

This file contains a listing of every worksheet in the Early Childhood Longitudinal Study, Kindergarten Cohort. The original wording is provided, along with the suggested changes. A question in Part C of this OMB submission is not included in the web specifications in the OMB submission. The differences between the web specifications and the original wording are highlighted in yellow.

Each worksheet in this file pertains to a specific instrument to which the worksheet is linked. The worksheet name is listed in the B2 of this submission.

Worksheet Name

Screening

Parent Survey

Fall Follow-up Survey

Every question that will be asked of household parent respondents in the Early Childhood Longitudinal Study of 2022-23 (ECLS-K:2023) preschool field test. For each question, the question ID, the item section and number, the construct the item measures, and the specific research submission for which the item is intended to provide information. This document is based on the package approved in November 2019 (#1850-0750 v.19). See attachment E for a discussion of item specifications and the paper surveys.

Each item pertains to one data collection instrument. Below is a list of the worksheet name and the instrument to which the item pertains. The instruments themselves are provided in Attachment B1 and Attachment B2.

ECLS-K:2023 Preschool Field Test Data Collection Instrument

Preschool Field Test Household Screener

Preschool Field Test Parent Survey

Preschool Field Test Fall Follow-up Survey

Section	Item #
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Screener	MyECLS
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Screener	SCR020
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Screener	SCR030
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Screener	SCR040
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Screener	SCR050
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Screener	SCR060
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Screeener

SCR070

Screeener

SCR080

Screeener

SCR095

Screeener SCR100

Screeener SCR100OS

Screeener SCR105

Screeener SCR106a
Screeener SCR106b

Screeener SCR110a

Screeener SCR110b

Screeener SCR111a

Screener

SCR111b

Item Wording

Are there any children age 10 or younger living in this household?

- 1 Yes
- 2 No

How many children age 10 or younger live in this household? Include small children, foster children, babies, and those living away at school (if they have no other permanent home).

Please list the first names of all the children age 10 or younger who live in this household. You may provide nicknames or initials if you prefer. Be sure to include all small children, foster children, and babies. Start with the youngest child. Only list children who are age 10 or younger. Enter one child on each line. Enter names until you have listed all children age 10 or younger in this household, then click Next.

Youngest child
Child {NUMBER}.

How old is {SCR030} in years? For babies less than 1 year old, enter 0.

What is {SCR030}'s sex?

- 1 Male
- 2 Female

Is {SCR030} currently...

Select All That Apply

- 1 Not in school?
- 2 In public or private school, including preschools?
- 3 In child care in a home or center?
- 4 Homeschooled INSTEAD of attending a public school or private school (including preschools) for some or all classes?

What is {SCR030}'s current grade or grade equivalent?

Note: Throughout the survey, click the blue "i" icon for more information about an item.

0 Child care for infants or toddlers in a home or center

- 1 Preschool or child care for preschool-aged children in a home or center
- 2 Kindergarten
- 3 First
- 4 Second
- 5 Third
- 6 Fourth
- 7 Fifth or above
- 8 None of these

What grade or grade equivalent will {SCR030} be in fall 2020?

Note: Throughout the survey, click the blue "i" icon for more information about an item.

- 0 Child care for infants or toddlers in a home or center
- 1 Preschool or child care for preschool-aged children in a home or center
- 2 Kindergarten
- 3 First
- 4 Second
- 5 Third
- 6 Fourth
- 7 Fifth or above
- 8 None of these

{Does/Did} {SCR030} go to a public school for kindergarten?

- 1 Yes
- 2 No

What public school {does/did} {SCR030} attend for kindergarten? Select the public school {SCR030} {attends/attended} for kindergarten from the list below. If you don't find a match, select "School not on list" and then type in the full school name. If {SCR030} {has attended/went to} more than one kindergarten, please select or enter the last one attended."

What public school {does/did} {SCR030} attend for kindergarten?

Has {SCR030} always lived at this address?

- 1 Yes
- 2 No

In what month did {SCR030} start living at this address?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

In what year did {SCR030} start living at this address?

This survey is part of the Early Childhood Longitudinal Study, which is conducted by the U.S. Department of Education, National Center for Education Statistics. The next questions should take you about 30 minutes to complete. To show our appreciation for your time, you will receive \$10 after you finish the questions. {You may stop and start the survey as needed to work with your schedule.} Before we begin, please enter your name.

First Name:

Last Name:

To allow your answers to be saved so that you can stop and start the survey as needed to work with your schedule, please {enter/confirm} your contact information.

Email Address:

To allow your answers to be saved so that you can stop and start the survey as needed to work with your schedule, please {enter/confirm} your contact information.

Or Mobile Number:

By providing my mobile phone number, I agree to receive a text message to log back into this survey. Message and data rates may apply.

Construct	Research Question
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Whether there are children age 10 or younger in the household	NA
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Number of children age 10 or younger	NA
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Current household child roster	NA
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Current household child roster	1, 2, 5
--------------------------------	---------

Current household child roster	1, 2, 5
--------------------------------	---------

School or preschool enrollment	1
--------------------------------	---

Current grade/equivalent 1

Expected
grade/equivalent next
fall 1

Kindergarten
identification for
catchment area
information NA

Kindergarten
identification for
catchment area
information NA

Other specify for
kindergarten
identification for
catchment area
information NA

Mobility NA

Mobility NA

Mobility NA
Parent survey
introduction and
information for reminder
mailings NA

Information for reminder
mailings NA

Email address to allow
login if exit survey before
finishing and contact
information was not
provided earlier NA

Mobile number to allow
login if exit survey before
finishing and contact
information was not
provided earlier

Changes in the web specs from the approved November 2019 OMB package

Based on usability findings, changed "Start with the youngest child who is age 10 or younger" to "Start with the youngest child list children who are age 10 or younger". This was done for the web specifications, rather than for the paper version.

Also added "Youngest child" before "Child{NUMBER}".

Also added underlining for "age 10 or younger."

Added "Note: Throughout the survey, click the blue "i" icon for more information about an item." as a note.

Placed instructional text that was on the screen into help text to create more room on the screen. This text was:

"Child care for infants or toddlers in a home or center includes early childhood education programs, child care, nursery school, day care in a center, or child care with a relative or nonrelative other than a parent/guardian.

Preschool or child care for preschool-aged children in a home or center includes early childhood education programs, child care, day care in a center, nursery school, preschool, prekindergarten, or child care with a relative or nonrelative other than a parent/guardian.

Kindergarten includes Transitional Kindergarten (TK), Early Transitional Kindergarten (ETK), Readiness Kindergarten, Transition to Prefirst Grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades."

Added a note to the screen about the blue "i" icon so that any respondents who do not see SCR070 will see it on SCR080. The note says: "Note: Throughout the survey, click the blue "i" icon for more information about an item."

Placed instructional text that was on the screen into help text to create more room on the screen. This text was:

"Child care for infants or toddlers in a home or center includes early childhood education programs, child care, or day care in a center, or child care with a relative or nonrelative other than a parent/guardian.

Preschool or child care for preschool-aged children in a home or center includes early childhood education programs, child care, day care in a center, nursery school, preschool, prekindergarten, or child care with a relative or nonrelative other than a parent/guardian.

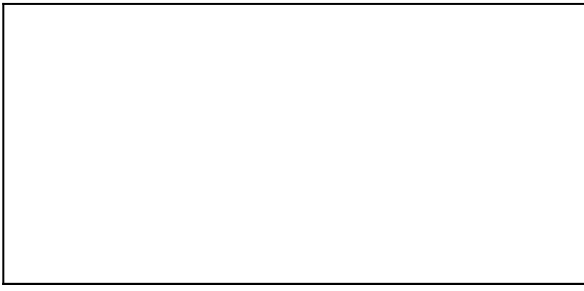
Kindergarten includes Transitional Kindergarten (TK), Early Transitional Kindergarten (ETK), Readiness Kindergarten, Transition to Prefirst Grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades."

Also, added transitional text "**Now we want to ask about your plans for the fall.**" Transitional text is not included in attachments but we are noting this change that came out of usability testing that suggested respondents were not distinguishing this question from the previous question so this text was added in addition to underlining "fall 2020."

