

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

Part of the 2019 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.



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: Sarah Grady, National Center for Education Statistics (NCES), PCP, 550 12th St., SW, 4th floor, Washington, DC 20202.

NHES-ECPP
(12/03/2018)



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 (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.

- ◆ To answer a question, simply mark ☒ the box that best represents your answer or enter the numeral(s).
- ◆ Please use a black or blue pen, if available, to complete this 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.

A diagram illustrating a survey response option. It shows a box with two options: "Yes" and "No". The "No" option is selected, indicated by a black arrow pointing to it. To the right of the "No" option is a button labeled "GO TO question 20". A large black arrow points from the "No" option down to the "GO TO question 20" button. A speech bubble points to the "GO TO question 20" button.

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



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?

☐ Yes

☐ No → **GO TO question 20**

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

☐ Yes

☐ 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

☐ Aunt/Uncle

☐ Brother/Sister

☐ Another relative

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

age

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

☐ 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

☐ 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

8. About how many hours each week does this child receive care from this relative?

hours each week

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

☐ Not well

☐ 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

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

☐

English

☐

Spanish

☐

English and Spanish equally

☐

A language other than English or Spanish

☐

English and another language equally

12. Will this relative care for this child when he or she is...

Mark ☒ one box for EACH item below.

Yes

No



- a. sick but does not have a fever?

☐
☐

- b. sick and has a fever?

☐
☐

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

☐

None

☐

1-2

☐

3-5

☐

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

☐

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 <u>specifically</u> for that care, not including general child support | Yes
▼
☐ | No
▼
☐ |
| b. Your state welfare or family assistance program (this may be called Temporary Assistance for Needy Families [TANF] or something else) | ☐ | ☐ |
| c. Another social service, welfare, child care, or other kind of agency. | ☐ | ☐ |
| d. An employer, not including a tax-free spending account for child care | ☐ | ☐ |
| e. Someone else. | ☐ | ☐ |



► Care Your Child Receives from Non-relatives



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.

20. 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

☐

No

→ **GO TO question 41**

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

☐

Yes

☐

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 person who cares for this child live in your household?

☐

Yes

☐

No

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

☐

Own home

☐

Other home

☐

Both

→ **GO TO question 25**

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

☐

Less than 10 minutes

☐

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 person?

days each week

26. About how many **hours each week** does this child receive care from this person?

hours each week

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

☐

Not well

☐

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 person began?**

years

months



29. Was this care provider someone you already knew?

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ English

☐ Spanish

☐ English and Spanish equally

☐ A language other than English or Spanish

☐ English and another language equally

32. Will this care provider care for this child when he or she is...

Mark ☒ one box for EACH item below.

	Yes ▼	No ▼
a. sick but does not have a fever?	☐	☐
b. sick and has a fever?	☐	☐

33. How many other children does this provider care for while caring for this child?

☐ None

☐ 1-2

☐ 3-5

☐ 6 or more

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

☐ Yes

☐ No

35. 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?

☐ Yes

☐ No → **GO TO question 39**

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

Mark ☒ one box for EACH item below.

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



► **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.

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

☐

Yes

☐

No



GO TO question 61

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

☐

Yes



GO TO question 43

☐

No



GO TO question 61

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

43. Where is this program located?

Mark ☒ **ONE** only.

☐

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:

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

☐

Yes

☐

No

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

☐

Yes

☐

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
- ☐ No
- ☐ Don't know

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

days each week

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

hours each week

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

- ☐ Not well
- ☐ 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

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

- ☐ English
- ☐ 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
- ☐ 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
- ☐ No



54. 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, speech, or vision testing	☐	☐	☐
b. Physical examinations. . .	☐	☐	☐
c. Dental examinations . . .	☐	☐	☐
d. Formal testing for developmental or learning problems.	☐	☐	☐
e. Medication administration	☐	☐	☐
f. Sick child care when this child is sick but does not have a fever . . .	☐	☐	☐
g. Sick child care when this child is sick and has a fever	☐	☐	☐

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

☐ Yes → **GO TO question 56**

☐ No → **GO TO question 59**

56. 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.

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



57. 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

Is that amount per...

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

58. 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

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

☐ Yes

☐ No → **GO TO question 61**

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

hours each week



Finding and Choosing Care for Your Child

61. 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
- ☐ No
- ☐ Don't know

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

Mark ☒ ONE only.

- ☐ Did not have care 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

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes → **GO TO question 65**
- ☐ No → **GO TO question 70**

65. 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 67**
- ☐ A little difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Did not find the type of child care program I wanted

66. What was the main reason for the difficulty finding child care or early childhood programs?

Mark ☒ ONE only.

