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New Hampshire Preschool Development Grant B-5 Family Survey

This survey was created with support from the Preschool Development Grant Birth through Five Initiative (PDG B-5) awarded to the University of New Hampshire, Grant Number 90TP0006, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

The instrument was developed by the University of New Hampshire and the PDG B-5 Needs Assessment team in collaboration with the RAND Corporation and other experts in the state of New Hampshire.

Please direct any questions about the survey to the grant's primary investigator, Kimberly Nesbitt, Ph.D.

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In December 2018, the University of New Hampshire, in collaboration with the New Hampshire Departments of Health and Human Services and Education, was awarded a federal grant from the U.S. Department of Health and Human Services called a Preschool Development Grant (PDG). The grant provides an opportunity for stakeholders in New Hampshire to better understand the state's early childhood system and to create a strategic plan to build a system that will better address the needs of vulnerable children and improve outcomes for children, families, schools, and communities throughout New Hampshire.

We are interested in learning from parents or guardians with children under age 7 about their participation in such programs as early care and education, home visiting, early intervention, health care, and other types of programs that focus on young children from birth until they enter kindergarten and their families. We are particularly interested in access to programs, experience with program quality, and any barriers to program participation.

Taking part in the survey is voluntary and will take approximately 20 minutes to complete (you may skip any question you do not wish to answer). You will be eligible for a \$20 Amazon gift card as a token of appreciation for completing the survey; however, you must provide a valid New Hampshire mailing address to receive compensation. Compensation is limited to first 1,000 respondents and only 1 gift card per address will be issued.

To participate in the study, you must:

- **Be at least 18 years old**
- **Be a resident of New Hampshire**
- **Be the parent or legal guardian of a child under the age of 7 living in New Hampshire**

The survey will be open through July 21, 2019 and must be completed in one sitting.

Q1

Are you 18 years of age or older? *Select one response.*

Yes (1)

No (2)

IF "No" is selected for Q1. END SURVEY.

Thank you for your willingness to take part in our survey. We are interested in speaking with parents and legal guardians age 18 and above. From your response, you are not eligible to take the survey.

Q2

How old is the **youngest child** for whom you are a parent or guardian? Please include biological, step, adoptive, or foster children who live in the same household with you. Select one response.

- Less than 12 months (i.e., they have not yet had their first birthday) (1)
 - Age 1 (i.e., they have not yet had their second birthday) (2)
 - Age 2 (3)
 - Age 3 (4)
 - Age 4 (5)
 - Age 5 (6)
 - Age 6 (i.e., they have not yet had their seventh birthday) (7)
 - Age 7 or older (8)
 - I do not have any children (9)
-

If "I do not have any children" or "Age 7 or older" is selected for Q2. END SURVEY.

Thank you for your willingness to take part in our survey. We are interested in speaking with parents who have at least one child under age 7. From your response, you are not eligible to take the survey.

Q3

Are you and your young child residents of New Hampshire?

- Yes (1)
 - No (2)
-

IF "No" is selected for Q3. END SURVEY.

Thank you for your willingness to take part in our survey. You must be a resident of New Hampshire to take the survey. From your response, you are not eligible to take the survey.

CONSENT FORM

Researcher and title of study. Kimberly Nesbitt, Assistant Professor in the Human Development and Family Studies Department at the University of New Hampshire, has invited you to participate in state of New Hampshire's *Preschool Development Grant Study* aimed at providing a Collective Vision for Early Childhood.

What is the purpose of this form?

This consent form describes the research study and helps you to decide if you want to participate. It provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant. You should:

- Read the information in this document carefully, and ask me or the research personnel any questions, particularly if you do not understand something.
- Not agree to participate until all your questions have been answered, or until you are sure that you want to.
- Understand that your participation in this study involves you to complete a survey that will last about 30 minutes.
- Understand that the potential risks of participating in this study are minimal. The information you share will be kept confidential. Your name will not be used in the reporting of these data.

What is the purpose of this study?

