

Our Children's Future: A Survey of Young Children's Care and Education

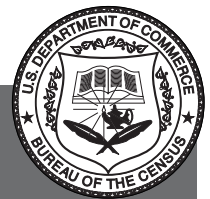
Part of the 2016 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Administered by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau



NHES-ECPP
Informational Copy



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child listed below has not yet started kindergarten. If this child is attending public or private school or is homeschooled for kindergarten through 12th grade or equivalent, please call us toll-free at 1-888-840-8353 to let us know.
- ◆ These questions should be filled in by a parent or guardian who knows about:

Please answer all the survey questions thinking about this child.

- ◆ To answer a question, simply mark the box that best represents your answer.
- ◆ Please use a black or blue pen, if available, to complete this survey.
- ◆ Please return the completed survey using the postage-paid envelope provided.

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC §9543). The U.S. Census Bureau is administering this survey on behalf of NCES. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C., §9573). Your responses will be combined with those from other participants to produce summary statistics and reports.


According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0768. The time required to complete this survey is estimated to average 20 minutes per response, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Sarah Grady, National Household Education Survey, National Center for Education Statistics, 1990 K Street, NW, Room 9016, Washington, DC 20006-5650. Do not return the completed form to this address. You may send email to NHES@census.gov. If you have any questions about the study, contact the Census Bureau toll-free at 1-888-840-8353.



Childhood Care and Programs

- ▶ Thank you for your help with the previous survey your household completed.
- ▶ Answer all the survey questions thinking about the child listed below:

Care Your Child Receives from Relatives

 These questions ask about different types of child care this child may now receive on a regular basis from a relative other than his/her parents or guardians.

1. Is this child now receiving care from a relative other than a parent or guardian on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?

No → **GO TO question 17**

Yes **RCNOW**

2. Are any of these care arrangements regularly scheduled at least once a week?

No → **GO TO question 17**

Yes **RCWEEK**

3. These next questions are about the care that this child receives from the relative who provides the most care. How is that relative related to this child?

Mark ONE only.

Grandmother/Grandfather

Aunt/Uncle **RCTYPE**

Brother/Sister

Another relative

4. How old is the relative who provides the most care to this child?

RCAGE
age

5. Is this care provided in your home or another home?

Own home

Other home **RCPLACE**

Both

6. How many days each week does this child receive care from this relative?

days each week **RCDAYS**

7. How many hours each week does this child receive care from this relative?

hours each week **RCHRS**

8. How old was this child in years and months when this particular regular care arrangement with this relative began?

years months **RCSTRTM**
RCSTRTY

9. What language does this relative speak most when caring for this child?

English

Spanish **RCSPEAK**

A language other than English or Spanish

English and Spanish equally

English and another language equally



10. Will this relative care for this child when the child is...

	No	Yes
	▼	▼
a. Sick but does not have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
RCSKNFV		
b. Sick and has a fever?	<input type="checkbox"/>	<input type="checkbox"/>
RCSKFV		

11. Is there any charge or fee for the care this child receives from this relative, paid either by you or some other person or agency?

No → **GO TO question 15**

Yes **RCFEE**

12. Do any of the following people, programs, or organizations help pay for this relative to care for this child?

Mark **X** ONE box for each item below.

	No	Yes
	▼	▼
a. A relative of this child outside your household who provides money specifically for that care, not including general child support	<input type="checkbox"/>	<input type="checkbox"/>
RCREL		
b. Temporary Assistance for Needy Families, or TANF.	<input type="checkbox"/>	<input type="checkbox"/>
RCTANF		
c. Another social service, welfare, or child care agency ..	<input type="checkbox"/>	<input type="checkbox"/>
RCSSAC		
d. An employer, not including a tax-free spending account for child care	<input type="checkbox"/>	<input type="checkbox"/>
RCEMPL		
e. Someone else	<input type="checkbox"/>	<input type="checkbox"/>
RCOTHER		

13. How much does your household pay for this relative to care for this child, not counting any money that may be received from others to help pay for care?

Write '0' if your household does not pay this relative for care.

\$.00 **RCCOST**

Is that amount per...

