisfied, very unsatisfied?

Z-4/Z-4a/Z-2/Q31 Combo Table

Total Respondents

	8/5/16
Married/Living with partner	84
Respondent and spouse/partner are employed	64
Satisfied (NET)	58
Very satisfied	42
Somewhat satisfied	16
Unsatisfied (NET)	6
Somewhat unsatisfied	4
Very unsatisfied	1
Don't know	*
Refused	*
Respondent or partner not employed/refused employment status	19
Respondent doesn't have a spouse/partner	16

(Respondents who are employed and whose partner or spouse are employed but partner or spouse is most likely to stay home)

Q29. What is the primary reason that **your [SPOUSE/PARTNER]** is most likely to stay home with [TCHILDNAME/CHILD A] when [he/she/he or she] is sick?

Z-4/Z-4a/Z-2/Q28/Q29 Combo Table

Total Respondents

	8/5/16
Married/Living with partner	84
Respondent and spouse/partner are employed	64
You are most likely to stay home with child	22
Your spouse or partner is most likely to stay home with child	16
Spouse or partner's job has more flexible hours	7
Spouse or partner's job allows them to work from home	2
Spouse or partner's job has paid/sick family leave that can be used for children	1
Respondent would be more likely to lose their job or pay if they stay home	*
Respondent's job is the family priority	1
Respondent makes more money	1
Spouse or partner is more knowledgeable about health	*
Child seems more comfortable with spouse or partner when he or she is sick	1
It is spouse or partner's responsibility/role to take care of child/children when they are sick	2
Other reason	1
Don't know	*
Refused	--
Both of you are equally likely to stay home with child	22
Someone else stays home with child	4
Don't know	*
Refused	*
Child has never been sick	*
Respondent or spouse/partner not employed/refused employment status	19
Respondent doesn't have a spouse/partner	16

(Respondents who are employed and whose partner or spouse is employed but respondent is most likely to stay at home)

Q30. What is the primary reason that **you** are most likely to stay home with [TCHILDNAME/CHILD A] when [he/she/he or she] is sick?

Z-2/Z-4/Z-4a/Q28/Q30 Combo Table

Total Respondents

	8/5/16
Married/Living with partner	84
Respondent and spouse/partner are employed	64
You are most likely to stay home with child	22
Respondent's job has more flexible hours	8
Respondent's job allows them to work from home	3
Respondent's job has paid/sick family leave that can be used for children	2
Spouse or partner would be more likely to lose their job or pay if they stay home	*
Spouse or partner's job is the family priority	1
Spouse or partner makes more money	*
Respondent is more knowledgeable about health	1
Child seems more comfortable with respondent when he or she is sick	2
It is respondent's responsibility/role to take care of child/children when they are sick	3
Other reason	1
Don't know	*
Refused	*
Your spouse or partner is most likely to stay home with child	16
Both of you are equally likely to stay home with child	22
Someone else stays home with child	4
Don't know	*
Refused	*
Child has never been sick	*
Respondent or spouse/partner not employed/refused employment status	19
Respondent doesn't have a spouse/partner	16

V. Assessment of child care options in the community

Finally, I would like to ask you about all paid child care options in the area where you live – not just the care arrangements you have used.

Q33. In general, would you say the cost of paid child care in your area is very affordable for you, somewhat affordable for you, not very affordable for you or not at all affordable for you?

	AFFORDABLE			NOT AFFORDABLE				
	NET	Very affordable for you	Somewhat affordable for you	NET	Not very affordable for you	Not at all affordable for you	Don't know	Refused
8/5/16	58	14	44	39	23	16	3	*

VI. Long-term impacts of child care

Q34. And do you think the care that a child gets when they are [INSERT AGE – less than a year; 1-2 years old; 3-5 years old] has a major impact, a minor impact or no impact on their [INSERT ITEM]?