In December 2018, the University of New Hampshire was awarded a federal grant from the U.S. Department of Health and Human Services called a Preschool Development Grant (PDG). The grant provides an opportunity for stakeholders in New Hampshire to better understand the state's early childhood system and to create a strategic plan to build a system that will better address the needs of vulnerable children and improve outcomes for children, families, schools, and communities throughout New Hampshire. You must be at least 18 years old, a resident of the state of New Hampshire, and a parents or guardian of at least one child under age 7 living in New Hampshire. We anticipate approximately 1000 parents/guardians will participate in the survey.

What does your participation in this study involve?

As part of the PDG, we are working to understand the early childhood services available to families in New Hampshire. We are interested in learning from parents or guardians with children under age 7 about their participation in such programs as early care and education, home visiting, early intervention, health care, and other types of programs that focus on young children from birth until they enter kindergarten and their families. We are particularly interested in access to programs, experience with program quality, and any barriers to program

participation. Taking part in the survey is voluntary and will take approximately 20 minutes to complete.

What are the possible risks of participating in this study?

Your personal information will be kept confidential and will not be shared with anyone outside the research team. The risk to participation in this survey is minimal. In any written reports of the data obtained from this survey, your responses will be combined with others and reported together. If quotations are used in any reports, they will not be connected to an individual respondent.

What are the possible benefits of participating in this study?

Although there are no immediate benefits to you for answering the following questions, results from this survey are likely to yield benefits in the future for you and others who work in the early childhood field. Your participation in this study will provide important information that will help policymakers in New Hampshire improve the opportunities and supports for New Hampshire families.

Will you receive any compensation for participating in this study?

In appreciation of your time to complete this survey, you will be given the option to receive a \$20 Amazon gift card. At the end of the main survey, if you would like to receive the gift card, you will be taken to a separate survey, so you can provide your mailing address (a valid New Hampshire mailing address is required to receive compensation). The information you provide to receive compensation will not be connected to your survey responses.

Do you have to take part in this study?

Taking part in this study is completely voluntary. You may choose not to take part at all. If you agree to participate, you may refuse to answer any question and you may stop participating at any time. Any data collected as part of your participation will remain part of the study records. If you decide not to participate, or terminate the study before completion, you will not be eligible for the study's compensation.

How will the confidentiality of your records be protected?

We plan to maintain the confidentiality of all data and records associated with your participation in this survey. The information you share will be kept confidential, which means we will not share them outside our study team, including research collaborators the RAND Corporation. Your name will not be used in the reporting of these data and will only be used for research purposes. There are, however, rare instances when we may be required to share personally-identifiable information with officials at the University of New Hampshire or regulatory and oversight government agencies. We are also required by law to report suspected child abuse or neglect to the New Hampshire Department of Health and Human Services.

To help protect the confidentiality of your information, we will (1) not connect you name and contact information provided to receive compensation to the information you provide and (2)

access to all de-identified information will be restricted to key research personnel directly responsible for data coding and data entry. In any written reports of the data obtained from this survey, your responses will be combined with others and reported together. If quotations are used in any reports, they will not be connected to an individual respondent. The results may be used in reports, presentations, and publications.

Whom to contact if you have questions about this study.

If you have any questions pertaining to the focus group or the Preschool Development Grant you can contact Kimberly Nesbitt, Kimberly.nesbitt@unh.edu or 603/862-2159, to discuss them.

If you have questions about your rights as a research subject you can contact Melissa McGee in UNH Research Integrity Services, 603/862-2005 or melissa.mcgee@unh.edu to discuss them.

- I consent to participate in the research study (1)
- I do not consent to participate in the research study (2)

IF "I do not consent to participate in the research study" is selected, END SURVEY.

Q4

How many children who are **younger than age 7** are you the parent or guardian for, and what are their ages? Again, please include biological, step, adoptive, or foster children who live in the same household with you.

