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
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 X 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.
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?
   - [ ] Grandmother/Grandfather
   - [ ] Aunt/Uncle
   - [ ] Brother/Sister
   - [ ] Another relative  ➤  RCTYPE
   Mark [ ] ONE only.

4. How old is the relative who provides the most care to this child?
   - [ ] age  ➤  RCAGE

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  ➤  RCSTRTY
   - [ ] months

9. What language does this relative speak most when caring for this child?
   - [ ] English  ➤  RCSPEAK
   - [ ] Spanish
   - [ ] 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...
   a. Sick but does not have a fever?  
      - No □  Yes □  
      - RCSKNFV
   b. Sick and has a fever?  
      - No □  Yes □  
      - RCSKFCV

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 □  Yes □  
      - GO TO question 15  
      - RCFEE

12. Do any of the following people, programs, or organizations help pay for this relative to care for this child?
   Mark ONE box for each item below.
   a. A relative of this child outside your household who provides money specifically for that care, not including general child support  
      - No □  Yes □  
      - RCREL
   b. Temporary Assistance for Needy Families, or TANF  
      - No □  Yes □  
      - RCTAN
   c. Another social service, welfare, or child care agency  
      - No □  Yes □  
      - RCSSAC
   d. An employer, not including a tax-free spending account for child care  
      - No □  Yes □  
      - RCEMPL
   e. Someone else  
      - No □  Yes □  
      - 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.
   - Is that amount per...
     - $  
     - RCOST
     - Hour  
     - Day  
     - Week  
     - Month  
     - Year  
     - Every 2 weeks  
     - Other — Specify: 

14. 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  
   - RCCSTHNX

15. Does this child have any other care arrangements with a relative on a regular basis?
   - No □  Yes □  
      - GO TO question 17  
      - 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

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
   - Yes

18. Are any of these care arrangements regularly scheduled at least once a week?
   - No
   - Yes

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
   - Other home
   - Both

20. Does this person who cares for this child live in your household?
   - No
   - Yes

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

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

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

24. Was this care provider someone you already knew?
   - No
   - Yes

25. Is this child’s care provider age 18 or older?
   - No
   - Yes

26. What language does this care provider speak most when caring for this child?
   - English
   - 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...
   a. Sick but does not have a fever?
   b. Sick and has a fever?
28. Would you recommend this care provider to another parent?

☐ No [NCRCMDPT]

☐ Yes

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

☐ No [GO TO question 33]

☐ Yes [NCFEE]

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

Mark [X] ONE box for each item below.

a. A relative of this child outside your household who provides money specifically for that care, not including general child support . . . . . . . .

☐ No  ☐ Yes

b. Temporary Assistance for Needy Families, or TANF . . .

☐ No  ☐ Yes

c. Another social service, welfare, or child care agency . .

☐ No  ☐ Yes

d. An employer, not including a tax-free spending account for child care . . . . . . .

☐ No  ☐ Yes

e. Someone else . . . . . . . .

☐ No  ☐ Yes

31. How much does your household pay for this person 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 non-relative for care.

☐ $ .00 [NCCOST]

Is that amount per...

☐ Hour [NCUNIT]

☐ Day

☐ Week

☐ Month

☐ Year

☐ Every 2 weeks

☐ Other — Specify: [NCUNITOS]

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

☐ This child only [NCCSTHNX]

☐ 2 children

☐ 3 children

☐ 4 children

☐ 5 or more children

33. Does this child have any other home-based care arrangements on a regular basis with someone who is not a relative? Do not include arrangements at day care centers or preschools.

☐ No [GO TO question 35]

☐ Yes [NCOTHC]

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

☐ hours each week [NCTLHR]
Day Care Centers and Preschool Programs Your Child Attends

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?
   - No  CPHEADST
   - Yes
   - Don’t know

39. Where is this program located?
   - Mark ONE only. CPPLACE
   - 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: CPPLACEOS

40. Is this program run by a church, synagogue, or other religious group?
   - No  CPSPR
   - 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? CPDAYS

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

44. How old was this child in years and months when he/she started going to this particular program?
   - years  CPSTRTY
   - months  CPSTRTM
45. What language does this child’s main care provider or teacher at this program speak most when caring for this child?

☐ English  
☐ 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  
☐ Yes

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

Mark ☒ ONE box for each item below.

a. Hearing, speech, or vision testing
   ☐ Yes  
   ☐ No

b. Physical examinations
   ☐ Yes  
   ☐ No

c. Dental examinations
   ☐ Yes  
   ☐ No

d. Formal testing for developmental or learning problems
   ☐ Yes  
   ☐ No

e. Sick child care when this child is sick but does not have a fever
   ☐ Yes  
   ☐ No

f. Sick child care when this child is sick and has a fever
   ☐ Yes  
   ☐ No

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

☐ No  
☐ Yes

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.

a. A relative of this child outside your household who provides money specifically for that care, not including general child support
   ☐ Yes  
   ☐ No

b. Temporary Assistance for Needy Families, or TANF
   ☐ Yes  
   ☐ No

c. Another social service, welfare, or child care agency
   ☐ Yes  
   ☐ No

d. An employer, not including a tax-free spending account for child care
   ☐ Yes  
   ☐ No

e. Someone else
   ☐ Yes  
   ☐ No

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.