Hour **RCUNIT**

Day

Week

Month

Year

Every 2 weeks

Other – Specify: **RCUNITOS**

14. How many children from your household is this amount for, including this child?

This child only **RCCSTHNX**

2 children

3 children

4 children

5 or more children

15. Does this child have any other care arrangements with a relative on a regular basis?

No → **GO TO question 17**

Yes **RCOTHC**

16. How many total hours each week does this child spend in those other care arrangements with relatives?

hours each week **RCTLHR**



► **Care Your Child Receives from Non-relatives**

i The next questions ask about any care this child receives from someone not related to him/her, either in your home or someone else's home. This includes home child care providers or neighbors, but not day care centers or preschools.

17. Is this child now receiving care in your home or another home on a **regular basis** from someone who is **not** related to him/her?

- No → **GO TO question 35**
 Yes **NCNOW**

18. Are any of these care arrangements regularly scheduled at least once a week?

- No → **GO TO question 35**
 Yes **NCWEEK**

19. These next questions are about the care that this child receives from someone who is **not** related to him/her who provides the most care.

Is this care provided in your own home or in another home?

- Own home **NCPLACE**
 Other home
 Both

20. Does this person who cares for this child live in your household?

- No **NCINHH**
 Yes

21. How many **days** each **week** does this child receive care from this person?

days each week **NCDAYS**

22. How many **hours** each **week** does this child receive care from this person?

hours each week **NCHRS**

23. How old was this child in years and months when this particular regular care arrangement with this person began?

years months **NCSTRM**
NCSTRTY

24. Was this care provider someone you already knew?

- No **NCALKNE**
 Yes

25. Is this child's care provider age 18 or older?

- No **NCAGE**
 Yes

26. What language does this care provider speak most when caring for this child?

- English **NCSPEAK**
 Spanish
 A language other than English or Spanish
 English and Spanish equally
 English and another language equally

27. Will this care provider care for this child when this child is...

- | | No | Yes |
|--|--------------------------|--------------------------|
| | ▼ | ▼ |
| a. Sick but does not have a fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| NCSKNFV | | |
| b. Sick and has a fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| NCSKFV | | |



► Day Care Centers and Preschool Programs Your Child Attends

***i** The next questions ask about any day care centers and early childhood programs that this child attends. This does not include care provided in a private home.*

35. Is this child now attending a day care center, preschool, or prekindergarten not in a private home?

- No → **GO TO question 54**
- Yes **CPNNOWX**

36. Does this child go to a day care center, preschool, or prekindergarten, at least once each week?

- No → **GO TO question 54**
- Yes **CPWEEKX**

37. The next questions ask about the program where this child spends the most time.

Is this child's current program a day care program, a preschool program, or a prekindergarten program?

- Day care **CPTYPE**
- Preschool
- Prekindergarten

38. Is this program a Head Start or Early Head Start program?

***i** Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

- No **CPHEADST**
- Yes
- Don't know

39. Where is this program located?

Mark ONE only. **CPPLACEX**

- In a church, synagogue, or other place of worship
- In a public elementary or secondary school
- In a private elementary or secondary school
- At a college or university
- At a community center
- At a public library
- In its own building, office space, or storefront
- Some other place – Specify: ↴

CPPLACOSX

40. Is this program run by a church, synagogue, or other religious group?

- No **CPSPLRG**
- Yes

41. Is this program located at your workplace or this child's other parent's workplace?

- No **CPWORK**
- Yes

42. How many days each week does this child go to this program?

days each week **CPDAYS**

43. How many hours each week does this child go to this program?

hours each week **CPHRS**

44. How old was this child in years and months when he/she started going to this particular program?

years months **CPSTRTY CPSTRTM**

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45. What language does this child's main care provider or teacher at this program speak most when caring for this child?