Total number of children less than 12 months (i.e., have not had their first birthday) : _____

Total number of children age 1 (i.e., have not had their second birthday) : _____

Total number of children age 2 : _____

Total number of children age 3 : _____

Total number of children age 4 : _____

Total number of children age 5 : _____

Total number of children age 6 : _____

Total : _____

Q5

What is your relationship to the child/children younger than age 7 for whom you serve as parent or guardian? *Select all that apply.*

- Biological parent, step-parent, or adoptive parent (1)
 - Grandparent (2)
 - Other relative, please specify: (3) _____
 - Foster parent (4)
 - Other relationship, please specify: (5) _____
-

We would like to begin with some questions about your youngest child under age 7. Thus, if you have more than one child under age 7, tell us about the youngest of your children.

Q6

Does your youngest child under age 7 currently have any physical, behavioral, or mental health conditions that limit or prevent [him/her] from doing the things that most children of the same age can do? *Select one response.*

- Yes (1)
 - No (2)
 - Prefer not to say (3)
-

ANSWER Q7 only if "Yes" is selected for Q6

Q7

What condition or conditions does your youngest child under age 7 have? *Select all that apply.*

- ADD/ADHD (1)
- Autism (2)
- Cerebral Palsy (3)
- Congenital Heart Disease (4)
- Cystic Fibrosis (5)
- Diabetes (6)
- Down Syndrome (7)
- Epilepsy (8)
- Deafness or other hearing problem (9)
- Intellectual disabilities (10)
- Genetic disorder other than Down's Syndrome (11)
- Muscular Dystrophy (12)
- Neuromuscular disorder (13)
- Orthopedic problem (bones or joints) (14)

- Sickle Cell Anemia (15)
- Blindness or other vision problem (16)
- Other, please specify: (17) _____
- Prefer not to say (18)

We would now like to ask you about your use of specific early childhood programs and services. Again, please answer these questions for your youngest child under age 7.

Q8

For each of the following programs or program types, please indicate if you have heard of this type of program, if your youngest child under age 7 has ever participated in this type of

program, and if your youngest child under age 7 has participated in this type of program in the last 12 months. *Select all answers that apply.*

	I have heard of this type of program (1)	My youngest child under age 7 has participated in this type of program at some time since their birth (2)	My youngest child under age 7 has participated in this type of program in the last 12 months (3)	None of the responses apply (never heard of <u>and</u> never participated in this type of program) (4)	Prefer not to say (5)
Early Head Start/Head Start (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention services for children with special needs, also known as Family Centered Early Supports and Services (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool special education offered through a school district or other provider (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community based health care coordination to assist families to access services for children with chronic illness or disability (e.g., Partners in Health) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER Q9 if there was a program listed in Q8 that was never used.

Q9

You indicated that your youngest child has not participated in at least one of the programs listed in the prior question. What are the top **THREE** reasons that your child has not participated in in the program or programs? *Select up to three responses.*

- I **did not know about** the program(s). (1)
 - I thought my child did not need or **would not benefit** from the program(s). (2)
 - I thought my child or family **would not qualify** for the program(s). (3)
 - My child or family **did not qualify** for the program(s). (4)
 - It was too **difficult to enroll** in the program(s) (e.g., paperwork). (5)
 - My family did not have **transportation** to participate in the program(s). (6)
 - The **distance** to the program(s) was too far to travel. (7)
 - I thought that others would **think less of my family** for using the program(s). (8)
 - The **quality** of the program(s) was low. (9)
 - My family **could not afford** the cost of the program(s). (10)
 - Other, please specify: (11) _____
 - Prefer not to say (12)
-

Q10

For each of the following programs or program types, please indicate if you have heard of this type of program, if your youngest child under age 7 has ever participated in this type of

program, and if your youngest child under age 7 has participated in this type of program in the last 12 months. *Select all answers that apply.*

	My youngest child under age 7 has participated in this type of program at some time since their birth (2)	My youngest child under age 7 has participated in this type of program in the last 12 months (3)	None of the responses apply (never participated in this type of program) (4)	Prefer not to say (5)
Preschool or prekindergarten in a public school (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool or prekindergarten in a private school (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care, nursery school, preschool, or prekindergarten in a family child care home (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care, nursery school, preschool, or prekindergarten in a privately operated center (e.g., church, child care center) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER Q11 if there was a program listed in Q10 that was never used.

