



National Survey of Child
and Adolescent Well-Being

NSCAW II WAVE 2 REPORT

Child Well-Being

**OPRE Report #2012-38
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NSCAW II WAVE 2 REPORT: CHILD WELL-BEING

FINAL REPORT

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Introduction to NSCAW II

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system. The study is sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS). It examines the well-being of children involved with child welfare agencies; captures information about the investigation of abuse or neglect that brought the child into the study; collects information about the child's family; provides information about child welfare interventions and other services; and describes key characteristics of child development. Of particular interest to the study are children's health, mental health, and developmental risks, especially for those children who experienced the most severe abuse and exposure to violence.

The study includes 5,872¹ children ranging in age from birth to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009 in 83 counties nationwide. The cohort includes substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups. Face-to-face interviews or assessments were conducted with children, parents and nonparent adult caregivers (e.g., foster parents, kin caregivers, group home caregivers), and investigative caseworkers. Baseline data collection began in March 2008 and was completed in September 2009. Additional information about the NSCAW II history, sample design and methods, instrumentation, as well as a summary of differences between the NSCAW I and NSCAW II cohorts can be found in the first report of this NSCAW II Baseline series.² A series of baseline reports on these data have been published (OPRE Reports 2011-27a-g) and are publicly available at: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html.

Wave 2 is a follow-up of children and families approximately 18 months after the close of the NSCAW II index investigation. The NSCAW II cohort of children who were approximately 2 months to 17.5 years old at baseline ranged in age from 16 months to 19 years old at Wave 2. Data collection for the second wave of the study began in October 2009 and was completed in January 2011.

¹ At the time the baseline analyses and reports were prepared, the size of the cohort was 5,873. One child case was identified as ineligible during Wave 2, resulting in a revised NSCAW II cohort size of 5,872.

² Comparisons between NSCAW I and NSCAW II estimates require statistical testing. Analysis for comparison purposes requires a different set of weights; these are available through the National Data Archive for Child Abuse and Neglect at Cornell University.

Wave 2 data collection procedures mirrored the baseline data collection effort with a few notable exceptions:

- A small number (n=90) of children in the cohort became young adults aged 18 years and older prior to their Wave 2 interview. NSCAW II questionnaire modules for young adults focus on different topics and constructs than modules administered to younger children. In addition, a corresponding caregiver interview is not sought once a child turns 18. Because of these factors and the small sample size of this subgroup at Wave 2, young adults were excluded from the Wave 2 report series.
- At baseline, an *investigative* caseworker interview was pursued for every child in the cohort. At Wave 2, a *services* caseworker interview was pursued only if the child was living out of home at Wave 2 or if the child or family had received services paid for or provided by child welfare agencies since the baseline interview date. In cases where the caregiver reported no services or was uncertain if services had been received, service use was verified with the participating county child welfare agency. If needed, a services caseworker interview was pursued even in situations where the child and/or caregiver were not interviewed for Wave 2.
- The Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 1990) is administered only once per child for NSCAW II. If a child received the KBIT at baseline, he or she was not administered this measure at Wave 2. A small number of children were administered the KBIT at Wave 2, but results from that group are not included in this report's analyses.

Wave 2 interviews were completed with 4,750 children and 4,958 caregivers. On average, interviews with children and caregivers were conducted 18.7 months (range 14.9 to 24.7 months) and 18.6 months (range 14.9 to 24.1 months) after the investigation end date, respectively. Approximately 51% of children and families had received services since the baseline interview and, thus, required a services caseworker interview. Wave 2 interviews were completed with 2,843 caseworkers. On average, services caseworker interviews were conducted 19.0 months after the investigation end date (range 15.4 to 23.3 months). Wave 2 weighted response rates were 82.8% for children, 86.3% for caregivers, and 93.9% for caseworkers.

Guide to the NSCAW II Wave 2 Report Series

This report is the first in a series of reports describing findings from the NSCAW II 18-month follow-up (Wave 2) data. Included are descriptions of children's physical and mental health, substance use, sexual behavior, illegal activity, cognitive development, academic achievement, and social competence.

The Wave 2 report series is not intended to describe the developmental trajectories of each individual child in the cohort, but instead to provide a snapshot of child and family well-being 18 months after the index investigation of maltreatment that brought the child into the study. At Wave 2, all children are a year and a half older and may or may not be living with the same caregiver or in the same setting as they were at baseline. Two reports in the series include an examination of constructs specifically relevant to the passage of time for these children,

including permanency (e.g., placement changes, adoption) and safety (e.g., re-reports of maltreatment).

The topics covered in other NSCAW II Wave 2 reports in this series include:

- Child Safety (re-reports of abuse or neglect following the baseline index investigation, exposure to violence, aggression, and conflict)
- Child Permanency (permanency planning, reunification, adoption, placement changes, contact with biological parents)
- Children’s Services (insurance status, health and mental health services, and special education)
- Caregiver Health and Services (caregiver physical and mental health, substance use, intimate partner violence, involvement with the law, and services received by in-home parents)
- Children and Families Receiving Child Welfare Services Post-Baseline (caseworker characteristics, child and family service needs, services received)

The data analyzed in this report have been released through the National Data Archive on Child Abuse and Neglect (NDACAN) in NSCAW II data version 2-1. Child Abuse and Neglect (NDACAN) in NSCAW II data version 2-1.

Summary of Report Findings

This report summarizes the well-being of children at NSCAW II Wave 2. Eighteen months after the close of investigation, children reported for maltreatment in 2008 were below the same-aged general child population average on social-emotional, cognitive, language, daily living skills, behavioral, and social skill-based domains. Overall, 42.6% of children 1 to 5 years old had a score indicating developmental problems. Among school-aged children and adolescents, 9.6% showed some risk of low academic achievement, 35.5% had emotional or behavioral problems, and 10.7% had both.

Child well-being outcomes differed by gender, age, race/ethnicity, and the child’s living situation. Among young children (16 months to 5 years old), females had better indicators of well-being than males in the cognitive, language, and daily-living skills areas, and in general were less likely to have developmental problems. Among school-aged children, females had worse indicators than males in behavioral/emotional area (externalizing behaviors and depression), while males had worse indicators in the area of trauma. White children and children of “Other” race/ethnicity had worse indicators than Black or Hispanic children in the behavioral area (internalizing and externalizing). Children of “Other” race/ethnicity had better indicators of well-being in social skills and academic achievement. Black children had better indicators in adaptive behavior skills.

Young children living in-home with biological parents and those living in foster care had more developmental problems than children living with kin. Differences in well-being indicators

were found for children living in formal versus informal kin care settings. Compared to all other children, young children living with formal kin caregivers had better indicators in cognitive development, while school-aged children had better indicators in academic achievement and lower use of substances. Children living with informal kin caregivers were more likely to be older adolescents and to have worse indicators of well-being in substance use, status offences, public disorder, and being arrested compared to all other children. These differences may be due to the disproportional number of older children living with informal kin. Children of all ages living in foster care and in group homes/residential treatment facilities had worse well-being indicators in the areas of behavioral problems and daily living skills than all other children.

This report focused exclusively on indicators of child well-being. Complementary information on the NSCAW II cohort of children's access to health, behavioral health, and special education services may be found in the *NSCAW II Wave 2 Report: Children's Services*.

Child Characteristics at NSCAW II Wave 2

Exhibit 1 gives an overview of some of the key characteristics of children in the NSCAW II cohort at Wave 2. Approximately one half of the sample was male (50.9%). One ninth (12.8%) of the children were 16 months to 2 years old, 23.1% were 3 to 5 years old, 30.0% were 6 to 10 years old, and 34.2% were 11 to 17 years old. Four out of 10 children (41.2%) were White, 29.0% were Hispanic, 22.5% were Black, and 7.3% described their race/ethnicity as "Other."

At the time of the Wave 2 interview, the majority of children were living at home with parents (85.5%), while 10.7% were living with a kin primary caregiver. A kin caregiver may be a grandparent, aunt or uncle, sibling, or other relative; 8.3% were in an informal kin care arrangement and 2.4% were in formal kin care. In formal kin care living arrangements, the caregiver receives some financial support. A smaller proportion of children were living in foster care (2.9%) and in group homes (0.5%).

Child Physical Health and Special Health Care Needs

Physical Health. According to caregivers' report, the majority of children (77.4%) were in *very good* to *excellent* health (Exhibit 2). This percentage is lower than the percentage of children (birth to 17 years old) nationally who were reported to be in *very good* or *excellent* health (82.0%) in the 2010 National Health Interview Survey (NHIS) (Bloom, Cohen, & Freeman, 2011). There were significant differences in *very good/excellent* health status by race/ethnicity, and setting. Caregivers of Hispanic children were less likely to report *very good* or *excellent* health for their children than the caregivers of Black and White children. Children living in formal kin care were significantly more likely to be reported in *very good* or *excellent* health than children living in foster care or group home. Children living in informal kin care were less likely to have excellent/ good overall health than children living in-home with parents or in formal kin care.

Health Conditions. The three most common health conditions reported by caregivers were attention-deficit/hyperactivity disorder (ADHD; 18.1%), asthma (17.1%), and emotional problems (14.0%; Exhibit 3). The percentages of children in NSCAW II with ADHD and asthma were higher than the proportion nationally: in the 2010 NHIS, 8% of children younger than 18

years old had ADHD, and 10% had asthma (Bloom et al., 2011). The most common health conditions experienced by U.S. children younger than 18 years old are very similar to those experienced by children in NSCAW II. They are: allergies (not queried in NSCAW II), asthma, ADHD, and emotional problems (U.S. Department of Health and Human Services, 2008). Other common health conditions reported by NSCAW II caregivers included dental problems (9.2%), repeated ear infections (6.6%), migraine or frequent headaches (6.6%), and mental retardation or developmental delay (4.7%).

Special Health Care Needs. The Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) defines children with special health care needs (SHCN) as "...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (McPherson et al., 1998). Using this definition, the National Survey of Children with Special Health Care Needs II (U.S. Department of Health and Human Services, 2008) estimates that 13.9% of U.S. children younger than 18 years old have special health care needs (U.S. Department of Health and Human Services, 2008).

NSCAW II assessed SHCNs by parent report on 12 items from the Questionnaire for Identifying Children with Chronic Conditions-Revised (QuICCC-R; see Technical Appendix). Since NSCAW II contains an abbreviated version of the QuICCC-R, this report describes item-specific findings as opposed to a summary score. Responses to the 12 QuICCC-R items are presented in Exhibit 4. Many children received services related to an SHCN. For instance, 10.8% of children received services such as physical therapy, occupational therapy, speech or mobility training; 23.7% received special arrangements in school or daycare because of an SHCN. Other common responses included having been hospitalized because of a current, chronic medical, behavioral, or other health condition (8.2%), being told by a doctor of a serious delay in emotional growth or development (7.7%), and others outside the family having trouble understanding the child (19.4%; only for children older than 3 years).

Indicators of Early Development

Social-Emotional Development. Social-emotional/behavioral problems and delays in social competences among children 16 to 18 months old were assessed with the *Brief Infant Toddler Social and Emotional Assessment (BITSEA)* (Briggs-Gowan & Carter, 2002).³ The BITSEA has two main subscales: Problem Behavior and Competence. Higher scores in the Problem Behavior subscale represent negative outcomes and indicate that problem behaviors may be clinically significant requiring additional assessment. Higher scores in the Competence subscale represent positive outcomes (appropriate social-emotional competencies). Low scores in the Competence subscale indicate that children may not have acquired the social-emotional competencies expected for their age and sex and, therefore, require additional assessment.

³ The BITSEA was used to evaluate social emotional development of children 12 to 18 months old at baseline to provide information about children younger than the age range covered by the Child Behavior Check List (CBCL; for children 1.5 years old or older). At Wave 2, the youngest children were 16 months old.

Children assessed in NSCAW II Wave 2 had a mean score of 10.8 on the Problem Behavior subscale; 34.1% had a score in the *possible problem* range (Exhibit 5). Children living in formal kin care were more likely to have higher mean problem scores than children living in-home with parents, in informal kin care, or foster care. No significant differences by gender, race/ethnicity, or setting were noted on the BITSEA Problem Behavior subscale in the percentage classified at risk due to a score in the possible problem range. In the BITSEA national standardization sample, the mean Problem Behavior subscale score was 8.0 (*SD* 5.0) among children 12 to 17 months old and 9.6 (*SD* 6.1) among children 18 to 23 months old; 25% had a score in the possible problem range (Briggs-Gowan & Carter, 2002).

The mean BITSEA Competence subscale score was 15.8; 27.0% of children had a score in the possible deficit/delay range. Hispanic children were significantly more likely to have a higher (better) mean Competence score than Black children and White children. In the national BITSEA standardization sample the mean for the Competence score was 15.6 (*SD* 3.0) among children 12 to 17 months old and 17.5 (*SD* 2.8) among children 18 to 23 months old; 15% had a score in the Competence delay range.

Neurodevelopment. The *Bayley Infant Neurodevelopmental Screener (BINS)* (Aylward, 1995), a screening tool, was used to identify toddlers between 16 and 24 months old with developmental delays or neurological impairments who need further diagnostic testing. Only 10.1% of toddlers had a score indicating low or no risk for delay or neurological impairment. More than one third (35.4%) had a score indicative of moderate risk, while 54.5% had a score indicative of high risk for developmental delay or neurological impairment (Exhibit 6). No significant differences by gender or setting were noted on the percentage classified at high risk. Children of “Other” race/ethnicity were more likely than White children to have a BINS score in the *high risk* range compared to *moderate risk* range of neurodevelopmental delay. In the BINS nonclinical standardization sample, between 9% and 16% of children in most age groups were classified as high risk; in the BINS clinical standardization sample of (mostly composed by infants born premature, or low birth weight, and/or with respiratory distress syndrome), between 40% and 60% of children were classified as high risk (Aylward, 1995). Thus, NSCAW II children, with 54.5% at high risk, have scores similar to the BINS clinical sample.

Early Cognitive Development. The cognitive domain of the *Battelle Developmental Inventory, 2nd Edition (BDI-2)* was used to assess cognitive development in children 16 to 48 months old (Newborg, 2005b). The cognitive domain consists of three subdomains: (1) Attention & Memory for children 0 to 47 months old, (2) Reasoning & Academic Skills for children 24 to 47 months old, and (3) Perception & Concepts for children 0 to 47 months old. Based on the subdomains, a total Cognitive Developmental Quotient (CDQ) is estimated. The mean CDQ score for the NSCAW II children (86.4) was almost one standard deviation below the normative mean (BDI normative mean is 100, standard deviation is 15; Exhibit 7). The mean Attention and Memory score was 7.9, 8.0 for Reasoning and Academic, and 6.5 for Perception and Concepts. These are lower than the BDI subdomain normative mean score, which is equivalent to a score of 10. Females were significantly more likely than males to have higher mean scores for the CDQ and all subdomains except Perception and Concepts. In general, younger children were more likely to have higher mean scores than older children in CDQ, Attention & Memory scores, and Perception & Concepts scores. Black children were significantly more likely to have higher Attention & Memory scores than White children. Children living in formal kin care were

significantly more likely to have higher Attention & Memory scores than children living in-home with parents, in informal kin care, and in foster care.

The percentage of children with very low BDI scores (defined as scores -2 standard deviations or more below the mean for all standardized measures) ranged from 16.6% for Reasoning & Academic Skills to 39.6% for Perception & Concepts. One fifth of children (20.5%) had a very low CDQ score (Exhibit 8). Males were significantly more likely than females to have very low CDQ, Attention & Memory, and Reasoning and Academic scores. In general, children 30 to 47 months old were significantly more likely to have very low subdomain scores than children 16 to 29 months old. Hispanic children were significantly more likely to have very low scores in Attention & Memory than Black children.

