The National Household Education Survey

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



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.

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Sponsored by

U.S. Department of Education National Center for Education Statistics

Instructions

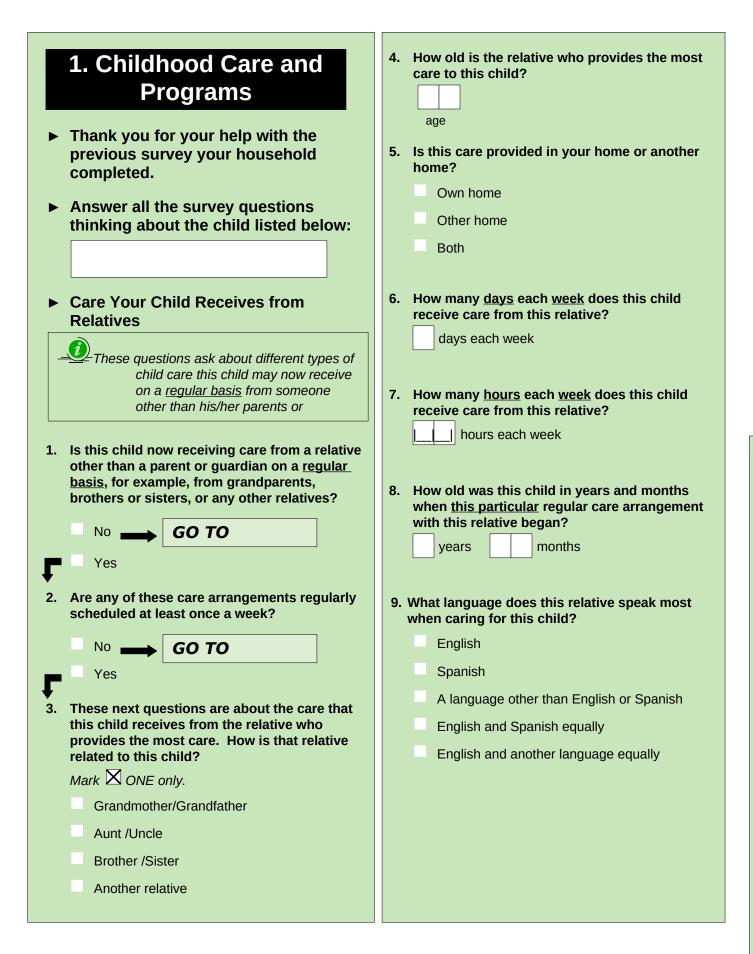
In response to the survey you answered earlier, we recorded that the child/youth listed below has not yet started kindergarten. If this child is attending public or private school or is homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey.
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.

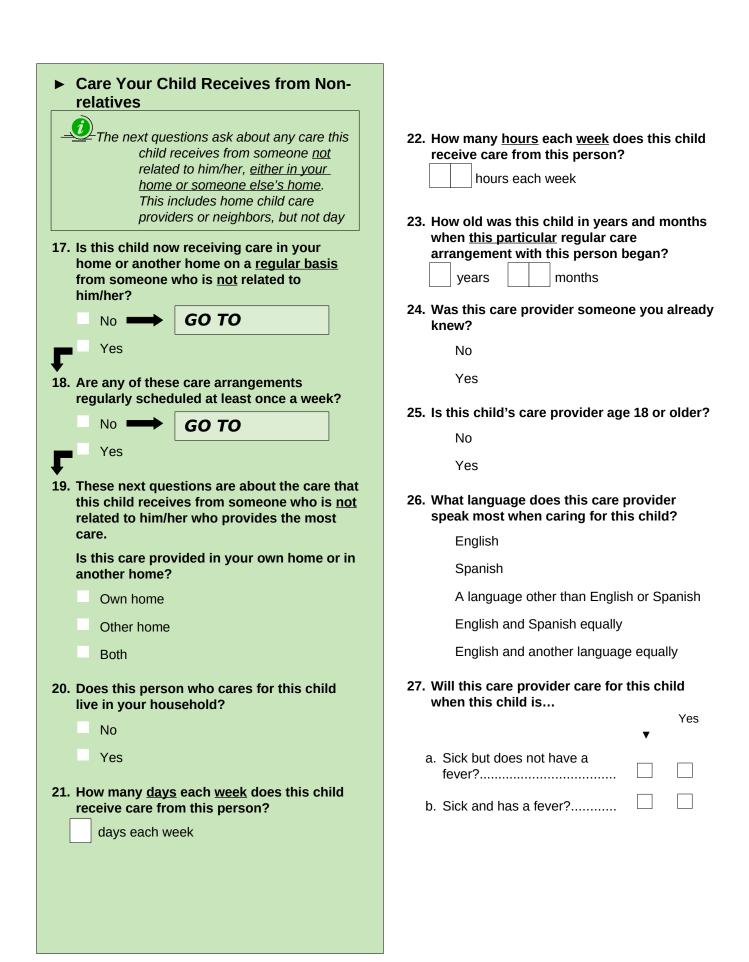
To answer a question, simply mark the box that best represents your answer.
Please use a black or blue pen, if available, to complete this survey.
If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
Our toll-free number is 1-888-880-3033.