Changed "sponsored" to "conducted"

Added the word "Or" because in usability testing respondents wanted it to be clear that they did not have to enter both pieces of contact information. This also matches the management system.

Also added a note about text messaging.



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	INQ005b
	INQ005c
	INQ005d
	INQ005e
	INQ005f

	INQ005g
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	INQ015
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	PSQ025
	PSQ030

	PSQ035
	PSQ040
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PLQ - Primary Language(s) Spoken	PLQ060
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FSQ -Family Structure	FSQ010

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	CHQ121a
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	DWQ101

PPQ - Parent's Psychological Well-Being and Health	PPQ225
PEQ - Parent Education	PEQ020

EMQ - Parent Employment	EMQ200
PAQ - Parent Income and Assets	PAQ110
	PAQ120
	PAQ135

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	CMQ030

Item Wording

We would like to collect some information about {CHILD}'s care and home experiences. Your answers will be extremely valuable in better understanding the development of young children and their involvement in early care and education.

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).

Are you a person in the household who knows about {CHILD}'s care and education?

1 Yes, I can answer questions about {CHILD}'s care and education.

2 No, I am not able to answer questions about {CHILD}'s care and education.

We would like to contact a parent or adult who lives in this household and knows about {CHILD}'s care and education. Please provide the contact information for such a person, in this household, so that we can contact him or her for the survey.

First Name:

Last Name:

Email Address:

Please confirm the mailing address.

Address Line 1:

Address Line 2:

City:

State:

Please select a state, district, or territory.

Zip code:

We asked you earlier for {CHILD's} first name so that we can ask questions about {CHILD} in the following survey. If there is a typo, or you gave a nickname or initials for this child, you may correct it here before continuing.

What is {CHILD}'s first name?

First Name:

How old is {CHILD} in years?

Years:

Can {CHILD} identify the colors red, yellow, blue, and green by name?

This can be done in any language.

- 1 No, none of them
- 2 Yes, some of them
- 3 Yes, all of them

Can {CHILD} correctly recognize the letters of the alphabet?

This can be done in any language.

- 1 No, none of them
- 2 Yes, some of them
- 3 Yes, most of them
- 4 Yes, all of them

Can {CHILD} write {his/her} first name, even if some of the letters are backwards?

This can be done in any language.

- 1 Yes
- 2 No

How often can {CHILD} explain things {he/she} has seen or done so that you get a very good idea of what happened?
This can be done in any language.

- 1 Never
- 2 Sometimes
- 3 About half the time
- 4 Usually
- 5 Always

How high can {CHILD} count?
This can be done in any language.

- 1 This child cannot count.
- 2 Up to 5
- 3 Up to 10
- 4 Up to 20
- 5 Up to 50
- 6 Up to 100 or more

Can {CHILD} identify basic shapes such as a triangle, rectangle, circle, or square?
This can be done in any language.

- 1 No, none of them
- 2 Yes, some of them
- 3 Yes, most of them
- 4 Yes, all of them

Please select whether {CHILD} does the following. Have you observed that {CHILD}...

Tries repeatedly to communicate information which has not been understood?

- 1 Yes
- 2 No

Asks questions about information which is unclear?

- 1 Yes
- 2 No

Responds to questions in a thoughtful way that makes sense?

1 Yes

Rephrases questions or asks follow-up questions if {he/she} does not get the information {he/she} wanted.

1 Yes

2 No

Please select the words your child uses in English. If {CHILD} uses a different pronunciation of a word, that's OK. Does {CHILD} say...

Select All That Apply.

1 hungry

2 baby

3 doctor

4 down

5 bird

6 fruit

7 triangle

8 turtle

9 plant

10 last

11 caterpillar

12 castle

13 excited

14 stamp

15 parent

16 lucky

17 furniture

18 drip

19 measure

20 calm

21 lonely

22 dive

23 skeleton

24 uncomfortable

25 courage

What is the primary language spoken in your home?

1 English

2 A language other than English

3 Two or more languages are spoken the same amount

You mentioned a language other than English as your primary language spoken at home. What is it?

1 Spanish

2 A European language other than Spanish such as French, German, or Russian

3 A Chinese language or dialect

4 A Filipino language

5 A Southeast Asian language such as Vietnamese, Thai, or Khmer

6 A South Asian language such as Hindi or Tamil

7 Another Asian language such as Japanese or Korean

8 A Middle Eastern language such as Arabic or Farsi

9 An African language such as Swahili or Amharic

91 Other language (Please specify):

You mentioned a language other than English as your primary language spoken at home. What is it?

You mentioned that two or more languages are spoken equally at home. What are these languages?

Select one or more choices below for the languages that are spoken in your home. If more than one language falls in the same category below, select that category. If there is not a choice for the language(s) spoken in your home, type the language(s) in under "Other languages (Please specify)."

0 English

1 Spanish

2 A European language other than Spanish such as French, German, or Russian

3 A Chinese language or dialect

4 A Filipino language

5 A Southeast Asian language such as Vietnamese, Thai, or Khmer

6 A South Asian language such as Hindi or Tamil

7 Another Asian language such as Japanese or Korean

8 A Middle Eastern language such as Arabic or Farsi

9 An African language such as Swahili or Amharic

91 Other language(s) (Please specify):

You mentioned that two or more languages are spoken equally at home. What are these languages?

Select one or more choices below for the languages that are spoken in your home. If more than one language falls in the same category below, select that category. If there is not a choice for the language(s) spoken in your home, type the language(s) in under "Other language(s) (Please specify)."

In a typical week, how often do you or any other family members do the following things with {CHILD}?

Tell stories to {CHILD}

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Sing songs with {CHILD}

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Help {CHILD} to do arts and crafts

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Involve {CHILD} in household chores, like cooking, cleaning, setting the table, or caring for pets

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Play games or do puzzles with {CHILD}

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Talk about nature or do science projects with {CHILD}

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Build something or play with construction toys with {CHILD}

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Play a sport or exercise together

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

Practice reading, writing or working with numbers

- 1 Not at all
- 2 Once or twice a week
- 3 3-6 times a week
- 4 Every day

How often do you or other family members use a language other than English when doing any of the activities listed in the previous question?

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Never

In a typical week, how often do you or any other family members read books to {CHILD}?

Include only times family members have read books to the child. Do not include times when the child reads or looks at books by him or herself. Please include reading of books in any language.

- 1- Not at all
- 2- Once or twice a week
- 3 - 3-6 times a week
- 4- Every day

Generally, how long is {CHILD} read to at each of these times?
Please include reading in any language.

Minutes:

How often do you and {CHILD} do the following:

When you and your child are reading together, how often does she or he start talking about the story or something it has reminded her or him of?

- 1 Almost never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 6 Almost always

When you and your child are reading books with pictures together, how often do you spend time talking about the pictures?

- 1 Almost never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 6 Almost always

How often do you and your child talk about a book you read sometime in the past?

- 1 Almost never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 6 Almost always

Now, please think about the past week. How often did {CHILD} look at picture books in the past week?

- 1 Never
- 2 Once or twice a week
- 3 3 to 6 times a week
- 4 Every day

Read to or pretend to read to {himself/herself} or to others?

- 1 Never
- 2 Once or twice a week
- 3 3 to 6 times a week
- 4 Every day

How often does {CHILD}:

Count objects?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Add or subtract things?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Write numbers?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Match or identify shapes?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Play cards or board games?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Play with jigsaw puzzles?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Play with blocks or construction toys?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Identify or create patterns?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Put objects in order (for example, small to large)?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Measure things (for example, using a ruler, in cooking, etc.)?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Keep score in games?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

Answer/ask questions about "How many things are there?" (for example, "How many plates are on the table?")?

- 0 Never/almost never
- 1 Less than once a week
- 2 Once a week to several times a week
- 3 Every day or almost every day

How often do you play number games or talk about numbers with {CHILD}?

- 1 Never
- 2 Once a month
- 3 Less than once a week
- 4 Once a week
- 5 2-3 times a week
- 6 Every day
- 7 More than once a day

How much does {CHILD} enjoy number or math activities like counting objects, making patterns, measuring things, etc.?