Language Development. The *Preschool Language Scale-3 (PLS-3)* was used to measure language development, and precursors of language development, among children 5 years old and younger. The PLS-3 has two subscales; the Auditory Comprehension subscale, which measures receptive communication skills, and the Expressive Communication subscale, which measures expressive communication skills. Based on the subscales, a Total Language Standard Score is estimated. Mean scores for NSCAW II children were 84.2 for the Total Language Standard Score, 87.4 for Auditory Comprehension, and 83.5 for Expressive Communication (Exhibit 9). Overall, the mean PLS-3 scores were about one standard deviation below the normative mean (PLS-3 mean for the normative population is 100, standard deviation is 15). Females were significantly more likely than males to have higher mean PLS-3 Total scores, Auditory Comprehension scores, and Expressive Communication scores. In general, children 18 to 47 months old were more likely to have lower mean Total and subscales scores than children 48 to 71 months old. Children living in-home with parents were more likely to have lower mean PLS-3 Total and Auditory Comprehension scores than children living with kin.

The percentage of children with very low PLS-3 scores (2 standard deviations or more below the mean) was 26.0% for Total Language, 18.1% for Auditory Comprehension, and 24.5% for Expressive Communication (Exhibit 10). Males were significantly more likely than females to have very low PLS-3 Total scores and Auditory Comprehension scores. In general, children 18 to 47 months old were more likely to have very low Total and Auditory Comprehension scores than children 48 to 71 months old. Children living in-home with parents were significantly more likely to have very low Expressive Communication scores than children living in all other settings.

Young Children's Developmental Needs. Overall, more than 40% (42.6%) of children 1 to 5 years old had a medical condition or a score on one or more measures indicating some developmental need (Exhibit 11). Males, children living in-home, and children living in foster care were more likely to be identified as having developmental problems than children living in formal or informal kin care settings.

More information on young child developmental need and the relationship of need to service access may be found in the *NSCAW II Wave 2 Report: Children's Services*.

Under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) developmental need among young children is defined as "(i) experiencing

developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or (ii) a diagnosed physical or mental condition which has a high probability of resulting in developmental delay” (IDEA 2004, §632(5)(A)) (Shackelford, 2006).

More than two thirds of states define developmental need as having 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Based on this definition and using available assessments (BDI, PLS-3, and Vineland Daily Living Skills) and the caregivers’ report of diagnosed mental or medical conditions (e.g., Down Syndrome), a small percentage of young children had an established medical condition associated with developmental problems (1.3%); 34.8% showed risk of developmental delay on standardized measures; and 6.5% had both a established medical condition and developmental delay.⁴ Overall, 42.6% of children had some developmental need and may be eligible for early intervention services under Part C of IDEA.

Social, Emotional, and Behavioral Well-Being

Children’s Behavioral Problems. Scores on the behavioral checklists developed by Achenbach and colleagues were used as indicators of children’s mental health and behavioral and emotional functioning. Externalizing, Internalizing, and Total Problem behaviors are reported here for the parent-reported (caregivers) Child Behavior Checklist (CBCL) (Achenbach, 1991b), the Youth Self-Report (YSR) (adolescents; Achenbach & Rescorla, 2001), and the Teacher’s Report Form (TRF) (adolescents; Achenbach & Rescorla, 2001). Based on caregivers’ reports (Exhibit 12), the percentage of children in the clinical range of scores (defined as a T score of 64 or more) was 18.7% for Externalizing behaviors, 14.3% for Internalizing behaviors, and 20.5% on the Total Problems scale. These percentages are higher than those found in the normative sample for each of these scales (8%; Achenbach & Rescorla, 2001). Males were more likely to have CBCL Externalizing scores in the clinical range. In general, children 1.5 to 5 years old were significantly less likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than older children. White children were more likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than Black children and Hispanic children. Children of “Other” race/ethnicity were more likely to have CBCL Internalizing and Externalizing scores in the clinical range than Black children; and more likely to have CBCL Externalizing scores in the clinical range than Hispanic children.

In general, children living in foster care and those living in group home or residential programs were significantly more likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than children living in-home with parents, and children living with kin.

Based on self-reports from children and adolescents 11 years and older on the YSR (Exhibit 13), the proportion with scores in the clinical range was 18.8% for Externalizing behaviors, 9.9% for Internalizing behaviors, and 19.7% on the Total Problems scale. Female

⁴ Results for the Vineland are presented in the next section along with results for older children.

adolescents were more likely to have YSR Total and Externalizing scores in the clinical range than male adolescents.

Based on Teachers' report (Exhibit 14), the proportion of children with scores in the clinical range was 15.3% for Externalizing behaviors, 14.7% for Internalizing behaviors, and 11.9% on the Total Problems scale. Females were more likely to have a TRF Total and Externalizing score in the clinical range than males.

Depression and Trauma. Depression in children 7 years old and older was assessed with the Children's Depression Inventory (CDI; Kovacs, 1992b). Following the CDI manual scoring, 7.8% of children had a score in the clinical range for depression, according to their self-reported feelings for the previous 2 weeks (Exhibit 15). Females were more likely to have a score in the clinical range than males. Estimates of depression are higher than national estimates drawn from the general population of children 8 to 15 years old (Merikangas et al., 2010); the estimate for mood disorders (major depression or dysthymia) was 3.7%. In the general population, where 4.9% of females had a mood disorder in the past year, compared to 2.5% of males (Merikangas et al., 2010).

Trauma was measured among children 8 years old and older with a clinical scale (Posttraumatic Stress) from the Trauma Symptom Checklist for Children (TSCC) (Briere, 1996). The Posttraumatic Stress scale evaluates posttraumatic symptomatology in children and adolescents, including the effects of child abuse (sexual, physical, and psychological) and neglect, other interpersonal violence, witnessing trauma to others, major accidents, and disasters (Briere, 1996). The percentage of children who had a score in the clinical range on the Posttraumatic Stress scale was 8.6% (Exhibit 16). Males were more likely to have a score in the clinical range than females. Children 8 to 10 years old were more likely to have a score in the clinical range than those were 11 to 17 years old. The percentage in the clinical range among children 8 to 10 years old on the posttraumatic stress subscale doubled that of the normative sample (6.7%) for the full TSCC measure (Briere, 1996), while among those 11 to 17 years old the percentage in the clinical range (6.0%) was similar to the normative sample.

Adaptive Behavior. Children's daily-living skills were measured with the Vineland Adaptive Behavior Scale (VABS) Screener—Daily Living Skills domain (Sparrow, Carter, & Cicchetti, 1993), which was administered to caregivers. Overall scores for children (mean 90.7) were about two thirds of one standard deviation below the mean on the Daily Living Skills domain (Vineland mean for the normative population is 100, standard deviation is 15; Exhibit 17). Females scored higher than males on the Daily Living Skills domain. Children 6 to 12 years old scored higher than children in all other age groups. Black children scored higher than White and Hispanic children. In addition, Daily Living Skills scores differed by setting. Children in group homes or residential programs had significantly lower mean scores than children living in all other settings, while children living in foster care had significantly lower mean scores than children living in-home with parents, with formal kin, and with informal kin.

Exhibit 17 also provides the percentage of children with very low scores on the Daily Living Skills domain. This information provides an estimate of risk for functional disabilities and a potential indicator of service need according to the definition of *disability* in the federal Individuals with Disabilities Education Improvement Act of 2004. The percentage of children

with very low scores was 12.5%. Males were more likely than females to have very low scores. Children living in foster care were more likely to have very low scores than children living in-home, with formal kin, and with informal kin. In the Vineland normative sample, which is meant to represent the general population, 2.3% had a score of -2 standard deviations.

Social Competence. Children’s social competence was measured with the Social Skills Rating System (SSRS; Gresham & Elliott, 1990), which was administered to caregivers. The mean total social skills score (93.7) was about one half of one standard deviation below the mean (SSRS mean for the normative population is 100, standard deviation is 15; Exhibit 18). On average, children 11 to 17 years old scored higher than younger children. Children of “Other” race/ethnicity scored higher than White and Hispanic children, while Hispanic children also scored lower than Black children. Children in group homes or residential programs had lower mean scores than all other children.

Two times as many children were rated as having “fewer” social skills than those in the general child population (30.0%, as opposed to 15.9%; Exhibit 18). Younger children were significantly more likely than children 11 to 17 years old to be rated as having fewer social skills. Children living in a group home or residential program were less likely than children living in-home with parents, children living in informal kin care, and children living in foster care to have SSRS scores in the *more skills* range compared to *average skills*.

Academic Functioning School-Aged Children

Grade Repetition. Caregivers of all school-aged children were asked if the child had ever repeated a grade. Caregivers reported that about one fourth (23.7%) of children had repeated at least one grade (Exhibit 19). Males were more likely than females to have repeated at least one grade. Children 11 to 17 years old were significantly more likely than those 6 to 10 years old to have repeated a grade. Nationally, the proportion of children who had ever repeated a grade is less than half as high (10.6%; Institute of Education Sciences, 2010). Caregivers of all children were also asked if the child had repeated a grade since the baseline interview. Caregivers reported that 7.1% of NSCAW II children had repeated at least one grade since baseline (Exhibit 19). Children living in foster care were less likely to have repeated a grade since the baseline interview than either those living in-home with parents or those living in informal kin care.

Academic Achievement. The *Woodcock-Johnson III Tests of Cognitive Abilities* (Woodcock, McGrew, & Mather, 2001) were used to assess academic achievement (see Technical Appendix). For children 5 to 17 years old, two subtests were used (*Letter-Word Identification* and *Applied Problems*); for children 5 to 11 years old, a third subscale, *Passage Comprehension*, was also administered. The *Letter-Word Identification* subtest measures a basic reading skill involving naming letters and reading words aloud from a list. *Applied Problems* is a subtest of math reasoning requiring the individual to solve oral word-problems. *Passage Comprehension* is a subtest of reading comprehension in which the individual has to orally supply the missing word removed from each sentence or very brief paragraph.

For children 5 to 17 years old, the mean score for Letter-Word Identification was 95.5, and for Applied Problems it was 92.3 (Exhibit 20)—both at least one third of one standard

deviation below the normative mean of 100 (SD=15). On Word Identification, children of “Other” race/ethnicity scored higher than Black, White, or Hispanic children. On both subtests, children 5 to 11 years old scored significantly higher than those 12 to 17 years old, and those living in group homes scored significantly lower than those living in-home, in formal kin care, or in informal kin care; on Applied Problems, children of “Other” race/ethnicity scored higher than Black children. Children living in formal kin care also scored higher than those living in informal kin care. The percentage with very low scores was 7.8% for Word Identification and 7.5% for Applied Problems (Exhibit 21). For Word Identification, children 5 to 11 years old were significantly less likely to have very low scores than children 12 to 17 years old. For Word Identification, children of “Other” race/ethnicity were significantly less likely to have very low mean scores than Black, White, or Hispanic children, and for Applied Problems, they were significantly less likely to have very low mean scores than Black or White children. For Applied Problems, children living in formal kin care were significantly less likely to have very low mean scores than children living in any other setting.

For children 5 to 11 years old, the mean score for Passage Comprehension was 91.0 (Exhibit 22). Females scored significantly higher than males. The percentage with very low scores was 9.0% for Passage Comprehension (Exhibit 23). Children of “Other” race/ethnicity were significantly less likely to have very low scores on Passage Comprehension than Black, White, and Hispanic children.

For the Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001), the proportion of children in the general population who had a very low score was 2.3%. In NSCAW II, the proportion of children who had very low scores was higher, ranging from 7.5% to 8.7% across the three Woodcock-Johnson subscales.

Risk of Behavioral/Emotional or Cognitive Problems. Based on instruments described above, among children 1.5 to 17 years old, 37.1% were at elevated risk for behavioral/emotional problems (Exhibit 24). Children 6 to 10 years old were more likely to be identified as having a behavioral/emotional problem than children 1.5 to 5 years old, while children 11 to 17 years old were more likely to be identified as having a behavioral/emotional problem than children 1.5 to 5 years old and children 6 to 10 years old.

Among children 6 to 17 years old, 55.8% of were estimated as having an elevated risk for cognitive or behavioral problems (Exhibit 25): 9.6% had a risk of low academic achievement, 35.5% had a risk of behavioral or emotional problems, and 10.7% had both types of risk.⁵

Children were considered to be at risk if they met any of the following criteria: (1) Behavioral/emotional problems: Total Problem, Internalizing, or Externalizing *T* scores were equal or greater than 64 on either the CBCL, TRF, or YSR (Achenbach & Rescorla, 2001), or a clinically significant score on the CDI (Kovacs, 1992a), or a clinically significant score on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996); (2) Cognitive problems: an overall score on any of the subscales of the Woodcock-Johnson III Tests of Cognitive Abilities of 2 or more standard deviations below the mean. More information on child risk of

⁵ Please see the *NSCAW II Wave 2 Report IV: Children’s Services* for details on these variables by gender, age, race/ethnicity, and setting.

behavioral/emotional or cognitive problems and the relationship of risk to service access may be found in the *NSCAW II Wave 2 Report: Children's Services*.

Youth Risk Behaviors

Substance Use. Alcohol and drug use were measured by self-report for youth 11 to 17 years old on items from the Monitoring the Future (Johnston, O'Malley, Bachman, & Schulenberg, 2007) and Youth Risk Behavior (Centers for Disease Control and Prevention, 1999) surveys. More than one third of adolescents (36.3%) reported that they had used alcohol at some time during their lives, and 22.1% reported ever using marijuana (Exhibit 26). The proportions who reported ever using other substances were 6.5% for inhalants, 4.3% for cocaine, crack, or freebase, and 4.1% for ecstasy. Fewer adolescents reported ever using methamphetamines (2.6%), nonprescription steroids (2.5%), or heroin (1.6%).

Adolescents also reported on their use of cigarettes, alcohol, and marijuana in the 30 days preceding the interview: 10.4% had smoked cigarettes, 18.8% had used alcohol, and 10.7% had used marijuana in the 30-day period (Exhibit 27). Use of these substances varied by age and by setting. Adolescents 11 to 12 years old were less likely to have smoked cigarettes or used marijuana in the past 30 days than either those 13 to 14 years old or those 15 to 17 years old, and they were less likely to have drunk alcohol in the past 30 days than those 15 to 17 years old. Adolescents 13 to 14 years old were less likely to have smoked cigarettes, drunk alcohol, or used marijuana in the past 30 days than those 15 to 17 years old. Adolescents living in formal kin care were less likely to have smoked cigarettes, drunk alcohol, or used marijuana in the past 30 days than those living in-home with parents; they were also less likely to have smoked cigarettes than those living in a group home or residential program, and less likely to have drunk alcohol than those living in informal care. Those living in foster care were also less likely to have used marijuana than those living in-home with parents.

Lifetime substance use appears comparable to the general population of adolescents. Nationally, among adolescents 12 to 17 years old in 2010, 25.7% had ever used illicit drugs (marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or nonmedical use of prescription medications), and 35.2% had ever used alcohol (Office of Applied Studies, 2011). Current substance use is lower in the general population of adolescents than in the NSCAW II sample: in 2010, 8.3% of U.S. adolescents 12 to 17 years old reported having used cigarettes in the 30 days preceding the interview and 13.6% used alcohol (Substance Abuse and Mental Health Services Administration, 2011). The rate of illicit drug use in the 30 days preceding the interview among the general population of U.S. adolescents 12 to 17 years old in 2010 was 10.1%, with 7.4% current users of marijuana, 3.0% current nonmedical users of psychotherapeutic drugs, 1.1% current users of inhalants, 0.9% current users of hallucinogens, and 0.2% current users of cocaine (Substance Abuse and Mental Health Services Administration, 2011).

Substance Use Disorders. The Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screening test (Knight et al., 1999) was used to assess substance use disorders. A score of 2 or higher on the test is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. In the NSCAW II sample, more than one adolescent in seven (14.6%) had a score of 2 or higher (Exhibit 28). This proportion was significantly higher among

adolescents 15 to 17 years old than among those 13 to 14 years old or those 11 to 12 years old. Adolescents living in formal kin care were less likely to have a score of 2 or higher than those living in any other setting; adolescents living in informal kin care were significantly more likely to have a score of 2 or higher than those living in-home with parents, (although it should be noted that adolescents living in informal kin care were also older on average than adolescents living in other settings). No national data are available for comparison. However, a study of 2,133 primary care patients in New England, 12 to 18 years old, found that the proportion of adolescents that scored 2 or higher on the CRAFFT was approximately the same (14.8%) (Knight et al., 2007). NSCAW II rates of substance use disorders based upon the CRAFFT were also higher than other national estimates based on the National Survey on Drug Use and Health (NSDUH) (RTI International, 2009). The national rate of substance dependence or abuse among youths 12 to 17 years old in 2009 was 7%; the rate of adolescent alcohol dependence was 4.6% (Substance Abuse and Mental Health Services Administration, 2010).