We are authorized to collect this information by Section 9543, 20 US Code. 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 responses are protected by federal statute (P.L. 107-279, Title I, Part E, Sec. 183). 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 [Education Sciences Reform Act of 2002 (ESRA 2002) Public Law 107-279, Section 183].

This voluntary survey is estimated to take an average of 20 minutes, including time for reviewing instructions, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Andrew Zukerberg National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. Do not return the completed form to this address.



10. Will this relative care for this child when the child is Yes	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?
 a. Sick but does not have a fever? b. Sick and has a fever? 	Write '0' if your household does not pay this relative for care.
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?	Hour Day
No GO TO	Week
Yes	Month
♦ 12. Do any of the following people, programs, or	Year
organizations help pay for this relative to care for this child?	Every 2 weeks
Mark \bigcirc ONE box for each item below.	Other Specify:
No Yes ▼ ▼	14. How many children from your household is this amount for, <u>including</u> this child?
a. A relative of this child outside your household who provides	This child only
money <u>specifically</u> for that care, not including general	2 children
child support	3 children
b. Temporary Assistance for	4 children
Needy Families, or TANF	5 or more children
c. Another social service, welfare, or child care agency	15. Does this child have any other care arrangements with a relative on a <u>regular basis</u> ?
d. An employer, not including a tax-free spending account for	No GO TO
child care	Yes
e. Someone else	+
	16. How many total <u>hours</u> each <u>week</u> does this child spend in those other care arrangements with relatives?
	hours each week



a 28. Is cl ei	Another parer No Yes there any ch hild receives	commend this o nt? narge or fee for from this care p pr some other p	the car provide	e this r, paid	30. H pr m h v n c
	No 🗪	GO TO			*Is
o fc	rganizations or this child?	following peopl help pay for thi	s perso		
IVI		iox for each item	No	Yes	
b.	your househo money <u>specif</u> care, not inclu child support. Temporary As Needy Familie Another socia	uding general ssistance for es, or TANF			31. H tr
d.	tax-free spen	not including a ding account for	. 🗆		32. D ca si
e.	Someone els	e			p
					5 33. H cl ai

