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# Fragile Families and Child Wellbeing Study [Public Use Data]

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Three-Year In-Home Activity Booklet Section:
Employment History and Child Care Calendars

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# IN-HOME
# LONGITUDINAL STUDY OF
# PRE-SCHOOL AGED CHILDREN

## 3-Year Wave ACTIVITY BOOKLET Section:
## Employment History and Child Care Calendars

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# ACTIVITY F: CALENDARS

PLEASE BE SURE TO HAVE THE CHILD CARE AND EMPLOYMENT HISTORY CALENDAR, DAILY SCHEDULE AND A PENCIL FOR THE RESPONDENT READY BEFORE STARTING.

We'd like to get some information about what you've been doing since the birth of (CHILD). I will be recording your answers on this calendar. SHOW CHILD CARE AND EMPLOYMENT HISTORY CALENDAR. To help remind you, we will put (CHILD'S) age at various years on the calendar. Let's start with that.

F1. When was (CHILD) born? RECORD DATE OF BIRTH AT TOP OF CALENDAR.

So (CHILD) was one year old in (YEAR), two in (YEAR), and three in (YEAR). RECORD THE AGE IN EACH QUARTER ON THE TOP LINE OF THE CALENDAR ABOVE THE APPROPRIATE YEAR.

## EMPLOYMENT

Now, let's talk about employment.

F2. Since (CHILD) was born have you worked in a paid job for at least 2 weeks in a row?

YES → CONTINUE

NO → **SKIP TO CHILD CARE SECTION**

F3. I'd like to record on this calendar information about **each** paid job you've had for at least two weeks since (CHILD) was born. When did your first job start after the birth of (CHILD)?

RECORD "1" IN THE QUARTER WHEN THE FIRST JOB STARTED.

F4. Are you still working in this job?

YES → DRAW AN ARROW FROM THE NUMBER INDICATING WHEN THE JOB STARTED TO THE CURRENT QUARTER. **SKIP TO F6.**

NO → CONTINUE

F5. When did this job end?

RECORD "1" (OR 2, 3, ETC. FOR SUBSEQUENT JOBS) IN THE QUARTER WHEN THE JOB ENDED AND CONNECT IT WITH THE NUMBER INDICATING WHEN THE JOB STARTED BY DRAWING A LINE.

F6. When you started this job how many hours do/did you **usually** work per week, including regular overtime hours?

RECORD HOURS PER WEEK IN THE QUARTER THAT JOB STARTED (UNDER THE NUMBER).

F7. At any time during this job, did the number of hours that you worked significantly change? For example, did you ever switch from full- to part-time or part- to full-time? Or, were your hours ever reduced or increased? Or, did you ever stop working for a period of time?

YES → ASK: When did that happen and how many hours did you work? RECORD HOURS PER WEEK IN THE QUARTER WHEN THE CHANGE IN HOURS BEGAN.

NO → **SKIP TO F9**

F8. Were there any other changes in your hours?

YES → ASK: When did that happen and how many hours did you work? RECORD HOURS PER WEEK IN THE QUARTER WHEN THE CHANGE IN HOURS BEGAN. **REPEAT THIS QUESTION**.

NO → CONTINUE

F9. Thinking again about the hours you typically worked each day when you started this job, did you work…? READ EACH OF THE FOLLOWING BELOW. FOR EACH ONE, IF RESPONDENT ANSWERS YES, RECORD THE LETTER IN THE QUARTER THAT JOB STARTED (UNDER THE HOURS PER WEEK).

| |
|---|
| D=Days (7 a.m. to 7 p.m.)<br>E=Evenings (7 p.m. to 11 p.m.)<br>N=Nights (11 p.m. to 7 a.m.)<br>SW=A swing or rotating shift |

F10. At any time during this job did the hours you typically worked each day significantly change? For example, did you ever go from working nights to days, etc.?

YES → Did you work…? READ THE CHOICES IN THE BOX IN F9. FOR EACH ONE, IF RESPONDENT ANSWERS YES, RECORD THE LETTER IN THE CALENDAR QUARTER WHEN NEW SHIFT STARTED (UNDER THE LINE).