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

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

- ☐ Yes
- ☐ No → **GO TO question 70**

68. What was the main reason your household chose the care arrangement(s) or program that you chose for this child where this child spends the most time?

Please write your response in the box below.



69. 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

b. The cost of the arrangement

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

c. The reliability of the arrangement

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

d. The learning activities at the arrangement

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

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

- ☐ Not at all important
- ☐ 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
- ☐ 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
- ☐ Website ratings were not available

i. Recommendations from friends and family

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

j. Qualifications of the staff

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

k. Whether or not the program teaches religious content

- ☐ 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.

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

number of books

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

☐

Not at all



GO TO question 73

times

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

minutes

- 73. 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

☐

1 or 2 times

☐

3 or more times

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

☐

Not at all

☐

1 or 2 times

☐

3 or more times

- c. Sang songs with this child**

☐

Not at all

☐

1 or 2 times

☐

3 or more times

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

☐

Not at all

☐

1 or 2 times

☐

3 or more times

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

Write '0' if none.

days

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

☐

Yes

☐

No

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

☐

Yes

☐

No



Your Child's Early 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 and that's okay.

- 77. Is this child under 2 years old; or is this child 2 years old or older?**

☐ Under 2 years → **GO TO question 84**

☐ 2 years or older



- 78. Can this child recognize the letters of the alphabet?**

☐ No, none of them

☐ Yes, some of them

☐ Yes, most of them

☐ Yes, all of them

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

☐ Yes

☐ No

- 80. 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

☐ No

- 81. 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

☐ Sometimes

☐ About half the time

☐ Usually

☐ Always

- 82. 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

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

☐ No, none of them

☐ Yes, some of them

☐ Yes, most of them

☐ Yes, all of them



Child's Health

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

85. Has a health professional told you that this child has any of the following conditions?

Mark ☒ one box for EACH item below.

	Yes	No
a. An intellectual disability, formerly known as 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 longer	☐	☐

86. (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?

- ☐ Yes
- ☐ No
- ☐ Child is age 3 or older

87. Did you mark yes to any condition in question 85 or question 86?

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

88. Is this child receiving any services through an Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or services plan?

- ☐ Yes
- ☐ No → **GO TO question 90**

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

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

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

- ☐ Yes
- ☐ No



91. 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.

	Yes ▼	No ▼
a. Learn	☐	☐
b. Play with other children	☐	☐
c. Go on outings	☐	☐
d. Make friends	☐	☐

92. If your child goes to a care arrangement outside of your home, does this child's condition interfere with his or her ability to attend child care?

☐ Yes

☐ No

☐ This child is not in care outside of the home

Child's Background

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

/

month
year

94. Where was this child born?

☐ One of the 50 United States or the District of Columbia → **GO TO question 96**

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

☐ Another country

95. 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".

age

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

☐ 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



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

Mark ☒ all that apply.

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

98. What is this child's sex?

- ☐ Male
- ☐ Female

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

Do not include vacation properties.

- ☐ Yes
- ☐ No → **GO TO question 101**

100. If yes, does this child...

- ☐ Spend most time at this address?
- ☐ Spend most time at another address?
- ☐ Spend equal time at both addresses?

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

Mark ☒ ONE only.

- ☐ Child has not started to speak
- ☐ English
- ☐ Spanish
- ☐ English and Spanish equally
- ☐ A language other than English or Spanish
- ☐ English and another language equally

**GO TO
question 103**

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

- ☐ Yes
- ☐ No



Household Members

103. Including children, how many people live in this household?

people

104. We are interested in learning about how the people in your household are related to this child. How many of the following people live in this household with this child?

Example: Brother(s)

2

Write '0' if none

This child's...

Number

a. Brother(s)

b. Sister(s)

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

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

e. Aunt(s)

f. Uncle(s)

g. Grandmother(s)

h. Grandfather(s)

i. Cousin(s)

j. Parent's girlfriend/boyfriend/partner

k. Other relative(s)

l. Other non-relative(s)

105. How are you related to this child?

Mark ☒ ONE only.

☐ Mother (birth, adoptive, step, or foster)

☐ Father (birth, adoptive, step, or foster)

☐ Aunt

☐ Uncle

☐ Grandmother

☐ Grandfather

☐ Parent's girlfriend/boyfriend/partner

☐ Other relationship – Specify: 

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

Mark ☒ all that apply.