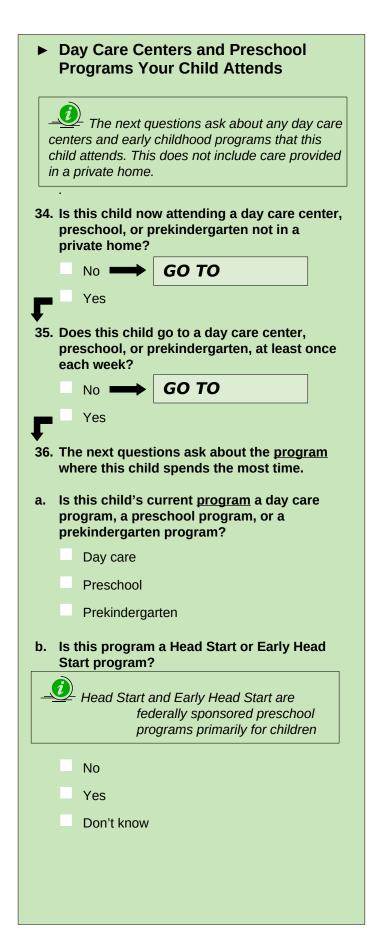
30. How much does your household pay for this person to care for this child, not counting any money that may be received from others to help pay for care?

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

\$00			
'Is that amount per			
Hour			
Day			
Week			
Month			
Year			
Every 2 weeks			
Other Specify:			
31. How many children from your household is this amount for, <u>including</u> this child?			
This child only			
2 children			
3 children			
4 children			
5 or more children			
 32. Does this child have any other home-based care arrangements on a <u>regular basis</u> with someone who is not a relative? Do not include arrangements at day care centers or preschools. 			
No — GO TO			
Yes			
▼ 33. How many total <u>hours</u> each <u>week</u> does this			
child spend in those other care arrangements with non-relatives?			

hours each week

4



c. 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



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

No

Yes

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

No

Yes

39. How many <u>days</u> each <u>week</u> does this child go to this program?

days each week

40. How many <u>hours</u> each <u>week</u> does this child go to this program?

hours each week

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

	years			months
--	-------	--	--	--------

provider or	age does this child's main care teacher at this program speak caring for this child?	45. Do any of the following people, programs, or organizations help pay for this child to go to this program?
English		Mark 🗌 ONE box for each item below.
Spanish		No Yes
A langua	ge other than English or Spanish	a. A relative of this child outside
English a	and Spanish equally	your household who provides money <u>specifically</u> for that
English a	and another language equally	care, not including general child support
42A. Would you another par No Yes	recommend this program to rent?	 b. Temporary Assistance for Needy Families, or TANF c. Another social service, welfare, or child care agency d. An employer, not including a tax-free spending account for
43. Does this pr	ogram provide any of the	child care
following se family?	rvices to this child or your	
 Mark ONE A. Hearing, stesting b. Physical exits c. Dental exits d. Formal test developm problems. e. Sick child child is sict have a few f. Sick child child is sict child i	ental or learning care when this ck but does not ver	 46. 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 that program. \$ 00 \$ 1000 \$
-	charge or fee for this program, by you or some other person or	Other Specify:
agency?	· · ·	
No ma	GO TO	
Yes		

47. How many children from your household is this amount for, <u>including</u> this child?This child only	2. Finding and Choosing Care for Your Child
2 children	
3 children	50. Has this child <u>ever</u> attended a Head Start or Early Head Start program?
4 children	
5 or more children	Head Start and Early Head Start are
48. Does this child have any other care arrangements at a day care center or preschool on a <u>regular basis</u> ?	federally sponsored preschool programs primarily for children from low-income families.
No	No
Yes	Yes
 49. How many total <u>hours</u> each <u>week</u> does this child spend at those day care centers or 	Don't know
preschools?	52. What is the <u>main</u> reason your household wanted a care program for this child in the past year?
	Mark ONE box
Continue with section 2.	 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

53.		re		ood choices for child programs where you
		Ν	0	
		Y	es	
		D	on't know	
54.	the	e ty	much difficulty die vpe of child care o ram you wanted fo	
			ave not tried	GO TO
			id not find the child anted	care program you
		A	lot of difficulty	
		S	ome difficulty	
		A	little difficulty	
		N	o difficulty	
55.	wł pro	nen ogr ne?	you chose the ch ram where this chi	h of these reasons ild care arrangement o ld spends the most
i	a.	Th	e location of the a	rrangement?
			Not at all importa	nt
			A little important	
			Somewhat import	ant
			Very important	
I	b.	Th	e cost of the arra	-
			Not at all importa	nt
			A little important	
			Somewhat import	ant
			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/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
- Continue with section 3, question 57 on the next page.