- English CPSPEAK
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

46. Would you recommend this program to another parent?

- No CPRCMDPT
- Yes

47. Does this program provide any of the following services to this child or your family?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Hearing, speech, or vision testing | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPTEST | |
| b. Physical examinations | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPPHYSE | |
| c. Dental examinations | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPDENTA | |
| d. Formal testing for developmental or learning problems | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPDISAB | |
| e. Sick child care when this child is sick but does not have a fever | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPSKNFV | |
| f. Sick child care when this child is sick and has a fever | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPSKFBV | |

48. Is there any charge or fee for this program, paid either by you or some other person or agency?

- No → GO TO question 52
- Yes CPFEE

49. Do any of the following people, programs, or organizations help pay for this child to go to this program?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. A relative of this child outside your household who provides money <u>specifically</u> for that care, not including general child support | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPREL | |
| b. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPTANF | |
| c. Another social service, welfare, or child care agency | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPSSAC | |
| d. An employer, not including a tax-free spending account for child care | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPEMPL | |
| e. Someone else | <input type="checkbox"/> | <input type="checkbox"/> |
| | CPOTHER | |

50. How much does your household pay for this child to go to this program, not counting any money that you may receive from others to help pay for care?

Write '0' if your household does not pay for this program.

↓ \$.00 CPCOST

Is that amount per...

- Hour CPUNIT
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other — Specify: ↘

CPUNITOS

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Finding and Choosing Care for Your Child

51. How many children from your household is this amount for, including this child?

- This child only
- 2 children
- 3 children
- 4 children
- 5 or more children

CPCSTHNX

52. Does this child have any other care arrangements at a day care center or preschool on a regular basis?

- No → **GO TO question 54**
- Yes


CPOTHC

53. How many total hours each week does this child spend at those day care centers or preschools?

hours each week

CPTLHR

54. Has this child ever attended a Head Start or Early Head Start program?

 *Head Start and Early Head Start are federally sponsored preschool programs primarily for children from low-income families.*

- No
- Yes
- Don't know

PCEVRHDX

55. What is the main reason your household wanted a care program for this child in the past year?

MAINRESN

Mark ONE only.

- To provide care when a parent was at work or school
- To prepare child for school
- To provide cultural or language learning
- To make time for running errands or relaxing
- Some other reason
- Did not have care in the past year

56. Do you feel there are good choices for child care or early childhood programs where you live?

- No
- Yes
- Don't know

PPCHOIC



57. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child?

- Have not tried to find care → **GO TO question 60**
- No difficulty → **GO TO question 59**
- A little difficulty
- Some difficulty
- A lot of difficulty
- Did not find the child care program you wanted

PPDIFCLT

58. What was the primary reason for the difficulty finding care?

Mark **ONE** only.

- Cost
- Location
- Quality
- Lack of open slots for new children
- Needed a program for children with special needs
- Other reason – Specify: ↴

WHYDIFCLT

WHYDIFCLTOS

59. How important was each of these reasons when you chose the child care arrangement or program where this child spends the most time?

a. The location of the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

DCLOA

b. The cost of the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

DCOST

c. The reliability of the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

DRELY

d. The learning activities at the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

DLERN

e. The child spending time with other kids his/her age?

- Not at all important
- A little important
- Somewhat important
- Very important

DCHIL

f. The times during the day that this caregiver is able to provide care?

- Not at all important
- A little important
- Somewhat important
- Very important

DHROP

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g. The number of other children in the child's care group?

- Not at all important
- A little important
- Somewhat important
- Very important

DNBGRP

h. Ratings on a website?

- Not at all important
- A little important
- Somewhat important
- Very important

DRTWEB

i. Recommendations from friends and family?

- Not at all important
- A little important
- Somewhat important
- Very important

DRECFAM

j. The religious orientation of the program?

- Not at all important
- A little important
- Somewhat important
- Very important

DRELOR

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Family Activities



The next questions ask about this child's activities with family members in the past week or month.

60. About how many books does this child have of his/her own, including those shared with brothers or sisters?

number of books HABOOKS

61. How many times have you or someone in your family read to this child in the past week?

Not at all



GO TO question 63

FOREADTOXA

times

FOREADTOXB

62. About how many minutes on each of those times did you or someone in your family read to this child?

minutes

FORDDAYX

63. In the past week, how many times has anyone in your family done the following things with this child?

- a. Told this child a story? (Do not include reading to this child.)