☐ English

☐ Spanish

☐ French (including Patois, Creole, Cajun)

☐ Chinese

☐ Other languages – Specify: 



Child's Family

PARENT 1 LIVING IN HOUSEHOLD



Answer questions 107 to 123 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 107 to 123 about one of this child's parents or guardians living in the household.

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

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

108. Is this parent or guardian male or female?

- ☐ Male
- ☐ Female

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

Mark ☒ ONE only.

- ☐ Now married → **GO TO question 111**
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

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

- ☐ Yes
- ☐ No

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

Mark ☒ ONE only.

- ☐ English → **GO TO question 113**
- ☐ Spanish
- ☐ English and Spanish equally
- ☐ A language other than English or Spanish
- ☐ English and another language equally

112. What language does this parent or guardian speak most at home now?

Mark ☒ ONE only.

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

113. Where was this parent or guardian born?

- ☐ One of the 50 United States or the District of Columbia → **GO TO question 115**
- ☐ One of the U.S. territories (*Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands*)
- ☐ Another country

114. 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".

 age


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

- ☐ 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

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

Mark ☒ all that apply.

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

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

Mark ☒ ONE only.

- ☐ 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)

118. 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
- ☐ No

119. Which of the following best describes this parent or guardian's employment status?

Mark ☒ ONE only.

- ☐ 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
- GO TO question 120**
- GO TO question 121**
- GO TO question 122**

120. About how many hours per week does this parent or guardian usually work for pay or income, counting all jobs?

hours → **GO TO question 122**

121. Has this parent or guardian been actively looking for work in the past 4 weeks?

- ☐ Yes
- ☐ No

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

Write '0' if none.

months

123. How old is this parent or guardian?

age



PARENT 2 LIVING IN HOUSEHOLD



Answer questions 124 to 141 about a second parent or guardian living in the household.

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

☐

Yes

☐

No

→ **GO TO question 142**

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

☐

Biological parent

☐

Adoptive parent

☐

Stepparent

☐

Foster parent

☐

Grandparent

☐

Other guardian

126. Is this parent or guardian male or female?

☐

Male

☐

Female

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

Mark ☒ ONE only.

☐

Now married

→ **GO TO question 129**

☐

Widowed

☐

Divorced

☐

Separated

☐

Never married

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

☐

Yes

☐

No

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

Mark ☒ ONE only.

☐

English

→ **GO TO question 131**

☐

Spanish

☐

English and Spanish equally

☐

A language other than English or Spanish

☐

English and another language equally

130. What language does this parent or guardian speak most at home now?

Mark ☒ ONE only.

☐

English

☐

Spanish

☐

English and Spanish equally

☐

A language other than English or Spanish

☐

English and another language equally

131. Where was this parent or guardian born?

☐

One of the 50 United States or the District of Columbia

→ **GO TO question 133**

☐

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

☐

Another country

132. 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".

age



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

- ☐ 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

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

Mark ☒ all that apply.

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

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

Mark ☒ ONE only.

- ☐ 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)

136. 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
- ☐ No

137. Which of the following best describes this parent or guardian's employment status?

Mark ☒ ONE only.

- ☐ 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
- GO TO question 138**
- GO TO question 139**
- GO TO question 140**

138. About how many hours per week does this parent or guardian usually work for pay or income, counting all jobs?

hours → **GO TO question 140**

139. Has this parent or guardian been actively looking for work in the past 4 weeks?

- ☐ Yes
- ☐ No



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

Write '0' if none.

months

141. How old is this parent or guardian?

age

Your Household

142. 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). . . . | ☐ | ☐ |
| b. Women, Infants, and Children, or WIC | ☐ | ☐ |
| c. SNAP benefits, also known as Food Stamps. | ☐ | ☐ |
| d. Medicaid | ☐ | ☐ |
| e. Child Health Insurance Program (CHIP). | ☐ | ☐ |
| f. Housing assistance through a voucher or Section 8. | ☐ | ☐ |

143. 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 to \$200,000
- ☐ \$200,001 to \$250,000
- ☐ \$250,001 or more



144. Is this house or apartment...

Mark ☒ ONE only.

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

147. How often does this child use the Internet at home for learning activities?

- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ A few times a year
- ☐ Never



GO TO next page

148. Does the child use the Internet for learning activities on...

Mark ☒ one box for EACH item below.

- | | Yes
▼ | No
▼ |
|----------------------|--------------------------|--------------------------|
| a. Computer? | ☐ | ☐ |
| b. Tablet? | ☐ | ☐ |
| c. Cell phone? | ☐ | ☐ |



Thank you.

Please return this questionnaire in the postage-paid envelope provided.

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