- 1 Not at all
- 2 A little
- 3 A fair amount
- 4 Much
- 5 Very much

How much do you agree or disagree with the following statements about what it is usually like living in your home?

We almost always seem to be rushed.

- 1 Strongly disagree
- 2
- 3
- 4
- 5 Strongly agree

We are usually able to stay on top of things.

1 Strongly disagree

2

3

4

5 Strongly agree

No matter how hard we try, we always seem to be running late.

1 Strongly disagree

2

3

4

5 Strongly agree

No matter what our family plans, it usually doesn't seem to work out.

1 Strongly disagree

2

3

4

5 Strongly agree

You can't hear yourself think.

1 Strongly disagree

2

3

4

5 Strongly agree

It is a good place to relax.

1 Strongly disagree

2

3

4

5 Strongly agree

The atmosphere is calm.

1 Strongly disagree

2

3

4

5 Strongly agree

In the morning, we have a regular routine.

1 Strongly disagree

2

3

4

5 Strongly agree

Do you have the following in your home that {CHILD} may use?

Smartphone

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

Cell phone (for example, not a smartphone or other phone that can also access the internet)

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

Tablet (for example, iPad or other tablet)

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

Laptop or desktop computer

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

Reading device (for example, Kindle or Fire)

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

iPod

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

Electronic assistant or smart speaker (for example, Alexa, Google Assistant, or Siri)

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

Game system (for example, Playstation, Wii, or Xbox, or handheld devices such as a Nintendo DS, or Sony PSP)

1 Yes, {CHILD} shares this with other family member(s)

2 Yes, {CHILD} has {his/her} own

3 No

On any given weekday, how much time does {CHILD} spend watching shows, movies, and videos?

Hours:

On any given weekday, how much time does {CHILD} spend watching shows, movies, and videos?

Minutes:

On any given weekday, how much time does {CHILD} spend playing video, computer, or mobile games?

Hours:

On any given weekday, how much time does {CHILD} spend playing video, computer, or mobile games?

Minutes:

How often does {CHILD} have a TV, smartphone, tablet, or laptop in {his/her} room overnight?

- 1 Every night
- 2 Most nights
- 3 Some nights
- 4 Hardly ever
- 5 Never

When {CHILD} is doing the following, how often do you or another adult in the household do it with {him/her}?

Watching {his/her} shows, movies, and videos

- 1 Most of the time
- 2 Some of the time
- 3 Hardly ever
- 4 Never
- 5 {CHILD} does not do this

Playing video, computer, or mobile games

- 1 Most of the time
- 2 Some of the time
- 3 Hardly ever
- 4 Never
- 5 {CHILD} does not do this

Do you have Internet (cable, Wifi, wireless, or DSL) in your home?

- 1 Yes
- 2 No

Does {CHILD} use any electronic or digital device(s) to get on the Internet in your home?

- 1 Yes
- 2 No

Do you ever use any type of software, app, or device to monitor or limit {CHILD}'s access to the Internet?

- 1 Yes
- 2 No

Are there family rules about how many hours {CHILD} may spend on screen time?

Screen time refers to the amount of time the child is using a TV, computer, or any other digital device in which the child is looking at a screen during use.

- 1 Yes
- 2 No

In what ways do you limit {CHILD}'s screen time?

Select All That Apply.

- 1 With a device or app
- 2 Ask my child to end screen time
- 3 Redirect my child to other activity
- 4 Take away the device from my child
- 91 Other (Please specify):

In what ways do you limit {CHILD}'s screen time?

Now we'd like to ask you about some of the activities your child might do. Has {CHILD} ever participated in any of the following activities?

Select All That Apply.

- 1 Organized athletic activities, like basketball, soccer, baseball, swimming, or gymnastics
- 2 Dance groups, classes, or lessons
- 3 Music, for example, piano, instrumental music, or singing lessons
- 4 Drama groups, classes, or lessons
- 5 Art groups, classes, or lessons, for example, painting, drawing, sculpture
- 6 Craft groups, classes, or lessons
- 7 Language groups, classes, or lessons (to learn English or another language)

In the past month, that is, since {CURRENT DATE -1 MONTH}, has anyone in your family done the following with {CHILD}?

Select All That Apply.

- 1 Visited a library or bookstore (Do not count visiting a library or bookstore online. We are asking about in person visits to a library or bookstore.)
- 2 Gone to a play, concert, or other live show
- 3 Visited an art gallery, museum, or historical site
- 4 Visited a zoo, aquarium, or petting farm
- 5 Attended an athletic or sporting event in which {CHILD} was not a player
- 6 Gone to a park

In a typical week, please indicate the number of days your family eats any meal together. By family, we mean at least one adult and one child.

Days:

In a typical week, please indicate the number of days your family eats the evening meal together.
By family, we mean at least one adult and one child.

Days:

During a typical week, how often does {CHILD} play outside actively (for example, running, jumping, or swinging)?

- 1 Never
- 2 Once or twice
- 3 3 to 6 times
- 4 Every day

How safe is it for children to play outside during the day in your neighborhood?

- 1 Not at all safe
- 2 Somewhat safe
- 3 Very safe

Does {CHILD} usually go to bed at about the same time each night, or does {his/her} bedtime vary a lot from night to night?

- 1 Has usual bedtime
- 2 Bedtime varies

On an average weeknight, how many hours of sleep does {CHILD} get?

Hours:

On an average weeknight, how many hours of sleep does {CHILD} get?

Minutes:

Some parents know in advance where their children will attend kindergarten. Do you know where {CHILD} will attend kindergarten?

1 Yes

2 No

What is the name of the school where {CHILD} will attend {kindergarten/next year}?

Select the school from the list below. If you don't find the school, select "School not on list" and then type in the full school name. If you are considering more than one school, enter the name of the school that is most likely.

What is the name of the school where {CHILD} will attend {kindergarten/next year}?

What is the mailing address of the school?

Address Line 1:

Address Line 2:

City:

State:

Please select a state, district, or territory.

Zip code:

How did you learn about the school where {CHILD} will attend kindergarten?

Select All That Apply.

- 1 It is the assigned school for our neighborhood
- 2 Word of mouth/recommendation from family, friends, etc.
- 3 District/school website
- 4 Looked at school's profile online
- 5 Looked at school's ratings online from other parents
- 91 Other (specify)

How did you learn about the school where {CHILD} will attend kindergarten?

Even though many factors matter when choosing a kindergarten, which three factors below are the most important to you? Please choose only three choices.

- 1 Offers convenient hours (for example, is a full day kindergarten program, or offers before- or after-school care)
- 2 Offers services for children with special needs
- 3 Teaches children how to get along well with others
- 4 Is in a convenient location (close to your home, work, or public transportation)
- 5 Has a warm and nurturing teacher(s)
- 6 Provides a safe and clean environment
- 7 Provides transportation
- 8 Is free or is the least expensive option
- 8 Teaches children letters, numbers, and other academic skills
- 10 Accepts payment from a tuition assistance/voucher program in my state
- 11 Also serves my other children (for example, the program is located in a school where an older sibling is enrolled)
- 12 Offers specialized programs or curriculum (for example, drama, arts, foreign languages, Montessori, modified calendar, etc.)
- 13 Is in an elementary school that feeds into a desired middle or high school
- 14 Has a good reputation or high rating (for example, heard good things about the school from friends, family, neighbors, etc.)
- 15 Very good value
- 16 Promotes racial/cultural inclusivity
- 17 A language other than English is used as the teaching language
- 18 It is the assigned public school for the neighborhood

Please indicate how often {CHILD} acts this way.

Keeps working at something until {he/she} is finished

- 1 Never
- 2 Sometime
- 3 Often
- 4 Very often

Shows interest in a variety of things

- 1 Never
- 2 Sometime
- 3 Often
- 4 Very often

Concentrates on a task and ignores distractions

- 1 Never
- 2 Sometime
- 3 Often
- 4 Very often

Helps with chores

- 1 Never
- 2 Sometime
- 3 Often
- 4 Very often

Is eager to learn new things

- 1 Never
- 2 Sometime
- 3 Often
- 4 Very often

Is creative in work or in play

- 1 Never
- 2 Sometime
- 3 Often
- 4 Very often

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Item wording is redacted due to copyright

Item wording is redacted due to copyright

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Item wording is redacted due to copyright

Item wording is redacted due to copyright

Item wording is redacted due to copyright

Item wording is redacted due to copyright

Please rate how true each of these statements is for {CHILD}.