Not at all

FOSTORYX

1 or 2 times

3 or more times

- b. Taught this child letters, words, or numbers?

Not at all

FOWORDSX

1 or 2 times

3 or more times

- c. Sang songs with this child?

Not at all

FOSANG

1 or 2 times

3 or more times

- d. Worked on arts and crafts with this child?

Not at all

FOCRAFTSX

1 or 2 times

3 or more times

64. In the past week, how many days has your family eaten the evening meal together?

Write '0' if none.

days

FODINNERX

65. In the past month, have you or someone in your family visited a library with this child?

No

FOLIBRAY

Yes

66. In the past month, have you or someone in your family visited a bookstore with this child?

No

FOBOOKST

Yes



Things Your Child May be Learning



These next questions ask about things that different children do at different ages. These things may or may not be true for this child.

67. Is this child under 2 years old or is he/she 2 years old or older?

- Under 2 years → **GO TO question 75**
- 2 years or older **DPIAGE**

68. Can this child identify the colors red, yellow, blue, and green by name?

- No **DPCOLOR**
- Yes, some of them
- Yes, all of them

69. Can this child recognize the letters of the alphabet?

- No **DPLETTER**
- Yes, some of them
- Yes, most of them
- Yes, all of them

70. How high can this child count?

- This child cannot count
- Up to 5 **DPCOUNT**
- Up to 10
- Up to 20
- Up to 50
- Up to 100 or more

71. Can this child write his/her first name, even if some of the letters are backwards?

- No **DPNAME**
- Yes

72. Does this child ever read or pretend to read storybooks on his/her own?

- No → **GO TO question 75**
- Yes **HAPRETRD**

73. Does this child actually read the words written in the book, or does he/she look at the book and pretend to read?

- Pretends to read **HAWORDSX**
- Actually reads the written words
- Does both } **GO TO question 75**

74. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what is in each picture without much connection between them?

- Sounds like connected story
- Tells what's in each picture
- Does both **HACONECTX**
- Does neither



Child's Health

75. In general, how would you describe this child's health?

- Excellent **HDHEALTH**
- Very good
- Good
- Fair
- Poor

76. Has a health, education, or early intervention professional told you that this child has any of the following conditions?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. An intellectual disability (mental retardation) | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDINTDIS | |
| b. A speech or language impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSPEECHX | |
| c. A serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDISTRBX | |
| d. Deafness or another hearing impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDEAFIMX | |
| e. Blindness or another visual impairment not corrected with glasses. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDBLINDX | |
| f. An orthopedic impairment. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDORTHOX | |
| g. Autism. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDAUTISMX | |
| h. Pervasive Developmental Disorder (PDD). | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPDDX | |
| i. Attention Deficit Disorder, ADD or ADHD | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDADDX | |
| j. A specific learning disability. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDLEARNX | |
| k. A developmental delay. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDELAYX | |
| l. Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDTRBRAIN | |
| m. Another health impairment lasting 6 months or more. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDOOTHERX | |

77. (If child is under 3 years old) Has a health, education, or early intervention professional told you this child is "at-risk" for a substantial developmental delay?

- No **HDDLRSK**
- Yes
- Child is age 3 or older

78. Did you mark yes to any condition in question 76 or question 77?

- No → **GO TO question 86**
- Yes **HDANYCON**

79. Is this child receiving services for his/her condition?

- No → **GO TO question 84**
- Yes **HDRECSER**

80. Are these services provided by any of the following sources?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| a. Your local school district | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDSCHLX | |
| b. A state or local health or social service agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDGOVTX | |
| c. A doctor, clinic, or other health care provider. | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDDOCTORX | |
| d. This child's <u>private</u> school | <input type="checkbox"/> | <input type="checkbox"/> |
| | HDPRISCH | |

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81. Are any of these services provided through an Individualized Family Service Plan (IFSP), Individualized Education Program (IEP) or services plan?

No → **GO TO question 84**

Yes **HDIEPX**

82. Did any adult in your household work with the service provider or school to develop or change this child's IFSP, IEP or services plan?