Q11

You indicated that your youngest child has not participated in at least one of the programs listed in the prior question. What are the top **THREE** reasons that your child has not participated in in the program or programs? *Select up to three responses.*

- I thought my child did not need or **would not benefit** from the program(s). (1)
 - My child is **not of age** to qualify for the program(s). (13)
 - I thought my child or family **would not qualify** for the program(s). (2)
 - My child or family **did not qualify** for the program(s) for another reason. (3)
 - It was too **difficult to enroll** in the program(s) (e.g., paperwork). (4)
 - My family did not have **transportation** to participate in the program(s). (5)
 - The **distance** to the program(s) was too far to travel. (6)
 - The **hours** of the program(s) did not fit my family's schedule. (7)
 - The **quality** of the program(s) was low. (8)
 - My family **could not afford** the cost of the program(s). (9)
 - I thought that others would **think less of my family** for using the program(s). (12)
 - Other, please specify: (10) _____
 - Prefer not to say (11)
-

ANSWER Q12 if Early Head Start/Head Start or any of the program listed in Q10 were ever used.

Q12

You indicated that your youngest child under age 7 has at some time enrolled in a child care or early learning program. Thinking about the most recent program they are or were enrolled in, how much difficulty did you have finding the type of child care or early learning program you wanted for your child? *Select one response.*

- No difficulty (1)
 - Little difficulty (2)
 - Some difficulty (3)
 - A lot of difficulty (4)
 - I did not find the child care or early learning program I wanted (5)
 - Prefer not to say (6)
-

Q13

Do you feel that there are good choices for child care or early learning programs where you live? *Select one response.*

- Yes (1)
 - No (2)
 - Don't know (3)
 - Prefer not to say (4)
-

Q14

For each of the following programs or program types, please indicate (a) if you have ever heard of this type of program; (b) if your family has participated in this type program at some time since the birth of your youngest child; and (c) if your family has participated in this type of program in the last 12 months. *Select all answers that apply.*

	I have heard of this type of program (1)	My family has participated in this type of program at some time since the birth of my youngest child (2)	My family has participated in this type of program in the last 12 months (3)	None of the responses apply (never heard of <u>and</u> never participated in this type of program) (4)	Prefer not to say (5)
A home visiting program such as Healthy Families America or Home Visiting New Hampshire (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A parent education program provided through a Family Resource Center or other organization (e.g., Parents as Teachers, Strengthening Families, My Voice Matters) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another family support program provided through a Family Resource Center or other organization (e.g., Growing Great Kids, Positive Solutions for Families, sober Parenting Journey) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER Q15 if there was a program listed in Q14 that was never used.

Q15

You indicated that your youngest child has not participated in at least one of the programs listed in the prior question. What are the top **THREE** reasons that your child has not participated in in the program or programs? *Select up to three responses.*

- I **did not know about** the program(s). (1)
- I thought my child did not need or **would not benefit** from the program(s). (2)
- I thought my child or family **would not qualify** for the program(s). (3)
- My child or family **did not qualify** for the program(s). (4)
- It was too **difficult to enroll** in the program(s) (e.g., paperwork). (5)
- My family did not have **transportation** to participate in the program(s). (6)
- The **distance** to the program(s) was too far to travel. (7)
- I thought that others would **think less of my family** for using the program(s). (8)
- The **quality** of the program(s) was low. (9)
- My family **could not afford** the cost of the program(s). (10)
- Other, please specify: (11) _____
- Prefer not to say (12)

Q16

For each of the following types of health-related services, please indicate if you have ever heard of this service; if your youngest child under age 7 has ever received this service, and if your youngest child under age 7 has received this service in the last 12 months. *Select all answers that apply.*

	I have heard of this type of program (1)	My family has participated in this type of program at some time since the birth of my youngest child (2)	My family has participated in this type of program in the last 12 months (3)	None of the responses apply (never heard of <u>and</u> never participated in this type of program) (4)	Prefer not to say (5)
Child developmental screening (i.e., a series of questions used to track children's health and functioning that may be completed by you, a health care provider, child care provider, or family support worker; examples are the M-CHAT and ASQ) (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services such as well-child visits (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health services to help address behavioral challenges (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health care services such as a dental check-up (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER Q17 if there was a program listed in Q16 that was never used.