Is that amount per...

☐ Hour  
☐ Day  
☐ Week  
☐ Month  
☐ Year  
☐ Every 2 weeks  
☐ Other — Specify:

☐ 2000

☐ 20000
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

52. Does this child have any other care arrangements at a day care center or preschool on a regular basis?
- No
- Yes

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

54. Has this child ever attended a Head Start or Early Head Start program?
- No
- Yes
- Don’t know

55. What is the main reason your household wanted a care program for this child in the past year?
- 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
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 PPDIFCLT
- □ Some difficulty
- □ A lot of difficulty
- □ Did not find the child care program you wanted

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

Mark □ ONE only.

- □ Cost WHYDIFCLT
- □ Location
- □ Quality
- □ Lack of open slots for new children
- □ Needed a program for children with special needs
- □ Other reason – Specify: 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 DCLOA
- □ A little important
- □ Somewhat important
- □ Very important

b. The cost of the arrangement?

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

c. The reliability of the arrangement?

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

d. The learning activities at the arrangement?

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

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

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

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

- □ Not at all important DHROP
- □ A little important
- □ Somewhat important
- □ Very important
g. The number of other children in the child’s care group?
- Not at all important
- A little important
- Somewhat important
- Very important

h. Ratings on a website?
- Not at all important
- A little important
- Somewhat important
- Very important

i. Recommendations from friends and family?
- Not at all important
- A little important
- Somewhat important
- Very important

j. The religious orientation of the program?
- Not at all important
- A little important
- Somewhat important
- Very important
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?

- [ ] 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
   - 2 years or older

68. Can this child identify the colors red, yellow, blue, and green by name?
   - No
   - Yes, some of them
   - Yes, all of them

69. Can this child recognize the letters of the alphabet?
   - No
   - 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
   - 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
   - Yes

72. Does this child ever read or pretend to read storybooks on his/her own?
   - No
   - Yes

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
   - Actually reads the written words
   - Does both

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
   - Does neither
Child’s Health

76. In general, how would you describe this child’s health?
   □ Excellent
   □ Very good
   □ Good
   □ Fair
   □ Poor

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
   □ Yes

78. Did you mark yes to any condition in question 76 or question 77?
   □ No ⇒ GO TO question 86
   □ Yes

79. Is this child receiving services for his/her condition?
   □ No ⇒ GO TO question 84
   □ Yes

80. Are these services provided by any of the following sources?
   □ No
   □ Yes

   a. Your local school district
   □ □
   b. A state or local health or social service agency
   □ □
   c. A doctor, clinic, or other health care provider
   □ □
   d. This child’s private school
   □ □

   a. An intellectual disability (mental retardation)
   □ □
   b. A speech or language impairment
   □ □
   c. A serious emotional disturbance
   □ □
   d. Deafness or another hearing impairment
   □ □
   e. Blindness or another visual impairment not corrected with glasses
   □ □
   f. An orthopedic impairment
   □ □
   g. Autism
   □ □
   h. Pervasive Developmental Disorder (PDD)
   □ □
   i. Attention Deficit Disorder, ADD or ADHD
   □ □
   j. A specific learning disability
   □ □
   k. A developmental delay
   □ □
   l. Traumatic brain injury
   □ □
   m. Another health impairment lasting 6 months or more
   □ □
81. Are any of these services provided through an Individualized Family Service Plan (IFSP), Individualized Education Program (IEP) or services plan?

☐ No  ☐ Yes  \(\text{GO TO question 84}\)

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  ☐ 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  ☐ Somewhat satisfied  ☐ Somewhat dissatisfied  ☐ Very dissatisfied  ☐ Does not apply

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

☐ Very satisfied  ☐ 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?

☐ 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?

☐ 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  ☐ 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.

a. Learn

b. Participate in play with other children

c. Go on outings

d. Make friends
### Child’s Background

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

CDOBMM  CDOBYY

**87. Where was this child born?**

- [ ] One of the 50 United States or the District of Columbia [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

**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)?**

- [ ] No [GO TO question 94]
- [ ] Yes [CLIVYN]

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

- [ ] spend most time at this address? [CLIVESWXX]
- [ ] 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.

- [ ] 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
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.

   HHTOTALXX

97. **How many of the following people live in this household with this child?**
   
   Do not include this child in your answer.
   
