

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

Part of the 2023 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 by answering some questions about care and education.



The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct the National Household Education Survey (NHES) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The U.S. Census Bureau is administering this voluntary survey on behalf of NCES. There are no penalties should you choose not to participate in this study. All of the information you provide 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 and 6 U.S.C. §151). 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 e-mail: nhes@census.gov or write directly to: Michelle McNamara, National Center for Education Statistics (NCES), PCP, 550 12th St., SW, 4th floor, Washington, DC 20202.

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NHES-ECPP(E)
(08-08-2022) D7



Frequently 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 (NHES) 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. All of the information you provide 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 and 6 U.S.C. §151).

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 the National Household Education Survey (NHES) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The U.S. Census Bureau is administering this voluntary 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.



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 or youth.

- ◆ To answer a question, simply mark the box that best represents your answer.
- ◆ Please use a black or blue pen, if available, to complete the survey.
- ◆ There are arrows and instructions to GO TO a question number beside some response options. These will help you move through the survey to questions that are appropriate for you.

The diagram shows a rectangular box containing two radio button options: 'Yes' and 'No'. To the right of the 'No' option is a button labeled 'GO TO question 20'. An arrow points from the 'No' option to this button. A separate arrow points from the 'Yes' option down and then left, indicating a different path.

- ◆ Please return the completed survey using the postage-paid envelope provided.



Care Your Child Receives from Relatives

A parent or guardian who knows the child listed below should answer the survey. Answer all the questions thinking about:

1. These questions ask about different types of childcare this child may now receive on a REGULAR BASIS from a relative other than his or her parents or guardians.

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?

- Yes RCNOW
 No → **GO TO question 20**

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

- Yes RCWEEK
 No → **GO TO question 20**

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 RCTYPE
 Aunt/Uncle
 Brother/Sister
 Another relative

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

years old

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

- Own home → **GO TO question 7**
 Other home
 Both

6. About how long does it take to go from your home to this relative's home?

- Less than 10 minutes RCTIME
 About 10 to 20 minutes
 About 20 to 30 minutes
 About 30 minutes to 1 hour
 More than 1 hour

7. About how many DAYS each WEEK does this child receive care from this relative?

days each week RCDAYS

8. About how many HOURS each WEEK does this child receive care from this relative?

hours each week RCHRS

9. How well does this relative care arrangement cover the hours of care needed for work?

- Not well RCCVRWK
 Somewhat well
 Well
 Very well
 Not applicable

10. How old was this child in years and months when THIS PARTICULAR regular care arrangement with this relative began?

years months RCSTRM

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

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

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

Mark one box for EACH item below.

Yes ▼ No ▼

- a. sick but does not have a fever? ^{RCSKNFV} Yes No
- b. sick and has a fever? ^{RCSKPV} Yes No

13. How many other children does this relative care for while caring for this child?

- None ^{RCOTCH}
- 1 to 2
- 3 to 5
- 6 or more

14. 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?

- Yes ^{RCFEE}
- No → **GO TO question 18**

15. 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 Yes ▼ No ▼ Yes No
- b. Your state welfare or family assistance program (this may be called Temporary Assistance for Needy Families [TANF] or something else) ^{RCREL} Yes ^{RCTANF} No
- c. Another social service, welfare, child care, or other kind of agency. Yes No
- d. An employer, not including a tax-free spending account for child care ^{RCSSAC} Yes No
- e. Someone else. ^{RCEMPL} Yes ^{RCOTHER} No

16. 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... ^{RCUNIT}

- Hour
- Day
- Week
- Every 2 weeks
- Month
- Year
- Other — Specify: ^{RCUNITOS}

17. How many children from your household is this amount for, INCLUDING this child?

- This child only
- 2 children ^{RCCSTHNX}
- 3 children
- 4 children
- 5 or more children

18. Does this child have any other care arrangements with a relative on a REGULAR BASIS?

- Yes ^{RCOTHC}
- No → **GO TO question 20**

19. How many total hours each WEEK does this child spend in THOSE OTHER care arrangements with relatives?

hours each week ^{RCTLHR}

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Care Your Child Receives from Non-relatives

20. The next questions ask about any care this child receives from someone NOT related to him or 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.