Risk of Behavioral/Emotional or Substance Abuse Problem. Based on instruments described above, among children 11 to 17 years old, 55.5% of were estimated as having an elevated risk for behavioral/emotional problems or a substance abuse problem (Exhibit 29): 52.0% had a risk of behavioral or emotional problems, and 14.6% had a risk for a substance abuse problem.

Sexual Behavior. Adolescents reported whether they had ever had sex, whether they had had sex in the past 12 months, whether they had ever had forced sex, and whether they had ever been pregnant (females) or gotten someone pregnant (males). Sex was defined as vaginal intercourse.

Among females, 29.9% reported that they had ever had sex, and 23.8% reported that they had sex in the past 12 months (Exhibit 30). Nine percent reported having had forced sex, and 7.1% reported having been pregnant. Girls 11 to 12 years old were significantly less likely than either girls 13 to 14 years old or those 15 to 17 years old to have ever had sex or to have had sex in the past 12 months; they were also significantly less likely than those 15 to 17 years old to have ever had forced sex or to have ever been pregnant. Girls 13 to 14 years old were less likely than those 15 to 17 years old to have ever had sex, to have had sex in the past 12 months, to have ever had forced sex, or to have ever been pregnant.

Among males, 27.0% reported that they had ever had sex, and 18.5% reported that they had sex in the past 12 months (Exhibit 31). Less than one in 25 (3.5%) reported having had forced sex, and 2.4% reported having gotten a partner pregnant. Boys 15 to 17 years old were significantly more likely than either boys 13 to 14 years old or those 11 to 12 years old to have ever had sex or to have had sex in the past 12 months. Males were significantly less likely than females to report having forced sex; they were also less likely to report having gotten a partner pregnant than girls were to report having gotten pregnant (not shown).

Sexual activity among adolescents in NSCAW II is substantially higher than in the general population. For example, in the 2010 National Survey of Family Growth (NSFG) (Martinez, Copen, & Abma, 2011) only 27.0% of females and 28.0% of males 15 to 17 years old reported ever having sexual intercourse, compared to 51.8% of females and 58.0% of males 15 to 17 years old in NSCAW II. Similarly, the proportion who had had sex in the past 12 months in

the NSFG was 24.6% of females and 24.9% of males 15 to 17 years old, compared to 43.8% of females and 46.2% of males 15 to 17 years old in NSCAW II. The proportion of adolescents who reported ever having forced sex was similar in NSCAW II to nationally available figures, however. In the 2009 Youth Risk Behavior Surveillance System (YRBSS), 10.5% of female and 4.5% of male high school students reported that they had had forced sex (Centers for Disease Control and Prevention, 2010); in NSCAW II among 15- to 17-year-olds, 9.1% of females and 3.5% of males reported having had forced sex. Data suggest that pregnancy was also more common among adolescents in the NSCAW II sample than nationally. In 2005, the pregnancy rate among females 15 to 17 years old nationally was 40.2 per 1,000 (approximately 4%) (Martinez et al., 2011). In comparison, 14.4% of females 15 to 17 years old in NSCAW II reported having ever been pregnant.

Among adolescents in NSCAW who reported having sexual intercourse in the past year, contraceptive use, especially condom use, was substantially higher among males than among females. Only 8.5% of males reported using no contraception at last sex, compared to 23.4% of females. Nationally, the proportion of sexually active adolescents 15 to 19 years old not using any method was similar to the proportion in NSCAW for males (7.5%), but lower for females (14.4%) (Martinez et al., 2011). Sexually active males in NSCAW were much more likely than females to have used a condom at last sex (86.2% vs. 48.2%), but less likely to have used hormonal contraception (7.7% vs. 23.5%). Nationally, the proportion of sexually active adolescents 15 to 19 years old who used a condom at last sex was lower for males (74.7%) but slightly higher for females (52.0%), and the proportion who used hormonal contraception was much higher for both males (48.3%) and females (42.7%).

Illegal Activity. Adolescents were asked to report any illegal activity they had engaged in, using the Self-Report Delinquency Scale developed for the National Youth Survey (Elliott, Huizinga, & Ageton, 1985). Each type of delinquent act is reported in Exhibit 32. The most common delinquent act reported was “skipping” school (14.5%), followed by being “loud, rowdy, or unruly in a public place so that people complained about it or [the adolescent] got in trouble” (12.2%), running away (10.7%), hitting someone “with the intention of hurting him or her” (8.5%), shoplifting (7.7%) and lying about age for movie admittance (7.7%). The most common type of illegal activity (Exhibit 33) was a status offense (23.6%), followed by public disorder (16.4%), minor theft (14.5%), and simple assault (10.6%). Fewer than 10% had damaged property, sold drugs, or committed either serious property crime or felony assault.

Illegal activity varied by gender, age, and setting. Females were more likely than males to have damaged property. Adolescents 11 to 12 years old were less likely than older adolescents to have engaged in public disorder; damaged property; committed minor theft, serious property crime, or simple assault; or to have sold drugs. Adolescents 15 to 17 years old were more likely than adolescents 11 to 12 years old and 13 to 14 years old to have committed a status offense. Adolescents living in informal kin care or a group home or residential program were more likely to have committed a status offense than those living in-home with parents, in formal kin care, or in foster care; those living in a group home or residential program were less likely to have committed simple assault than those living in-home with parent or in informal kin care; and those living in-home with parents were more likely to have sold drugs than those living in formal kin care or in foster care. As reported previously, adolescents living in informal kin care were older than those living in other arrangements except for group home/residential.

National-level data on self-reported illegal activity is available for adolescents through the National Longitudinal Survey of Youth (NLSY97; McCurley, 2006). Data from the NLSY97, however, report illegal activity in the past year, whereas NSCAW II data are for the past 6 months. Some delinquent acts were more common in the NSCAW II population for both males and females. In the general population, only 5% of males and 8% of females reported running away in the past 12 months (compared to 9% of males and 12% of females in the past 6 months in NSCAW II, not shown); in addition, 5% of males and 3% of females in the general population reported major theft (similar to “serious property crime”), compared to 10.1% of males and 9.6% of females in the past 6 months in NSCAW II.

Adolescent Involvement with the Law. Adolescents also reported whether they had been arrested or picked up by the police for something other than a minor traffic offense: 5.1% reported that they had been arrested or picked up by the police at least once in the 6 months before interview (Exhibit 34). Adolescents living in-home with parents and those living in informal kin care were more likely to have been arrested in the past 6 months than those living in formal kin care or in a group home or residential program.

Caregivers also reported on children’s involvement with the law (Exhibit 35). Caregivers reported on court appearances for misbehaving (i.e., delinquency, running away, truancy, or other offenses, excluding probation review hearings), probation, and time spent in correctional facilities. Among children 11 years old and older, 9.4% had a court appearance in the previous 12 months, 4.8% were placed on probation, and 0.9 % had spent time in a detention center or correctional facility. Adolescents living in-home with parents were significantly more likely to have been placed on probation for a behavioral offense than those living in formal kin care. No significant differences were found by age, gender, or race/ethnicity.

Summary of Standardized Measures of Child Well-Being

Exhibit 36 summarizes the proportion of children who had very low scores (2 standard deviations below the mean), scores in the clinical range, or were identified as being “high-risk” (or in the group with the lowest skill level) on the standardized measures of well-being included in this report. This exhibit also provides information on the proportion of children in the general population, or a comparable norm, expected to have a score in the very low or clinical range on these measures. In general, NSCAW II children were below the same-aged general child population average on social-emotional, cognitive, language, daily living skills, behavioral, and social skill-based domains. The CWS plays a role in referring children to services. The extent to which they receive services and the relationship of need to service access may be found in the *NSCAW II Wave 2 Report: Children’s Services*.

EXHIBITS

Exhibit 1. Child Characteristics at Wave 2

	<i>N</i>	Total	
		<i>%</i>	<i>SE</i>
Total	5,261	100	
Gender			
Male	2,703	50.9	1.5
Female	2,558	49.1	1.5
Age (years)			
1–2	2,385	12.8	0.8
3–5	816	23.1	1.3
6–10	1,001	30.0	1.0
11–17	1,058	34.2	1.2
Race/ethnicity			
Black	1,657	22.5	2.7
White	1,767	41.2	4.1
Hispanic	1,460	29.0	3.8
Other	356	7.3	1.1
Setting			
In-home	3,592	85.5	1.1
Formal kin care	414	2.4	0.4
Informal kin care	486	8.3	0.9
Foster care	690	2.9	0.3
Group home or residential program	50	0.5	0.1
Other out-of-home	24	0.4	0.2
Insurance status			
Private	505	15.0	1.1
Public	4,141	75.0	1.5
Other	73	2.3	0.5
Uninsured	233	7.7	0.8

Note: All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests.

Exhibit 2. Child Health by Caregiver Report at Wave 2

	N	In “Very good” or “Excellent” health	
		%	SE
Total	4,948	77.4	1.3
Gender			
Male	2,536	78.0	2.0
Female	2,412	76.8	1.6
Age (years)			
1–2	2,219	76.0	4.7
3–5	765	81.2	2.9
6–10	953	80.8	2.5
11–17	1,011	72.5	2.5
Race/ethnicity		***	
Black	1,560	79.2	2.4
White	1,673	82.0	1.4
Hispanic	1,372	71.9 ^a	2.5
Other	324	68.9	6.1
Setting		*	
In-home	3,408	78.7	1.4
Formal kin care	414	84.7 ^b	4.6
Informal kin care	416	66.1 ^c	5.0
Foster care	647	69.5	5.5
Group home or residential program	46	49.3	14.0

Note: All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests (* $p < .05$, *** $p < .001$).

^a Hispanic children were significantly less likely to be in *very good* or *excellent* health than Black children ($p < .05$) and White children ($p < .001$).

^b Children in formal kin care were significantly more likely to have excellent/ good overall health than children in foster care ($p < .05$) and group home ($p < .05$) settings.

^c Children in informal kin care were significantly less likely to have excellent/ good overall health than children in in-home ($p < .05$) and formal kin care ($p < .05$) settings.

Exhibit 3. Child Health Conditions by Caregiver Report at Wave 2

	<i>N</i>	<i>%</i>	<i>SE</i>
Health conditions			
Attention deficit hyperactivity disorder	4,865	18.1	1.3
Asthma	4,934	17.1	1.3
Depression, anxiety, eating disorder, or other emotional problem	4,930	14.0	0.9
Dental problems	4,948	9.2	0.7
Other health problems	4,951	8.9	0.8
Repeated ear infections	4,952	6.6	0.8
Migraine or frequent headaches	4,942	6.6	0.9
Mental retardation/developmental delay	4,930	4.7	0.6
Autism	4,916	2.5	.05
Chronic bronchitis	4,946	2.2	0.5
Back or neck problems	4,947	2.2	0.4
Heart problem, including congenital health disease	4,945	1.7	0.3
Blood problems such as anemia or sickle cell	4,942	1.5	0.3
Arthritis or other joint problems	4,949	1.2	0.3
Hypertension or high blood pressure	4,948	1.2	0.3
Epilepsy or other seizure disorder	4,948	1.1	0.3
Cerebral palsy	4,952	0.7	0.3
Diabetes	4,948	0.6	0.3
Down syndrome	4,949	0.2	0.1
AIDS	4,950	0.0	0.0
Muscular dystrophy	4,949	0.0	0.0
Cystic fibrosis	4,947	0.0	0.0

Note: All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 4. Child Special Health Care Needs by Caregiver Report at Wave 2

Questionnaire for identifying children with chronic conditions— Revised (QuICCC-R) items	<i>N</i>	%	<i>SE</i>
Child has life-threatening allergic reactions because of a current, chronic ^a medical, behavioral, or other health condition	4,932	3.5	0.5
Child receives services such as physical therapy, occupational therapy, speech or language therapy, or orientation and mobility training on a regular basis	4,946	10.8	1.1
Child has ever been hospitalized because of a current, chronic medical, behavioral, or other health condition	4,870	8.2	0.8
Child has ever needed medical, health-related, or mental health services that he/she has been unable to get	4,938	4.0	0.6
Parent has been told by a medical doctor or specialist that child has a serious delay in his/her physical growth or development	4,944	4.5	0.8
Parent has been told by a medical doctor or specialist that child has a serious delay in his/her mental or emotional growth or development	4,942	7.7	0.8
Child needs to reduce the amount of time or effort that he/she can exert in any activity compared to other child his/her age because of a current, chronic medical, behavioral, or other health condition	4,920	5.9	0.7
Child is blind, nearly blind, or has difficulty seeing	4,928	1.3	0.3
Child is deaf, nearly deaf, or has difficulty hearing	4,933	1.8	0.3
Child receives special arrangements ^b in school or day care because of a current, chronic medical, behavioral, or other health condition	4,954	23.7	1.6
Except for occasional words, child has trouble understanding simple instructions (only for children older than 2 years old)	4,944	15.1	1.2
Except for occasional words, when child talks, others outside the family have trouble understanding him/her (only for children older than 3 years old)	4,914	19.4	1.2

Note: All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 5. Social Emotional Development of Young Children 16 to 18 Months Old by Caregiver Report at Wave 2

	<i>N</i>	BITSEA problems				BITSEA competence			
		Mean	<i>SE</i>	% at risk ^a	<i>SE</i>	Mean	<i>SE</i>	% at risk ^b	<i>SE</i>
Total	381	10.8	0.8	34.1	8.9	15.8	0.6	27.0	7.3
Gender									
Male	190	11.8	0.9	33.7	11.5	14.9	0.3	22.4	6.2
Female	191	10.1	1.1	34.4	12.3	16.6	0.9	30.4	10.9
Race/ethnicity						*			
Black	164	10.2	1.1	31.3	12.1	15.1	0.4	34.1	12.5
White	81	10.8	1.1	27.1	13.4	15.3	0.5	23.7	13.0
Hispanic	115	11.9	1.5	47.3	17.7	17.3 ^c	1.4	21.1	7.9
Other	18	9.4	1.9	16.9	12.7	17.5	0.9	12.6	7.3
Setting		***							
In-home	215	10.7	0.9	39.4	11.1	16.2	0.8	26.7	8.6
Formal kin	43	13.6 ^d	0.6	17.5	14.1	15.0	0.4	14.0	12.3
Informal kin	34	10.6	1.1	24.5	9.5	15.3	0.5	39.2	15.5
Foster care	89	9.1	1.2	20.3	6.0	14.5	1.0	36.7	10.4

Note: Instrument used was the Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan & Carter, 2002). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Wald F and Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a “% at risk” for the Problems scale represent children with scores in the *possible problem* range, indicating that a child’s behavior may be clinically significant and merit additional assessment. Total Problem score greater than or equal to the cut score reflects the 25th percentile. Cutoff scores to identify children in the possible deficit/ delay range corresponded to 13 points or greater (15 points or greater for boys 18 months old) from the Problem Behavior subscale.

^b “% at risk” for the Competence scale represent children with scores in the *possible deficit/delay* range, indicating that a child may not have acquired the social-emotional competencies that are expected for his or her age and sex. Competence scores less than or equal to the cut score correspond to the 15th percentile. Cutoff scores to identify children with Competence problems corresponded to 12 points or lower for children 16 to 17 months old and 14 points or lower for children 18 months old.

^c Hispanic children were significantly more likely to have higher mean competence scores than Black children ($p < .01$) and White children ($p < .05$).

^d Children living in formal kin care were significantly more likely to have higher mean problem scores than children living in home ($p < .01$), in informal kin care ($p < .05$), and foster care ($p < .01$).