	f his		nclu	oks does this child have ding those shared with	
		numb	er of	books	
yo		amily <u>read</u>		e you or someone in his child in the past	
	No	ot at all 💻	⇒	GO TO	
		times			
re	ad t	o this child minutes		eone in your family	
60. <u>In</u> ar th	the nyor nings	o this child minutes <u>past week</u> ie in your f s with this o	; hov amil child	w many times has y done the following l?	
60. <u>In</u> ar	the nyor nings Tol	o this child minutes <u>past week</u> ie in your f s with this o	1? , hov amil child d a s	w many times has y done the following !? ttory? (Do not include	
60. <u>In</u> ar th	the nyor nings Tol	o this child minutes <u>past week</u> ie in your f s with this o Id this child	1? , hov amil child d a s	w many times has y done the following !? ttory? (Do not include	
60. <u>In</u> ar th	the nyor nings Tol	o this child minutes <u>past week</u> ie in your fa with this o d this child id this child	d? amili child d a s s chi	w many times has y done the following !? ttory? (Do not include	
60. <u>In</u> ar th	the nyor nings Tol	o this child minutes <u>past week</u> he in your fas with this of d this child ding to this Not at all	a, hov amil child d a s s chi	w many times has y done the following l? story? (Do not include ild.)	
60. <u>In</u> ar th	the nyorn iings Tol rea	o this child minutes past week is in your f s with this child doing to this Not at all 1 or 2 time 3 or more	, hov amil child d a s s chi	w many times has y done the following l? story? (Do not include ild.)	
60. <u>In</u> ar th a.	the nyorn iings Tol rea	o this child minutes <u>past week</u> ie in your f with this child ding to this doing to this Not at all 1 or 2 time 3 or more ught this cl	, hov amil child d a s s chi	w many times has y done the following l? story? (Do not include ild.)	
60. <u>In</u> ar th a.	the nyorn iings Tol rea	o this child minutes <u>past week</u> be in your for with this of d this child ding to this Not at all 1 or 2 time 3 or more for ught this climbers?	1? amili child d a s s chi es times hild l	w many times has y done the following l? story? (Do not include ild.)	

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

61. <u>In the past month</u>, have you or someone in your family visited a library with this child?

No

Yes

61A. <u>In the past month</u>, have you or someone in your family visited a bookstore with this child?

No

Yes

61B. In the past week, how many days has your family eaten the evening meal together?

Write '0' if none.

days

• Continue with section 4 on the next page.

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

	hild under 2 ye d or older?	ears old or is he/she 2
Und	er 2 years 🗪	GO TO
2 ye	ars or older	
	child identify d green by na	the colors red, yellow me?
No		
Yes,	some of them	
Yes,	all of them	
64. Can this alphabe		ze the letters of the
No		
Yes,	some of them	
Yes,	most of them	
Yes,	all of them	
65. How hig	h can this chil	d count?
This	child cannot co	punt
Up t	0 5	
Up t	o 10	
Up t	o 20	
Up t	o 50	
Up t	o 100 or more	

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

No

Yes

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



Y Y

- 68. 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



69. 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

 Continue with section 5, question 70 on the next page.

5. This Child's Health

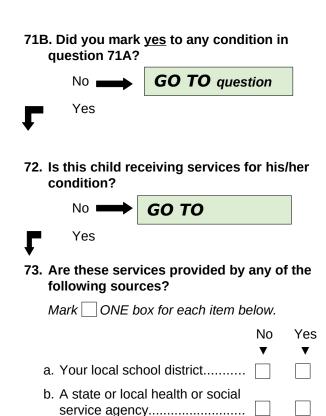
70. In general, how would you describe this child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

71A.Has a health professional told you that this child has any of the following conditions?

Mark ONE box for each item below.