NO → **SKIP TO F12**

F11. Were there any other changes in your daily work time or shifts?

YES → Did you work…? READ THE CHOICES IN THE BOX IN F9 IF NECESSARY. RECORD EACH LETTER IN APPROPRIATE QUARTER IN CALENDAR. **REPEAT THIS QUESTION**.

NO → CONTINUE

F12. If you had to take a leave from this job because of the birth of a child or other family medical reasons, would you be guaranteed a job when you returned to work?

RECORD "YES" OR "NO" UNDER SHIFT HOURS IN THE QUARTER WHEN THE JOB STARTED.

F13. Have you had any other jobs since (CHILD) was born?

YES → When did you start that job? RECORD 2 (OR 3, 4, ETC. FOR SUBSEQUENT JOBS) IN APPROPRIATE QUARTER WHEN THE JOB STARTED. **REPEAT F4-F13.**

NO → CONTINUE

F14. If you could do what you wanted to do, **ideally** how many hours in total would you like to work each week?

_____ HOURS PER WEEK

## CHILD CARE

Now I'd like to talk about any child care arrangements you've made for (CHILD).

F15. Has your child ever been cared for on a regular basis by someone other than yourself? By regular, I mean at least once a week for one month or more.

YES → CONTINUE

NO → **SKIP TO F37**

F16. On this calendar, I'd like to record **each** child care arrangement you've made since (CHILD) was born. When was the first time your child was cared for by someone else on a regular basis?

RECORD "1" IN THE QUARTER WHEN FIRST CHILD CARE ARRANGEMENT STARTED.

F17. Who cared for child?

RECORD APPROPRIATE LETTER(S) BELOW NUMBER "1" (OR 2, 3, ETC. FOR SUBSEQUENT ARRANGEMENTS)

(NOTE: IF RESPONDENT GIVES MORE THAN ONE CAREGIVER, BE SURE THE RESPONDENT IS ANSWERING FOR **ONE** CHILD CARE ARRANGEMENT AT A TIME. IF MORE THAN ONE CAREGIVER WITHIN A CHILD CARE ARRANGEMENT, PROBE FOR THE PRIMARY CAREGIVER FOR THAT ARRANGEMENT. ONLY **ONE** SELECTION SHOULD BE MADE FOR EACH CAREGIVER TYPE.)

F=CHILD'S FATHER
S=CHILD'S SIBLING
MP=MOTHER'S PARTNER OR BOYFRIEND
MG=CHILD'S MATERNAL GRANDPARENT
MR=OTHER RELATIVE ON MOTHER'S SIDE
PG=CHILD'S PATERNAL GRANDPARENT
PR=OTHER RELATIVE ON FATHER'S SIDE
FP=FATHER'S PARTNER OR GIRLFRIEND
MPR=MOTHER'S PARTNER'S RELATIVE
FPR=FATHER'S PARTNER'S RELATIVE
FN=NON-RELATED FRIEND OR NEIGHBOR
CP=NON-RELATED CENTER/FAMILY DAY CARE PROVIDER
A=OTHER NON-RELATED ADULT

F18. Where did (CAREGIVER) care for child?

PLACE A COMMA AFTER THE LETTER(S) FOR WHO CARED FOR CHILD, THEN RECORD APPROPRIATE LETTERS BELOW TO INDICATE LOCATION.

| |
|---|
| CH=CHILD'S HOME<br>SH=SOMEONE ELSE'S HOME<br>DC=DAY CARE CENTER/NURSERY SCHOOL<br>HS=HEAD START<br>EHS=EARLY HEAD START<br>O1=OTHER (SPECIFY: _____)<br>O2=OTHER (SPECIFY: _____)<br>O3=OTHER (SPECIFY: _____) |

F19. Is your child still cared for by (CAREGIVER)?

YES → DRAW AN ARROW FROM THE NUMBER INDICATING WHEN THE ARRANGEMENT STARTED TO THE CURRENT QUARTER. **SKIP TO F21**

NO → CONTINUE

F20. When did your child stop this child care arrangement?

