



I submit these comments on behalf of the Partnership for America's Children. The Partnership's mission is to support its network of state and community multi-issue child advocacy organizations in effective advocacy. The Partnership has 49 member organizations in 39 states that advocate to improve policies for children at the state, local and federal level. Collectively they represent over 90% of the nation's children. Partnership members use Census data in their advocacy, and thirty Partnership members are also KIDS COUNT grantees in their state, serving as that state's data hub on children for policy makers, administrators, and nonprofits. The Partnership for America's Children served as the national hub on the undercount of young children in the 2020 Decennial Census. In this role the Partnership formed and continues to co-lead a national group of child-serving organizations that is working to improve the count of young children in all Census Bureau demographic products.

We submit these comments on version 3.9 of the Household Pulse Survey to applaud the Bureau for developing the Household Pulse Survey, to comment on suggested changes, and to recommend some additional changes. The Partnership, its members, and KIDS COUNT grantees all advocate on the full range of issues that affect children and their families, particularly those experiencing poverty or intergenerational marginalization from opportunity. The Household Pulse Survey is unique among Census Bureau products in that data becomes available only a few weeks after collection. As a result, the data is current and captures major changes immediately, which is invaluable for assessing child well-being and the impact of policy decisions. We note, in particular, the way that its data on the Child Tax Credit both showed the immense impact on reducing child poverty and assisted in identifying needed changes to improve the advance payment process. Partnership members and state advocates routinely use the data to assess need and access to services for children and families on topics like access to food, education, child care, and housing.

While it is hard to comment specifically on the proposed additions and changes without seeing the actual language, we do support testing different ways of asking questions on race and ethnicity to see what produces the most specific answers. Because the shortage of infant formula continues and creates significant threats to infant health, we support adding questions on infant formula. We also support children's mental health treatment, and pressure to move from current residence (as a measure of access to affordable housing).

However, we oppose removing two sets of questions.

First, we urge you to retain the questions on child care. Even before the pandemic, large portions of the country were located in child care deserts, making it extremely difficult for parents to find safe, educational settings for their children¹. The pandemic created havoc in this already problematic essential service; two thirds of all centers closed and a year later one third remained closed². By 2022

¹ <https://www.americanprogress.org/article/early-learning-united-states-2019/>

² <https://journals.sagepub.com/doi/full/10.1177/23780231211032028>

16,000 centers had closed³. A recent report shows that the toll on parents and their ability to work has become much worse since the pandemic began⁴.

When programs shut down or close rooms, parents have to quit work, reduce their hours, or find new care. This harms children, who need consistent care, and their caregivers, who rely on child care in order to work and support the family.

Therefore, instead of removing the questions, we urge you to keep the current questions which assess where children are in care. We also urge you to add questions that will capture the impact of shrinkage in our national child care supply on parents and children. How many parents are unable to work or have to work less because of lack of child care? How often have families had to change providers because their providers closed their doors or had to take fewer children? How many children are in multiple care settings because their parents cannot find one provider that is available for all the time they need?

Second, while we applaud the decision to ask questions about access to treatment for children's mental health, we oppose the decision to remove other questions about children's mental health. We believe that both sets of questions are needed, so that we have data on how children are faring and on how many have access to the services they need.

Thank you for the opportunity to submit these comments. If you have any questions, please contact me at jjones@foramericaschildren.org.

Sincerely,

Jasmine Jones, Director of Member Engagement

³ <https://www.childcareaware.org/demanding-change-repairing-our-child-care-system/>

⁴ [https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;filename=%22\\$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22](https://strongnation.s3.amazonaws.com/documents/1598/05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf?1674854626&inline;filename=%22$122%20Billion:%20The%20Growing,%20Annual%20Cost%20of%20the%20Infant-Toddler%20Child%20Care%20Crisis.pdf%22)