a. Long-term well-being

	IMPACT					
	NET	Major impact	Minor impact	No impact	Don't know	Refused
8/5/16	96	86	10	3	1	*

b. Long-term health

	IMPACT					
	NET	Major impact	Minor impact	No impact	Don't know	Refused
8/5/16	91	62	29	8	1	*

c. Kindergarten readiness

	IMPACT					
	NET	Major impact	Minor impact	No impact	Don't know	Refused
8/5/16	96	84	12	3	1	*

d. Preparedness for grades 1-5

	IMPACT					
	NET	Major impact	Minor impact	No impact	Don't know	Refused
8/5/16	95	73	22	4	1	*

e. Preparedness for school beyond elementary school

	IMPACT					
	NET	Major impact	Minor impact	No impact	Don't know	Refused
8/5/16	89	56	33	9	1	*

f. Job success later in life

	IMPACT					
	NET	Major impact	Minor impact	No impact	Don't know	Refused
8/5/16	85	52	33	13	2	*

VII. Demographics

CC-0a./CC-0c. What is this child's age? Thinking about your [INSERT # OF CHILDREN FROM CC-0] children age 5 or younger living in your household, what are their specific ages? Let's start with the oldest one?

	8/5/16
Less than 1	9
1-2 Years (Net)	33
1	13
2	20
3-5 Years (Net)	59
3	21
4	25
5	13

Sex of Respondent

	Male	Female
8/5/16	43	57

CC-16. And is [TCHILDNAME/CHILD A] a boy or a girl?

	Boy	Girl	Refused
8/5/16	50	49	*

CC-19. In which of the following types of care would you say [TCHILDNAME/CHILD A] spends the most time on a typical week? Would you say:

	Relative	Nonrelative	Daycare
8/5/16	25	18	57

(Respondents whose child spends the most time receiving non-relative care)

Q1A. Do you consider this care a home daycare – sometimes called a family daycare – a nanny, an au pair, a babysitter, or something else?

(Respondents whose child spends the most time receiving daycare)

Q1B. Do you consider this place a daycare center, preschool, prekindergarten or something else?

**Provider/Program Variables Combo Table
Total Respondents**

	8/5/16
Relative (NET)	25
Grandmother	17
Grandfather	2
Aunt	3
Uncle	*
Brother	*
Sister	1
Cousin	*
Other Relative	1
Non-Relative (NET)	18
Home daycare	6
Nanny	3
Au Pair	*
Babysitter	7
Other Caretaker	1
Daycare (NET)	57
Daycare center	26
Preschool	19
Prekindergarten	10
Other Daycare	2

Q2. Approximately how many hours each week does [TCHILDNAME/CHILD A] receive care from (his/her/his or her) [PROVIDER/PROGRAM]?

	1-9	10-19	20-39	40+	Don't know	Refused
8/5/16	15	13	34	37	1	*

So that I ask you only the right questions, let me ask a couple of questions about your background.

Z-2. Are you...? (READ LIST)

(Respondents who are married or living with a partner)

Z-4a. Currently, is your spouse/partner employed full-time, part-time, or not at all?

Z-2/Z-4a Combo Table

Total Respondents

	8/5/16
Single, that is never married	10
Single, living with a partner/Married	84
Spouse/Partner is employed (NET)	72
Full-time	63
Part-time	9
Partner is not employed	11
Refused	*
Separated	2
Widowed	1
Divorced	4
Refused	*

Z-4. Currently, are you yourself employed full-time, part-time, or not at all?

	EMPLOYED			Not employed	Refused
	NET	Full-time	Part-time		
8/5/16	87	72	16	13	--

Finally, just a few more questions to help us understand the people who took part in our study...

(Respondents who are married or living with a partner)

D16. In general, who has the most interaction with [TCHILDNAME/CHILD A]'s [PROVIDER regarding his/her/his or her care // PROGRAM] – you, your spouse/partner, or both of you equally?

Z-2/D16 Combo table

Total Respondents

	8/5/16
Married or living with a partner	84
Respondent has the most interaction with child's program or provider	25
Spouse/partner has the most interaction with child's program or provider	21
Both interact with child's program or provider equally	37
Don't know	--
Refused	*
Not married or living with a partner	16
Refused	*

D17. Would you describe the state of your family's finances these days as excellent, good, not so good, or poor?

	EXCELLENT/GOOD			Not so good/Poor			Don't know	Refused
	NET	Excellent	Good	NET	Not so good	Poor		
8/5/16	75	17	58	24	18	7	*	*

(Respondents who are employed)

D18. At your current job, do you mainly work during daytime hours on weekdays, or not?