	No	Yes
		▼
a. A specific learning disability		
b. An orthopedic impairment		
c. A speech or language delay		
d. A serious emotional disturbance		
e. Deafness or another hearing impairment		
f. Blindness or another visual impairment not corrected with glasses		
g. Mental retardation		
h. Autism		
i. Attention deficit disorder, ADD or ADHD		
j. Pervasive Developmental Disorder or PDD		
k. Another health impairment		



c. A doctor, clinic, or other health care provider.....

Plan (IEP)?

Yes

No

Yes

No mark

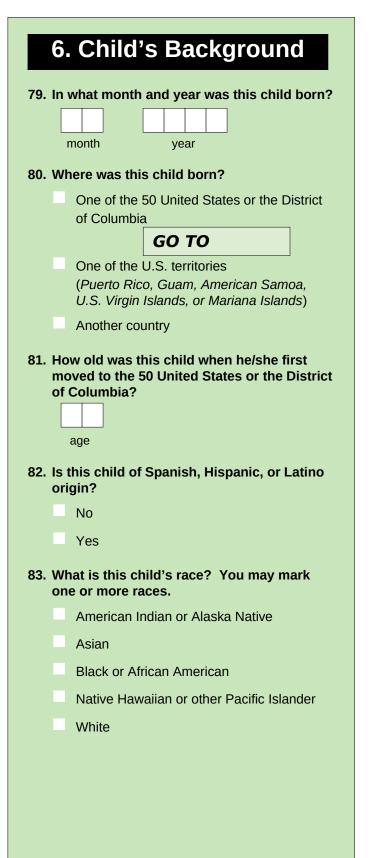
74. Are any of these services provided through an Individualized Family Service Plan (IFSP) or an Individualized Educational Program or

GO TO

75. Did any adult in your household work with the service provider or school to develop or

change this child's IFSP or IEP?

 76. During this school year, to what extent have you been satisfied or dissatisfied with the following aspects of this child's IFSP or IEP? a. The service provider's or school's communication with your family? Very satisfied Somewhat satisfied 	 d. The service provider's or school's commitment to help your child learn? Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied
Somewhat dissatisfied Very dissatisfied	Does not apply 77. Is this child currently enrolled in any special
Does not apply	education classes or services?
b. The child's special needs teacher or therapist?	Yes
Very satisfied	78A. Does this child's condition interfere with
Somewhat satisfied	his/her ability to do any of the following things?
Somewhat dissatisfied	Mark ONE box for each item below.
Very dissatisfied	Child no longer has condition
Does not apply	No Yes ▼ ▼
c. The service provider's or school's ability to accommodate the child's special needs?	a. Learn?
Very satisfied	c. Go on outings?
Somewhat satisfied	d. Make friends?
Somewhat dissatisfied	
Very dissatisfied	 Continue with section 6, question 79 on the
Does not apply	next page.



- 84. Since September, has this child usually lived at this address or another address (for example because of a joint custody arrangement)?
 - Do not include vacation properties.

Child usually lived at this address

Child usually lived at another address

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

Mark ONE only.

started to speak English



Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

- 86. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?
 - No

Yes

► Continue with section 7, question 87 on the next page.

7. Child's Family

PARENT 1 LIVING IN HOUSEHOLD-

Answer questions 88 to 103 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 88 to 103 about one of this child's parents or guardians living in the household.

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

- Biological parent
- Adoptive parent
- Step parent
- Foster parent
- Grandparent
- Other guardian

89. Is this person male or female?

- Male
- Female

90. What is the current marital status of this parent or guardian?

Mark ONE only.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

91. What was the <u>first</u> language this parent or guardian learned to speak?

Mark ONE only.

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

92. What language does this person speak most at home <u>now</u>?

Mark ONE only.