Exhibit 6. Risk for Neurodevelopmental Delay Among Young Children 16 to 24 Months Old at Wave 2

	<i>N</i>	BINS low risk ^a		BINS moderate risk		BINS high risk	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1307	10.1	3.3	35.4	4.0	54.5	5.0
Gender							
Male	665	9.9	4.0	41.8	5.2	48.4	5.6
Female	642	10.4	5.4	28.4	5.7	61.3	7.2
Age (months)							
16–17	126	6.5	3.0	41.2	10.1	52.3	11.4
18–24	1,181	10.3	3.4	35.1	4.1	54.6	5.2
Race/ethnicity						*	
Black	441	15.1	9.1	33.1	6.3	51.9	9.1
White	373	12.2	5.1	45.2	5.8	42.7	5.9
Hispanic	413	3.6	1.1	27.9	7.3	68.5	7.8
Other	71	5.8	3.5	14.1	6.3	80.1 ^b	9.2
Setting							
In-home	830	8.9	3.8	33.2	4.2	58.0	5.5
Formal kin care	128	38.4	20.1	31.5	11.5	30.2	11.6
Informal kin care	115	5.5	2.7	63.0	16.1	31.5	14.0
Foster care	227	10.5	3.6	35.6	5.2	54.0	5.8

Note: Instrument used was the Bayley Infant Neurodevelopmental Screener (BINS; Aylward, 1995). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Asterisks indicate statistical significance ($*p < .05$). An asterisk in a column applies to the subsequent results for the covariate.

^a A low-risk score indicates that the infant is at low or no risk for developmental delay or neurological impairment. Infants classified in the other two columns are at moderate and high risk (respectively) for developmental delay or neurological impairment.

^b Children of “Other” race/ethnicity were significantly more likely than White children to have a BINS scores in the *high risk* range compared to *moderate risk* range of neurodevelopmental delay ($p < .05$).

Exhibit 7. Cognitive Development of Young Children 16 to 47 Months Old at Wave 2

	BDI Total Cognitive Developmental Quotient ^a			BDI Attention & Memory domain			BDI Reasoning & Academic domain			BDI Perception & Concepts domain		
	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>
Total	2,094	86.4	1.4	2,163	7.9	0.3	1029	8.0	0.3	2,164	6.5	0.4
Gender		***			***			**				
Male	1,098	83.0	1.7	1,133	7.0	0.3	572	7.4	0.4	1,133	6.2	0.4
Female	996	91.0	1.8	1,030	9.2	0.3	457	8.9	0.5	1,031	6.9	0.5
Age (months)		*			***						***	
16–17	115	88.5	4.1	116	9.4 ^b	0.7	—	—	—	119	7.2 ^b	0.7
18–23	1,029	89.0 ^c	1.4	1,052	8.9	0.3	21	8.1	0.8	1,060	7.5 ^c	0.3
24–29	500	88.2 ^d	2.0	515	8.8	0.4	521	8.3	0.4	517	6.0	0.6
30–35	235	83.2	2.1	245	8.1	0.6	250	7.7	0.5	244	4.9	0.4
36–41	109	94.4	5.1	116	8.0	0.9	119	9.0	0.9	114	9.1 ^e	1.1
42–47	106	80.2 ^f	3.4	119	5.9 ^f	0.7	118	7.6	0.6	110	5.9 ^f	0.8
Race/ethnicity					*							
Black	722	89.9	1.7	738	9.1 ^g	0.5	331	8.7	0.4	743	6.5	0.4
White	624	84.9	2.0	655	7.3	0.3	337	7.7	0.5	651	6.7	0.6
Hispanic	613	84.7	3.7	632	7.5	0.6	292	7.9	0.8	629	6.2	0.8
Other	123	88.2	3.9	126	8.7	0.8	67	8.1	0.8	129	6.7	1.2
Setting					**							
In-home	1,377	86.2	1.6	1,425	7.9	0.3	716	8.0	0.4	1,424	6.2	0.4
Formal kin	196	94.6	4.2	201	9.1 ^h	0.4	85	9.4	0.5	204	9.5	1.5
Informal kin	190	83.9	2.8	196	7.6	0.7	97	8.2	0.8	196	6.9	1.0
Foster care	319	87.0	2.6	329	7.3	0.6	126	7.2	0.7	328	7.7	0.7

Note: Instrument used was the Battelle Developmental Inventory (BDI; Newborg, 2005a). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the BDI-2. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

^a Battelle’s Cognitive Developmental Quotient has a mean of 100 (*SD* 1), and a range of 55 to 145. For the domains, the range is 1 to 19; the 50th percentile corresponds to a score of 10.

^b Children 16 to 17 months old were significantly more likely to have higher Attention & Memory scores than children 42 to 47 months old ($p < .001$) and higher Perception and Concepts scores than children 30 to 35 months old ($p < .01$).

^c Children 18 to 23 months old were significantly more likely to have higher Perception and Concepts scores than children 24 to 29 months old ($p < .01$) and children 30 to 35 months old ($p < .001$) and significantly more likely to have higher Total Cognitive Developmental Quotient scores than children 30 to 35 months old ($p < .05$).

^d Children 24 to 29 months old were significantly more likely to have higher Total Cognitive Developmental Quotient scores than children 30 to 35 months old ($p < .05$).

^e Children 36 to 41 months old were significantly more likely to have higher Perception and Concepts scores than children 24 to 29 months old ($p < .01$) and children 30 to 35 months old ($p < .001$).

^f Children 42 to 47 months old were significantly more likely to have lower Attention and Memory scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .01$), and 30 to 35 months old ($p < .05$) and significantly more likely to have lower Perception and Concepts scores than children 18 to 23 months old ($p < .05$) and children 36 to 41 months old ($p < .001$) as well as significantly more likely to have lower Total Cognitive Developmental Quotient scores than children 18 to 23 months old ($p < .05$), 24 to 29 months old ($p < .01$), and 36 to 41 months old ($p < .01$).

^g Black children were significantly more likely to have higher Attention & Memory scores than White children ($p < .01$)

^h Children in formal kin care were significantly more likely to have higher Attention & Memory scores than children living in in-home with parents ($p < .01$), children living in informal kin care ($p < .05$) and children living in foster care ($p < .05$).

Exhibit 8. Very Low Cognitive Development Scores Among Young Children 16 to 48 Months Old at Wave 2

	BDI Total Cognitive Developmental Quotient			BDI Attention & Memory domain			BDI Reasoning & Academic domain			BDI Perception & Concepts domain		
	Very Low Score (≤ -2 SD)			Very Low Score (Percentile rank of 2 or less)			Very Low Score (Percentile rank of 2 or less)			Very Low Score (Percentile rank of 2 or less)		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	2,094	20.5	3.0	2,163	24.9	2.7	1,029	16.6	2.7	2,164	39.6	4.4
Gender		**			***			*				
Male	1,098	26.3	4.2	1,133	32.9	4.0	572	21.1	4.0	1,133	43.5	4.4
Female	996	12.5	2.7	1,030	13.4	2.9	457	10.0	2.4	1,031	36.3	6.1
Age (months)					***						***	
16–17	115	8.1	6.8	116	0.4	0.4	—	—	—	119	10.9	7.0
18–23	1,029	13.2	4.0	1,052	11.2 ^a	3.3	21	8.9	6.4	1,060	19.0	5.2
24–29	500	12.0	3.8	515	13.6 ^b	3.5	521	7.5	2.9	517	41.6 ^b	8.7
30–35	235	22.5	7.9	245	21.9 ^c	5.9	250	13.1	4.0	244	54.4 ^c	7.3
36–41	109	17.3	5.7	116	22.2 ^d	5.9	119	19.1	4.8	114	23.9 ^d	6.5
42–47	106	37.2	8.4	119	54.2 ^e	8.0	118	26.1	7.5	110	56.2 ^e	7.6
Race/ethnicity					*							
Black	722	13.9	3.8	738	14.3	4.9	331	9.1	2.7	743	35.3	7.6
White	624	22.0	4.1	655	27.3	4.0	337	21.1	5.3	651	38.9	5.6
Hispanic	613	26.9	6.7	632	33.8 ^f	6.3	292	17.2	4.6	629	44.2	7.2
Other	123	15.7	8.2	126	15.4	8.1	67	17.3	8.6	129	40.1	14.8
Setting												
In-home	1,377	20.7	3.2	1,425	25.0	3.0	716	16.7	3.0	1,424	41.3	4.7
Formal kin	196	6.6	3.6	201	7.7	3.6	85	5.7	4.6	204	22.6	11.4
Informal kin	190	28.2	8.2	196	28.3	8.3	97	19.7	9.5	196	37.9	8.7
Foster care	319	15.1	7.2	329	32.0	9.3	126	15.1	8.7	328	25.2	7.9

Note: Instrument used was the Battelle Developmental Inventory (BDI; Newborg, 2005a). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate. Very low scores correspond to 2 standard deviations below the mean or a score at or under the 2nd percentile. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the BDI-2. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

- ^a Children 18 to 23 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 16 to 17 months old ($p < .05$).
- ^b Children 24 to 29 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 16 to 17 months old ($p < .01$) and significantly more likely to have very low scores on the Perception and Concepts domain than children 18 to 23 months old ($p < .01$) and 16 to 17 months old ($p < .05$).
- ^c Children 30 to 35 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 16 to 17 months old ($p < .01$) and significantly more likely to have very low scores on the Perception and Concepts domain than children 36 to 41 months old ($p < .01$), 18 to 23 months old ($p < .001$), and 16 to 17 months old ($p < .01$).

- ^d Children 36 to 41 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 16 to 17 months old ($p < .01$).
- ^e Children 42 to 47 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 36 to 41 months old ($p < .01$), 30 to 35 months old ($p < .01$), 24 to 29 months old ($p < .001$), 18 to 23 months old ($p < .0001$), and 16 to 17 months old ($p < .001$); were significantly more likely to have very low scores on the Perception and Concepts domain than children 36 to 41 months old ($p < .001$), 18 to 23 months old ($p < .0001$), and 16 to 17 months old ($p < .01$).
- ^f Hispanic children were significantly more likely to have very low scores on the Attention & Memory scores than Black children ($p < .05$)

Exhibit 9. Language Development Among Young Children 16 to 71 Months Old at Wave 2

	PLS-3 Total score			PLS-3 Auditory Comprehension score			PLS-3 Expressive Communication score		
	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>
Total	2,625	84.2	1.2	2,648	87.4	1.1	2,659	83.5	1.2
Gender		***			***			***	
Male	1,368	80.7	1.3	1,378	84.0	1.4	1,389	80.6	1.3
Female	1,257	88.1	1.6	1,270	91.4	1.7	1,270	86.7	1.6
Age (months)		***			***			***	
16–17	118	93.2	3.2	120	92.7	4.4	119	94.7	3.7
18–23	1,072	79.6 ^a	1.5	1,076	84.0 ^a	1.8	1,086	79.1 ^a	1.7
24–29	519	83.2 ^b	2.6	525	84.5 ^b	3.1	525	84.7 ^b	2.1
30–35	246	76.6 ^c	2.7	247	77.1 ^c	2.7	251	80.1 ^c	3.0
36–41	116	83.8 ^d	3.8	121	89.7	4.3	116	78.8 ^d	4.8
42–47	125	76.4 ^e	3.1	127	80.0 ^e	3.2	128	76.4 ^e	3.2
48–53	123	87.2	2.9	124	91.9	3.1	124	84.9 ^f	2.6
54–59	106	89.6	2.1	106	94.9 ^g	2.4	107	86.0 ^g	2.1
60–65	105	87.1	3.5	106	90.2	2.9	106	86.4	3.9
66–71	95	96.9	4.1	96	97.9	3.6	97	96.2	4.4
Race/ethnicity									
Black	882	85.4	2.4	891	87.1	2.5	893	85.7	2.4
White	841	85.1	1.5	849	88.9	1.4	854	83.7	1.8
Hispanic	737	80.9	2.7	743	84.0	2.5	742	81.3	2.5
Other	152	87.2	3.7	152	93.5	4.8	157	82.9	2.4
Setting		***			***				
In-home	1,771	83.3 ^h	1.3	1,787	86.5 ^h	1.2	1,798	82.7	1.3
Formal kin	235	91.0	2.1	237	95.3	4.1	237	88.3	3.3
Informal kin	235	90.3	2.8	238	93.0	2.7	236	89.2	2.9
Foster care	371	88.1	2.9	373	91.4	2.9	375	87.1	2.3

Note: Instrument used was the Preschool Language Scale-3 (PLS-3; Zimmerman, Steiner, & Pond, 1992). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Children 18 to 23 months old were significantly more likely to have lower PLS-3 Auditory Comprehension scores than children 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .001$), 66 to 71 months old ($p < .001$); significantly more likely to have lower PLS-3 Expressive Communication scores than children 16 to 17 months old ($p < .001$), 24 to 29 months old ($p < .05$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .01$), 66 to 71 months old ($p < .001$); and significantly more likely to have lower PLS-3 Total scores than children 16 to 17 months old ($p < .001$), 48 to 53 months old ($p < .01$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$).

^b Children 24 to 29 months old were significantly more likely to have lower PLS-3 Auditory Comprehension scores than children 54 to 59 months old ($p < .05$), 66 to 71 months old ($p < .01$); significantly more likely to have lower PLS-3 Expressive Communication scores than children 16 to 17 months old ($p < .05$), 66 to 71 months old ($p < .05$); and significantly more likely to have lower PLS-3 Total scores than children 16 to 17 months old ($p < .01$), and 66 to 71 months old ($p < .01$).

- ^c Children 30 to 35 months old were significantly more likely to have lower PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .01$), 18 to 23 months old ($p < .05$), 24 to 29 months old ($p < .05$), 36 to 41 months old ($p < .05$), 48 to 53 months old ($p < .001$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .01$), and 66 to 71 months old ($p < .001$); significantly more likely to have lower PLS-3 Expressive Communication scores than children 16 to 17 months old ($p < .01$) and 66 to 71 months old ($p < .01$); and significantly more likely to have lower PLS-3 Total scores than children 16 to 17 months old ($p < .001$), 24 to 29 months old ($p < .05$), 48 to 53 months old ($p < .01$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$).
- ^d Children 36 to 41 months old were significantly more likely to have lower PLS-3 Expressive Communication scores than children 16 to 17 months old ($p < .05$) and 66 to 71 months old ($p < .01$); and significantly more likely to have lower PLS-3 Total scores than children 66 to 71 months old ($p < .01$).
- ^e Children 42 to 47 months old were significantly more likely to have lower PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .01$), 36 to 41 months old ($p < .05$), 48 to 53 months old ($p < .01$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$); significantly more likely to have lower PLS-3 Expressive Communication scores than children 16 to 17 months old ($p < .001$), 24 to 29 months old ($p < .05$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .05$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$); and significantly more likely to have lower PLS-3 Total scores than children 16 to 17 months old ($p < .001$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .01$), 60 to 65 months old ($p < .01$) and 66 to 71 months old ($p < .001$).
- ^f Children 48 to 53 months old were significantly more likely to have lower PLS-3 Expressive Communication scores than children 16 to 17 months old ($p < .05$) and 66 to 71 months old ($p < .05$).
- ^g Children 54 to 59 months old were significantly more likely to have lower PLS-3 Expressive Communication scores than children 66 to 71 months old ($p < .05$).
- ^h Children living in-home with parents were significantly more likely to have lower PLS-3 Auditory Comprehension scores than children living in formal kin ($p < .05$) and informal kin ($p < .05$) settings; and were significantly more likely to have lower PLS-3 Total scores than children living in formal kin ($p < .001$) and informal kin ($p < .05$) settings.

