
2024-2025 KINDERGARTEN HEALTH SURVEY METHODOLOGY

The Kindergarten Health Survey (KHS) used in this study was created in 2008 in partnership with the Clark County School District and the Southern Nevada Health District and has been administered on an annual basis. The survey was intended to provide a general understanding of the overall health status of children when they enter school. The original short questionnaire was developed in both English and Spanish and consisted of 22 questions. Small revisions to the survey have been considered each year and are based on feedback obtained from a variety of organizations and coalitions statewide. Due to changes in the survey, data for some items may not be available for previous years. The current version of the one-page survey consists of 37 questions (12 demographic questions and 25 questions related to health and early childhood environments) and continues to be printed double-sided to provide the survey in both English and Spanish.

At the beginning of Fall 2024, surveys were distributed to kindergarten teachers in almost all public elementary schools in the state. Schools were not sent surveys if they are online only as the survey is only available on paper and not electronically. In addition, there are some state charter schools that did not indicate the number of estimated youth that were enrolled in their programs and thus surveys could not be distributed to their programs. Finally, staff attempted to compile a list of private schools to let them know about the survey and distributed surveys to those who were interested in participating. Parents/guardians that chose to participate either turned the survey into the school office, their child's teacher, or mailed it directly to NICRP.

NICRP staff followed-up with each school to ensure receipt of materials or to answer questions regarding the survey. Schools that indicated they did not receive the materials were asked if they still wanted to participate. If they indicated yes, the surveys were mailed or delivered again. Additionally, follow-up calls were made in November and January to schools that had not yet submitted surveys. During the follow-up calls, NICRP staff attempted to verify if the schools distributed the surveys to parents/guardians and if the schools had any questions or problems with the distribution and collection of the surveys. In some cases, these phone calls reminded the schools to distribute the surveys or submit completed surveys.

Once surveys were received by NICRP, each survey was assigned a unique identification number by NICRP staff to aid in the tracking of survey responses. All survey responses were analyzed using the most recent version of IBM SPSS Statistics for Windows, Version 29.0. County frequencies were weighted to adjust for student non-responses. The weights were scaled so that the weighted count of students reflects each county's officially reported unaudited enrollment of schools that were sent surveys for the year of this report (State of Nevada Department of Education [NDE], 2024). As mentioned above, the only schools not included were those schools that are only online and had no means to collect a paper survey, and state charter schools and private schools that did not respond to the request for estimated enrollment and therefore were not sent surveys. The 5,264 surveys received represent all public kindergarten students in the state of Nevada. Weighted estimates are representative for all kindergarten students in the state of Nevada, as well as for Clark County, Washoe County, and Rural Counties combined. Data presented does not always total 100 percent due to the procedures used to round the data.

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LIMITATIONS TO THE STUDY

As in all research studies, there are limitations to the data collected. First, all information collected was self-reported by each parent or guardian. The information provided relied on the memory and honesty of the survey respondents. Second, while all the surveys received were included in the analyses, it is important to note, when reading the percentages presented, not all respondents answered all questions. All percentages are based on the total weighted number of people answering the question, rather than the total number of people who completed the survey. Third, the KHS data include children who attend public kindergarten and some state charter schools that agreed to participate. Therefore, it does not represent all children of kindergarten age statewide. However, based on the number of 5-year-olds who were projected to reside in the state of Nevada in 2024 (approximately 35,722 children) (Nevada State Demographer, 2024) and the number of children who were enrolled in public kindergarten (30,947) (State of Nevada Department of Education [NDE], 2024), it appears that 13.4 percent of children may not attend public kindergarten.

Nevada State Demographer (2024). Nevada county, age, sex, race, and Hispanic origin estimates and projections 2000-2041. Estimates from 2000 to 2023 and Projections from 2024 to 2043. Reno, NV. Retrieved from <https://tax.nv.gov/wp-content/uploads/2024/10/2024-ASRHO-Estimates-and-Projections-Summary-2000-to-2043.pdf>

State of Nevada Department of Education. (2024). *2024-2025 School Year Number of Students Receiving Educational Services as of 10/02/2024*. [Excel] Retrieved from https://doe.nv.gov/DataCenter/Enrollment_Data/