   Example: Brother(s) 2

   Write '0' if none.

   This child’s...

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<td>a.</td>
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<td>Brother(s)</td>
<td>HHBROSX</td>
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<td>b.</td>
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<td>Sister(s)</td>
<td>HHSISSX</td>
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<td>c.</td>
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<td>Mother (birth, adoptive, step, or foster)</td>
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<td>Father (birth, adoptive, step, or foster)</td>
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<td>e.</td>
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<td>Aunt(s)</td>
<td>HHAUNTSX</td>
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<td>f.</td>
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<td>Uncle(s)</td>
<td>HHUNCLSX</td>
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<td>Grandmother(s)</td>
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<td>Grandfather(s)</td>
<td>HHGPASX</td>
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<td>Cousin(s)</td>
<td>HHCSNSX</td>
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<td>Parent’s girlfriend/boyfriend/partner</td>
<td>HHPRTNRSX</td>
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<td>Other relative(s)</td>
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<td>Other non-relative(s)</td>
<td>HHONRELSX</td>
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98. **How are you related to this child?**
   
   Mark ONE only.

   |       |
   | RELATION |
   | a.    |
   | Mother (birth, adoptive, step, or foster) |
   | b.    |
   | Father (birth, adoptive, step, or foster) |
   | c.    |
   | Aunt |
   | d.    |
   | Uncle |
   | e.    |
   | Grandmother |
   | f.    |
   | Grandfather |
   | g.    |
   | Parent’s girlfriend/boyfriend/partner |
   | h.    |
   | Other relationship – Specify: |

99. **Which language(s) are spoken at home by the adults in this household?**
   
   Mark all that apply.

   |       |
   | HHAUMLTLANG |
   | a.    |
   | English |
   | b.    |
   | Spanish or Spanish Creole |
   | c.    |
   | French (including Patois, Creole, Cajun) |
   | d.    |
   | Chinese |
   | e.    |
   | Other languages – Specify: |

   HHOOTHLANGOS
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
   - Adoptive parent
   - Stepparent
   - Foster parent
   - Grandparent
   - Other guardian

   P1REL

101. Is this person male or female?
   - Male
   - Female

   P1SEX

102. What is this person’s current marital status?
   - Now married
   - Separated
   - Divorced
   - Widowed
   - Never married

   Mark \( \Box \) ONE only.

   P1MRSTA

103. Is this person currently living with a boyfriend/girlfriend or partner in this household?
   - No
   - Yes

   P1BFGF

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

   Mark \( \Box \) ONE only.

   GO TO question 106

   P1FRLNG
   - English
   - 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 \( \Box \) ONE only.

   P1SPEAK
   - English
   - 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?

   Mark \( \Box \) ONE only.

   GO TO question 108

   P1PLCBRTH
   - One of the 50 United States or the District of Columbia
   - 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

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

   Mark \( \Box \) ONE only.

   P1HISPAN
   - No
   - 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
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work

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**

114. (If unemployed or out of work) Has this parent or guardian been actively looking for work in the past 4 weeks? P1LKWRK

- No
- Yes

115. In the past 12 months, how many months (if any) has this person worked for pay or income? P1MTHSWRK

- **GO TO question 115**

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? P1AGEPARDK

- age
- Don’t know
**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?
- Now married  P2MRSTA
- 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?
- English  P2FRLNG
- 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?
- 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  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

127. Is this person of Hispanic, Latino, or Spanish origin?
- No  P2HISPAN
- Yes
128. What is this person’s race? You may mark one or more races.

- American Indian or Alaska Native [ ]
- Asian [ ]
- Black or African American [ ]
- Native Hawaiian or other Pacific Islander [ ]
- White [ ]

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 P2ENRL
[ ] Yes

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
- Full-time student
- Stay at home parent
- Retired
- Disabled or unable to work

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 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

135. How old is this person?

P2AGE

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

P2AGEPAR

[ ] Don’t know P2AGEPARDK
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.

- Temporary Assistance for Needy Families, or TANF
- Your state welfare or family assistance program
- Women, Infants, and Children, or WIC
- Food Stamps
- Medicaid
- Child Health Insurance Program (CHIP)
- Section 8 housing assistance

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.

- $0 to $10,000
- $10,001 to $20,000
- $20,001 to $30,000
- $30,001 to $40,000
- $40,001 to $50,000
- $50,001 to $60,000
- $60,001 to $75,000
- $75,001 to $100,000
- $100,001 to $150,000
- $150,001 or more

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

Write '0' if less than 1 year.

140. Is this house...

Mark ONE only.

- 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
- Yes

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

- No
- Yes

143. How often do you use the Internet?

- Everyday
- A few times a week
- A few times a month
- A few times a year
- Never
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
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.