Q17

You indicated that your youngest child has not participated in at least one of the health-related services listed in the prior question. What are the top **THREE** reasons that your child has not participated in in the program or programs? *Select up to three responses.*

- I **did not know about** the service(s). (1)
 - I thought my child did not need or **would not benefit** from the service(s). (2)
 - There are **no providers** of the service(s) in my area. (3)
 - My family did not have **transportation** to to the location of the service(s). (4)
 - The **distance** to the provider(s) was too far to travel. (5)
 - The **hours** of the provider(s) did not fit my family's schedule. (6)
 - The **waiting list** to see the provider(s) was too long (7)
 - The **quality** of the service(s) was low. (8)
 - My family **could not afford** the cost of the service(s). (9)
 - My **insurance does not pay** for the cost of the service(s). (10)
 - I thought that others would **think less of my family** for using the service(s). (13)
 - Other, please specify: (11) _____
 - Prefer not to say (12)
-

ANSWER Q18 if a child developmental screening (Q15) has ever been conducted at any time since the birth of the youngest child.

Q18

You indicated that your child had a developmental screening. Thinking about the most recent screening if there has been more than one, what was the result of your child's screening? *Select one response.*

- No concerns, my child is right where he/she should be (1)
- Concerns, and a rescreening in a few months was recommended (2)
- Concerns, and a referral was made to have further testing (3)
- Prefer not to say (4)

ANSWER Q19 and Q20 if "Concerns" were indicated in Q18.

Q19

If there were concerns, how were they addressed? *Select all that apply*

- Met with doctor (1)
- Met with child care provider (2)
- Received an email (3)
- Received a phone call (4)
- Other, please specify: (5) _____
- Prefer not to say (6)

Q20

Was your child referred to a specialized service, such as Early Supports and Services, Preschool Special Education, or Child Development Clinic? *Select one response.*

- Yes, but we chose not to pursue it (1)
 - Yes, and we did pursue it (2)
 - No (3)
 - Don't know (4)
 - Prefer not to say (5)
-

Q21

For each of the following income support programs, please indicate if you have heard of the program; if your family has participated in the program at some time since the birth of your

youngest child and if your family has participated in the program in the last 12 months. *Select all answers that apply.*

	I have heard of the program or programs in this category (1)	My family has participated in the program at some time since the birth of my youngest child (2)	My family has participated in the program in the last 12 months (3)	None of the responses apply (never heard of <u>and</u> never participated in the program(s) in this category) (4)	Prefer not to say (5)
New Hampshire Financial Assistance for Needy Families (FANF), sometimes called welfare or cash aid – the federal program is called Temporary Assistance for Needy Families, or TANF (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP (Supplemental Nutrition Assistance Program) benefits, also known as “food stamps” (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Scholarship to help pay for child care costs, also called child care subsidies or vouchers (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I have heard of the program or programs in this category (1)	My family has participated in the program at some time since the birth of my youngest child (2)	My family has participated in the program in the last 12 months (3)	None of the responses apply (never heard of <u>and</u> never participated in the program(s) in this category) (4)	Prefer not to say (5)
Housing vouchers, subsidized housing (e.g., Section 8 vouchers), or other assistance with paying for rent or utilities (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC nutritional assistance for pregnant women, new mothers and their young children (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment assistance services, such as the New Hampshire Employment Program (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANSWER Q22 if there was a program listed in Q21 that was never used.