Exhibit 10. Very Low Language Scores Among Young Children 16 to 71 Months Old at Wave 2

	PLS-3 Total score			PLS-3 Auditory Comprehension score			PLS-3 Expressive Communication score		
	Very Low Score ($\leq -2 SD$)			Very Low Score ($\leq -2 SD$)			Very Low Score ($\leq -2 SD$)		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	2,625	26.0	2.7	2,648	18.1	2.4	2,659	24.5	2.6
Gender		***			**				
Male	1,368	34.0	3.1	1,378	24.0	3.3	1,389	27.9	3.0
Female	1,257	17.0	3.4	1,270	11.4	3.1	1,270	20.5	3.5
Age (months)		*			***				
16–17	118	3.9	2.0	120	2.7	1.4	119	12.1	6.9
18–23	1,072	29.0 ^a	4.2	1,076	18.3 ^a	3.6	1086	32.0	4.8
24–29	519	24.8 ^b	6.7	525	23.8 ^b	6.5	525	16.7	5.1
30–35	246	33.6 ^c	8.0	247	37.8 ^c	9.0	251	22.9	7.6
36–41	116	27.8 ^d	8.1	121	19.8 ^d	6.0	116	35.0	8.9
42–47	125	43.8 ^e	7.4	127	36.3 ^e	7.4	128	32.9	7.8
48–53	123	20.8 ^f	6.2	124	11.6 ^f	5.1	124	16.8	5.0
54–59	106	13.2	5.0	106	4.8	2.0	107	21.0	6.0
60–65	105	26.5 ^g	8.0	106	5.6	4.3	106	29.6	8.3
66–71	95	13.5	10.7	96	0.3	0.3	97	17.2	10.6
Race/ethnicity									
Black	882	23.0	5.6	891	19.9	5.3	893	19.9	5.3
White	841	25.8	3.6	849	13.2	2.5	854	27.0	4.3
Hispanic	737	32.5	5.2	743	25.2	4.8	742	28.4	4.8
Other	152	13.6	6.1	152	11.7	6.0	157	12.1	5.8
Setting								**	
In-home	1,771	27.3	3.0	1,787	18.8	2.6	1,798	26.2 ^h	2.9
Formal kin	235	9.9	4.3	237	6.4	2.6	237	10.5	3.9
Informal kin	235	20.4	6.2	238	15.7	5.8	236	13.3	4.6
Foster care	371	19.5	5.4	373	14.3	4.9	375	14.3	3.6

Note: Instrument used was the Preschool Language Scale-3 (PLS-3; Zimmerman et al., 1992). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Children 18 to 23 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .01$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .01$) and children 54 to 59 months old ($p < .01$).

^b Children 24 to 29 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .01$), 54 to 59 months old ($p < .01$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .01$); and significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .05$).

- ^c Children 30 to 35 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .01$), 18 to 23 months old ($p < .01$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .01$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .01$), and 54 to 59 months old ($p < .05$).
- ^d Children 36 to 41 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .05$), 54 to 59 months old ($p < .05$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .05$).
- ^e Children 42 to 47 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 16 to 17 months old ($p < .01$), 18 to 23 months old ($p < .05$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .001$), 60 to 65 months old ($p < .001$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .01$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .01$), and 66 to 71 months old ($p < .05$).
- ^f Children 48 to 53 months old were significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 66 to 71 months old ($p < .05$); and significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .05$).
- ^g Children 60 to 65 months old were significantly more likely to have very low PLS-3 Total scores than children 16 to 17 months old ($p < .05$).
- ^h Children living in-home with parents were significantly more likely to have very low PLS-3 Expressive Communication scores than children in a formal kin setting ($p < .05$), children in informal kin care ($p < .05$), and children in foster care ($p < .05$).

Exhibit 11. Developmental Problems Among Children 1 to 5 Years Old at Wave 2

	<i>N</i>	Developmental Problems ^a	
		%	<i>SE</i>
Total	2,992	42.6	2.6
Gender		***	
Male	1,560	50.6	3.4
Female	1,432	33.5	3.6
Age (years)			
1–2	2,225	50.4	5.0
3–5	767	38.3	3.1
Race/ethnicity			
Black	1,015	37.8	5.9
White	922	42.9	4.2
Hispanic	877	46.0	4.4
Other	164	43.0	13.0
Setting		**	
In-home	1,962	44.3 ^b	2.7
Formal kin care	297	20.2	4.7
Informal kin care	258	24.4	5.9
Foster care	461	52.8 ^c	7.1
Insurance status			
Private	219	42.4	7.9
Public ^d	2,616	42.5	3.0
Other	43	26.3	10.2
Uninsured	109	47.5	11.6

Note: All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Developmental problem was defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the Battelle Developmental Inventory (BDI) or Kaufman Brief Intelligence Test (K-BIT), communication development based on the Preschool Language Scale-3 (PLS-3), and adaptive development based on the Vineland Daily Living Skills.

^b Children living in-home were significantly more likely to be identified as having developmental problems than children living in formal kin care ($p < .05$) and children living in informal kin care ($p < .05$).

^c Children living in foster care were significantly more likely to be identified as having developmental problems than children living in formal kin care ($p < .01$) and children living in informal kin care ($p < .01$).

^d “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP).

Exhibit 12. Behavioral Problems Among Children 1.5 to 17 Years Old by Caregiver Report at Wave 2

	CBCL Total score in clinical range ^a			CBCL Internalizing score in clinical range			CBCL Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	4,756	20.5	1.2	4,756	14.3	0.9	4,756	18.7	1.09
Gender								**	
Male	2,435	22.5	1.9	2,435	14.5	1.6	2,436	21.4	1.5
Female	2,321	18.4	1.2	2,321	14.0	1.1	2,320	16.0	1.5
Age (years)		***			***			***	
1.5–2	2,079	12.8	3.2	2,079	7.7	1.6	2,078	12.0	3.0
3–5	765	11.7	2.1	765	10.8	2.1	765	7.6	1.6
6–10	903	22.9 ^b	1.9	903	13.2 ^b	1.7	903	23.4 ^b	2.3
11–17	1,009	27.2 ^c	2.2	1,009	19.8 ^c	1.9	1,010	24.8 ^c	1.8
Race/ethnicity		**			**			***	
Black	1,482	15.8	1.8	1,482	9.7	1.6	1,482	14.4	1.9
White	1,627	25.1 ^d	1.9	1,627	17.6 ^d	1.6	1,627	24.3 ^d	1.6
Hispanic	1,313	16.3	1.5	1,313	12.6	1.5	1,313	12.4	1.5
Other	318	25.4 ^e	5.3	318	16.9 ^e	3.0	318	26.3 ^e	5.5
Setting		**			*			*	
In-home	3,292	20.2	1.2	3,292	13.4	1.0	3,292	18.3	1.1
Formal kin care	397	21.9	6.7	397	15.6	5.5	397	21.2	6.5
Informal kin care	399	17.0	4.0	399	17.9	3.9	399	17.3	3.8
Foster care	607	33.4 ^f	4.7	607	25.4 ^f	4.5	607	25.7	4.3
Group home or residential program	44	52.2 ^g	13.6	44	54.2 ^g	13.4	44	56.0 ^g	13.7

Note: Instrument used was the Child Behavior Checklist (CBCL; Achenbach, 1991a; Achenbach & Rescorla, 2001). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a “Clinical range” was defined as a standardized score of 64 or more.

^b Children 6 to 10 years old were significantly more likely to have CBCL Total ($p < .01$), Internalizing ($p < .05$), and Externalizing ($p < .01$) scores in the clinical range than children 1.5 to 2 years old, and more likely to have CBCL Total ($p < .001$) and Externalizing ($p < .0001$) scores in the clinical range than children 3 to 5 years old.

^c Children 11 to 17 years old were significantly more likely to have CBCL Total ($p < .001$), Internalizing ($p < .0001$), and Externalizing ($p < .001$) scores in the clinical range than children 1.5 to 2 years old, more likely to have CBCL Total ($p < .0001$), Internalizing ($p < .01$), and Externalizing ($p < .0001$) scores in the clinical range than children 3 to 5 years old; and significantly more likely to have CBCL Internalizing scores in the clinical range than children 6 to 10 years old ($p < .01$).

^d White children were significantly more likely to have CBCL Total ($p < .01$), Internalizing ($p < .01$), and Externalizing ($p < .001$) scores in the clinical range than Black children; and were significantly more likely to have CBCL Total ($p < .001$), Internalizing ($p < .05$), and Externalizing ($p < .0001$) scores in the clinical range than Hispanic children.

^e Other children were significantly more likely to have CBCL Internalizing ($p < .05$) and Externalizing ($p < .05$) scores in the clinical range than Black children; and significantly more likely to have CBCL Externalizing scores in the clinical range than Hispanic children ($p < .05$).

- ^f Children living in a foster care setting were significantly more likely to have CBCL Total ($p < .01$) and Internalizing ($p < .01$) scores in the clinical range than children living in-home with parents; and significantly more likely to have CBCL Total scores in the clinical range than children living in informal kin settings ($p < .01$).
- ^g Children living in a group home or residential program setting were significantly more likely to have CBCL Total ($p < .05$), Internalizing ($p < .05$), and Externalizing ($p < .05$) scores in the clinical range than children in-home with parents, significantly more likely to have CBCL Internalizing scores in the clinical range than children living in formal kin care settings ($p < .05$); and significantly more likely to have CBCL Total ($p < .05$), Internalizing, ($p < .05$) and Externalizing ($p < .05$) scores in the clinical range than children living in informal kin care settings.

Exhibit 13. Behavioral Problems Among Adolescents 11 to 17 Years Old by Adolescent Report at Wave 2

	YSR Total score in clinical range ^a			YSR Internalizing score in clinical range			YSR Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	965	19.7	2.4	965	9.9	2.1	965	18.8	2.1
Gender		*						***	
Male	437	14.5	3.4	437	7.4	3.0	437	9.6	2.0
Female	528	23.4	3.0	528	11.7	2.1	528	25.5	2.8
Age (years)									
11–13	448	15.6	2.5	448	8.2	2.4	448	15.1	3.1
14–17	517	23.3	3.6	517	11.4	2.3	517	22.2	2.9
Race/ethnicity									
Black	264	18.4	4.0	264	13.0	3.6	264	17.7	4.1
White	364	16.2	2.4	364	6.5	1.6	364	16.5	3.0
Hispanic	233	24.4	5.9	233	12.7	5.2	233	21.5	4.9
Other	101	24.4	7.2	101	9.6	4.9	101	24.9	5.8
Setting									
In-home	691	19.4	2.4	691	8.6	1.7	691	18.8	2.3
Formal kin care	47	16.4	10.4	47	13.0	10.0	47	31.4	16.0
Informal kin care	88	28.8	7.5	88	23.0	7.5	88	18.7	6.6
Foster care	99	15.1	5.4	99	11.3	5.4	99	21.7	8.8
Group home or residential program	32	8.0	4.5	32	3.6	2.4	32	8.7	4.9

Note: Instrument used was the Youth Self-Report (YSR; Achenbach, 1991a; Achenbach & Rescorla, 2001). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a “Clinical range” was defined as a standardized score of 64 or more.

Exhibit 14. Behavioral Problems Among Children 5 to 17 Years Old by Teacher Report at Wave 2

	TRF Total score in clinical range ^a			TRF Internalizing score in clinical range			TRF Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,115	11.9	1.6	1,116	14.7	1.9	1,115	15.3	1.5
Gender		**						*	
Male	576	7.8	1.4	577	14.7	1.7	577	11.7	1.9
Female	539	16.1	2.8	539	14.7	3.3	538	18.9	2.4
Age (years)									
5	71	6.1	2.5	71	6.7	4.1	71	8.6	2.6
6–10	554	12.0	2.1	555	14.7	3.1	554	12.6	1.6
11–17	490	12.6	2.5	490	15.7	2.6	490	19.0	2.9
Race/ethnicity									
Black	278	13.8	3.1	278	17.6	4.2	277	16.1	3.2
White	478	10.8	2.5	479	16.9	3.4	479	13.4	2.2
Hispanic	253	11.3	2.9	253	8.3	2.8	253	17.4	3.2
Other	103	15.9	5.0	103	15.8	4.9	103	18.2	5.7
Setting									
In-home	887	12.0	1.8	888	14.7	2.1	887	15.3	1.7
Formal kin care	52	6.4	2.7	52	10.3	3.5	52	6.8	2.7
Informal kin care	92	12.6	4.9	92	14.7	4.7	92	16.0	5.5
Foster care	67	17.0	5.5	67	18.9	5.8	67	22.6	9.5
Group home or residential program	14	4.0	3.3	14	40.7	24.4	14	46.6	22.5

Note: Instrument used was the Teacher’s Report Form (TRF; Achenbach, 1991a; Achenbach & Rescorla, 2001). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). An asterisk in a column applies to the subsequent results for the covariate.

^a “Clinical range” was defined as a standardized score of 64 or more.

Exhibit 15. Depression Among Children 7 to 17 Years Old by Child Report at Wave 2

	<i>N</i>	CDI Total score in clinical range ^a	
		%	<i>SE</i>
Total	1,572	7.8	1.0
Gender		***	
Male	758	3.2	0.8
Female	814	12.0	2.0
Age (years)			
7–10	629	9.3	2.1
11–17	943	6.9	1.3
Race/ethnicity			
Black	437	7.3	2.6
White	595	6.9	1.3
Hispanic	387	8.7	1.7
Other	150	11.4	4.3
Setting			
In-home	1,170	8.0	1.1
Formal kin care	85	1.4	1.1
Informal kin care	135	9.4	3.5
Foster care	141	3.2	1.5
Group home or residential program	33	6.5	3.3

Note: Instrument used was the Children’s Depression Inventory (CDI; Kovacs, 1992a). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$.

^a “Clinical range” was defined as a standardized score of 65 or more.

Exhibit 16. Trauma Among Children 8 to 17 Years Old by Child Report at Wave 2

	<i>N</i>	TSCC Posttraumatic Stress subscale in clinical range ^a	
		%	<i>SE</i>
Total	1,440	8.6	1.4
Gender		*	
Male	694	12.2	2.7
Female	746	5.4	0.9
Age (years)		*	
8–10	485	13.9	3.0
11–17	955	6.0	1.2
Race/ethnicity			
Black	390	9.5	2.7
White	537	8.5	2.0
Hispanic	370	9.7	3.2
Other	140	3.3	1.9
Setting			
In-home	1,061	8.4	1.4
Formal kin care	83	12.0	7.6
Informal kin care	122	10.6	5.2
Foster care	131	4.5	2.0
Group home or residential program	34	10.8	4.4

Note: Instruments used was the Posttraumatic Stress subscale from the Trauma Symptom Checklist for Children (TSCC; Briere, 1996). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$).

^a “Clinical range” was defined as a standardized score of 65 or more.

Exhibit 17. Child Adaptive Behavior Skills by Caregiver Report at Wave 2

	<i>N</i>	Vineland Screener Daily Living Skills domain			
		Score		-2 <i>SD</i> or less	
		Mean	<i>SE</i>	%	<i>SE</i>
Total	4,830	90.7	0.6	12.5	1.0
Gender		**		**	
Male	2,470	88.9	0.9	13.5	1.4
Female	2,360	92.6	0.7	11.4	1.3
Age (years)^a		***			
1–2	2,221	86.8	1.3	11.1	2.6
3–5	718	85.8	1.0	17.0	2.6
6–12	1,230	96.3 ^b	1.0	11.5	1.3
13–17	661	88.2	1.1	10.6	1.6
Race/ethnicity		*			
Black	1,520	93.1 ^c	1.0	11.6	1.8
White	1,626	89.6	0.9	14.5	1.9
Hispanic	1,344	90.0	1.1	11.1	1.2
Other	322	92.8	1.9	10.0	2.7
Setting		***		*	
In-home	3,330	91.1	0.6	11.8	1.0
Formal kin care	402	92.8	1.8	9.0	3.5
Informal kin care	404	90.2	2.3	13.9	3.6
Foster care	632	82.4 ^d	2.0	24.3 ^e	3.9
Group home or residential program	45	73.9 ^f	3.4	36.7	14.8

Note: Instrument used was the Daily Living Skills domain of the Vineland Screener (Sparrow et al., 1993), a shortened version of the Vineland Adaptive Behavior Scale (VABS; Sparrow, Balla, & Cicchetti, 1984). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^aThe Vineland has different age-dependent versions for children 0 to 2 years old, 3 to 5 years old, 6 to 12 years old, and 13 to 18 years old.

^bChildren 6 to 12 years old were significantly more likely to have higher Daily Living Skills scores than children 0 to 2 years old ($p < .001$), 3 to 5 years old ($p < .001$), and 13 to 17 years ($p < .001$).

^cBlack children were significantly more likely to have higher Daily Living Skills scores than White children ($p < .01$) and Hispanic children ($p < .05$).

^dChildren living in foster care were significantly more likely to have lower Daily Living Skills scores than children living in-home with parents ($p < .001$), in a formal kin setting ($p < .001$), and in an informal kin setting ($p < .01$).