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Kindergarten Health Survey

DEAR PARENT OR GUARDIAN: This survey has been designed by the Nevada Institute for Children's Research and Policy at the University of Nevada Las Vegas, in partnership with the State of Nevada Department of Health and Human Services, and the local county school districts. The information from this survey will be used to help understand the health of children entering kindergarten this year. You have been asked to participate because you have a child entering kindergarten. Your responses to this survey will be confidential. All information from this survey will be used to discuss children's health on a group level, not on an individual level. Please check this box if this information can be used for research. ☐

Name of elementary school: _____

Your HOME zip code: _____

Do you ☐ Rent your home or ☐ Own your home

Are you a single parent/guardian? ☐ Yes ☐ No

Total # of children(0-17) in your household: _____

Total # of adults in your household (18+): _____

Age of child's mother/guardian: _____

Age of child's father/guardian: _____

Annual household income: (check one)

☐ \$0 - \$14,999
☐ \$15,000 - \$24,999
☐ \$25,000 - \$34,999
☐ \$35,000 - \$44,999
☐ \$45,000 - \$54,999
☐ \$55,000 - \$64,999
☐ \$65,000 - \$74,999
☐ \$75,000 - \$84,999
☐ \$85,000 - \$94,999
☐ \$95,000 +

Does anyone in your household smoke? ☐ Yes ☐ No

Is smoking allowed in your house? ☐ Yes ☐ No

Have you experienced any of the following events in the last 12 months? (check all that apply)

☐ Change in job ☐ Moved -new home/city/country
☐ Divorce or separation ☐ New Child—Birth/Adopt/Foster
☐ Death in the family ☐ Serious medical issues in the home
☐ Loss of a job or income ☐ Traumatic Event/Disaster/Accident
☐ Other major event (specify): _____
☐ COVID-19 ☐ NONE

Please answer the following questions for the child that will be enrolled in kindergarten this year.

- Child's age: _____
- Child's gender: ☐ Male ☐ Female ☐ Other
- Child's weight: _____ pounds
- Child's height: _____ ft. _____ in. (12in = 1ft)
- Child's race / ethnicity:

☐ African American/Black ☐ Hispanic / Latino
☐ Asian ☐ Pacific Islander ☐ Native American / Alaska Native
☐ Caucasian/White ☐ Other (please specify): _____
- Please select the type of medical insurance your child currently has: (Check all that apply)

☐ Medicaid ☐ Private (Employer/Union)
☐ Nevada Check-Up ☐ Other _____
☐ NONE/Uninsured
- Have you or someone else:
 Applied for Medicaid or other health plan for your child through the Silver State Exchange/NV Health Link? ☐ Yes ☐ No ☐ Not Sure
 If yes, was your child approved? ☐ Yes ☐ No ☐ Not Sure
- Does your child have a primary care provider (regular doctor, nurse practitioner, or physician's assistant)? ☐ Yes ☐ No
- In the past 12 months has your child visited a:
 Medical provider for a routine check-up (not an illness)? ... ☐ Yes ☐ No
 Dentist? _____ ☐ Yes ☐ No
- Please select any medical conditions listed below that your child has: (Check all that apply)

☐ ADD / ADHD ☐ Heart Condition/Disorder
☐ Allergies ☐ Mental Health Condition
☐ Asthma ☐ Physical Disability
☐ Autism ☐ Seizures
☐ Cancer ☐ Skin Condition
☐ Diabetes ☐ Speech Delays
☐ Hearing Aid/Impairment ☐ Vision Impairment /Glasses / Contacts
☐ Other (specify) _____ ☐ NONE
- Please check which one best describes what your child drank at each time point:

	Breast Only	Breast & Formula/Other	Formula/Other	Not Sure
1 Month (check one)	☐	☐	☐	☐
3 Months (check one)	☐	☐	☐	☐
6 Months (check one)	☐	☐	☐	☐
12 Months (check one)	☐	☐	☐	☐

List barriers to breastfeeding: _____
- Has your child had a developmental screening (like the Ages and Stages Questionnaire) in the past 12 months?
☐ Yes ☐ No ☐ Not sure
- Do you know where or how to access support services and programs in your community to meet your child's/family's needs? (e.g. food/bills, parent classes, support groups, etc.)
☐ Yes ☐ Somewhat ☐ No
- Within the past 12 months the food we bought just didn't last and we didn't have money to get more.
☐ Often true ☐ Sometimes true ☐ Never true
- Please select any barriers you have experienced when accessing health care for your child: (check all that apply)