Q22

You indicated that your family has not participated in at least one of the programs listed in the prior question since the birth of your youngest child. What are the top **THREE** reasons that your family has not participated in the program(s) since that time? *Select up to three responses.*

- I **did not know about** the program(s). (1)
 - I thought my family did not need or **would not benefit** from the program(s). (2)
 - I thought my family **would not qualify** for the program(s). (3)
 - My family **did not qualify** for the program(s). (4)
 - It was too **difficult to enroll** in the program(s) (e.g., paperwork). (5)
 - My family did not have **transportation** to enroll in the program(s). (6)
 - The **distance** to the enrollment site(s) was too far to travel. (7)
 - The **hours** for the enrollment site(s) did not fit my family's schedule. (8)
 - I thought that others would **think less of my family** for using the program(s). (11)
 - Other, please specify: (9) _____
 - Prefer not to say (10)
-

Q23

What are the **THREE** most common ways in which you learn about early childhood care and education resources for your youngest child or your family. *Select up to three responses.*

- NH state run website (e.g. NH Department of Health and Human Services or Department of Education) (3)
- 211 New Hampshire (4)
- Google Search (1)
- Friends or Family (2)
- Facebook or other social media outlets (10)
- Local organization(s) in my community, please specify (8)

- Organization(s) that is not specific to New Hampshire, please specify: (5)

- Other, please specify: (6) _____

Q24

We would now like to ask about your experience with the transition to kindergarten, if you have had that experience. Do you have a child who was enrolled in kindergarten for the first time in the 2018–2019 school year (i.e., last fall) or who will enroll in kindergarten for the first time in the

2019–2020 school year (i.e., next fall)? This may be a different child than your youngest child we have asked about in earlier questions. Select one response.

- Yes, I have a child who was enrolled in the 2018–2019 school year (1)
 - Yes, I have a child who will enroll in the 2019–2020 school year (2)
 - No (3)
 - Prefer not to say (4)
-

ANSWER Q25, Q26, and Q27 if there was a program listed in Q24 that was "Yes".

Q25

Please indicate if each of the following options was/were available for you or your child prior to starting kindergarten: *Select one response.*

	Yes, was/will be available for me or my child (1)	No, was not/won't be available for me or my child (2)	I do not know if it was/will be available for me or my child (3)	Prefer not to say (4)
Information for parents/guardians about the kindergarten enrollment process (e.g., online or in written materials from the school)? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An information session at the school or other location for parents/guardians about the kindergarten enrollment process? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An information session at the school or other location for parents/guardians about supporting your child through the transition to kindergarten? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An opportunity for your child to visit the school where their kindergarten classroom will be prior to the start of the school year? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An opportunity for your child to visit their kindergarten classroom prior to the start of the school year? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, was/will be available for me or my child (1)	No, was not/won't be available for me or my child (2)	I do not know if it was/will be available for me or my child (3)	Prefer not to say (4)
A process, with your consent, that allows your child's child care or early learning program to share information about your child with their kindergarten program (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q26

Please rate your satisfaction level for each of the following statements. *Select one response.*

	Very satisfied (1)	Satisfied (2)	Unsatisfied (3)	Very unsatisfied (4)	Not applicable, we did not receive any information (5)	Prefer not to say (6)
Overall, how satisfied were you with the completeness of the information you received (i.e., it had all the information you needed) as part of your child's transition to kindergarten? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very satisfied (1)	Satisfied (2)	Unsatisfied (3)	Very unsatisfied (4)	Not applicable, we did not receive any information (5)	Prefer not to say (6)
Overall, how satisfied were you with the timeliness of the information you received as part of your child's transition to kindergarten? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how satisfied were you with the transition activities you or your child participated in as part of their transition to kindergarten, such as visiting the future school or kindergarten classroom? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how satisfied were you with the experience you and your child had as part of their transition to kindergarten? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27

What aspects of the transition to kindergarten for your child could have been improved?