^eChildren living in foster care were significantly more likely to have very low Daily Living Skills scores than children living in-home with parents ($p < .01$), in a formal kin setting ($p < .05$), and in an informal kin setting ($p < .05$).

^fChildren living in a group home or residential program were significantly more likely to have lower Daily Living Skills scores than children living in-home with parents ($p < .001$), in a formal kin setting ($p < .001$), in an informal kin setting ($p < .001$), and in foster care ($p < .05$).

Exhibit 18. Social Skills Among Children 3 to 17 Years Old by Caregiver Report at Wave 2

	N	SSRS Social Skills Rating System							
		Total		Fewer skills		Average skills		More skills	
		M	SE	%	SE	%	SE	%	SE
Total	2,532	93.7	0.6	30.0	1.2	59.4	1.4	10.6	1.4
Gender									
Male	1,280	94.4	0.9	28.4	1.8	59.3	2.4	12.4	2.3
Female	1,252	93.1	0.8	31.7	2.2	59.5	2.3	8.8	1.4
Age (years)		***		**					
3–5	704	91.2 ^a	1.3	34.4 ^b	3.1	59.2 ^c	3.0	6.4	1.4
6–10	887	92.9 ^d	1.0	34.3 ^e	2.9	54.6	3.1	11.1	2.0
11–17	941	96.3	0.9	23.2	2.2	63.8	2.4	13.1	2.2
Race/ethnicity		*		**					
Black	720	96.1	1.1	24.5	2.8	63.6	3.3	11.9	2.4
White	970	93.1	0.9	31.0	2.3	58.1	2.2	11.0	1.7
Hispanic	649	92.2 ^f	1.3	34.6	2.8	56.9	2.7	8.5	3.3
Other	189	97.0 ^g	1.4	20.0	3.1	66.3	4.3	13.6	3.7
Setting		*		**					
In-home	1,869	93.7	0.7	31.2 ^h	1.4	57.9 ^h	1.6	11.0	1.6
Formal kin care	163	95.3	3.4	22.0	7.7	66.4	8.6	11.7	6.4
Informal kin care	203	94.8	1.1	21.1	3.2	72.3	4.0	6.7	1.8
Foster care	249	91.9	1.8	27.9	4.9	63.4	5.3	8.7	3.0
Group home or residential program	37	85.9 ⁱ	2.4	30.5	12.7	68.6	12.5	0.9 ^j	0.8

Note: Instrument used was the Social Skills Rating System (SSRS; Gresham & Elliott, 1990). The SSRS standardized scores are based on a mean of 100 with an *SD* of 15. Total scores were categorized as suggested in the SSRS manual (Gresham & Elliott, 1990): fewer social skills (< 85), average social skills (85 to 115), or more social skills (> 115). The proportion showing “more” skills in the normative sample was 16%. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Wald *F* and Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

- a Children 3 to 5 years old had significantly lower mean SSRS scores than children 11 to 17 years old ($p < .01$).
- b Children 3 to 5 years old were significantly more likely than children 11 to 17 years old to have SSRS scores in the *fewer skills* range compared to *average skills* ($p < .05$) and *more skills* ($p < .01$).
- c Children 3 to 5 years old were significantly less likely than children 11 to 17 years old to have SSRS scores in the *more skills* range compared to *average skills* ($p < .05$).
- d Children 6 to 10 years old had significantly lower mean SSRS scores than children 11 to 17 years old ($p < .01$).
- e Children 6 to 10 years old were significantly more likely than children 11 to 17 years old to have SSRS scores in the *fewer skills* range compared to *average skills* ($p < .01$) and *more skills* ($p < .05$).
- f Hispanic children had significantly lower mean SSRS scores than Black children ($p < .05$).
- g Other children had significantly higher mean SSRS scores than White children ($p < .05$) and Hispanic children ($p < .05$).
- h Children living in home with parents were significantly more likely than children living in informal kin care to have SSRS scores in the *fewer skills* range compared to *average skills* range ($p < .05$), and significantly less likely to have SSRS scores in the *average skills* range compared to *more skills* range ($p < .05$).

ⁱ Children living in a group home or residential program had significantly lower mean SSRS scores than children living in-home with parents ($p < .01$), formal kin care ($p < .05$), informal kin care ($p < .01$), and foster care ($p < .05$).

^j Children living in a group home or residential program setting were significantly less likely than children living in home with parents ($p < .01$), in informal kin care ($p < .05$), and in foster care ($p < .05$) to have SSRS scores in the *more skills* range compared to *average skills* .

Exhibit 19. One or More Repeated Grade Ever and Since Baseline Interview Among Children 6 to 17 Years Old by Caregiver Report at Wave 2

	Ever repeated a grade			Repeated a grade since baseline		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,839	23.7	1.9	1,791	7.1	1.1
Gender		*				
Male	907	26.9	2.3	887	6.8	1.3
Female	932	20.6	2.4	904	7.4	1.6
Age (years)		**				
6–10	848	17.8	2.6	841	9.0	2.0
11–17	991	28.4	2.4	950	5.6	1.0
Race/ethnicity						
Black	500	23.0	2.5	486	7.5	2.1
White	713	26.8	2.7	694	6.2	1.3
Hispanic	464	21.9	3.8	453	8.7	2.3
Other	157	16.3	5.2	153	6.1	2.8
Setting					*	
In-home	1,372	22.5	2.0	1,358	6.4	1.0
Formal kin care	112	25.4	9.2	112	2.5	1.1
Informal kin care	152	39.2	7.2	144	19.1	8.1
Foster care	178	18.8	6.1	169	1.8 ^a	0.8

Note: Caregivers in group home and residential treatment were not asked about children’s grade repetition. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate. The time between baseline and Wave 2 interviews ranged from 10 to 20 months, and was 15 months on average. Children living with kin caregivers that were not receiving support from the child welfare system (informal kin care) were more likely to be older adolescents than children living in all other settings.

^a Children living in foster care were significantly less likely to have repeated a grade since the baseline interview (completed after the index report to child protective services) than children living in-home with parents ($p < .01$) or living in informal kin care ($p < .05$).

Exhibit 20. School Achievement for Children 5 to 17 Years Old at Wave 2

	WJ-III Word Identification			WJ-III Applied Problems		
	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>
Total	1,997	95.5	0.8	2,018	92.3	0.7
Gender					*	
Male	1,000	94.8	0.9	1,010	93.9	0.9
Female	997	96.2	0.9	1,008	90.8	1.0
Age (years)		***			***	
5–11	1,210	98.0	0.9	1,222	95.6	0.9
12–17	787	91.8	1.1	796	87.6	0.9
Race/ethnicity		***			*	
Black	571	93.0	1.8	574	91.3	1.2
White	759	95.9	1.1	773	92.6	1.3
Hispanic	493	94.9	1.5	496	92.1	1.2
Other	170	101.8 ^a	1.4	171	94.8 ^c	0.9
Setting		***			***	
In-home	1,492	96.0	0.9	1,509	92.8	0.8
Formal kin care	113	97.7	3.7	113	95.0 ^d	2.8
Informal kin care	162	92.9	1.8	165	89.4	1.8
Foster care	184	88.0	4.5	184	85.8	4.1
Group home or residential program	35	85.7 ^b	1.7	36	81.3 ^e	2.2

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate. Children living with kin caregivers that were not receiving support from the child welfare system (informal kin care) were more likely to be older adolescents than children living in all other settings. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the WJ-III. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

- ^a Children of “Other” race/ethnicity had a significantly higher mean score on Word Identification than Black children ($p < .001$), White children ($p < .001$), or Hispanic children ($p < .01$).
- ^b Children living in a group home or residential program had a significantly lower mean score on Word Identification than those living in-home with parents ($p < .001$), in formal kin care ($p < .01$), or in informal kin care ($p < .01$).
- ^c Children of “Other” race/ethnicity had a significantly higher mean score on Applied Problems than Black children ($p < .05$).
- ^d Children living in formal kin care had a significantly higher mean score on Applied Problems than those living informal kin care ($p < .05$).
- ^e Children living in a group home or residential program had a significantly lower mean score on Applied Problems than those living in-home with parents ($p < .001$), in formal kin care ($p < .001$), or in informal kin care ($p < .01$).

Exhibit 21. Very Low School Achievement Test Scores Among Children 5 to 17 Years Old at Wave 2

	WJ-III Word Identification			WJ-III Applied Problems		
	<i>N</i>	% $-2 SD$ or less	<i>SE</i>	<i>N</i>	% $-2 SD$ or less	<i>SE</i>
Total	1,997	7.8	1.0	2,018	7.5	1.1
Gender						
Male	1,000	9.4	1.6	1,010	7.6	1.6
Female	997	6.3	1.1	1,008	7.4	1.3
Age (years)		*				
5–11	1,210	5.7	0.9	1,222	6.1	1.3
12–17	787	11.0	1.9	796	9.6	1.6
Race/ethnicity		*			*	
Black	571	11.3	2.7	574	6.7	1.5
White	759	6.7	1.0	773	9.6	1.9
Hispanic	493	8.4	2.5	496	6.5	2.1
Other	170	2.4 ^a	0.9	171	2.3 ^b	0.9
Setting					*	
In-home	1,492	7.3	1.0	1,509	7.2	1.2
Formal kin care	113	8.0	5.0	113	2.4 ^c	1.2
Informal kin care	162	7.4	3.1	165	9.1	3.0
Foster care	184	21.2	6.7	184	17.1	5.5
Group home or residential program	35	4.6	2.7	36	16.1	5.8

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). Asterisks in a column apply to the subsequent results for the covariate. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the WJ-III. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

^a Children of “Other” race/ethnicity were significantly less likely to have scores $-2 SD$ or more below the mean on Word Identification than Black children ($p < .01$), White children ($p < .05$), or Hispanic children ($p < .05$).

^b Children of “Other” race/ethnicity were significantly less likely to have scores $-2 SD$ or more below the mean on Applied Problems than Black children ($p < .05$) or White children ($p < .01$).

^c Children living in formal kin care were significantly less likely to have scores $-2 SD$ or more below the mean on Applied Problems than children living in home ($p < .05$), in informal kin care ($p < .05$), in foster care ($p < .05$), or in group homes or residential programs ($p < .05$).

Exhibit 22. School Achievement Test Scores for Passage Comprehension (WJ-III) for Children 5 to 11 Years Old at Wave 2

	<i>N</i>	WJ-III Passage Comprehension	
		Mean	<i>SE</i>
Total	1,222	91.0	0.8
Gender		*	
Male	669	89.5	1.0
Female	553	93.0	1.2
Race/ethnicity			
Black	358	90.0	1.8
White	477	91.3	1.1
Hispanic	304	91.0	1.2
Other	82	95.3	2.4
Setting			
In-home	947	91.3	0.8
Formal kin care	71	94.2	3.6
Informal kin care	95	88.2	2.1
Foster care	104	83.4 ^a	6.6

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate. Estimates specific to children currently living in a group home or residential treatment program were not included in this exhibit because fewer than 10 cases were administered the WJ-III Passage Comprehension. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the WJ-III. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

Exhibit 23. Very Low School Achievement Test Scores for Passage Comprehension (WJ-III) for Children 5 to 11 Years Old at Wave 2

	<i>N</i>	WJ-III Passage Comprehension	
		% -2 <i>SD</i> or less	<i>SE</i>
Total	1,222	9.0	1.2
Gender			
Male	669	10.3	1.6
Female	5535	7.2	2.0
Race/ethnicity		*	
Black	358	10.3	3.0
White	477	10.8	2.0
Hispanic	304	6.7	2.5
Other	82	0.7 ^a	0.5
Setting			
In-home	947	8.6	1.2
Formal kin care	71	13.0	8.7
Informal kin care	95	5.6	2.6
Foster care	104	27.6	9.7

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). Asterisks in a column apply to the subsequent results for the covariate. Estimates specific to children currently living in a group home or residential treatment program were not included in this exhibit because fewer than 10 cases were administered the WJ-III Passage Comprehension test. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the WJ-III. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

^a Children of “Other” race/ethnicity were significantly less likely to have scores -2 *SD* or more below the mean on WJ-III Passage Comprehension than Black children ($p < .01$), White children ($p < .01$), or Hispanic children ($p < .05$).

Exhibit 24. Risk of a Behavioral/Emotional Problem Among Children 1.5 to 17 Years Old at Wave 2

	<i>N</i>	Risk of a behavioral/emotional problem ^a	
		%	<i>SE</i>
Total	4,801	37.1	1.3
Gender			
Male	2,464	36.8	2.0
Female	2,337	37.4	1.8
Age (years)		***	
1.5–5	2,844	16.5	1.9
6–10	937	44.3 ^b	2.7
11–17	1,020	52.0 ^c	2.4
Race/ethnicity			
Black	1,499	34.3	3.1
White	1,646	39.4	1.9
Hispanic	1,319	35.4	2.7
Other	321	40.1	5.6
Setting			
In-home	3,324	36.7	1.3
Formal kin care	397	34.3	7.1
Informal kin care	403	35.4	4.8
Foster care	612	45.8	4.7
Group home or residential program	46	70.4	15.2
Insurance status			
Private	492	40.1	4.5
Public ^d	3,996	36.8	1.6
Other	72	37.3	9.7
Uninsured	230	32.0	5.2

Note: All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used to test statistical significance. Statistical significance is noted by asterisks in the column above the statistically significant result (***) ($p < .001$).

^a Risk of a behavioral/emotional problem was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing, or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5 to 18 years old), Youth-Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the posttraumatic stress disorder (PTSD) section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older).

^b Children 6 to 10 years old were significantly more likely to be identified as having a behavioral/emotional problem than children 1.5 to 5 years old ($p < .001$).

^c Children 11 to 17 years old were significantly more likely to be identified as having a behavioral/emotional problem than children 1.5 to 5 years old ($p < .001$) and 6 to 10 years old ($p < .05$).

^d “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP).

Exhibit 25. Risk of Behavioral/Emotional and/or Cognitive Problems Among Children 6 to 17 Years Old at Wave 2

	<i>N</i>	Risk of any behavioral/emotional and/or cognitive problems ^a	
		%	<i>SE</i>
Total	1,908	55.8	2.2
Gender			
Male	963	56.9	3.2
Female	945	54.8	2.9
Age (years)			
6–10	894	52.0	3.7
11–17	1,014	58.9	2.4
Race/ethnicity			
Black	538	55.2	4.5
White	732	60.4	3.3
Hispanic	475	53.1	3.5
Other	160	43.9	5.4
Setting			
In-home	1,405	55.1	2.5
Formal kin care	110	55.4	9.5
Informal kin care	157	57.3	5.5
Foster care	183	69.1	6.3
Group home or residential program	40	72.7	15.7
Insurance status			
Private	279	50.9	5.5
Public ^b	1,471	59.0	2.4
Other	28	47.5	13.2
Uninsured	121	42.7	6.8

Note: : All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the WJ-III. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

^a Children 6 to 17 years old were considered to be at risk for a cognitive problem or low academic achievement and in need of a referral for special education services if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Child Behavior Checklist (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Youth Self-Report (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Teacher’s Report Form (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the Child Depression Inventory (Kovacs, 1992a), or (5) a clinically significant score was obtained on the posttraumatic stress disorder (PTSD) scale of the Trauma Symptoms Checklist (Briere, 1996).

^b “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP).