No **HDDEVIEPX**

Yes

83. Since September, how satisfied or dissatisfied have you been with the following aspects of this child's IFSP, IEP or services plan?

a. The service provider's or school's communication with your family?

Very satisfied **HDCOMMUX**

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

Does not apply

b. The child's special needs teacher or therapist?

Very satisfied **HDTCHR**

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

Does not apply

c. The service provider's or school's ability to accommodate this child's special needs?

HDACCOMX

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

Does not apply

d. The service provider's or school's commitment to help this child learn?

HDCOMMITX

Very satisfied

Somewhat satisfied

Somewhat dissatisfied

Very dissatisfied

Does not apply

84. Is this child currently enrolled in any special education classes or services?

No

HDSPCLED

Yes

85. Does this child's condition interfere with his/her ability to do any of the following things?

Mark ONE box for each item below.

	No	Yes
	▼	▼
a. Learn.....	<input type="checkbox"/>	<input type="checkbox"/>
	HDLEARN	
b. Participate in play with other children.....	<input type="checkbox"/>	<input type="checkbox"/>
	HDPLAY	
c. Go on outings.....	<input type="checkbox"/>	<input type="checkbox"/>
	HDOUT	
d. Make friends.....	<input type="checkbox"/>	<input type="checkbox"/>
	HDFRNSD	

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Child's Background

86. In what month and year was this child born?

/

month year
CDOBMM CDOBYYY

87. Where was this child born?

One of the 50 United States or the District of Columbia

↳ **GO TO question 89** CPLCBRTH

One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

Another country

88. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

CMOVEAGE

age

89. Is this child of Hispanic, Latino, or Spanish origin?

No

CHISPAN

Yes

90. What is this child's race? You may mark one or more races.

American Indian or Alaska Native

CAMIND

Asian

CASIAN

Black or African American

CBLACK

Native Hawaiian or other Pacific Islander

CPACI

White

CWHITE

91. What is this child's sex?

Male

CSEX

Female

92. Does this child live at this address and another address (for example, because of a joint custody arrangement)?

Do not include vacation properties.

No → **GO TO question 94**

Yes CLIVYN

93. If yes, does this child... CLIVELSWX

spend most time at this address?

spend most time at another address?

spend equal time at both addresses?

94. What language does this child speak most at home?

Mark ONE only.

CSPEAKX

Child has not started to speak

GO TO question 96

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

95. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

No

CENGLPRG

Yes



Household Members

96. How many people live in this household?

Include adults and children who are temporarily away from home (for example, living in college housing) if they have no other permanent home.

people

HHTOTALXX

97. How many of the following people live in this household with this child?

Do not include this child in you answer.

Example: Brother(s)

Write '0' if none.

This child's... Number

a. Brother(s).....

HHBROSX

b. Sister(s).....

HHSISSX

c. Mother (birth, adoptive, step, or foster).....

HHMOM

d. Father (birth, adoptive, step, or foster).....

HHDAD

e. Aunt(s).....

HHAUNTSX

f. Uncle(s).....

HHUNCLSX

g. Grandmother(s).....

HHGMASX

h. Grandfather(s).....

HHGPASX

i. Cousin(s).....

HHCSNSX

j. Parent's girlfriend/boyfriend/partner.....

HHPRTRNSX

k. Other relative(s).....

HHORELSX

l. Other non-relative(s).....

HHONRELSX

98. How are you related to this child?

Mark ONE only.

RELATION

Mother (birth, adoptive, step, or foster)

Father (birth, adoptive, step, or foster)

Aunt

Uncle

Grandmother

Grandfather

Parent's girlfriend/boyfriend/partner

Other relationship - Specify:

RELATIONOS

99. Which language(s) are spoken at home by the adults in this household?

Mark all that apply.

HHADTLANG

English **HHENGLISH**

Spanish or Spanish Creole **HHSPANISH**

French (including Patois, Creole, Cajun) **HHFRENCH**

Chinese **HHCHINESE**

Other languages - Specify: **HHOTHLANG**

HHOTHLANGOS

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Child's Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 100 to 117 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 100 to 117 about one of this child's parents or guardians living in the household.