Q28

If there is anything else you would like to share about your experience with early childhood programs in New Hampshire, please share that here:

Before we finish, we would like to obtain some information about your background.

Q29

With which gender do you identify? *Select one response.*

- Male (1)
 - Female (2)
 - Non-binary (3)
 - Self-described, please describe: (4) _____
 - Prefer not to say (5)
-

Q30

What is your age?

_____ years (1)

Q31

Do you identify as Hispanic or Latinx? *Select one response.*

- Yes (1)
 - No (2)
 - Prefer not to say (3)
-

Q32

What best describes your race? *Select one response.*

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Native Hawaiian or Other Pacific Islander (4)
 - White (5)
 - Self-described, please describe: (6) _____
 - Prefer not to say (7)
-

Q33

What is your marital status? *Select one response.*

- Single (1)
 - Married or Domestic Partnership (2)
 - Divorced (3)
 - Separated (4)
 - Prefer not to say (5)
-

Q34

Excluding yourself, how many other adults (age 18 and older) live in your household? Fill in.

_____ Number of adults (1)

Q35

How many children live in your household?

_____ 6 years or younger (1)

_____ Between 7 and 12 years old (2)

_____ Between 13 and 18 years old (3)

Q36

What is your highest level of education? *Select one response.*

None (1)

1 – 11 years (2)

High school graduate or GED/HSET (3)

Some college (two- or four-year) with no degree (4)

Associates (two-year) degree (5)

College (four-year) degree (6)

Some graduate or professional school with no degree (7)

Graduate or professional degree (e.g., master's degree, JD, MD, MBA, Ph.D.). (8)

Prefer not to say (9)

Q37

What is your first language? *Select one response.*

- English (1)
 - Spanish (2)
 - Arabic (3)
 - Nepali (4)
 - Swahili (5)
 - Kir (6)
 - Other, specify: (7) _____
 - Prefer not to say (8)
-

Q38

What language(s) does your child/children under age 7 speak at home with you or other adults?
Select all that apply.

- English (1)
- Spanish (2)
- Arabic (3)
- Nepali (4)
- Swahili (5)
- Kir (6)
- Other, specify: (7) _____
- Prefer not to say (8)

Q39

What is your current employment status? *Select one response.*

- Employed full time (35 or more hours per week) (1)
 - Employed part time (1 to 34 hours per week) (2)
 - Not employed and looking for work (3)
 - Not employed – full or part time student (4)
 - Not employed – disabled (5)
 - Not employed – retired (6)
 - Other, specify: (7) _____
 - Prefer not to say (8)
-

ANSWER Q40 if marital status (Q33) was “Married or Domestic Partnership”.

Q40

What is the current employment status of your spouse/partner? *Select one response.*

- Employed full time (35 or more hours per week) (1)
 - Employed part time (1 to 34 hours per week) (2)
 - Not employed and looking for work (3)
 - Not employed – full or part time student (4)
 - Not employed – disabled (5)
 - Not employed – retired (6)
 - Other, specify: (7) _____
 - Prefer not to say (8)
-

ANSWER Q41 if currently employed Full-Time or Part-Time (Q39).

Q41

Which of the following benefits are provided by **your employer**? *Select all that apply.*

- Flexible scheduling/work hours (1)
 - Paid sick leave (4)
 - Paid maternity/paternity leave (2)
 - Unpaid maternity/paternity leave (3)
 - Paid holidays (5)
 - Paid vacations (6)
 - Onsite child care at market rates (7)
 - Onsite child care with employer-provided discount (8)
 - Dependent Care Assistance Plan (9)
-

ANSWER Q42 if marital status (Q33) was "Married or Domestic Partnership" AND spouse/partner is currently employed Full-Time or Part-Time (Q40).