☐ Lack of transportation ☐ Lack of insurance
☐ Lack of good medical providers ☐ Lack of money
☐ Other (specify): _____
☐ NONE
- Have you ever tried to get mental or behavioral health services for your child? ☐ Yes ☐ No
 If yes, have you had trouble getting services?
☐ No ☐ Yes (explain) _____
- In general, how many days a week does your child do at least 60 minutes of physical activity? (circle one)
 0 1 2 3 4 5 6 7
 List barriers: _____
- On an **average weekday**, about how many hours does this child usually spend in front of a TV or electronic device (e.g. computers, cell phones, handheld video games) watching TV, videos, or playing video games? (circle one)
 None Less than one 1 2 3 4 5 +
- On an **average weekend**, about how many hours does this child usually spend in front of a TV or electronic device (e.g. computers, cell phones, handheld video games) watching TV, videos, or playing video games? (circle one)
 None Less than one 1 2 3 4 5 +
- During the past 7 days, how many times did your child drink a can, bottle, or glass of...

	None	A few times	Once a Day	More than Once a Day
Non-diet soda or pop (check one)	☐	☐	☐	☐
Diet soda or pop (check one)	☐	☐	☐	☐
Fruit Juice (check one)	☐	☐	☐	☐
- During the past 7 days, how many days did you or someone in your family/house read to your child? (circle one)
 0 1 2 3 4 5 6 7
- What type of pre-school did your child attend most often in the past 12 months? (check one)

☐ Friends/Family/Neighbor care ☐ Home-based
☐ School District/Charter Pre-school ☐ University/College Campus Pre-school
☐ Head Start ☐ Other Facility/Center
☐ NONE / Stayed home
- On average, how many hours per week did your child attend preschool?
☐ Zero ☐ 1-4 ☐ 5-10 ☐ 11-15 ☐ 16-20 ☐ 21-30 ☐ 31-40 ☐ 41+
- If your child did not attend preschool OR if they did not attend the school you preferred, hours preferred, ect, what were some of the reasons? (check all that apply):
☐ Too expensive ☐ Location too far ☐ Hours not convenient ☐ No open spots
☐ Other _____
☐ None (No challenges or I wanted to keep them home)
- What preschool options would have or did best fit your needs?
 1) (check one) ☐ Full time ☐ Part-time ☐ No Preschool
 2) (check one) ☐ home based ☐ facility/center based ☐ School District

PLEASE RETURN THIS SURVEY TO YOUR CHILD'S TEACHER BY OCTOBER 31, 2024

Thank you for your participation.
 TEACHERS: Please return the survey to your school's front office, or mail to:
 NICRP, Kindergarten Health Survey, 4700 Maryland Parkway, Box 453064, Las Vegas, NV 89119
 For Questions/Concerns Contact: Amanda Haboush-Deloye 702-895-1040 Amanda.Haboush@unlv.edu

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Cuestionario de Salud de Kinder

ESTIMADO PADRE DE FAMILIA O GUARDIAN: La siguiente encuesta ha sido diseñada por el Nevada Institute for Children's Research and Policy en la Universidad de Nevada Las Vegas, en colaboración con el Centro de Salud del Sur de Nevada y los Distritos Escolares del Condado local. La información adquirida de esta encuesta se utilizará para ayudar a comprender la salud de los niños que comienzan la escuela preescolar este año. Se le ha pedido participar porque usted tendrá un niño comenzando la escuela preescolar. **Sus respuestas a esta encuesta serán confidenciales.** Toda la información obtenida de esta encuesta será utilizada para discutir la salud de los niños a nivel de grupo, no individual. **Por favor, marque esta caja si esta información se puede utilizar para la investigación.** ☐

Nombre de la escuela primaria: _____
 Código postal de su CASA: _____

¿Usted? ☐ Renta su casa o es ☐ Propietario de su casa
 Es usted padre/tutor soltero? ☐ Sí ☐ No

Total de niños(as) (0-17) viviendo en su casa: _____
 Total de adultos (18+) viviendo en su casa: _____