When practicing an activity, has a hard time keeping {her/his} mind on it.

- 1 Extremely untrue of your child
- 2
- 3
- 4
- 5
- 6
- 7 Extremely true of your child

Will move from one task to another without completing any of them.

1 Extremely untrue of your child

2

3

4

5

6

7 Extremely true of your child

When drawing or coloring in a book, shows strong concentration.

1 Extremely untrue of your child

2

3

4

5

6

7 Extremely true of your child

When building or putting something together, becomes very involved in what {he/she} is doing, and works for long periods of time.

1 Extremely untrue of your child

2

3

4

5

6

7 Extremely true of your child

Is easily distracted when listening to a story.

1 Extremely untrue of your child

2

3

4

5

6

7 Extremely true of your child

Sometimes becomes absorbed in a picture book and looks at it for a long time.

1 Extremely untrue of your child

2

3

4

5

6

7 Extremely true of your child

Please rate how true each of these statements is for {CHILD}.

Can wait before entering into new activities if asked to

1 Extremely untrue of your child

2

3

4

5 Extremely true of your child

Plans for new activities or changes in routine to make sure {he/she} has what will be needed

1 Extremely untrue of your child

2

3

4

5 Extremely true of your child

Has trouble sitting still when {he/she} is told to (story time, etc.)

1 Extremely untrue of your child

2

3

4

5 Extremely true of your child

Is good at following instructions

1 Extremely untrue of your child

2

3

4

5 Extremely true of your child

Approaches places that {he/she} thinks might be "risky" slowly and cautiously

1 Extremely untrue of your child

2

3

4

5 Extremely true of your child

Can easily stop an activity when told "no"

1 Extremely untrue of your child

2

3

4

5 Extremely true of your child

How much do you agree or disagree with the following statements about {CHILD}?

My child becomes sad when other children are sad.

1 Strongly disagree

2

3 Neither disagree nor agree

4

5 Strongly agree

My child gets upset seeing another child being punished for being naughty.

1 Strongly disagree

2

3 Neither disagree nor agree

4

5 Strongly agree

My child seems to react to the moods of people around them.

1 Strongly disagree

2

3 Neither disagree nor agree

4

5 Strongly agree

My child gets upset when another person is acting upset.

1 Strongly disagree

2

3 Neither disagree nor agree

4

5 Strongly agree

My child cries or gets upset when seeing another child cry.

1 Strongly disagree

2

3 Neither disagree nor agree

4

5 Strongly agree

Please confirm the names or initials of the household members you already told us about before and add the first names of all the other people who normally live here, including both adults and children. Please do not include anyone staying here temporarily who usually lives somewhere else.

We ask for first names so that we can ask questions about each person in the survey. If there is a typo, or you gave a nickname or initials, you may correct it here before continuing.

Please list each person in your household on a separate line, until you have listed all the people in your household.

Don't forget...

-your spouse or partner, or

-someone who is temporarily away from home or living in a dorm at school, or

-any babies or small children.

To add additional members of the household, press the enter key.

When you are finished, select the Next button.

First name

Household member 1 {DISPLAY FIRST NAME OF RESPONDENT}

Household member 2 {DISPLAY FIRST NAME OF SAMPLED CHILD}

Household member 3 {DISPLAY FIRST NAMES OF ALL OTHER CHILDREN LISTED IN SCREENER, IF APPLICABLE}

How old {are you/is {NAME}}?

For babies less than 1 year old, enter 0.

Age:

{Are you/Is {NAME}} male or female?

1 Male

2 Female

Do you have a spouse or partner who lives in this household?

1 Yes

2 No

Who in the household is your spouse or partner?

Select the name of the person who is your spouse/partner.

If name not listed, select "not on list."

1 {DISPLAY HH MEMBER NAME 1}

2 {DISPLAY HH MEMBER NAME 2}

3 {DISPLAY HH MEMBER NAME 3}

4 {DISPLAY HH MEMBER NAME 4}

5 {DISPLAY HH MEMBER NAME 5}

6 {DISPLAY HH MEMBER NAME 6}

7 {DISPLAY HH MEMBER NAME 7}

8 {DISPLAY HH MEMBER NAME 8}

36 Not on list

What is the first name of your spouse or partner?

First name:

How old is {NAME}?

Age:

Is {NAME} male or female?

- 1 Male
- 2 Female

What is {your/{NAME}'s} relationship to {CHILD}?

- 1 Mother/female guardian
- 2 Father/male guardian
- 3 Other parent/guardian
- 4 Sister
- 5 Brother
- 6 Girlfriend or female partner of {CHILD}'s parent/guardian
- 7 Boyfriend or male partner of {CHILD}'s parent/guardian
- 8 Other partner of {CHILD}'s parent/guardian
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Cousin
- 14 Other relative
- 15 Other non-relative

{Are you/Is {NAME}} {CHILD}'s...

- 1 Biological or birth mother
- 2 Adoptive mother
- 3 Step mother
- 4 Foster mother or legal female guardian
- 5 Other female parent or guardian

{Are you/Is {NAME}} {CHILD}'s...

- 1 Biological or birth father
- 2 Adoptive father
- 3 Step father
- 4 Foster father or legal male guardian
- 5 Other male parent or guardian

{Are you/Is {NAME}} {CHILD}'s...

- 1 Biological or birth parent
- 1 Adoptive parent
- 3 Step parent
- 4 Foster parent or legal guardian
- 5 Other parent or guardian

{Are you/Is {NAME}} {CHILD}'s...

- 1 Full sister
- 2 Half sister
- 3 Step sister
- 4 Adoptive sister
- 5 Foster sister

{Are you/Is {NAME}} {CHILD}'s...

- 1 Full brother
- 2 Half brother
- 3 Step brother
- 4 Adoptive brother
- 5 Foster brother

{Are you/Is {NAME}} a...

- 1 Girlfriend or female partner of {CHILD}'s parent/guardian
- 2 Boyfriend or male partner of {CHILD }'s parent/guardian
- 3 Other partner of {CHILD}'s parent/guardian
- 4 Female guardian
- 5 Male guardian
- 6 Other guardian
- 7 Daughter/son of {CHILD}'s parent's partner
- 8 Other relative of {CHILD}'s parent's partner
- 91 Other non-relative (Please specify):

{Are you/Is {NAME}} {CHILD}'s...

{Are you/Is {NAME}} Hispanic or Latina/Latino?

A person who is Hispanic or Latino/Latina is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- 1 Yes
- 2 No

What is {your/{NAME}'s} race? You may name one or more races to indicate what {you/NAME} {consider/considers} {yourself/himself/herself/themself} to be.

For the purposes of this study, Hispanic origins are not races.

Select All That Apply.

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or other Pacific Islander
- 5 White

{FILL 1} currently married, separated, divorced, widowed, in a domestic partnership, or {FILL 2} never been married?

- 1 Married
 - 2 Separated
 - 3 Divorced
 - 4 Widowed
 - 5 Never married
 - 6 Civil unions/domestic partnership
- I don't know (Please explain):

{FILL 1} currently married, separated, divorced, widowed, in a domestic partnership, or {FILL 2} never been married?

Please explain:

Is {CHILD} now receiving care from a relative on a regular basis? This may include grandparents, brothers and sisters, or any relatives other than {you/{CHILD}'s {parents/guardians}}.

Care from a relative would be with any relative other than the child's parents and would take place in a private home. It may be free or cost money. It should be a regular child care arrangement rather than occasional babysitting or back-up care. If you are separated or divorced, please do not include visitation with a parent who does not have custody.

1 Yes

2 No

Has {CHILD} ever received care from a relative on a regular basis?

1 Yes

2 No

How old was {CHILD} in years and months when {he/she} first received care from any relative on a regular basis?

Years:

How old was {CHILD} in years and months when {he/she} first received care from any relative on a regular basis?

Months:

How many different regular care arrangements do you currently have with relatives?

Please do not include care from a parent or guardian who lives in the home or elsewhere.