	Yes, mainly work during daytime hours	No, does not mainly work during daytime hours	Don't know	Refused
8/5/16	90	9	1	*

(Respondents who do not work mainly daytime hours)

D19. Do you mainly work at night, mainly work on weekends, or do you work varying shifts between days, nights, and weekends?

**Z-4/D18/D19 Combo Table
Total Respondents**

	8/5/16
Employed	87
Mainly work during daytime hours	79
Does not mainly work during daytime hours	8
Mainly work at night	2
Mainly work on weekends	1
Work varying shifts between days, nights, and weekends	5
Don't know	*
Refused	*
Don't know	1
Refused	*
Not employed	13
Don't know	--
Refused	--

Z-7./Z-7a. What is your age? Could you please tell me if you are...?

	18-24	25-29	30-35	36-49	50-60	61+	Don't know	Refused
8/5/16	8	18	37	35	2	1	--	--

(Respondents who are Hispanic; n=179)

CO-1. Were you born on the island of Puerto Rico, the United States, or in another country?

	United States	Puerto Rico	Another country	Don't know	Refused
8/5/16	49	2	47	--	2

**Race Summary Table
Total Respondents**

	8/5/16
White (non-Hispanic)	60
Black/African American (non-Hispanic)	13
Asian/Oriental/Chinese/Japanese (non-Hispanic)	5
Hispanic (NET)	19
White Hispanic	10
Black Hispanic	1
Mixed/Other Hispanic	4
Hispanic unspecified	4
Native American/American Indian/Alaskan Native (non-Hispanic)	1
Native Hawaiian or other Pacific Islander (non-Hispanic)	*
Mixed (non-Hispanic)	3
Some other race (non-Hispanic)	*
Refused	*

Z-8. What is the highest level of school you have completed or the highest degree you have received?

**Education Summary Table
Total Respondents**

	8/5/16
High school graduate or less (NET)	31
Less than high school graduate	3
High school incomplete	5
High school graduate	23
Some college or more (NET)	69
Some college	13
Associate Degree	9
College graduate +	47
Graduated college	25
Graduate school or more	23
Don't know	*
Refused	--

Z-9f. I'd like to ask about your overall health. In general, would you say your health is excellent, very good, good, fair, or poor?

	EXCELLENT/VERY GOOD				FAIR/POOR				
	NET	Excellent	Very good	Good	NET	Fair	Poor	Don't know	Refused
8/5/16	58	26	32	28	14	12	2	--	*

D4c. What is [TCHILDNAME/CHILD A]'s race? Is [TCHILDNAME/CHILD A] white, black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander?

	8/5/16
White	65
Black or African American	14
Asian/Chinese/Japanese	4
Native American/American Indian/Alaska Native	2
Native Hawaiian and Other Pacific Islander	*
Mixed	10
Hispanic/Latino	4
Other	*
Refused	1

D50. In general, how would you describe (TCHILDNAME/CHILD A)'s health—excellent, very good, good, fair or poor?

	EXCELLENT/VERY GOOD				FAIR/POOR				
	NET	Excellent	Very good	Good	NET	Fair	Poor	Don't know	Refused
8/5/16	88	61	27	10	2	2	*	--	*

Income Summary Table
Total Respondents

	8/5/16
Less than \$50,000	37
Less than \$15,000	10
\$15,000 to less than \$25,000	9
\$25,000 to less than \$30,000	5
\$30,000 to less than \$40,000	7
\$40,000 to less than \$50,000	5
Less than \$50,000 (unspecified)	1
\$50,000 or more	62
\$50,000 to less than \$75,000	15
\$75,000 to less than \$100,000	14
\$50,000 to less than \$100,000 (unspecified)	*
\$100,000 or more	32
Don't know/Refused	1

(Respondents who are married or partnered; n=916)

Z-2a. And what is the gender of your (spouse/partner)?

	Male	Female	Refused
8/5/16	53	46	*

Q50a. Do you live in an urban, suburban or rural area?

	Urban	Suburban	Rural	Refused
8/5/16	59	24	15	2

L1/C1 Combo Table

Total Respondents

	Landline only	Both LL and Cell	Cell phone only	Don't know/Refused
8/5/16	3	32	65	--

Z-6a. How many of these are adults, 18 or older?

	8/5/16
1	11
2	74
3	9
4	4
5	*
6+	1
Don't know/Refused	*