100. Is this parent or guardian the child's...

- Biological parent **P1REL**
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

101. Is this person male or female?

- Male **P1SEX**
- Female

102. What is this person's current marital status?

Mark ONE only.

- Now married → **GO TO question 104**
- Widowed **P1MRSTA**
- Divorced
- Separated
- Never married

103. Is this person currently living with a boyfriend/girlfriend or partner in this household?

- No **P1BFGF**
- Yes

104. What was the first language this parent or guardian learned to speak?

Mark ONE only. **P1FRLNG**

- English → **GO TO question 106**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

105. What language does this person speak most at home now?

Mark ONE only.

- English **P1SPEAK**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

106. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia
→ **GO TO question 108** **P1PLCBRTH**
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

107. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

- P1AGEMV**
age

108. Is this person of Hispanic, Latino, or Spanish origin?

- No **P1HISPAN**
- Yes



109. What is this person's race? You may mark one or more races.

- American Indian or Alaska Native P1AMIND
- Asian P1ASIAN
- Black or African American P1BLACK
- Native Hawaiian or other Pacific Islander P1PACI
- White P1WHITE

110. What is the highest grade or level of school that this parent or guardian completed?

Mark ONE only.

P1EDUC

- 8th grade or less
- High school, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associate's degree (AA, AS)
- Bachelor's degree (BA, BS)
- Some graduate or professional education, but no degree
- Master's degree (MA, MS)
- Doctorate degree (PhD, EdD)
- Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

111. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- No P1ENRL
- Yes

112. Which of the following best describes this person's employment status?

Mark ONE only. P1EMPL

- Employed for pay or income
- Self-employed
- Unemployed or out of work → GO TO question 114
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work } GO TO question 115

113. (If employed or self-employed) About how many hours per week does he or she usually work for pay or income, counting all jobs?

P1HRSWK

→ GO TO question 115
hours

114. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- No P1LKWRK
- Yes

115. In the past 12 months, how many months (if any) has this person worked for pay or income?

P1MTHSWRK
months

116. How old is this person?

P1AGE
age

117. How old was this person when he or she first became a parent to any child?

P1AGEPAR
age

Don't know P1AGEPARDK



PARENT 2 LIVING IN HOUSEHOLD

Answer questions 118 to 136 about a second parent or guardian living in the household.

118. Is there a second parent or guardian living in this household?

No → **GO TO question 137**

Yes **P2GUARD**

119. Is this person the child's...

Biological parent **P2REL**

Adoptive parent

Stepparent

Foster parent

Grandparent

Other guardian

120. Is this person male or female?

Male **P2SEX**

Female

121. What is this person's current marital status?

Mark ONE only. **P2MRSTA**

Now married →

Widowed

Divorced

Separated

Never married

122. Is this person currently living with a boyfriend/girlfriend or partner in this household?

No **P2BFGF**

Yes

123. What was the first language this parent or guardian learned to speak?

Mark ONE only. **P2FRLNG**

English → **GO TO question 125**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

124. What language does this person speak most at home now?

Mark ONE only.

English **P2SPEAK**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

125. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia

→ **GO TO question 127** **P2PLCBRTH**

One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

Another country

126. How old was this person when he or she first moved to the 50 United States or the District of Columbia?

P2AGEMV

age

127. Is this person of Hispanic, Latino, or Spanish origin?

No

Yes **P2HISPAN**

24026205



128. What is this person's race? You may mark one or more races.

- American Indian or Alaska Native **P2AMIND**
- Asian **P2ASIAN**
- Black or African American **P2BLACK**
- Native Hawaiian or other Pacific Islander **P2PACI**
- White **P2WHITE**

129. What is the highest grade or level of school that this parent or guardian completed?

Mark ONE only.

P2EDUC

- 8th grade or less
- High school, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associate's degree (AA, AS)
- Bachelor's degree (BA, BS)
- Some graduate or professional education, but no degree
- Master's degree (MA, MS)
- Doctorate degree (PhD, EdD)
- Professional degree beyond bachelor's degree (MD, DDS, JD, LLB)

130. Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- No
- Yes **P2ENRL**

131. Which of the following best describes this person's employment status?

Mark ONE only.