Edad de la madre/tutor del niño: _____
 Edad del padre/tutor del niño: _____

Ingreso anual del hogar (seleccione uno)
☐ \$0-\$14,999
☐ \$15,000-\$24,999
☐ \$25,000-\$34,999
☐ \$35,000-\$44,999
☐ \$45,000-\$54,999
☐ \$55,000-\$64,999
☐ \$65,000-\$74,999
☐ \$75,000-\$84,999
☐ \$85,000-\$94,999
☐ \$95,000+

¿Alguien en su hogar fuma? ☐ Sí ☐ No
 Está permitido fumar en su casa? ☐ Sí ☐ No

Ha experimentado cualquiera de los siguientes eventos en los últimos 12 meses? (seleccione todas las que apliquen)
☐ Cambio en el trabajo ☐ Se mudó-nuevo hogar/ciudad/país
☐ Divorcio o separación ☐ Nuevo niño/a—Nacimiento/Adopción / Acogimiento temporal
☐ Muerte en la familia ☐ Pérdida de un trabajo o ingresos ☐ Graves problemas médicos en el hogar
☐ Otro evento importante (especifique): _____
☐ COVID-19 ☐ NINGUNO

Por favor conteste las siguientes preguntas sobre el niño(a) que será inscrito en el kínder este año.

1. Edad del niño(a): _____
 2. Sexo del niño(a): ☐ Masculino ☐ Femenino ☐ Otro
 3. Peso del niño(a): _____ libras
 4. Estatura del niño(a): _____ ft. _____ in. (12in. = 1 ft.)
 5. Etnicidad del Niño(a)
☐ Afro Americano /Negro ☐ Hispano / Latino
☐ Asiático ☐ Isleño Pacífico ☐ Nativo Americano / Nativo de Alaska
☐ Caucásico/Blanco ☐ Otro (especifique): _____

6. Por favor seleccione el tipo de seguro médico que su niño(a) tiene actualmente. (seleccione todas las que apliquen)
☐ Medicaid ☐ Privado (Empleado/Union)
☐ Nevada Check-Up ☐ Otro _____
☐ NINGUNO/No asegurado

7. ¿Usted o alguien más:
 Aplica para Medicaid/otro plan de salud para su niño(a) a través del Silver State Exchange/NV Health Link? ☐ Sí ☐ No ☐ No se
 En caso que sí, ¿fue su niño aprobado? ☐ Sí ☐ No ☐ No se

8. ¿Su niño(a) tiene un proveedor médico primario (doctor regular, enfermera o asistente médico)? ☐ Sí ☐ No

9. En los últimos 12 meses su niño(a) ha visto a:
 Proveedor médico para un chequeo de rutina (no para una enfermedad) ☐ Sí ☐ No
 Visto a un dentista ☐ Sí ☐ No

10. Por favor, seleccione todas las condiciones médicas que tenga su niño(a):
☐ ADD/ADHD ☐ Condición del corazón
☐ Alergias ☐ Condición de Salud Mental
☐ Asma ☐ Discapacidad física
☐ Autismo ☐ Convulsiones
☐ Cáncer ☐ Condición de la piel
☐ Diabetes ☐ Retrasos en el habla
☐ Oído/Discapacidad Auditiva ☐ Debilitación de la visión/ Lentes/ de Contacto
☐ Otro (especifique) _____ ☐ NINGUNO

11. Por favor, seleccione que mejor describe lo que bebió su niño(a) en cada etapa:

	Sólo Pecho	Pecho y Fórmula/Otro	Fórmula/ Otro	No Se
Un Mes (elige uno)	☐	☐	☐	☐
3 Meses (elige uno)	☐	☐	☐	☐
6 Meses (elige uno)	☐	☐	☐	☐
12 Meses (elige uno)	☐	☐	☐	☐

Lista de barreras al amamantar: _____

12. ¿Su niño(a) ha tenido una evaluación del desarrollo (como el Cuestionario de Edades y Etapas) en los últimos 12 meses?
☐ Sí ☐ No ☐ No Se

13. ¿Sabe usted dónde o cómo acceder servicios y programas de apoyo en su comunidad para satisfacer las necesidades de sus niños/familia? (e.g. asistencia de gasto en alimentos, clases de padres, grupos de apoyo, etc.)
☐ Sí ☐ Un Poco ☐ No