Is this child now receiving care in your home or another home on a REGULAR BASIS from someone who is NOT related to him or her?

Yes NCNOW

No → GO TO question 41

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

Yes NCWEEK

No → GO TO question 41

22. These next questions are about the care that this child receives from someone who is NOT related to him or her, who provides the most care.

Does this non-relative who cares for this child live in your household?

Yes NCINHH

No

23. Is this child cared for by a non-relative in your own home or another home?

Own home → GO TO question 25

Other home NCPLACE

Both

24. About how long does it take to go from your home to this care provider's home?

Less than 10 minutes NCTIME

About 10 to 20 minutes

About 20 to 30 minutes

About 30 minutes to 1 hour

More than 1 hour

25. About how many DAYS each WEEK does this child receive care from this non-relative?

days each week NCDAYS

26. About how many HOURS each WEEK does this child receive care from this non-relative?

hours each week NCHRS

27. How well does this non-relative care arrangement cover the hours of care needed for work?

Not well NCCVRWK

Somewhat well

Well

Very well

Not applicable

28. How old was this child in years and months when THIS PARTICULAR regular care arrangement with this non-relative began?

years months
NCSTRY NCSTRM

29. Was this care provider someone you already knew?

Yes NCALKNE

No

30. Is this child's non-relative care provider age 18 or older?

Yes NCAGE

No

31. What language does this non-relative care provider speak most when caring for this child?

English NCSPEAK

Spanish

English and Spanish equally

A language other than English or Spanish

English and another language equally



32. Will this non-relative care for this child when the child is...

Mark one box for EACH item below.

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

33. How many other children does this non-relative care for while caring for this child?

- None NCOTCH
- 1 to 2
- 3 to 5
- 6 or more

34. Would you recommend this non-relative care provider to another parent?

- Yes NCRCMDPT
- No

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

- Yes → **GO TO question 36**
- No → **GO TO question 39**

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

Mark one box for EACH item below.

- | | Yes
▼ | No
▼ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. A relative of this child outside your household who provides money SPECIFICALLY for that care, not including general child support NCREL | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your state welfare or family assistance program (this may be called Temporary Assistance for Needy Families [TANF] or something else) NCTANF | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, child care, or other kind of agency NCSSAC | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care NCEMPL | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else NCOTHER | <input type="checkbox"/> | <input type="checkbox"/> |

37. How much does YOUR HOUSEHOLD pay for this non-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 non-relative for care.

\$, .00 NCCOST

Is that amount per... NCUNIT

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



38. 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

39. 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. NCOTHC

- Yes
- No → **GO TO question 41**

40. How many total hours each WEEK does this child spend in THOSE OTHER care arrangements with non-relatives?

hours each week NCTLHR

Child Care Centers and Preschool Programs Your Child Attends

41. 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.

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

- Yes
- No → **GO TO question 63**

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

- Yes → **GO TO question 43**
- No → **GO TO question 63**

43. The next questions ask about the PROGRAM where this child spends the most time.

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: ↘

CPPLACEOSX

44. Does this program teach religious content to the children?

- Yes CPSPRLG
- No

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

- Yes CPWORK
- No

46. Is this program 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.

- Yes CPHEADST
- No
- Don't know

47. About how many DAYS each WEEK does this child go to this program?

days each week CPDAYS

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48. About how many HOURS each WEEK does this child go to this program?

hours each week CPHRS

49. How well does this program cover the hours needed for work?

- Not well CPCVRWK
- Somewhat well
- Well
- Very well
- Not applicable

50. How old was this child in years and months when he or she started going to THIS PARTICULAR program?

years months
CPSTRY CPSTRM

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

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

52. About how long does it take to go from your home to this program?

- Less than 10 minutes CPTIME
- About 10 to 20 minutes
- About 20 to 30 minutes
- About 30 minutes to 1 hour
- More than 1 hour

53. Would you recommend this program to another parent?

- Yes CPRCMDPT
- No

54. Have you ever been asked to remove this child from care for the day due to one or more behavior issues, such as biting, being aggressive, not following directions, being overly active, being impulsive, or having little or no self-control?