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

93. Where was this parent or guardian born?

One of the 50 United States or the District of Columbia

GO TO

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

age

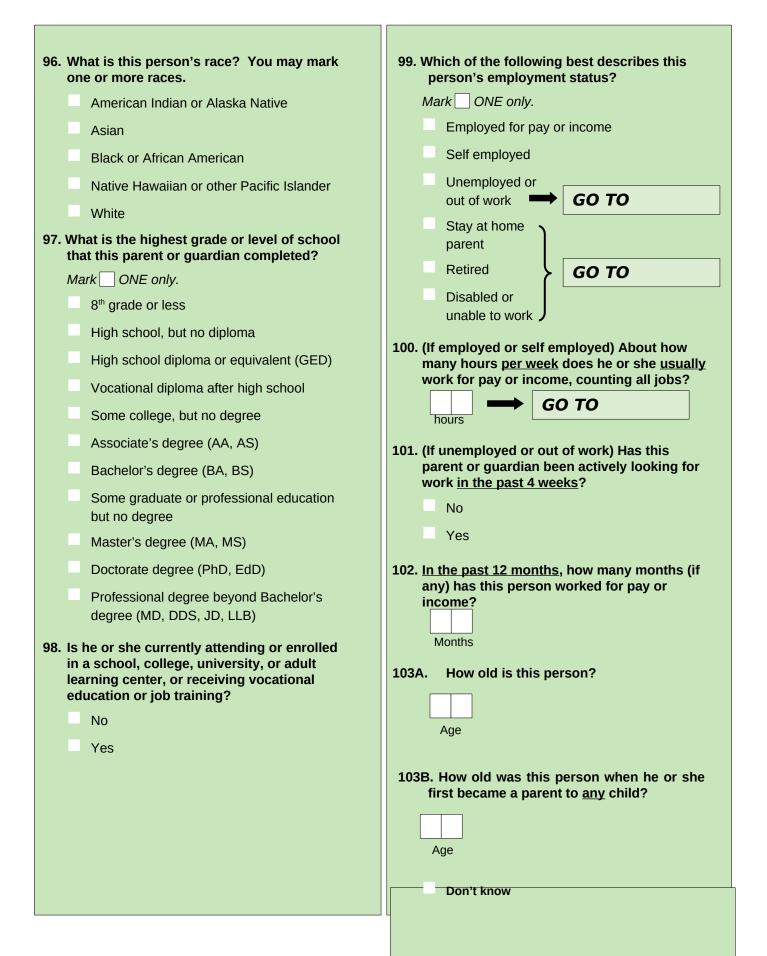
origin?

No

Yes

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

95. Is this person of Spanish, Hispanic, or Latino



PARENT 2 LIVING IN HOUSEHOLD -

Answer questions 104 to 120B about a second parent or guardian living in the household.

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

GO TO

No Yes

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

Biological parent

Adoptive parent

Step parent

Foster parent

Grandparent

Other guardian

106. Is this person male or female?

Male

Female

107.What is the current marital or partner status of this parent or guardian?

Mark ONE only.

Married

In a registered domestic partnership or civil union

Living with a partner

Separated

Divorced

Widowed

Never married

108. What was the first language this parent or guardian learned to speak? Mark ONE only. GO TO English Spanish A language other than English or Spanish English and Spanish equally English and another language equally 109.What language does this person speak most at home now? Mark ONE only. English Spanish A language other than English or Spanish English and Spanish equally English and another language equally 110. Where was this parent or guardian born? One of the 50 United States or the District of Columbia GO TO One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands) Another country 111. How old was this person when he or she first moved to the 50 United States or the **District of Columbia?** age 112. Is this person of Spanish, Hispanic, or Latino origin? No Yes 113. What is this person's race? You may mark one or more races.