RECORD "1" (OR 2, 3, ETC. FOR SUBSEQUENT ARRANGEMENTS) IN THE QUARTER WHEN THE ARRANGEMENT ENDED AND CONNECT IT WITH THE NUMBER INDICATING WHEN THE ARRANGEMENT STARTED BY DRAWING A LINE.

F21. When your child started this child care arrangement, how many hours per week on average does/did she/he spend there?

RECORD HOURS PER WEEK IN THE QUARTER WHEN THE ARRANGEMENT STARTED (UNDER THE LETTERS FOR WHO AND WHERE).

F22. At any time, did the number of hours that your child spent in this arrangement significantly change? For example, did he/she ever switch from full- to part time care or part- to full-time care? Or, were the hours ever reduced or increased? Or, did you ever stop the arrangement for a period of time?

YES → RECORD HOURS PER WEEK IN THE QUARTER WHEN CHANGE OF HOURS BEGAN.

NO → **SKIP TO F24**

F23. Were there any other changes in his/her hours?

YES → RECORD HOURS PER WEEK IN THE CHANGE OF HOURS BEGAN. **REPEAT THIS QUESTION**

NO → CONTINUE

F24. Do/Did you receive any vouchers or scholarships for this child care?

RECORD "YES" OR "NO" UNDER HOURS PER WEEK IN START QUARTER.

F25. Has your child been cared for in any other child care arrangements since he/she was born? Remember that your child may have been using more than one child care arrangement at the same time. I want to know about all of these child care arrangements, even if they overlapped.

YES → When did the next arrangement start? RECORD "2" (OR 2, 3, ETC. FOR SUBSEQUENT ARRANGEMENTS) IN THE QUARTER WHEN ARRANGEMENT BEGAN. **REPEAT F17-F25**

NO → CONTINUE

F26. LOOK AT THE CALENDAR FOR THE CURRENT QUARTER. COUNTING **ONLY** ARRANGEMENTS SHE IS CURRENTLY USING, ADD UP THE NUMBER OF HOURS PER WEEK (CHILD) IS IN ANY CHILD CARE ARRANGEMENT. IS THAT NUMBER SEVEN (7) OR MORE?

YES → CONTINUE

NO → **SKIP TO F37**

F27. SELECT THE CHILD CARE ARRANGEMENT THAT THE MOM **CURRENTLY** USES THE **MOST**. THAT IS, THE ARRANGEMENT WITH THE **MOST** HOURS PER WEEK. IS IT FIVE (5) OR MORE HOURS PER WEEK?

YES → CONTINUE WITH SCRIPT BELOW

NO → **SKIP TO F37**

SCRIPT: Great! You qualify for participation in the Survey of Parents Child Care Project.

I would like to tell you about another special project connected to the study where we visit child care providers to obtain information about their day-to-day activities with (CHILD). Even though this will not take any of your time, you will be paid $20 for your participation.

All we would like to do is to contact your child care provider and invite him or her to be a part of the Survey of Parents Child Care Project. We will conduct a brief interview with him or her and then spend about 2 hours observing (CHILD) in childcare. In addition to the $20 we will pay you, we will also pay your child care provider for allowing us to spend a morning with him or her.

Just to remind you, your participation in this child care project is voluntary. Your child care provider is, of course, free to refuse to participate. All the information you or your provider give us will be kept confidential and will not be shared with any city, state, or federal agency. By participating in the project, the risk to you, (CHILD), and your provider is no more than what you would encounter on a typical day together.

a) Do you have any questions about the child care project or your participation in it?

TRY TO ADDRESS CONCERNS

b) Is it okay to contact your child care provider to invite him/her to be in the project?

YES → CONTINUE

NO → Please remember your role is minimal. (CHILD)'s provider will participate in the interview and the observation. All we are asking from you is your permission to ask your provider to participate. Are there any particular reasons that you feel unable to join this project? For example, do you have specific questions that may help me to clarify your concerns?

TRY TO ADDRESS CONCERNS.

IF PARENT CONSENTS, CONTINUE TO QUESTION c.