- Yes CPREMOVE
- No

55. Has this program provided any of the following services to this child?

Mark one box for EACH item below.

	Yes	No	Don't know
a. Hearing or vision testing. CPTEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical examinations. CPPHYSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental examinations CPDENTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Developmental screenings for speech and language, social emotional, or motor skills. CPDISAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Medication administration CPMEDAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Will this program care for this child when the child is...

Mark one box for EACH item below.

	Yes	No	Don't know
a. sick but does not have a fever? CP SKNFV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. sick and has a fever? CP SKFV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes → GO TO question 58
- No → GO TO question 61

CPFEE



58. 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 CPREL

	Yes	No
	▼	▼
	<input type="checkbox"/>	<input type="checkbox"/>
- b. Your state welfare or family assistance program (this may be called Temporary Assistance for Needy Families [TANF] or something else) CPTANF

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- c. Another social service, welfare, child care, or other kind of agency. CPSSAC

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- d. An employer, not including a tax-free spending account for child care CPEMPL

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------
- e. Someone else.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

59. How much does YOUR HOUSEHOLD pay for this child to go to this program, NOT COUNTING any money that may be received from others to help pay for care?

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

CPCOST

\$.00

- Is that amount per... CPUNIT
- Hour
 - Day
 - Week
 - Every 2 weeks
 - Month
 - Year
 - Other – Specify:
- CPUNITOS

60. How many children from your household is this amount for, INCLUDING this child?

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

61. Does this child have any other care arrangements at a day care center or preschool on a REGULAR BASIS?

- Yes CPOTHC
- No **GO TO question 63**

62. How many total hours each WEEK does this child spend at THOSE OTHER day care centers or preschools?

hours each week CPTLHR

Finding and Choosing Care for Your Child

63. 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.

- Yes PCEVRHDX
- No
- Don't know

64. What is the MAIN reason your household wanted a care arrangement for this child in the past year?

Mark ONE only.

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

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

- Yes PPCHOIC
- No
- Don't know

66. Have you ever searched for care for this child?

- Yes CRSRCH
- No → GO TO question 72

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

- No difficulty → GO TO question 69
- A little difficulty PPDIFCLT
- Some difficulty
- A lot of difficulty
- Did not find the type of child care program I wanted

68. What was the MAIN reason for the difficulty finding child care or early childhood programs?

Mark ONE only. WHYDIFCLT

- Cost
- Location
- Quality
- Lack of open slots for new children
- Child has a special need, and could not find appropriate care
- Looking for specific hours or schedule
- Challenges receiving financial assistance
- Age requirements of the child care
- Other – Specify: ↴

WHYDIFCLTOS

69. Did you have a care arrangement for this child in the past year?

- Yes CCPY
- No → GO TO question 72

70. What were the main reasons your household chose the care arrangement or program where this child spends the most time?

We have provided spaces for you to tell us about up to 3 reasons. You may have fewer reasons to tell us about. Please write only one reason in each box.

1.

2.

3.

CCREASN1-CCREASN3

71. 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 or 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 DHRP
- A little important
- Somewhat important
- Very important

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

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

h. Ratings on a website

- Not at all important DRTWEB
- A little important
- Somewhat important
- Very important
- Website ratings were not available

i. Recommendations from friends and family

- Not at all important
- A little important DRECFAM
- Somewhat important
- Very important
- Family and friends did not provide recommendations

j. Qualifications of the staff

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

k. Whether or not the program teaches religious content

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

Family Activities

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

books HABOOKS

73. How many times have you or someone in your family READ to this child IN THE PAST WEEK?

Not at all → **GO TO question 75**

times FOREADTOX

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

minutes FORDDAYX

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Your Child's Early Learning

75. **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 him or her.)**

- 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

76. **IN THE PAST WEEK, how many days has your family eaten the evening meal together?**