14. En los últimos 12 meses, la comida que compramos simplemente no duró y no teníamos dinero para obtener más.
☐ A menudo cierto ☐ A veces cierto ☐ Nunca es cierto

15. ¿Se ha enfrentado con obstáculos en el acceso de salud para su niño (a)? (seleccione todas las que apliquen)
☐ Falta de transportación ☐ Falta de seguridad
☐ Falta de proveedores médicos de calidad ☐ Falta de dinero
☐ Otro (especifique): _____
☐ NINGUNO

16. ¿Alguna vez ha tratado de obtener servicio de salud mental o de comportamiento para su niño(a)? ☐ Sí ☐ No
 En caso que sí, ¿ha tenido problemas para obtener los servicios?
☐ No ☐ Sí (especifique) _____

17. En general, ¿cuántos días a la semana su niño(a) hace por lo menos 60 minutos de actividad física? (círcule uno)
 0 1 2 3 4 5 6 7
 Lista barreras: _____

18. ¿En un día de la semana normal, ¿cuántas horas suele pasar su niño frente a un televisor o dispositivo electrónico (por ejemplo, computadoras, teléfonos celulares, videojuegos portátiles) viendo televisión, videos o jugando videojuegos? (círcule uno)
 Ninguna Menos de una 1 2 3 4 5 +

19. ¿En un fin de semana normal, ¿cuántas horas suele pasar su niño frente a un televisor o dispositivo electrónico (por ejemplo, computadoras, teléfonos celulares, videojuegos portátiles) viendo televisión, videos o jugando videojuegos? (círcule uno)
 Ninguna Menos de una 1 2 3 4 5 +

20. Durante los últimos 7 días, ¿cuántas veces bebió su niño(a) una botella o vaso de...

	Ninguno	Algunas veces	Una vez al día	Más de una vez al día
¿Soda regular o pop? (elige uno)	☐	☐	☐	☐
¿Soda de dieta o pop? (elige uno)	☐	☐	☐	☐
¿Jugo de fruta? (elige uno)	☐	☐	☐	☐

21. Durante los últimos 7 días, ¿cuántas veces usted o alguien en su familia/casa le leyó a su niño(a)? (círcule uno)
 0 1 2 3 4 5 6 7

22. ¿A que tipo de escuela preescolar atendió su niño(a) mas a menudo en los últimos 12 meses? (seleccione uno)
☐ Al cuidado de Amigo/Familiar/Vecino ☐ Preescolar Basada en Casa
☐ Preescolar del Distrito Escolar ☐ Preescolar de al Universidad
☐ Head Start ☐ Otro Centro
☐ Ninguna/Permaneció en la Casa

23. ¿En promedio, cuántas horas por semana asistió su niño(a) al preescolar?
☐ Cero ☐ 1-4 ☐ 5-10 ☐ 11-15 ☐ 16-20 ☐ 21-30 ☐ 31-40 ☐ 41+

24. Si su niño(a) no asistió al preescolar, o si no asistió el preescolar su preferido, ¿cuáles fueron algunas de las razones? (seleccione todas las que apliquen):
☐ Demasiado caro ☐ Localización demasiado lejos ☐ Horas no convenientes
☐ No hay espacios abiertos ☐ Otro _____
☐ Ninguno, sin retos o quería mantenerlo(a) en casa

25. ¿Cuáles opciones preescolares se adaptarían mejor a sus necesidades?
 1) (seleccione uno) ☐ tiempo completo ☐ tiempo parcial ☐ no preescolar
 2) (seleccione uno) ☐ en casa ☐ en un centro ☐ Distrito Escolar

POR FAVOR DEVUELVA ESTE CUESTIONARIO AL MAESTRO(A) DE SU NIÑO(A) ANTES DEL OCTUBRE 31, 2024

Gracias por su participación.

TEACHERS: Please return the survey to your school's front office, or mail to: NICRP, Kindergarten Health Survey, 4700 Maryland Pkwy, 453064, Las Vegas, NV 89119
 ¿Preguntas? Contactar a: Amanda Haboush-DeJoye 702-895-1040 Amanda.Haboush@unlv.edu