1 One

2 Two

3 Three

4 Four

5 Five or more

{We'd like to know more about the relative who provides the most care for {CHILD} now.} Who is the relative who cares for {CHILD}?

Please do not include care from a parent or guardian who lives in the home or elsewhere.

- 1 Grandparent
- 2 Aunt
- 3 Uncle
- 4 Brother
- 5 Sister
- 6 Another relative

How many days each week does {CHILD} receive care from {{his/her} RELATIVE}/that relative)?

Days:

How many hours each week does {CHILD} receive care from {{his/her} RELATIVE}/that relative)?

Enter the hours each week in whole hours.

Hours:

How long has {CHILD} received care from {his/her} relative in the last year?

- 1 One to two months
- 2 Three to five months
- 3 Six to eight months
- 4 Nine to eleven months
- 5 Twelve months

What language does {CHILD}'s relative speak most when caring for {CHILD}?

0 English

1 Spanish

2 A European language other than Spanish such as French, German, or Russian

3 A Chinese language or dialect

4 A Filipino language

5 A Southeast Asian language such as Vietnamese, Thai, or Khmer

6 A South Asian language such as Hindi or Tamil

7 Another Asian language such as Japanese or Korean

8 A Middle Eastern language such as Arabic or Farsi

9 An African language such as Swahili or Amharic

91 Another language (Please specify):

What language does {CHILD}'s relative speak most when caring for {CHILD}?

Is this relative 18 years of age or older?

1 Yes

2 No

Head Start is a federally sponsored preschool program mainly for children from low-income families. {Is the regular care arrangement that {CHILD} has with a relative/Are any of the regular care arrangements that {CHILD} has with relatives} Head Start?}

Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is related to the child but is not his or her parent. If your child participates in a home Head Start program where a parent is the caregiver, select no.

1 Yes

2 No

Don't know

Is the relative who provides the most care for {CHILD} providing the care as part of a Head Start program?

Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home).

For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is related to the child but is not his or her parent.

1 Yes

2 No

How many days each week does {CHILD} receive care from a relative in Head Start?

Days:

How many hours each week does {CHILD} receive care from this relative in Head Start?

Enter the hours each week in whole hours.

Hours:

How many hours each week does {CHILD} receive care from {these/this} other {relatives/relative}?

Do not include care from a parent or guardian who lives in the household or in another home.

Enter the hours each week in whole hours.

Hours:

Is {CHILD} now receiving care in a private home on a regular basis from someone who is not related to {him/her} (including care provided before or after school)? This includes home child care providers, regular sitters, or neighbors. {It does not include child care centers.}

Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home. If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, if the care is given on a regularly scheduled basis. If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents). Non-relative care arrangements or programs may or may not have a charge or fee.

1 Yes

2 No

Has {CHILD} ever received care in a private home from a nonrelative on a regular basis?

1 Yes

2 No

How old was {CHILD} in years and months when {he/she} first received regular care in a private home from any nonrelative?

Years:

How old was {CHILD} in years and months when {he/she} first received regular care in a private home from any nonrelative?

Months:

How many different regular care arrangements do you currently have with nonrelatives?

1 One

2 Two

3 Three

4 Four

5 Five or more

Is that care provided in your home or another home?

1 Own home

2 Other home

3 Both/Varies

How many days each week does {CHILD} receive care from that person?

Days:

How many hours each week does {CHILD} receive care from that person?

Hours:

Enter the hours each week in whole hours.

How long has {CHILD} received care from the nonrelative in the last year?

- 1 One to two months
- 2 Three to five months
- 3 Six to eight months
- 4 Nine to eleven months
- 5 Twelve months

What language does {CHILD}'s nonrelative speak most when caring for {CHILD}?

- 0 English
- 1 Spanish
- 2 A European language other than Spanish such as French, German, or Russian
- 3 A Chinese language or dialect
- 4 A Filipino language
- 5 A Southeast Asian language such as Vietnamese, Thai, or Khmer
- 6 A South Asian language such as Hindi or Tamil
- 7 Another Asian language such as Japanese or Korean
- 8 A Middle Eastern language such as Arabic or Farsi
- 9 An African language such as Swahili or Amharic
- 91 Another language (Please specify):

What language does {CHILD}'s nonrelative speak most when caring for {CHILD}?

Is this nonrelative 18 years of age or older?

- 1 Yes
- 2 No

{Head Start is a federally sponsored preschool program mainly for children from low-income families.} {Is the regular care arrangement that {CHILD} has with a nonrelative /Are any of the regular care arrangements that {CHILD} has with nonrelatives} Head Start?

Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is not his or her parent and is not related to the child.

1 Yes

2 No

Is the nonrelative who provides the most care for {CHILD} now providing the care as part of a Head Start program?

Head Start is a federally funded early childhood education program designed to improve the school readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is not his or her parent and is not related to the child.

1 Yes

2 No

How many days each week does {CHILD} receive care from that person in Head Start?

Days:

How many hours each week does {CHILD} receive care from that person in Head Start?

Enter the hours each week in whole hours.

Hours:

How many hours each week does {CHILD} receive care from {this nonrelative/these nonrelatives}?

Enter the hours each week in whole hours.

Hours:

Is {CHILD} now attending a day care center, nursery school, preschool, prekindergarten, or a before- or after-school program at a school or in a center on a regular basis?

Please include any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs that include children who are now in kindergarten (some of which may be sponsored by the state) are also included.

- 1 Yes
- 2 No

Has {CHILD} ever attended a day care center, nursery school, preschool, prekindergarten, or before- or after-school program at a school or in a center on a regular basis?

- 1 Yes
- 2 No

How old was {CHILD} in years and months when {he/she} first attended any day care center, nursery school, preschool, prekindergarten, or before- or after-school program on a regular basis?

Years:

How old was {CHILD} in years and months when {he/she} first attended any day care center, nursery school, preschool, prekindergarten, or before- or after-school program on a regular basis?

Months:

How many different day care centers, nursery schools, preschools, prekindergartens, or before- or after-school care programs does {CHILD} currently go to on a regular basis?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more

Where is the program that {CHILD} attends {most} located? For example, is it in its own building, a school, a place of worship, or some other place?

- 1 Its own building
- 2 A public elementary, junior high, or high school
- 3 A private elementary, junior high, or high school
- 4 A college or university
- 5 A church, mosque, synagogue, or other place of worship
- 6 Your home
- 7 Another home
- 8 A community center
- 9 A public library
- 10 A building or storefront that shares walls with other businesses
- 11 More than one place
- 12 Some other place

How many days each week does {CHILD} go to that program?

Days:

How many hours each week does {CHILD} go to that program?

Enter the hours each week in whole hours.

Hours:

How long has {CHILD} received care at that program in the last year?

- 1 One to two months
- 2 Three to five months
- 3 Six to eight months
- 4 Nine to eleven months
- 5 Twelve months

What language does {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}?

0 English

1 Spanish

2 A European language other than Spanish such as French, German, or Russian

3 A Chinese language or dialect

4 A Filipino language

5 A Southeast Asian language such as Vietnamese, Thai, or Khmer

6 A South Asian language such as Hindi or Tamil

7 Another Asian language such as Japanese or Korean

8 A Middle Eastern language such as Arabic or Farsi

9 An African language such as Swahili or Amharic

91 Another language (Please specify):

What language did {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}?

When {CHILD}'s teacher sends home notes or newsletters, are these in a language that you speak?

1 Yes

2 No

{Is/Are any of } {CHILD}'s care arrangement{s} in a day care center, nursery school, preschool, or prekindergarten program Head Start?

Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a center setting.

1 Yes

2 No

Is the care arrangement in a day care center, nursery school, preschool, or prekindergarten program where {CHILD} spends the most time a Head Start program?

Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a center setting.

- 1 Yes
- 2 No

How many days each week does {CHILD} receive care from Head Start?

Days:

How many hours each week does {CHILD} receive care from Head Start?

Enter the hours each week in whole hours.

Hours:

{Is the day care center, nursery school, preschool, or prekindergarten program}/{Are any of the day care centers, nursery schools, preschools, or prekindergarten programs} a state-sponsored preschool or state-sponsored prekindergarten program?