Write '0' if none. FODINNERX

days in the past week

77. **IN THE PAST MONTH, have you or someone in your family visited a library with this child?**

- Yes FOLIBRARY
 No

78. **IN THE PAST MONTH, have you or someone in your family visited a bookstore with this child?**

- Yes FOBOOKST
 No

79. **Is this child under 2 years old or is this child 2 years old or older?**

Under 2 years → **GO TO question 86**

2 years or older DPIAGE

80. **These next questions ask about things that different children do at different ages. These things may or may not be true for this child and that's okay.**

Can this child recognize the letters of the alphabet?

- No, none of them DPLETTER
 Yes, some of them
 Yes, most of them
 Yes, all of them

81. **Can this child write his or her first name, even if some of the letters are backwards?**

- Yes DPNAME
 No

82. **Can this child recognize the beginning sound of a word? For example, can this child tell you that the word "ball" starts with the "buh" sound?**

- Yes DPLTRSND
 No

83. **How often can this child explain things he or she has seen or done so that you get a very good idea of what happened?**

- Never DPEXPLN
 Sometimes
 About half the time
 Usually
 Always



84. How high can this child count?

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

85. Can this child identify basic shapes such as a triangle, rectangle, circle, or square?

- No, none of them DPSHAPE
- Yes, some of them
- Yes, most of them
- Yes, all of them

86. Has a parent or guardian expressed concerns to a health, education, or early intervention professional about this child's development (for example, speech and language, social emotional, or motor skill development)?

- Yes HDEXCNRN
- No → **GO TO question 88**

87. Overall, how satisfied or dissatisfied are you with responses from health, education, or early intervention professionals about your concerns about this child's development?

- Very satisfied HDSTCNRN
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

88. 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.

- | | Yes
▼ | No
▼ |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. A speech or language impairment. HDSPEECHX | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Autism or autism spectrum disorder. HDAUTISM | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attention Deficit Hyperactivity Disorder, ADHD or ADD. HDAADDX | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Another disability or health impairment lasting 6 months or longer. HDOTHERX | <input type="checkbox"/> | <input type="checkbox"/> |

→ If this child has another disability or health impairment lasting 6 months or longer, please specify:

HDOTHERXOS

89. Has a health, education, or early intervention professional told you that this child is at risk for or has a developmental delay?

- Yes HDDLRSK
- No

90. Did you mark YES to any part of question 88 or question 89?

- Yes HDANYCON
- No → **GO TO question 95**

91. Is this child receiving services for his or her condition (for example, speech therapy or physical therapy)?

- Yes HDRECSERV
- No → **GO TO question 94**

92. Are this child's services through an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP)?

- Yes → **GO TO question 93**
- No → **GO TO question 94**

HDIFSPIEP

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93. Thinking about this child's IFSP or IEP, since September, how satisfied or dissatisfied have you been with the service provider's or school's communication with your family?

- Very satisfied HDCOMMUX
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

94. How often does this child's condition interfere with his or her ability to do any of the following things?

Mark one box for EACH item below.

	Often ▼	Some- times ▼	Never ▼	Don't Know ▼
a. Learn. HDLEARN2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Play with other children . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDPLAY2				
c. Go on outings. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDOUT2				
d. Make friends. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HDFRND2				

Child's Background

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

/

month year
CDOBMM CDOBY

96. Where was this child born?

- One of the 50 United States or the District of Columbia → GO TO question 98
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country CPLCBRTH

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

If younger than 1, write '0'.

years old
CMOVEAGE

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

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin; or more than one Hispanic, Latino, or Spanish origin

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

Mark all that apply.

- American Indian or Alaska Native CAMIND
CASIAN
- Asian
- Black or African American CBLACK
- Native Hawaiian or other Pacific Islander CPACI
- White CWHITE

100. What is this child's sex?

- Male CSEX
- Female

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

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

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102. Does this child sometimes live at another address (for example, because of parents living apart)?

