

Head Start Family and Child Experiences Survey



Spring '98 Parent Interview Supplement

Respondent ID number ____ - ____ - ____ - _____

A3. When did CHILD begin Head Start?

___ ___ / ___ ___
Month Year

A4. How did you and CHILD find out about this Head Start program?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- Family/friend 01
- Referral from another agency 02
- Word of mouth 03
- Head Start came to visit at our home 04
- Previous children in Head Start..... 05
- Flyer/mailing 06
- Other (Please specify) _____... 07

A5. How does CHILD usually get to the Head Start Program to attend classes or group activities?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- Head Start school bus 01
- Personal transportation (including car or car pool)..... 02
- Public transportation (bus/subway)..... 03
- Walks 04
- Other (Please specify) _____..... 05
- Don't Know (Give prompt)..... 99

A6. How long does it take for CHILD to travel from home to the Center?

___ ___ minutes

A7. How many days per week does CHILD attend Head Start class?

___ ___ days/week [for center-based child]
___ ___ days/month [for home-based child]

A8. How many hours per day does CHILD spend in Head Start class?

___ ___ hours/day

A9. Did CHILD attend any center-based child care or child development programs before (he/she) entered Head Start?

- No..... 01 **SKIP TO A13**
- Yes..... 02

A10. How old was CHILD when (he/she) first started such a program? _____ months

A11. How old was CHILD when (he/she) stopped attending that program? _____ months
 Still attending80

A13. Were you ever enrolled in Head Start as a child?

- No..... 01
- Yes..... 02
- Don't know 99

Now I'd like to ask you some questions about any child care arrangements, other than Head Start, that you may have used for CHILD.

J1. Let's think about the years before CHILD was enrolled in Head Start. During that time, was (he/she) cared for on a regular basis (10 hrs/wk or more) by someone other than yourself?

- No 01 **SKIP TO G25**
- Yes 02

J2. How old in months was CHILD when (he/she) first started in a child care arrangement for 10 or more hours per week? _____ months old

J3. Thinking about all of the child care arrangements that CHILD was in before enrollment in Head Start, (a) where

and by whom was that care provided? (b) Which arrangement did you use most frequently?

DO NOT READ LIST.

| | <u>CIRCLE ALL THAT APPLY</u> (a) | <u>CIRCLE THE ONE USED MOST</u> (b) |
|---|---|--|
| At CHILD's home by a relative | 01 | 01 |
| At CHILD's home by a non-relative | 02 | 02 |
| In a relative's home | 03 | 03 |
| In a friend's or neighbor's home | 04 | 04 |
| Family day care home | 05 | 05 |
| Other child care center/child development program | 06 | 06 |
| At Head Start (not including time in class) | 07 | 07 |
| Other (Please specify) _____ | 08 | 08 |

J4. Before enrolling in Head Start, in how many different arrangements did CHILD spend 10 or more hours per week?
 _____ arrangements

G25. Is any language other than English spoken in your home?

No 01 **SKIP TO G31**
 Yes 02

G26. What are those languages?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- French 01
- Spanish..... 02
- Cambodian (Khmer)..... 03
- Chinese..... 04
- Haitian Creole..... 05
- Hmong..... 06
- Japanese..... 07
- Korean..... 08
- Vietnamese..... 09
- Arabic..... 10
- Other (Please specify)..... 11

G27. Do you or your family need someone from Head Start to speak to you in (LANGUAGE from G26)?

- No..... 01 **SKIP TO G29**
- Yes..... 02

G28. Is someone from Head Start available to speak to you or your family in (LANGUAGE from G26)?

- No..... 01
- Yes..... 02

G29. Does CHILD ever need or want a member of the Head Start teaching staff to speak in (LANGUAGE from G26)?

- No..... 01 **SKIP TO G31**
- Yes..... 02

G30. Is there someone in the classroom at Head Start available for CHILD to speak in (LANGUAGE from G26)?

- No..... 01
- Yes..... 02

G31. What is CHILD'S racial or ethnic background?

**DO NOT READ LIST. CIRCLE ONE RESPONSE.
IF MULTIRACIAL, CODE UNDER "OTHER."**

- Asian or Pacific Islander..... 01
- Black (African American; non Hispanic) 02
- White (Caucasian; non-Hispanic)..... 03
- Hispanic (Latino)..... 04
- Native American or American Indian or Alaskan Native 05
- Other (Please specify)_____ 06

G32. In what country was CHILD born?

- USA..... 01 **SKIP TO G34**
- Other (Please specify country) _____ 02

G33. How many years has CHILD lived in the United States? _____ years

G34. In what country were you born?

- USA..... 01 **SKIP TO G38**
- Other (Please specify country)_____ 02

G35. How many years have you lived in the United States? _____ years

G36. Did you attend school outside the U.S.?

No..... 01 **SKIP TO G38**

Yes..... 02

G37. How many years did you attend school before coming to the U.S.? _____ years

G38. How many grades of school did you complete?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- No formal schooling..... 00
- Less than 8th grade..... 07
- 8th grade..... 08
- 9th grade..... 09
- 10th grade..... 10
- 11th grade..... 11
- 12th grade..... 12

G39. Do you have a high school diploma or GED?

No..... 01 **[REDACTED]**

Yes, Diploma..... 02

Yes, GED..... 03

G40. Have you attended college?

No..... 01 **SKIP TO G42**

Yes..... 02

G41. Have you received any degrees? (IF YES) What is your highest degree?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No..... 01

Yes, Associate Degree..... 02

Yes, Bachelor's Degree..... 03

Yes, Graduate Degree..... 04

G42. Did you attend vocational or trade school?

No..... 01

Yes..... 02

G43. Have you obtained any job-related certificates or licenses?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

No..... 01

Yes, trade license or certificate..... 02

Yes, CDA. (Child Development Associate)..... 03

Yes, other (Please specify)..... 04

H16. Since CHILD was born, has your family ever been homeless or not had a regular place to live?

No..... 01 **[REDACTED]**

Yes..... 02

H17. How many times has this happened? _____ times

H18. Where did you stay?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- Homeless shelter..... 01
- On the street..... 02
- In a car..... 03
- In a motel..... 04
- Doubling up with others as a last resort 05
- Other (Please specify)..... 06

H19. What was the longest time you were without a place to live?
 _____ days **or**
 _____ weeks **or**
 _____ months

H20. Since CHILD began Head Start have you been without a place to live at any time?

- No..... 01
- Yes..... 02

K3. How much did CHILD weigh when (he/she) was born? _____ Pounds _____ Ounces
 Don't know99

G2a. How old were you at the birth of your first child? _____ years old

RETURN TO PARENT INTERVIEW
Question Q6 Page 64