Exhibit 26. Substance Use for Adolescents 11 to 17 Years Old by Adolescent Report at Wave 2

Substance	<i>N</i>	Ever used	
		%	<i>SE</i>
Alcohol	934	36.3	2.3
Marijuana	937	22.1	2.2
Inhalants	938	6.5	1.1
Cocaine, crack, or freebase	938	4.3	0.8
Ecstasy	935	4.1	0.8
Methamphetamines	937	2.6	0.6
Nonprescription steroids	936	2.5	0.7
Heroin	938	1.6	0.5

Note: Items used were from Monitoring the Future (Johnston et al., 2007) and Youth Risk Behavior (Centers for Disease Control and Prevention, 1999). All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 27. Use of Cigarettes, Alcohol, or Marijuana in the Past 30 Days for Adolescents 11 to 17 Years Old by Adolescent Report at Wave 2

Substance	N	Cigarette use in past 30 days		Alcohol use in past 30 days		Marijuana use in past 30 days	
		%	SE	%	SE	%	SE
Total	936	10.4	1.5	18.8	2.0	10.7	1.9
Gender							
Male	418	10.1	2.3	15.7	3.3	8.5	2.1
Female	518	10.6	2.1	21.0	2.9	12.3	2.8
Age (years)		***		***		***	
11–12	284	0.1 ^a	0.1	5.5	2.1	2.0 ^d	1.2
13–14	268	8.3 ^b	2.4	9.8	2.7	7.8 ^e	2.3
15–17	379	20.3	2.7	36.4 ^c	4.1	19.9	3.8
Race/ethnicity							
Black	255	6.5	2.8	14.0	3.5	9.7	3.2
White	347	13.4	2.3	18.8	2.3	7.4	2.1
Hispanic	230	8.6	2.5	20.6	4.9	14.1	5.0
Other	101	11.9	5.1	24.4	6.4	17.2	5.1
Setting		*		*		*	
In-home	676	10.4	1.6	18.2	2.3	11.4 ^h	2.2
Formal kin care	47	2.5 ^f	1.7	3.2 ^g	1.8	1.0	1.0
Informal kin care	81	9.7	4.3	31.3	8.2	7.0	3.3
Foster care	93	5.1	2.6	12.8	5.5	3.7	1.6
Group home or residential program	31	38.2	16.4	23.8	18.6	23.1	14.5

Note: All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (***) $p < .001$. Asterisks in a column apply to the subsequent results for the covariate. Children living with kin caregivers that were not receiving support from the child welfare system (informal kin care) were more likely to be older adolescents than children living in all other settings.

^a Adolescents 11 to 12 years old were significantly less likely to have smoked cigarettes in the past 30 days than adolescents 13 to 14 years old ($p < .01$) or 15 to 17 years old ($p < .001$).

^b Adolescents 13 to 14 years old were significantly less likely to have smoked cigarettes in the past 30 days than adolescents 15 to 17 years old ($p < .01$).

^c Adolescents 15 to 17 years old were significantly more likely to have drunk alcohol in the past 30 days than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .001$).

^d Adolescents 11 to 12 years old were significantly less likely to have smoked marijuana in the past 30 days than adolescents 13 to 14 years old ($p < .05$) or 15 to 17 years old ($p < .001$).

^e Adolescents 13 to 14 years old were significantly less likely to have smoked marijuana in the past 30 days than adolescents 15 to 17 years old ($p < .05$).

^f Adolescents living in formal kin care were significantly less likely to have smoked cigarettes in the past 30 days than those living in-home with parents ($p < .05$) or those living in a group home or residential program ($p < .05$).

^g Adolescents living in formal kin care were significantly less likely to have drunk alcohol in the past 30 days than those living in-home with parents ($p < .01$) or those living in informal kin care ($p < .05$).

^h Adolescents living in-home with parents were significantly more likely to have smoked marijuana in the past 30 days than those living in formal kin care ($p < .01$) or those living in foster care ($p < .05$).

Exhibit 28. Substance Use Disorder for Adolescents 11 to 17 Years Old by Adolescent Report at Wave 2

	<i>N</i>	CRAFFT Screening Test score of 2 or higher	
		%	<i>SE</i>
Total	933	14.6	1.4
Gender			
Male	418	14.2	2.7
Female	515	14.9	2.1
Age (years)		***	
11–12	283	3.8	1.9
13–14	267	9.3	2.5
15–17	378	27.3 ^a	3.0
Race/ethnicity			
Black	256	9.7	3.1
White	345	16.5	2.3
Hispanic	230	17.2	3.6
Other	99	8.7	4.2
Setting		*	
In-home	673	12.6	1.5
Formal kin care	48	3.9 ^b	2.2
Informal kin care	80	34.5 ^c	8.5
Foster care	93	18.7	5.6
Group home or residential program	31	46.1	17.0

Note: Instrument used was the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) substance abuse screening test (CRAFFT; Knight, Sherritt, Shrier, Harris, & Chang, 2002). A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. All analyses were on weighted NSCAW II Wave 2 data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate. Children living with kin caregivers that were not receiving support from the child welfare system (informal kin care) were more likely to be older adolescents than children living in all other settings.

^a Adolescents 15 to 17 years old were significantly more likely to abuse substances than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .001$).

^b Adolescents living in formal kin care were significantly less likely to abuse substances than those living in-home with parents ($p < .05$), in informal kin care ($p < .05$), in foster care ($p < .05$), or in a group home or residential program ($p < .05$).

^c Adolescents living in informal kin care were significantly more likely to abuse substances than those living in-home with parents ($p < .05$).

Exhibit 29. Risk of a Behavioral/Emotional Problem or Substance Abuse Problem Among Children 11 to 17 Years Old at Wave 2

	Risk of a behavioral/emotional problem ^a			Risk of a substance abuse problem ^b			Risk of a behavioral/emotional or substance abuse problem		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,021	52.0	2.4	931	14.6	1.4	1,021	55.5	2.4
Gender									
Male	468	49.9	3.5	417	14.1	2.7		54.9	3.0
Female	553	53.5	3.2	514	14.9	2.1	468	56.0	3.2
Age (years)		*			***		553	**	
11–12	327	43.5 ^c	3.9	283	3.8	1.9		43.9 ^d	3.9
13–14	284	56.8	4.3	267	9.3	2.5	327	60.0	4.6
15–17	410	55.2	4.6	381	27.1 ^e	2.9	284	61.9	4.8
Race/ethnicity							410		
Black	279	53.7	5.2	253	9.9	3.2		55.0	5.3
White	386	49.9	3.7	345	16.4	2.3	279	54.4	3.9
Hispanic	248	56.8	5.1	231	17.3	3.6	386	61.3	4.9
Other	105	46.0	8.3	99	8.7	4.2	248	47.2	8.5
Setting					**		105	***	
In-home	725	51.0	2.6	670	12.6	1.5		54.0	2.5
Formal kin care	52	62.9	12.1	46	4.3 ^f	2.4	725	64.0	12.1
Informal kin care	92	54.6	9.3	80	34.5 ^g	8.5	52	61.3	9.1
Foster care	107	56.2	8.4	93	18.7	5.6	92	63.2	8.5
Group home or residential program	34	71.5	17.4	31	46.1	17.0	107	96.7 ^h	2.0
Insurance status							34		
Private	164	48.9	5.7	149	12.2	2.8		53.5	5.7
Public ⁱ	757	54.1	2.9	688	15.2	2.0	164	57.5	2.9
Other	14	54.5	19.4	14	7.5	5.6	757	55.9	19.3
Uninsured	77	43.0	9.1	71	19.3	5.5	14	46.0	7.7

Note: All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate. The table originally posted displayed the *N* of children in the clinical range instead of the total number of children. The table was updated to display total *N*s.

- ^a Risk of a behavioral/emotional problem was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL), Youth-Self Report (YSR), or the Teacher Report From (TRF); the Child Depression Inventory (CDI); or the posttraumatic stress disorder (PTSD) section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist.
- ^b Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) substance abuse screening test ([CRAFFT; Knight et al., 2002](#)). A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment.
- ^c Children 11 to 12 years old were significantly less likely to be at risk of a behavioral/emotional problem than children 13 to 14 years old ($p < .05$) and 15 to 17 years old ($p < .05$).
- ^d Children 11 to 12 years old were significantly less likely to be at risk for a behavioral/emotional or substance abuse problem than children 13 to 14 years old ($p < .05$) and 15 to 17 years old ($p < .01$).
- ^e Children 15 to 17 years old were significantly more likely to be at risk of a substance abuse problem than children 11 to 12 years old ($p < .001$) and 13 to 14 years old ($p < .001$).
- ^f Children living in formal kin care were significantly less likely to be at risk for substance abuse problem than children living in informal kin care ($p < .05$), in foster care ($p < .05$) and in a group home or residential treatment program ($p < .05$).
- ^g Children living in informal kin care were significantly more likely to be at risk for substance abuse problem than children living in-home ($p < .05$).
- ^h Children living in a group home or residential treatment program were significantly more likely to be at risk for a behavioral/emotional or substance abuse problem than children living in-home ($p < .001$), in formal kin care ($p < .01$), in informal kin care ($p < .05$), and in foster care ($p < .01$).
- ⁱ “Public” includes children who did not have private coverage at the time of interview, but who had Medicaid and/or a State Children’s Health Insurance Plan (SCHIP).

Exhibit 30. Sexual Experience and Pregnancy by Female 11 to 17 Years Old by Adolescent Report at Wave 2

	<i>N</i>	Ever had sex		Had sex in past 12 months		Ever had forced sex		Ever been pregnant	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	509	29.9	3.1	23.8	2.5	9.1	1.7	7.1	1.9
Age (years)		***		***		**		*	
11–12	136	4.1 ^a	2.1	1.7 ^c	1.6	0.9	0.6	0.0	0.0
13–14	134	18.9 ^b	5.4	12.2 ^d	4.2	5.0	2.3	2.7	1.9
15–17	239	51.8	5.6	43.8	4.9	16.5 ^e	3.2	14.4 ^f	4.0
Race/ethnicity									
Black	131	34.1	7.5	26.4	5.0	9.8	3.9	9.0	3.9
White	188	33.9	5.4	26.6	4.9	12.3	2.9	11.8	3.8
Hispanic	134	24.7	5.3	19.9	4.5	3.6	1.8	2.8	1.9
Other	57	23.9	7.9	21.1	8.1	12.7	7.0	0.9	0.9
Setting									
In-home	369	28.6	3.5	22.3	2.7	7.8	2.0	6.8	1.9
Formal kin care	24	18.1	13.1	14.3	12.7	4.2	2.8	0.4	0.4
Informal kin care	42	44.0	10.8	42.4	11.0	21.5	9.6	12.9	7.9
Foster care	55	24.0	7.5	10.0	4.2	13.4	4.9	3.8	2.6
Group home or residential program	17	58.0	23.1	49.0	24.4	12.3	7.2	6.5	6.3

Note: “Sex” was defined as vaginal sex. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

- ^a Adolescents 11 to 12 years old were significantly less likely to have ever had sex than adolescents 13 to 14 years old ($p < .01$) or 15 to 17 years old ($p < .001$).
- ^b Adolescents 13 to 14 years old were significantly less likely to have ever had sex than adolescents 15 to 17 years old ($p < .001$).
- ^c Adolescents 11 to 12 years old were significantly less likely to have had sex in the past 12 months than adolescents 13 to 14 years old ($p < .05$) or 15 to 17 years old ($p < .001$).
- ^d Adolescents 13 to 14 years old were significantly less likely to have had sex in the past 12 months than adolescents 15 to 17 years old ($p < .001$).
- ^e Adolescents 15 to 17 years old were significantly more likely to have ever had forced sex than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .01$).
- ^f Adolescents 15 to 17 years old were significantly more likely to have ever been pregnant than adolescents 11 to 12 years old ($p < .01$) or 13 to 14 years old ($p < .05$).

Exhibit 31. Sexual Experience and Partner Pregnancy by Male 11 to 17 Years Old by Adolescent Report at Wave 2

	N	Ever had sex		Had sex in past 12 months		Ever had forced sex		Ever got someone pregnant	
		%	SE	%	SE	%	SE	%	SE
Total	416	27.0	3.4	18.5	3.6	3.5	1.3	2.4	1.0
Age (years)		***		***					
11–12	142	7.0	3.1	2.4	1.3	3.9	2.7	0.9	0.9
13–14	135	18.7	4.9	9.2	3.8	5.9	3.2	2.2	2.0
15–17	139	58.0 ^a	5.4	46.2 ^b	8.2	0.7	0.5	4.6	2.3
Race/ethnicity									
Black	126	28.3	6.0	20.0	5.9	1.0	0.7	2.8	1.8
White	153	27.6	4.1	18.4	4.4	5.3	2.7	1.6	1.0
Hispanic	94	28.1	8.1	20.6	8.1	2.7	2.6	4.1	2.9
Other	44	14.9	5.6	5.8	2.7	3.2	2.3	0.0	0.0
Setting									
In-home	301	22.9	3.5	15.7	3.3	3.7	1.6	1.4	0.8
Formal kin care	24	18.6	7.2	17.0	6.9	0.0	0.0	0.0	0.0
Informal kin care	39	53.6	9.5	40.8	11.0	2.2	2.3	7.6	7.5
Foster care	38	21.9	9.9	9.0	6.1	9.9	6.3	6.3	6.2
Group home or residential program	14	71.2	15.2	69.2	15.7	0.0	0.0	29.2	19.9

Note: “Sex” was defined as vaginal sex. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$. Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 15 to 17 years old were significantly more likely to have ever had sex than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .001$).

^b Adolescents 15 to 17 years old were significantly more likely to have had sex in the past 12 months than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .001$).

Exhibit 32. Delinquent Acts Committed by Adolescents 11 to 17 Years Old in the Previous 6 Months by Adolescent Report at Wave 2

Delinquent act	<i>N</i>	<i>%</i>	<i>SE</i>
Status offense			
Ran away	935	10.7	1.9
Skipped school	936	14.5	1.9
Lied about age for movie admittance	934	7.7	1.2
Public disorder			
Hitchhiked	933	1.6	0.6
Was loud, rowdy, or unruly in public	932	12.2	1.7
Was drunk in a public place	936	4.3	1.0
Begged for money or things	934	2.4	0.8
Carried a hidden weapon	934	4.4	1.0
Paid for having sex	932	1.8	0.5
Damaged property			
Damaged property	936	5.5	1.4
Minor theft			
Stole things worth less than \$5	937	6.3	1.2
Went joyriding	935	2.6	0.7
Stole things worth more than \$5 but less than \$50	937	5.1	1.2
Avoided paying for things such as movies, bus rides, or subway rides	934	6.5	1.1
Took something from a store without paying for it	936	7.7	1.3
Pickpocketed (snatched wallet or purse)	936	1.1	0.5
Serious property crime			
Stole vehicle or attempted to steal vehicle	934	0.6	0.3
Stole items worth more than \$50 but less than \$100	937	2.5	0.8
Bought or sold stolen goods	936	2.2	0.7
Entered or tried to enter a building to steal	937	4.2	1.0
Stole items worth more than \$100	936	2.0	1.0
Took items from a car	936	2.3	0.7
Set fire to a house, building, car, or other property	936	1.0	0.4
Used false checks	934	0.7	0.3
Used credit cards without permission	936	1.0	0.5
Deliberately sold an item above its value	934	3.6	1.2
Simple assault			
Threw objects, such as rocks or bottles, at another person	932	3.7	0.8
Hit someone with the intention of hurting him or her	932	8.5	1.2
Felony assault			
Attacked someone with the intention to hurt, harm, or kill	934	1.8	0.6
Used threats or weapon to take money or things from another person	933	0.4	0.2
Had or tried to have sexual relations with someone against his or her will	932	0.4	0.2
Physically hurt or threatened another to have sex against his or her will	931	0.7	0.3
Was involved in a gang fight	932	3.3	0.8
Sold drugs			
Sold marijuana or hashish	931	2.6	0.7
Sold hard drugs	932	0.5	0.3

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 33. Types of Delinquent Acts Committed by Adolescents 11 to 17 Years Old in the Previous 6 Months by Adolescent Report at Wave 2

	<i>N</i>	Status offense		Public disorder		Damaged property		Minor theft		Serious property crime		Simple assault		Felony assault		Sold drugs	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	937	23.6	2.2	16.4	1.8	5.5	1.4	14.5	1.6	9.8	1.9	10.6	1.3	4.4	1.0	2.6	0.7
Gender						*											
Male	419	20.0	3.4	13.3	2.8	2.9	1.0	14.5	2.6	10.1	2.4	13.9	2.8	4.7	1.4	2.4	1.0
Female	518	26.2	2.9	18.7	2.8	7.3	2.1	14.5	2.2	9.6	2.2	8.3	1.7	4.2	1.3	2.8	1.1
Age (years)		***		*		**		*		**		***				**	
11–12	284	14.5	4.1	8.4 ^b	2.6	1.0 ^c	0.5	8.0 ^d	2.3	4.2 ^e	1.6	2.5 ^f	1.0	2.6	1.1	0.1 ^g	0.1
13–14	268	19.8	3.7	16.7	4.2	6.2	3.5	14.7	3.0	11.7	3.7	9.6	2.7	2.7	1.2	1.9	1.1
15–17	380	34.0 ^a	3.8	22.7	3.2	8.5	2.0	19.5	3.0	12.8	2.9	18.0	3.0	7.1	2.2	5.2	1.6
Race/ethnicity																	
Black	256	24.8	4.7	14.9	4.0	5.3	1.8	15.8	3.2	13.4	3.4	11.4	3.0	4.6	1.9	2.2	1.4
White	347	20.5	2.6	16.8	2.1	3.6	1.2	13.9	2.2	7.2	1.9	11.7	1.9	2.7	1.3	2.1	0.9
Hispanic	230	26.6	4.7	15.6	4.8	8.4	3.7	13.8	3.1	12.4	3.7	7.4	3.2	7.4	1.8	2.8	1.3
Other	101	26.7	5.9	22.0	5.8	4.9	3.9	17.4	5.9	5.5	3.6	15.9	5.0	1.7	0.7	5.4	3.9
Setting		***		*								**				**	
In-home	676	21.3	2.2	14.7	1.8	4.7	1.6	13.6	1.7	9.1	2.0	10.0	1.3	3.7	1.0	2.3 ^l	0.7
Formal kin care	48	13.9	5.6	27.6	12.1	2.5	2.1	17.5	7.3	8.2	4.6	4.4	3.5	12.6	10.7	0.0	0.0
Informal kin care	81	46.2 ^h	8.5	31.2	8.4	13.2	5.8	25.5	8.3	19.4	7.3	21.4	7.9	10.0	5.0	7.6	4.5
Foster care	93	20.7	6.3	9.7 ^j	3.3	4.6	2.1	13.5	4.4	6.3	2.8	10.4	4.8	6.0	2.7	0.0	0.0
Group home or residential program	31	70.1 ⁱ	7.9	41.1	18.6	11.4	5.0	7.7	3.9	13.2	6.9	1.3 ^k	1.1	3.8	2.5	1.8	1.3

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate. Children living with kin caregivers that were not receiving support from the CWS (informal kin care) were more likely to be older adolescents than children living in all other settings.