Do not include vacation properties.

Yes CLIVYN

No → GO TO question 104

103. If yes, does this child...

- spend the most time at this address? CLIVELSWX
- spend the most time at the other address?
- spend equal time at both addresses?

104. What language does this child speak most AT HOME?

Mark ONE only.

- Child has not started to speak CSPEAKX } GO TO question 106
- English
- Spanish
- English and Spanish equally
- A language other than English or Spanish
- English and another language equally

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

- Yes CENGLPRG
- No

Household Members

106. Including children, how many people live in THIS HOUSEHOLD?

people HHTOTALXX

107. How are you related to this child?

Mark ONE only. RELATION

- Mother (birth, adoptive, step, or foster)
- Father (birth, adoptive, step, or foster)
- Grandmother
- Grandfather
- Parent's girlfriend/boyfriend/partner
- Aunt
- Uncle
- Sister
- Brother
- Other relationship – Specify: ↴

RELATIONOS

Parent 1 Living in Household

108. Do you consider yourself one of this child's parents or guardians? PIGUARD

Yes → Answer the questions in this section about yourself.

No → Answer the questions in this section about one of this child's parents or guardians living in this household.

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

- Biological parent PIREL
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

110. Is this parent or guardian male or female?

- Male
- Female PISEX



111. What is this parent or guardian's current marital status?

Mark ONE only.

- Now married → **GO TO question 113**
- Widowed PIMRSTA
- Divorced
- Separated
- Never married

112. Is this parent or guardian currently living with a boyfriend/girlfriend or partner in this household?

- Yes P1BFGF
- No

113. What was the FIRST language this parent or guardian learned to speak?

Mark ONE only. P1FRLNG

- English → **GO TO question 115**
- Spanish
- English and Spanish equally
- A language other than English or Spanish
- English and another language equally

114. What language does this parent or guardian speak most at home NOW?

Mark ONE only.

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

115. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia → **GO TO question 117**
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country P1PLCBRTH

116. How old was this parent or guardian when he or she first moved to the 50 United States or the District of Columbia? If younger than 1, write '0'.

years old PIAGEMV

117. Is this parent or guardian of Hispanic, Latino, or Spanish origin? PIHISPAN

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin; or more than one Hispanic, Latino, or Spanish origin

118. What is this parent or guardian's race? You may mark one or more races.

Mark all that apply.

- American Indian or Alaska Native PIAMIND
- Asian PIASIAN
- Black or African American P1BLACK
- Native Hawaiian or other Pacific Islander PIPACI
- White PIWHITE

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

Mark ONE only. PIEDUC

- 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)

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120. Is this parent or guardian currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- Yes PIENRL
- No

121. Which of the following BEST describes this parent or guardian's employment status?

Mark ONE only.

- Employed for pay or income PIEMPL
- Self-employed } **GO TO question 122**
- Unemployed or out of work → **GO TO question 123**
- Full-time student
- Stay-at-home parent
- Retired
- Disabled or unable to work } **GO TO question 124**

122. About how many hours PER WEEK does this parent or guardian USUALLY work for pay or income, counting all jobs?

hours per week → **GO TO question 124**

PIHRSWK

123. Has this parent or guardian been ACTIVELY looking for work IN THE PAST 4 WEEKS?

- Yes PILKWRK
- No

124. IN THE PAST 12 MONTHS, how many months (if any) has this parent or guardian worked for pay or income?

Write '0' if none.

month(s) PIMTHSWRK

125. Does this parent or guardian have Internet access on a cell phone?

- Yes PIINTSPHO
- No

126. How old is this parent or guardian?

years old PIAGE

Parent 2 Living in Household

127. Is there a second parent or guardian of this child living in this household?

- Yes P2GUARD
- No → **GO TO question 146**

128. Answer questions in this section about a second parent or guardian living in the household.

How is this OTHER parent or guardian related to this child? Is this person this child's...