Mark - ONE only. American Indian or Alaska Native Employed for pay or income Asian Self employed Black or African American Unemployed or Native Hawaiian or other Pacific Islander GO TO out of work White Stay at home parent GO TO Retired 114. What is the highest grade or level of school Disabled or that this parent or guardian completed? unable to work Mark [X] ONE only. 117. (If employed or self employed) About how 8th grade or less many hours per week does he or she usually work for pay or income, counting all jobs? High school, but no diploma High school diploma or equivalent (GED) GO TO hours Vocational diploma after high school 118. (If unemployed or out of work) Has this Some college, but no degree parent or guardian been actively looking for work in the past 4 weeks? Associate's degree (AA, AS) No Bachelor's degree (BA, BS) Yes Some graduate or professional education but no degree 119. In the past 12 months, how many months (if any) has this person worked for pay or Master's degree (MA, MS) income? Doctorate degree (PhD, EdD) months Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB) 120A. How old is this person? **115.** Is he or she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training? Age No 120B. How old was this person when he or she first became a parent to any child? Yes Age Don't know 116. Which of the following best describes this person's employment status?

8. Your Household 121A. Including yourself, how many total people live in this household?	121. How are you related to this child? Mark ONE only.
people	Mother (<i>birth, adoptive, step, or foster</i>) Father
121B. Other than the parents or guardians already reported, how many of the following people live in the household with this child?	(<i>birth, adoptive, step, or foster</i>) Aunt Uncle
Write '0' if none.	Grandmother
Example:	Grandfather
Brother(s)	Parent's girlfriend/ boyfriend/ partner
This child's Number	Other relationship – Specify:
Brother(s)	
Sister(s)	
Aunt(s)	122. What language(s) are spoken at home by the adults in this household?
Uncle(s)	Mark all that apply.
Grandmother(s)	English
	Spanish or Spanish Creole
Grandfather(s)	French (including Patois, Creole, Cajun)
Cousin(s)	Chinese
Parent's girlfriend/ boyfriend/ partner	Other languages – Specify:
Other relative(s)	
Other nonrelative(s)	124. Is this house

Rented by someone in this household, or

Occupied by some other arrangement?

household,

125. Other than this address does anyone in this household currently receive mail at another address including P.O. Boxes?	127. all pe
No	mont
Yes	
126. In the <u>past 12 months</u> did your family ever receive benefits from any of the following programs?	p a
Mark ONE box for each item below.	
No Yes ▼ ▼	
a. Temporary Assistance for Needy Families, or TANF	
b. Your state welfare or family assistance program	
c. Women, Infants, and Children, or WIC	
d. Food Stamps	
e. Medicaid	
f. Child Health Insurance Program (CHIP)	
9. Section 8 Housing assistance	131. ⊢
	a a
	134. C a
	136. Is
	h p
	•

127. 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

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

Nrite '0' if less than 1 year.



years at this address

134. Do you have access to the internet at this address?

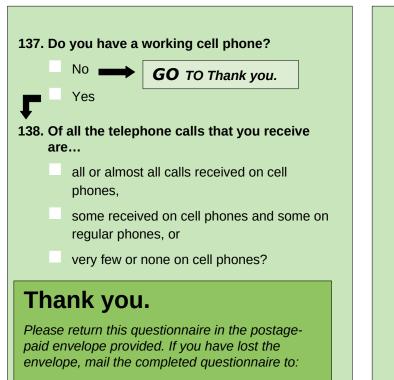
No

Yes

136. Is there at least one telephone inside this home that is currently working and not a cell phone?

No

Yes



National Household Education Survey Westat 1600 Research Blvd. Room XXXX Rockville, MD 20850-3129 THIS PAGE INTENTIONALLY LEFT BLANK

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 U.S.

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.

Q: How will the information I provide be used?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported and may not be disclosed, or used, in identifiable form for any other purpose except as required by law [Education Sciences Reform Act of 2002 (ESRA 2002) Public Law 107-279, Section 183].

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, policy makers, schools and universities about changes in the condition of education in the United States. Reports from past surveys can be found at http://surveys.nces.ed.gov/nhes/.

Q: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics, within the Department of Education is authorized to conduct this study (Section 9543, 20 U.S. Code). Westat has been contracted to conduct this study. This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to info@nhessurvey.org.

Q: Who is Westat?

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Education. If you have any questions about the study contact Westat toll-free at 1-888-880-3033.