Q42

Which of the following benefits are provided by your **spouse/partner's employer**? *Select all that apply.*

- Flexible scheduling/work hours (1)
 - Paid sick leave (4)
 - Paid maternity/paternity leave (2)
 - Unpaid maternity/paternity leave (3)
 - Paid holidays (5)
 - Paid vacations (6)
 - Onsite child care at market rates (7)
 - Onsite child care with employer-provided discount (8)
 - Dependent Care Assistance Plan (9)
-

Q43

Do you need child care for in order for you or your spouse/partner (if you have one) to work or attend school in the evening, during the night, or on weekends? *Select all that apply.*

- Need care for my children in the evenings (1)
 - Need care for my children at nights (2)
 - Need care for my children on the weekends (3)
 - Do not need evening, nights, or weekend care (4)
-

Q44

At any time in the past 12 months, was there a time when you could not find child care (sitters) when you needed it for a week or longer? *Select one response.*

- Yes (1)
 - No (2)
 - Prefer not to say (3)
-

ANSWER Q45 if "Yes" was selected for Q44.

Q45

What are the top **TWO** reasons why you were unable to find child care at that time? *Select up to two responses.*

- Could not find a provider with a space (1)
 - Could not find a provider with the quality I wanted (2)
 - The available hours and locations did not fit my needs (3)
 - Could not afford any of the care options (4)
 - Could not afford the quality of care I wanted (5)
 - Other reason, please specify: (6)
-
-

Q46

At any time in the past 12 months, did you quit a job, school, or training activity or were unable to take a job or participate in education or training because you had problems arranging child care (sitters) or keeping child care arrangements? *Select one response.*

- Yes (1)
 - No (2)
 - Prefer not to say (3)
-

Q47

Are you currently living in a temporary residence or transitional housing? *Select one response.*

- Yes (1)
 - No (2)
 - Prefer not to say (3)
-

Q48

What is your current annual family income? *Select one response.*

- \$0 to \$7,500 (1)
 - \$7,501 to \$15,000 (2)
 - \$15,001 to \$22,500 (3)
 - \$22,501 to \$30,000 (4)
 - \$30,001 to \$45,000 (5)
 - \$45,001 to \$60,000 (6)
 - \$60,001 to \$75,000 (7)
 - \$75,001 to \$90,000 (8)
 - \$90,001 or more (9)
 - Prefer not to say (10)
-

Q49

To what extent are you worried about each of the following: *Select one response for each row.*

	Not at all worried (1)	Somewhat worried (2)	Fairly worried (3)	Very worried (4)	Not applicable (5)
Not being able to pay your family's monthly bills. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough food for your family. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to pay for routine health care costs for yourself and your family. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to pay your health care bills. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to pay your credit card bills. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to pay your student loan bills. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to pay your rent or mortgage. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not having enough money for retirement. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q55 What is the five-digit zip code where you live?

- Zip Code (1) _____
- Prefer not to say (2)

In appreciation of your time to complete this survey, we would like to offer you a \$20 Amazon gift card. If you would like to receive the gift card, you will be taken to a separate survey, so you can provide your mailing address (must be a New Hampshire mailing address).

The information you provide to receive compensation will not be connected to your survey responses.

Do you wish to submit your information to receive the gift card?

- Yes (1)
- No (the survey will end) (2)

Click on the link below to be taken to a new window to provide your contact information needed to receive the \$20 Amazon gift card.

Note that this link is only active from this survey, you must follow the link below to access the form to receive your gift card. Do not close this screen or confirm your completion of the survey until you follow the link.

If you have any issues please email, meredith.oshea@unh.edu.

[LINK TO GIFT CARD FORM](#)

- Click here to end this survey. (1)

PDG Family Survey Gift Card

In appreciation of your time to complete this survey, we wish to offer you a \$20 Amazon gift card. The information you provide to receive compensation will not be connected to your survey responses.

Q1

Please provide your full name (first and last).

First Name (4) _____

Last Name (5) _____

Q2

Please provide the mailing address you wish us to send your gift card to:

Street: (1) _____

Street: (2) _____

City (3) _____

Zip Code (5) _____

Thank you for your time and consideration.

Please allow about a week for delivery of your gift card.

If you have any questions, please email meredith.oshea@unh.edu