- Biological parent P2REL
- Adoptive parent
- Stepparent
- Foster parent
- Grandparent
- Other guardian

129. Is this parent or guardian male or female?

- Male P2SEX
- Female

130. What is this parent or guardian's current marital status?

Mark ONE only.

- Now married → **GO TO question 132**
- Widowed P2MRSTA
- Divorced
- Separated
- Never married

131. Is this parent or guardian currently living with a boyfriend/girlfriend or partner in this household?

- Yes P2BFGF
- No



132. What was the FIRST language this parent or guardian learned to speak?

Mark ONE only.

- English → **GO TO question 134**
- Spanish P2FRLNG
- English and Spanish equally
- A language other than English or Spanish
- English and another language equally

133. What language does this parent or guardian speak most at home NOW?

Mark ONE only.

- English P2SPEAK
- Spanish
- English and Spanish equally
- A language other than English or Spanish
- English and another language equally

134. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia → **GO TO question 136** P2PLCBRTN
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

135. How old was this parent or guardian when he or she first moved to the 50 United States or the District of Columbia? If younger than 1, write '0'.

years old P2AGEMV

136. Is this parent or guardian of Hispanic, Latino, or Spanish origin? P2HISPAN

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin; or more than one Hispanic, Latino, or Spanish origin

137. What is this parent or guardian's race? You may mark one or more races.

Mark all that apply.

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

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

Mark ONE only.

- 8th grade or less P2EDUC
- 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)

139. Is this parent or guardian currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- Yes P2ENRL
- No



Your Household

140. Which of the following BEST describes this parent or guardian's employment status?

Mark ONE only.

- Employed for pay or income } P2EMPL
 Self-employed } **GO TO question 141**
- Unemployed or out of work → **GO TO question 142**
- Full-time student }
 Stay-at-home parent } **GO TO question 143**
 Retired }
 Disabled or unable to work }

141. About how many hours PER WEEK does this parent or guardian USUALLY work for pay or income, counting all jobs?

hours per week → P2HRSWK **GO TO question 143**

142. Has this parent or guardian been ACTIVELY looking for work IN THE PAST 4 WEEKS?

- Yes P2LKWRK
 No

143. IN THE PAST 12 MONTHS, how many months (if any) has this parent or guardian worked for pay or income?

Write '0' if none.

month(s) P2MTHSWRK

144. Does this parent or guardian have Internet access on a cell phone?

- Yes P2INTSPHO
 No

145. How old is this parent or guardian?

years old P2AGE

146. IN THE PAST 12 MONTHS, did your family ever receive benefits from any of the following programs?

Mark one box for EACH item below.

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Your state welfare or family assistance program (this may be called Temporary Assistance for Needy Families [TANF] or something else) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Women, Infants, and Children, or WIC | <input type="checkbox"/> | <input type="checkbox"/> |
| c. SNAP benefits, also known as Food Stamps | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Child Health Insurance Program (CHIP) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Housing assistance through a voucher or Section 8 | <input type="checkbox"/> | <input type="checkbox"/> |

147. 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.

- TTLHHINC
- \$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 to \$200,000
 - \$200,001 to \$250,000
 - \$250,001 or more



148. Is this house or apartment...

Mark ONE only. OWNRNTHB

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

149. Does your household have Internet access AT HOME on a computer or tablet?

Yes HVINTCOM

No → **GO TO next page**

150. How often does this child use the Internet AT HOME for learning activities?

Every day CHLDNT

A few times a week

A few times a month

A few times a year

Never → **GO TO next page**

151. Does the child use the Internet for learning activities on a...

Mark one box for EACH item below.

	Yes	No
a. Computer?	<input type="checkbox"/>	<input type="checkbox"/>
LRNCOMP		
b. Tablet?	<input type="checkbox"/>	<input type="checkbox"/>
LRNTAB		
c. Cell phone?	<input type="checkbox"/>	<input type="checkbox"/>
LRNCELL		

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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 (0939)
1201 E. 10th Street
Jeffersonville, IN 47132-0001**

Informational Copy

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