P2EMPL

- Employed for pay or income
 - Self-employed
 - Unemployed or out of work → **GO TO question 133**
 - Full-time student
 - Stay at home parent
 - Retired
 - Disabled or unable to work
- } **GO TO question 134**

132. (If employed or self-employed) About how many hours per week does he or she usually work for pay or income, counting all jobs?

→ **GO TO question 134**

hours **P2HRSWK**

133. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks?

- No **P2LKWRK**
- Yes

134. In the past 12 months, how many months (if any) has this person worked for pay or income?

P2MTHSWRK

months

135. How old is this person?

P2AGE

age

136. How old was this person when he or she first became a parent to any child?

P2AGEPAR

age

- Don't know **P2AGEPARDK**

24026213



Your Household

137. In the past 12 months, did your family ever receive benefits from any of the following programs?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| a. Temporary Assistance for Needy Families, or TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| | HWELFTAN | |
| b. Your state welfare or family assistance program | <input type="checkbox"/> | <input type="checkbox"/> |
| | HWELFST | |
| c. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| | HWIC | |
| d. Food Stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| | HFOODST | |
| e. Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| | HMEDICAID | |
| f. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| | HCHIP | |
| g. Section 8 housing assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| | HSECN8 | |

138. Which category best fits the total income of all persons in your household over the past 12 months?

Include your own income.

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.

- | | |
|---|-----------------|
| <input type="checkbox"/> \$0 to \$10,000 | TTLHHINC |
| <input type="checkbox"/> \$10,001 to \$20,000 | |
| <input type="checkbox"/> \$20,001 to \$30,000 | |
| <input type="checkbox"/> \$30,001 to \$40,000 | |
| <input type="checkbox"/> \$40,001 to \$50,000 | |
| <input type="checkbox"/> \$50,001 to \$60,000 | |
| <input type="checkbox"/> \$60,001 to \$75,000 | |
| <input type="checkbox"/> \$75,001 to \$100,000 | |
| <input type="checkbox"/> \$100,001 to \$150,000 | |
| <input type="checkbox"/> \$150,001 or more | |

139. How many years have you lived at this address?

Write '0' if less than 1 year.

years at this address **YRSADDR**

140. Is this house...

Mark ONE only. **OWNRNTHB**

- Owned or being bought by someone in this household,
- Rented by someone in this household, or
- Occupied by some other arrangement?

141. Do you have Internet access on a cell phone?

- No **HVINTSPHO**
- Yes

142. Do you have Internet access at home on a computer or tablet?

- No **HVINTCOM**
- Yes

143. How often do you use the Internet?

- Everyday **USEINTRNT**
- A few times a week
- A few times a month
- A few times a year
- Never

24026221



Thank you.

*Please return this questionnaire in the postage-paid envelope provided.
If you have lost the envelope, mail the completed questionnaire to:*

**U.S. Census Bureau
ATTN: DCB 60-A (7198)
1201 E. 10th Street
Jeffersonville, IN 47132-0001**

Informational Copy

24026239



Commonly Asked Questions

Q: How did you get my address?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the United States.

Q: How did you get my child's name and age?

A: When you returned the initial National Household Education Survey to us, we randomly chose one child to ask additional questions about. We are interested in understanding your child's experiences with care and early education.

Q: Why should I take part in this study? Do I have to do this?

A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative, it is important that you complete and return this questionnaire. Those who do not return the survey will not be represented in key statistics used by policymakers and researchers.

Q: How will the information I provide be used? Will my privacy be protected?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

A: The Department of Education wants to understand the care and early education of children. This survey is the only way that the Department of Education can learn about the types of care and early learning activities children receive. Your responses will be combined with those from other households to inform educators, policymakers, schools, and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

Q: Who is sponsoring the study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study by the Education Sciences Reform Act of 2002 (ESRA 2002; 20 USC § 9543). The U.S. Census Bureau is administering this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys.