- 1 Yes
- 2 No

You said that {CHILD} attended {NUMBER} other day care {center/centers} or before- or after-school {program/programs} on a regular basis. How many hours each week does {CHILD} attend {this program/these programs}?

Enter the hours each week in whole hours.

Hours:

Please answer the following questions about the child care arrangement that {CHILD} spends the most time in right now.

I feel welcome and comfortable with the people at {CHILD}'s arrangement.

1 Strongly disagree

2 Disagree

3 Not sure

4 Agree

5 Strongly agree

{CHILD}'s arrangement has been a good place for {him/her} to be.

1 Strongly disagree

2 Disagree

3 Not sure

4 Agree

5 Strongly agree

The people at {CHILD}'s arrangement are doing good things for {him/her}.

1 Strongly disagree

2 Disagree

3 Not sure

4 Agree

5 Strongly agree

I have confidence in the people at {CHILD}'s arrangement.

1 Strongly disagree

2 Disagree

3 Not sure

4 Agree

5 Strongly agree

{CHILD}'s arrangement is doing a good job of preparing {him/her} for school.

1 Strongly disagree

2 Disagree

3 Not sure

4 Agree

5 Strongly agree

About how far would you say it is from your home to the child care arrangement {CHILD} attends?

- 1 Less than $\frac{1}{8}$ th mile (less than 3 blocks)
- 2 $\frac{1}{8}$ th mile to $\frac{1}{4}$ mile (3-5 blocks)
- 3 More than $\frac{1}{4}$ mile, but less than $\frac{1}{2}$ mile (6-9 blocks)
- 4 $\frac{1}{2}$ mile to less than 1 mile (10-19 blocks)
- 5 One mile to 2.5 miles
- 6 2.6 miles to 5 miles
- 7 5.1 miles to 7.5 miles
- 8 7.6 miles to 10 miles
- 9 10.1 miles or more

About how far would you say it is from your home to the child care arrangement {CHILD} attends?

- 1 Less than 5 minutes away
- 2 Between 5-10 minutes away
- 3 Between 11-15 minutes away
- 4 Between 16-20 minutes away
- 5 Between 21-30 minutes away
- 6 More than 30 minutes away

How do you usually take {CHILD} to the child care arrangement {he/she} attends?

- 1 Walking
- 2 Driving
- 3 Public transportation
- 91 Other (Please specify):

How do you usually take {CHILD} to the child care arrangement {he/she} attends?

Even though many factors matter when choosing child care or a preschool, which THREE factors below were the MOST IMPORTANT to you?

Please choose only three choices.

For me, the THREE (3) MOST IMPORTANT factors were that the child care or program...

- 1 Offers convenient hours (for example, is a full-day program, or offers before- or after-school care)
- 2 Offers services for children with special needs
- 3 Teaches children how to get along well with others
- 4 Is in a convenient location (close to your home, work, or public transportation)
- 5 Has a warm and nurturing caregiver(s)/teacher(s)
- 6 Provides a safe and clean environment
- 7 Provides transportation
- 8 Is free or was the least expensive option
- 9 Teaches children letters, numbers, and other academic skills
- 10 Accepts payment from a child care assistance program in my state
- 11 Also serves my other children (for example, the program is located in a school where an older sibling is enrolled)
- 12 Teaching philosophy (for example, Montessori, Reggio Emilia, etc.)
- 13 Provides specialized programs (for example, dual language instruction)
- 14 Offered in same location as kindergarten
- 15 Has good reputation or high rating (for example, heard good things about the school from friends, family, neighbors, etc.)
- 16 Very good value
- 17 Promotes racial/cultural inclusivity
- 18 A language other than English is used as the teaching language

Now please choose the TWO things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program. Please choose only two choices.

The TWO (2) things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program are:

- 1 Offer more convenient hours
- 2 Be in a more convenient location
- 3 It is not helping my child learn (for example, I wish my child got more practice developing social skills or academic school skills)
- 4 The way the caregiver/teacher interacts with my child (for example, I wish my child's caregiver/teacher was more warm and affectionate)
- 5 The environment at my child's child care/preschool program (for example, I wish the program was more inviting with more books and toys for my child)
- 6 The way my child's caregiver/teacher communicates with me about my child (for example, I wish my child's caregiver/teacher talked to me more about my child's progress)
- 7 The cost
- 8 None. If there is nothing you would change about your child care/preschool program, please mark here.
- 91 Other (Please specify):

Now please choose the TWO things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program. Please choose only two choices.

The TWO (2) things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program are:

Has anyone in any of {CHILD}'s care arrangements contacted you or another adult in your household about any behavior problems {he/she/{CHILD}} is having, such as:

Select All That Apply.

- 1 Biting
- 2 Being aggressive
- 3 Not following directions
- 4 Being overly active
- 5 Being impulsive or having little or not self-control
- 6 Another behavior problem
- 7 None of these

How helpful was this care arrangement(s) in providing tips or assistance in dealing with {CHILD}'s problem behaviors?

- 1 Very helpful
- 2 Somewhat helpful
- 3 Not at all helpful
- 4 Did not receive assistance or tips

Have you ever been asked to remove {CHILD} from care for the day due to one or more behavior issues {he/she/{CHILD}} was having, such as biting, being aggressive, not following directions, being overly active, being impulsive, or having little or no self-control?

- 1 Yes
- 2 No

Have you ever been asked to remove {CHILD} from care and not return to the care setting?

- 1 Yes
- 2 No

You reported before that {CHILD} has received {his/her/{CHILD}'s} current care from {a relative {and}/a non-relative {and}/ a day care center, nursery school, preschool, prekindergarten, or before- or after-school program} for less than twelve months. Where else was {CHILD} in care in the last year?

- 1 Head Start program (Head Start is a federally sponsored prekindergarten program mainly for children from low income families)
- 2 Preschool in a public school
- 3 An early education center, child care center, parochial child care center, or nursery school other than Head Start
- 4 An in-home child care program or family child care program
- 5 An "extended-day" program, that is, before- or after-school care at the child's regular school
- 6 Care by a parent
- 7 Care by another member of your family or household
- 8 Care by someone other than a member of your family or household
- 91 Other (Please specify):

Where else was {CHILD} in care in the last year?

Would you say {CHILD}'s health is ...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor?

In a typical week, on how many days does {CHILD} get exercise that causes rapid breathing, perspiration, and a rapid heartbeat for 20 continuous minutes or more?

Days:

How tall is {CHILD} without shoes?

Your best guess is fine.

- 1 Answer in feet and inches
- 2 Answer in meters and centimeters
- Don't know

[Please answer for how tall {CHILD} is in feet and inches without shoes?]

Feet:

[Please answer for how tall {CHILD} is in feet and inches without shoes?]

And

Inches:

[Please answer for how tall {CHILD} is in meters and centimeters without shoes?]

Meters:

[Please answer for how tall {CHILD} is in meters and centimeters without shoes?]

And

Centimeters:

How much does {CHILD} weigh without shoes?

Your best guess is fine.

- 1 Answer in pounds
- 2 Answer in kilograms
- Don't know

[Please answer for how much {CHILD} weighs in pounds without shoes?]

Pounds:

[Please answer for how much {CHILD} weighs in kilograms without shoes?]

Kilograms:

Please answer the following questions based on how {CHILD} compares to other children of the same age.

{CHILD} is independent and takes care of {himself/herself}

- 1 Better than other children {his/her} age
- 2 As well as other children
- 3 Slightly less well than other children
- 4 Much less well than other children

{CHILD} pays attention
1 Better than other children {his/her} age
2 As well as other children
3 Slightly less well than other children
4 Much less well than other children

{CHILD} learns, thinks, and solves problems
1 Better than other children {his/her} age
2 As well as other children
3 Slightly less well than other children
4 Much less well than other children

{CHILD} shows good coordination in moving {his/her} arms and legs?
1 Better than other children {his/her} age
2 As well as other children
3 Slightly less well than other children
4 Much less well than other children

{CHILD} behaves and relates to other children
1 Better than other children {his/her} age
2 As well as other children
3 Slightly less well than other children
4 Much less well than other children

{CHILD} behaves and relates to adults
1 Better than other children {his/her} age
2 As well as other children
3 Slightly less well than other children
4 Much less well than other children

{CHILD}'s overall activity level is
1 Better than other children {his/her} age
2 As well as other children
3 Slightly less well than other children
4 Much less well than other children

Does {CHILD} have any emotional or psychological difficulties?