IF STILL A REFUSAL, READ THE FOLLOWING STATEMENT: If you change your mind, please feel free to contact me. [LEAVE CARD WITH NAME AND PHONE NUMBER].

c) Please tell me the name of the person I should contact and his or her address and telephone number.

RECORD RESPONSE ON PROVIDER INFORMATION SHEET. THEN GO TO QUESTION d.

d) Because we would not want to ask anyone to talk to us without being able to prove that we have your permission, we would like to have you sign a consent form. I'll go over this form with you now. Feel free to ask any questions that you may have about the project.

GO OVER FORM, OBTAIN SIGNATURE, THEN CONTINUE WITH DAILY SCHEDULE.

**NO F28 TO F36 IN THIS VERSION.**

# LIVING ARRANGEMENTS

F37. Please indicate for me on the calendar, which months, if any, since the birth of (CHILD) you were living in the same household as the biological father?

RECORD “BF” IN EACH QUARTER RESPONDENT IS/WAS LIVING WITH BIOLOGICAL FATHER.

IF NONE, CHECK HERE: ____.

F38. Which months since (CHILD) was born, if any, were you living in the same household as a romantic partner or spouse who is not (CHILD’S) biological parent?

RECORD “S” FOR SPOUSE OR “P” FOR PARTNER IN EACH OF THE APPROPRIATE QUARTER(S).

IF NONE, CHECK HERE: ____.

F39. Which months since (CHILD) was born, if any, were you the only adult, 18 or older, in your household?

RECORD “A” IN EACH OF THE APPROPRIATE QUARTER(S).

IF NONE, CHECK HERE: ____.

F40. Which months, if any, were you living with another adult relative of yours (for example, your mother or sister, your in-laws, or someone else related to you).

RECORD “R” IN EACH OF THE APPROPRIATE QUARTER(S).

IF NONE, CHECK HERE: ____.

F41. Which months since (CHILD) was born, if any, were you living in a dormitory, barracks, correctional facility, or other institution?

RECORD “I” IN EACH OF THE APPROPRIATE QUARTER(S).

IF NONE, CHECK HERE: ____.

# CALENDAR CODES

**WORK SHIFTS:**

D=Days (7 a.m. to 7 p.m.)
E=Evenings (7 p.m. to 11 p.m.)
N=Nights (11 p.m. to 7 a.m.)
SW=A swing or rotating shift

**CAREGIVER TYPE:**

F=CHILD'S FATHER
S=CHILD'S SIBLING
MP=MOTHER'S PARTNER OR BOYFRIEND
MG=CHILD'S MATERNAL GRANDPARENT
MR=OTHER RELATIVE ON MOTHER'S SIDE
PG=CHILD'S PATERNAL GRANDPARENT
PR=OTHER RELATIVE ON FATHER'S SIDE
FP=FATHER'S PARTNER OR GIRLFRIEND
MPR=MOTHER'S PARTNER'S RELATIVE
FPR=FATHER'S PARTNER'S RELATIVE
FN=NON-RELATED FRIEND OR NEIGHBOR
CP=NON-RELATED CENTER/FAMILY DAY CARE PROVIDER
A=OTHER NON-RELATED ADULT
**(NOTE: FOR CHILD CARE AND EMPLOYMENT HISTORY CALENDAR CODE ONLY <u>ONE</u> CAREGIVER, OR THE PRIMARILY CAREGIVER.**

**CHILD CARE LOCATION:**

CH=CHILD'S HOME
SH=SOMEONE ELSE'S HOME
DC=DAY CARE CENTER/NURSERY SCHOOL
HS=HEAD START
EHS=EARLY HEAD START
O1=OTHER **<u>(SPECIFY IN ACTIVITY BOOK)</u>**
O2=OTHER **<u>(SPECIFY IN ACTIVITY BOOK)</u>**
O3=OTHER **<u>(SPECIFY IN ACTIVITY BOOK)</u>**

**LIVING ARRANGEMENT:**

BF=BIOLOGICAL FATHER
S=SPOUSE
P=PARTNER
A=ALONE
R=RELATIVE
I=DORMITORY, BARRACKS, CORRECTIONAL FACILITY, OR OTHER INSTITUTION