- 1 Yes
- 2 No

Do you think this is a mild problem, a moderate problem, or a severe problem?

- 1 Mild problem
- 2 Moderate problem
- 3 Severe problem

Has a health, education, or early intervention professional told you that {CHILD} is "at risk" for problems with health, physical disabilities, learning, or behavior?

- 1 Yes
- 2 No

Has {CHILD} ever been diagnosed with a disability?

- 1 Yes
- 2 No

Has {CHILD} ever received services from a program called Early Intervention Services or have an Individualized Family Service Plan (IFSP)?

Early Intervention Services are services to a family with a child who has been identified as having a developmental delay and/or a specific health condition when the child is between birth and age 3. An Individualized Family Service Plan or IFSP is a plan developed to support children and families involved in early intervention (birth to age 3).

- 1 Yes
- 2 No

Is {CHILD} currently receiving services from a program called Early Intervention Services or have an Individualized Family Service Plan (IFSP)?

Early Intervention Services are services to a family with a child who has been identified as having a developmental delay and/or a specific health condition when the child is between birth and age 3. An Individualized Family Service Plan or IFSP is a plan developed to support children and families involved in early intervention (birth up to age 3).

- 1 Yes
- 2 No

Has {CHILD} ever received any services through an Individualized Education Program (IEP)?

An Individualized Education Program (IEP) is a plan for children age 3 or older identified as needing special education and related services.

- 1 Yes
- 2 No

Is {CHILD} currently receiving any services through an Individualized Education Program (IEP)?

An Individualized Education Program (IEP) is a plan for children age 3 or older identified as needing special education and related services.

- 1 Yes
- 2 No

Has {CHILD} ever received any services through a 504 plan?

A 504 plan is a formal plan schools use to provide accommodations to children with disabilities. A 504 plan does not include individualized instruction, and children do not have to qualify for special education services to be eligible for a 504 plan.

- 1 Yes
- 2 No

Is {CHILD} currently receiving any services through a 504 plan?

A 504 plan is a formal plan schools use to provide accommodations to children with disabilities. A 504 plan does not include individualized instruction, and children do not have to qualify for special education services to be eligible for a 504 plan.

- 1 Yes
- 2 No

Please think about whether each statement is completely true, mostly true, somewhat true, or not at all true.

{CHILD} and I often have warm, close times together.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

Most of the time I feel that {CHILD} likes me and wants to be near me.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

Even when I'm in a bad mood, I show {CHILD} a lot of love.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

I express affection by hugging, kissing, and holding {CHILD}.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

Being a parent is harder than I thought it would be.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

{CHILD} does things that really bother me.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

I find myself giving up more of my life to meet {CHILD}'s needs than I ever expected.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

I often feel angry with {CHILD}.

- 1 Completely true
- 2 Mostly true
- 3 Somewhat true
- 4 Not at all true

Do you ever spank {CHILD}?

- 1 Yes
- 2 No

Sometimes kids do as they are told and sometimes they don't. About how many times, if any, have you spanked {CHILD} in the past week?

During the past 12 months, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all?

- 1 A lot of stress
- 2 A moderate amount of stress
- 3 Relatively little stress
- 4 Almost no stress at all

What is the highest grade or year of school that {you/{NAME}} {have/has} completed?

- 0 Never went to school
- 1 1st grade
- 2 2nd grade
- 3 3rd grade
- 4 4th grade
- 5 5th grade
- 6 6th grade
- 7 7th grade
- 8 8th grade
- 9 9th grade
- 10 10th grade
- 11 11th grade
- 12 12th grade but no diploma
- 13 High school equivalent/GED
- 14 High school diploma
- 15 Voc/tech program after high school but no voc/tech diploma
- 16 Voc/tech program after high school, diploma
- 17 Some college but no degree
- 18 Associate's degree
- 19 Bachelor's degree
- 20 Graduate or professional school but no degree
- 21 Master's (MA, MS)
- 22 Doctorate degree (PhD, EdD)
- 23 Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; Law/JD/LLB; etc.)

Which best describes {your/{NAME}'s} current employment situation?

- 1 Working part-time
- 2 Working full-time
- 3 A stay-at-home parent or guardian
- 4 Not working

In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

- 1 \$5,000 or less
- 2 \$5,001 to \$10,000
- 3 \$10,001 to \$15,000
- 4 \$15,001 to \$20,000
- 5 \$20,001 to \$25,000
- 6 \$25,001 to \$30,000
- 7 \$30,001 to \$35,000
- 8 \$35,001 to \$40,000
- 9 \$40,001 to \$45,000
- 10 \$45,001 to \$50,000
- 11 \$50,001 to \$55,000
- 12 \$55,001 to \$60,000
- 13 \$60,001 to \$65,000
- 14 \$65,001 to \$70,000
- 15 \$70,001 to \$75,000
- 16 \$75,001 to \$100,000
- 17 \$100,001 to \$200,000
- 18 \$200,001 or more

What was your total household income last year, to the nearest thousand?

Total Income:

Do any of the child care or early care and education programs that {CHILD} attends charge tuition or a fee?

- 1 Yes
- 2 No

Do you use a child care subsidy voucher that pay for part or all of the cost of tuition for {CHILD}'s current child care or early care and education program?

1 Yes

2 No

Are you, or another parent or guardian, planning to move with {CHILD} before the fall of 2020?

1 Yes

2 No

Please confirm the mailing address where you would like to have the money sent for completing this survey.

Address Line 1:

Address Line 2:

City:

State:

Please select a state, district, or territory.

Zip code:

Please enter your contact information.

Email Address:

Or Mobile Number:

By providing my mobile phone number I agree to receive a text message to log back into this survey. Message and data rates may apply.

We would like to contact you in the fall to ask a few brief questions about where {CHILD} ended up going to kindergarten. Do we have permission to text you?

1 Yes

2 No

Alternate respondent selection
Child name
Child age
Ratings of child competence in literacy, language, and mathematics
Ratings of child competence in literacy, language, and mathematics
Ratings of child competence in literacy, language, and mathematics

Ratings of child competence in literacy, language, and mathematics
Ratings of child competence in literacy, language, and mathematics
Ratings of child competence in literacy, language, and mathematics
Child language use
Child language use
Child language use

Child language use
Child language use
Child vocabulary

Primary home language
Primary home language
Other specify field for primary home language

Primary home language

Other specify field for primary home language

Home learning activities
Home learning activities
Home learning activities
Home learning activities
Language other than English used in the home for home learning activities
Reading to the child

Reading to the child
Reading to the child
Reading to the child
Reading to the child
Reading to the child

Reading to the child
Reading to the child
Math activities
Math activities
Math activities
Math activities
Math activities

Math activities
Math activities
Math activities
Math activities
Math activities
Math activities

Math activities

Math activities

Math activities

Math activities

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Amount of chaos
in the home

Media
engagement and
usage

Media
engagement and
usage

Media
engagement and
usage

Media
engagement and
usage

Media
engagement and
usage

Media engagement and usage
Media engagement and usage
Media engagement and usage
Media engagement and usage
Media engagement and usage-hours
Media engagement and usage-minutes
Media engagement and usage-hours

Media
engagement and
usage

Media
engagement and
usage

Other specify for
media
engagement and
usage

Children's
organized
activities

Outings
Eating a meal together
Eating the evening meal together
Whether child has a regular bedtime

Sleep-hours
Sleep-minutes
School where child is expected to attend kindergarten
School where child is expected to attend kindergarten
Other specify for school where child is expected to attend kindergarten

School where
child is expected
to attend
kindergarten

School where
child is expected
to attend
kindergarten

School where
child is expected
to attend
kindergarten

School where
child is expected
to attend
kindergarten

How respondent
learned of
selected
kindergarten

Other specify for
how respondent
learned of
selected
kindergarten

Reasons for
choosing
kindergarten

Approaches to Learning
Social interaction
Social interaction
Social interaction
Self-control
Self-control
Self-control
Self-control
Self-control
Attention Focusing
Attention Focusing

Attention
Focusing

Attention
Focusing

Attention
Focusing

Attention
Focusing

Attention Focusing
Inhibitory Control
Inhibitory Control
Inhibitory Control
Inhibitory Control
Inhibitory Control

Inhibitory Control
Inhibitory Control
Affective empathy
Affective empathy
Affective empathy
Affective empathy

Affective
empathy

Affective
empathy

Current
household roster

Current household roster

Current household roster

Marital status of the primary caregivers

Marital status of the primary caregivers

Marital status of the primary caregivers

Current
household roster

Current
household roster

Relationship of
household
member to child

Relationship of
household
member to child

Relationship of household member to child
Relationship of household member to child
Relationship of household member to child
Relationship of household member to child

Relationship of household member to child
Other specify for relationship of household member to child
Ethnicity of child, parent figures, or respondent and respondent's spouse (if no mother or father figures)

Race of child,
parent figures, or
respondent and
respondent's
spouse (if no
mother or father
figures)

Marital status of
the primary
caretakers

Other specify for
marital status

Type and amount of ECE arrangements (relative)
Type and amount of ECE arrangements (relative)
Type and amount of ECE arrangements (relative)-years
Type and amount of ECE arrangements (relative)-months
Type and amount of ECE arrangements (relative)

Type and amount of ECE arrangements (relative)

Type and amount of ECE arrangements (relative)

Type and amount of ECE arrangements (relative)

Type and amount of ECE arrangements (relative)

Characteristics of providers (relative)

Other specify for characteristics of providers (relative)

Characteristics of providers (relative)

Head Start (relative)

Head Start (relative)
Head Start (relative)
Head Start (relative)
Type and amount of ECE arrangements (relative)
Type and amount of ECE arrangements (nonrelative)

Type and amount of ECE arrangements (nonrelative)
Type and amount of ECE arrangements (nonrelative)-years
Type and amount of ECE arrangements (nonrelative)-months
affective empathy
Type and amount of ECE arrangements (nonrelative)
Type and amount of ECE arrangements (nonrelative)
Type and amount of ECE arrangements (nonrelative)

Type and amount of ECE arrangements (nonrelative)
Characteristics of providers (nonrelative)
Other specify for characteristics of providers (nonrelative)
Characteristics of providers (nonrelative)

Head Start
(nonrelative)

Head Start
(nonrelative)

Head Start
(nonrelative)

Head Start
(nonrelative)

Type and
amount of ECE
arrangements
(nonrelative)

Type and amount of ECE arrangements (center)

Type and amount of ECE arrangements (center)

Type and amount of ECE arrangements (center)-years

Type and amount of ECE arrangements (center)-months

Type and amount of ECE arrangements (center)

Type and amount of ECE arrangements (center)
Type and amount of ECE arrangements (center)
Type and amount of ECE arrangements (center)
Type and amount of ECE arrangements (center)

Characteristics of providers (center)

Other specify for characteristics of providers (center)

Whether the ECE provides translated materials

Head Start (center)

Head Start (center)
Head Start (center)
Head Start (center)
State-sponsored ECE program
Type and amount of ECE arrangements (center)
Parent endorsement of the ECE setting

Parent endorsement of the ECE setting
Parent endorsement of the ECE setting
Parent endorsement of the ECE setting
Parent endorsement of the ECE setting
Parent endorsement of the ECE setting

Distance to ECE setting
Distance to ECE setting
How long to ECE setting
Other specify for how long to ECE setting

Reasons for
choosing child
care

Improvements
that the parent
would make in
the child care

How behavior
problems are
handled in the
ECE setting

How behavior problems are handled in the ECE setting

Whether the child has ever been asked to leave the ECE program for the day

Whether the child has ever been asked to leave the ECE program and not return

Child care type if in current care for less than a year

Other specify for
child care type if
in current care
for less than a
year

Overall health

Exercise

Height

Height-feet

Height-inches

Height-meters
Height-centimeters
Weight
Weight-pounds
Weight-kilograms
Perception of child compared to other similar-aged children
Perception of child compared to other similar-aged children

Emotional or psychological difficulties
Emotional or psychological difficulties
Whether a health, education, or early intervention profession indicted child is at-risk
Disability
Disability

Disability
Disability
Disability
Disability

Disability

Parental warmth

Parental warmth

Parental warmth

Parental warmth

Parental warmth
Parenting stress
Parenting stress
Parenting stress
Parenting stress
Disciplinary practices
Disciplinary practices

Life stress

Parent education

Parent
employment

Annual family
income

Annual family
income

Tuition

Tuition

Plans to move
before the child
begins
kindergarten

Confirmation of
address

Confirmation of
address

Confirmation of
address

Confirmation of
address

Confirmation of
address

Cell number

Permission to
text

Section**Item #**

Fall Follow-up Survey FFS001

Fall Follow-up Survey FFS005

Fall Follow-up Survey FFS010

Fall Follow-up Survey FFS011

Fall Follow-up Survey FFS012a

Fall Follow-up Survey FFS012b

Fall Follow-up Survey FFS013a

Fall Follow-up Survey FFS013b

Fall Follow-up Survey FFS015

Fall Follow-up Survey FFS020

Fall Follow-up Survey FFS025

Fall Follow-up Survey FFS025OS

Item Wording

Construct

Does {CHILD} still live with you?

- 1 Yes
- 2 No

Mobility

Is {CHILD} currently...

Select All That Apply

- 1 Not in school?
- 2 In public or private school, including preschools?
- 3 In child care in a center INSTEAD of attending a public or private school?
- 4 In child care in a home INSTEAD of attending a public or private school?
- 5 Homeschooled INSTEAD of attending a public or private school (including preschools) for some or all classes?

School or
preschool
enrollment

What is {CHILD}'s current grade or equivalent?

- 1 Preschool or child care for preschool-aged children in a home or center
- 2 Kindergarten
- 3 First
- 4 Second
- 5 Third
- 6 Fourth
- 7 Fifth or above
- 8 None of these

Current
grade/equivalen
t

Have you moved since {DATE OF LAST INTERVIEW}?

- 1 Yes

No

Do you still live in {STATE}?

- 1 Yes

2

Mobility

- 2 No

Mobility

What state do you now live in? Start by typing the first letter of the state, district, or territory name. If you find a match in the list, select it from the list. If you live in another country, select "Moved out of the country." If you don't find a match, select "Not on list."

State:

Mobility

Do you still live in {COUNTY}?

1 Yes

2 No

Mobility

What county do you now live in? Start by typing the first letter of the county name. If you find a match in the list, select it from the list. If you don't find a match, select "Not on list."

County:

Mobility

Is {CHILD} attending {SCHOOL NAMED IN SPRING PARENT SURVEY}?

1 Yes

2 No

Whether child is attending school named in parent survey last spring

Does {CHILD} go to a public or private school for kindergarten?

1 Public school (or both public and homeschooled)

2 Private school

3 Homeschooled only

4 Not in school

What is the name of the public school where {CHILD} attends kindergarten? Select the school from the list below. If you don't find the school, select "School not on list" and then type in the full school name.

{DISPLAY LIST OF UP TO 25 SCHOOLS}

School enrollment
School child attends

What is the name of the public school where {CHILD} attends kindergarten?

Other specify for school child attends

Research Question

NA

1

1, 4

NA

NA

NA

NA

NA

4

4

4

4

Changes in the web specs from the approved November 2019 OMB package

Placed instructional text that was on the screen into help text to create more room. This text was:

"Preschool or child care for preschool-aged children in a home or center includes early childhood education programs, child care, or day care in a center, nursery school, preschool, prekindergarten, or child care with a relative or nonrelative other than a parent/guardian.

Kindergarten includes Transitional Kindergarten (TK), Early Transitional Kindergarten (ETK), Readiness Kindergarten, Transitional or Prefirst Grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades."

The words "(or both public and homeschooled)" were added to category 1 to help clarify the item. This addition helps direct respondents whose children attend public school and are also homeschooled.

The word "only" has been added to category 3 to also help clarify the item. This addition helps direct respondents who only homeschool their child (i.e., the child does not also attend school) to use this category, while those whose child attends public school and is also homeschooled will select category 1.