^a Adolescents 15 to 17 years old were significantly more likely to have committed a status offense than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .05$).

^b Adolescents 11 to 12 years old were significantly less likely to have engaged in public disorder than adolescents 15 to 17 years old ($p < .01$).

- ^c Adolescents 11 to 12 years old were significantly less likely to have damaged property than adolescents 15 to 17 years old ($p < .01$).
- ^d Adolescents 11 to 12 years old were significantly less likely to have committed minor theft than adolescents 15 to 17 years old ($p < .01$).
- ^e Adolescents 11 to 12 years old were significantly less likely to have committed a serious property crime than adolescents 13 to 14 years old ($p < .05$) or 15 to 17 years old ($p < .05$).
- ^f Adolescents 11 to 12 years old were significantly less likely to have committed simple assault than adolescents 13 to 14 years old ($p < .05$) or 15 to 17 years old ($p < .001$).
- ^g Adolescents 11 to 12 years old were significantly less likely to have sold drugs than adolescents 15 to 17 years old ($p < .01$).
- ^h Adolescents living in informal kin care were significantly more likely to have committed a status offense than those living in-home with parents ($p < .01$), in formal kin care ($p < .05$), or in foster care ($p < .05$).
- ⁱ Adolescents living in a group home or residential program were significantly more likely to have committed a status offense than those living in-home with parents ($p < .001$), in formal kin care ($p < .001$), or in foster care ($p < .001$).
- ^j Adolescents living in foster care were significantly less likely to have engaged in public disorder than those living in informal kin care ($p < .05$).
- ^k Adolescents living in a group home or residential program were significantly less likely to have committed simple assault than those living in-home with parents ($p < .01$) or in informal kin care ($p < .05$).
- ^l Adolescents living in-home with parents were significantly more likely to have sold drugs than those living in formal kin care ($p < .05$) or in foster care ($p < .01$).

Exhibit 34. Arrest in Past 6 Months by Adolescents 11 to 17 Years Old by Adolescent Report at Wave 2

	<i>N</i>	Arrested or picked up by police in past 6 months	
		%	<i>SE</i>
Total	931	5.1	1.1
Gender			
Male	417	4.3	1.2
Female	514	5.7	1.6
Age (years)			
11–12	280	3.6	3.1
13–14	268	4.9	1.6
15–17	378	6.6	1.7
Race/ethnicity			
Black	254	3.6	1.4
White	344	4.8	1.3
Hispanic	229	6.2	2.5
Other	101	6.6	4.1
Setting		***	
In-home	670	4.3 ^a	1.3
Formal kin care	48	0.4	0.4
Informal kin care	81	16.8 ^b	6.9
Foster care	93	3.0	1.5
Group home or residential program	31	0.0	0.0

Note: All analyses are on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$). Asterisks in column apply to the subsequent results for the covariate. Children living with kin caregivers that were not receiving support from the child welfare system (informal kin care) were more likely to be older adolescents than children living in all other settings.

^a Adolescents living in-home with parents were significantly more likely to have been arrested in the past 6 months than those living in formal kin care ($p < .05$) or in a group home or residential program ($p < .01$).

^b Adolescents living in informal kin care were significantly more likely to have been arrested in the past 6 months than those living in formal kin care ($p < .05$) or in a group home or residential program ($p < .05$).

Exhibit 35. Involvement with the Law for Adolescents 11 to 17 Years Old in the Previous 12 Months by Caregiver Report at Wave 2

	<i>N</i>	Had a court appearance for behavioral problem		Was placed on probation for behavioral offense		Spent time in detention center or correctional facility	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,005	9.4	1.3	4.8	1.1	0.9	0.4
Gender							
Male	461	10.2	2.5	5.2	1.6	0.5	0.4
Female	544	8.9	1.7	4.5	1.5	1.1	0.6
Age (years)							
11–12	326	5.5	2.8	4.1	2.6	0.0	0.0
13–14	281	13.0	3.6	6.8	2.3	1.6	1.1
15–17	398	9.9	1.8	3.9	1.2	1.0	0.5
Race/ethnicity							
Black	275	11.0	3.1	4.3	2.5	1.8	1.2
White	383	7.1	2.0	3.6	1.4	0.8	0.6
Hispanic	244	9.0	3.2	6.0	2.6	0.6	0.4
Other	100	19.3	6.3	7.8	4.6	0.0	0.0
Setting				*			
In-home	723	9.2	1.6	5.2 ^a	1.2	1.0	0.4
Formal kin care	52	3.4	3.1	0.0	0.0	0.0	0.0
Informal kin care	88	8.9	4.4	3.1	2.0	0.0	0.0
Foster care	103	13.6	6.1	1.5	1.3	1.1	1.1
Group home or residential program	31	4.1	2.9	3.9	2.9	0.0	0.0

Note: All analyses are on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). Asterisks in column apply to the subsequent results for the covariate.

^a Adolescents living in-home with parents were significantly more likely to be placed on probation for a behavioral offense than those living in formal kin care ($p < .01$).

Exhibit 36. Proportion of Children with Very Low or Clinical Levels on Standardized Measures as Compared with General Population at Wave 2

Standardized Measure	Age	Proportion “clinical”^a (%)	Comparable Norm^b (%)
Brief Infant Toddler Social and Emotional Assessment (BITSEA; Problems)	16–18 months	34.1	25
Brief Infant Toddler Social and Emotional Assessment (BITSEA; Competence)	16–18 months	27.0	15
Bayley Infant Neurodevelopmental Screener (BINS)	16–24 months	54.5	14
Battelle Developmental Inventory, 2nd Edition (BDI-2; cognitive developmental quotient)	16–47 months	20.5	2.3
Preschool Language Scale-3 (PLS-3; language skills total)	16–71 months	26.0	2.3
Child Behavior Checklist (CBCL; problem behaviors total)	1.5–17 years	20.5	8
Teacher’s Report Form (TRF; problem behaviors total)	5–17 years	11.9	8
Youth Self-Report (YSR) (problem behaviors total)	11–17 years	19.7	8
Children’s Depression Inventory (CDI; depression)	7–17 years	7.8	6.7
Trauma Symptom Checklist for Children (TSCC; post traumatic subscale)	8–17 years	8.6	6.7
Vineland Adaptive Behavior Scale (VABS; Screener Daily Living Skills Domain)	1–17 years	12.5	2.3
Social Skills Rating System (SSRS; social skills)	3–17 years	30.0	15
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Word Identification)	5–17 years	7.8	2.3
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Applied Problems)	5–17 years	7.5	2.3
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-II; Passage Comprehension)	5–11 years	9.0	2.3

Note: This table has been revised since its original posting on July 15, 2012. A problem was identified in the basal score calculation for a subset of children receiving the BDI-2 and WJ-III. The current version includes the corrected scores and also reflects the removal of one case in the baseline cohort identified as ineligible during Wave 2 data collection.

^a Proportion of children in NSCAW II Wave 2 who had very low scores (2 standard deviations below the mean), or scores in the clinical range, or were identified as being “high-risk,” or in the group with the lowest skill level).

^b Proportion of children in the general population or a comparable norm, expected to have a score in the very low or clinical range.

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APPENDIX

Scales. Following is a descriptive list of the instruments used as measures of child well-being in NSCAW II Wave 2.

- *Battelle Developmental Inventory & Screening Test, 2nd Edition (BDI-2).* The BDI-2 is a standardized, individually administered assessment battery of key developmental skills in children. The Cognitive domain was administered, which consists of the following three subdomains: (1) Attention and Memory for children 0 to 47 months old, (2) Perception and Concepts for children 0 to 47 months old, and (3) Reasoning and Academic Skills for children 24 to 47 months old. A Cognitive Development Quotient is estimated based on the subdomains. It is normed to have a mean of 100 and standard deviation of 15 (Newborg, 2005b).
- *Bayley Infant Neurodevelopmental Screener (BINS).* BINS is a screening tool to identify infants between 3 and 24 months old with developmental delays or neurological impairments for further diagnostic testing. It has four conceptual assessment areas: Basic Neurological Functions/Intactness (of the infant's central nervous system), Receptive Functions (sensation and perception), Expressive Functions (fine, oral, and gross motor skills), and Cognitive Processes (memory/learning and thinking/reasoning) (Aylward, 1995).
- *Brief Infant Toddler Social and Emotional Assessment (BITSEA).* The BITSEA (Briggs-Gowan & Carter, 2002) is a 42-item screener for measuring social-emotional/behavioral problems and delays in competence. It was administered to caregivers of children 12 to 18 months old. Problem Behavior scores greater than or equal to the cut score reflect the 25th percentile. Scores in the Possible Problem range indicate that a child's behavior may be clinically significant and merit additional assessment. Competence scores (Possible Deficit/Delay total) less than or equal to the cut score correspond to the 15th percentile. Scores in the possible deficit/delay range indicate that a child may not have acquired the social-emotional competencies that are expected for his or her age and sex. Cutoff scores to identify children with possible problems/deficits corresponded to 13 points or greater (15 points or greater for boys 18 months old) for the Problem Behavior subscale, and 12 points or lower (14 points or lower for children 18 months) for the Competence subscale.
- *Child Behavior Checklist for Ages 1.5–5 (CBCL 1.5–5).* CBCL was “designed to provide standardized descriptions of behavior rather than diagnostic inferences” (Achenbach, 1991b, p. iii) about competencies, problem behaviors, and other problems. It contains 100 items for children 1.5 to 5 years old; the problem scale is composed of seven syndromes (Emotionally Reactive (1), Anxious/Depressed (2), Somatic Complaints (3), Withdrawn (4), Sleep Problems (5), Attention Problems (6) Aggressive Behavior (7) and an Other Problems category. Behaviors are categorized as Externalizing (containing the Attention Problems and Aggressive Behavior syndromes) or Internalizing (containing the Emotionally Reactive, Anxious/Depressed, Somatic Complaints, and Withdrawn syndromes). A Total Problems score is derived from the total of the syndromes and Other Problems items

(Achenbach, 1991b), behavior ratings were considered clinically significant if scale *T* scores were at or above 64.

- *Child Behavior Checklist for Ages 6-18 (CBCL 6-18)*. The checklist for children 6 to 18 years old consists of 118 items related to behavioral problems. For each item, the child's caregiver indicates how well the behavior describes the child, either now or within the past 6 months, on a 3-point scale: 0, *not true* of the child; 1, *somewhat/sometimes true*; or 2, *very/often true*. The caregiver also reports on 20 social competency items, such as the amount and quality of the child's participation in sports, hobbies, jobs and chores, and organizations; friendships; and school functioning. For this report, the CBCL Total Problem, Internalizing, and Externalizing behavior standardized (*T*) score was used to measure the behavioral well-being of children. In keeping with recommended procedures for classifying the Total Problems, Internalizing, and Externalizing scales (Achenbach, 1991b; Achenbach & Rescorla, 2001), behavior ratings were considered clinically significant if scale *T* scores were at or above 64.
- *Children's Depression Inventory (CDI)*. The CDI measures depression by asking various questions of children 7 to 17 years old about their engagement in certain activities or their experience of certain feelings (e.g., sad, enjoyment around other people). CDI contains 27 items, each with a 3-point Likert-type scale (0 = *absence of symptom*, 1 = *mild symptom*, 2 = *definite symptom*) that addresses a range of depressive symptoms as indicated by five factors: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. Children were determined to have a clinically significant total score on CDI if the total depression standard *T* score was greater than or equal to 65. This clinical cutoff is based on the CDI normative sample's rates of depression in the CDI manual (Kovacs, 1992b); it corresponds to a raw score of 19 for girls and 24 for boys.
- *CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)*. Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT (CRAFFT; Knight et al., 2002). There are six CRAFFT items: have you ridden in a *Car* driven by someone (including yourself) who had been drinking? Do you use alcohol to *Relax*, feel better about yourself, or fit in? Do you use alcohol while you are by yourself, *Alone*? Do you *Forget* things you did while using alcohol? Do your family or *Friends* tell you that you should cut down on your drinking? Have you gotten into *Trouble* while using alcohol? Each item endorsed is given a score of "1." The total number of item endorsed is the score. The CRAFFT has been found to perform best at a cut score of 2 when used to identify adolescents with a DSM-IV substance use disorder in a medical clinic setting. A Total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. The CRAFFT was only administered to children 11 to 17 years old.
- *Preschool Language Scale-3*. (Zimmerman et al., 1992). The PLS-3 measures language development, and precursors of language development, in infants and young children (2 weeks old to 6 years, 11 months old. In this study it was administered to children from birth to 5 years old). PLS-3 measures language development of

children from birth to 6 years old (in this study it was administered to children from birth to 5 years old). The Auditory Comprehension subscale measures receptive communication skills. The Expressive Communication subscale measures expressive communication skills. A Total Language score combines these two subscales. Each is normed to have a mean of 100 and standard deviation of 15.

- *Questionnaire for Identifying Children with Chronic Conditions-Revised (QuICCC-R)*. The QuICCC-R is a shortened version of the QuICCC, an instrument endorsed for use in implementing the definition of children with special health care needs adopted by the Maternal and Child Health Bureau. The instrument asks that a parent assess the presence of chronic conditions based upon the child's functional limitations, reliance on assistive devices and service use or need. A child is considered to have a special health care need if the caregiver responds "yes" to each question in any item series. For instance, in one item series the caregiver is asked (1) if a child has life-threatening allergic reactions, (2) if this is because of a medical condition that the child still has, and (3) if this condition has been going on for at least 1 year. Secondary analysis determined that the 16-item QuICCC-R identified more than 95% of children identified by the full QuICCC as having a special health care need (Stein, Silver, & Bauman, 2001). The NSCAW II baseline instrument included 12 of the original 16 QuICCC-R items. The following QuICCC-R items were not included in the NSCAW II baseline instrument due to partial overlap with other items in the NSCAW II survey: child is taking medicine or drugs prescribed by a doctor, child needs to follow a special diet or avoid certain foods, child goes to a medical doctor or specialist on a regular basis, and child goes to a counselor, psychiatrist, psychologist, or social worker on a regular basis. Since NSCAW II contains an abbreviated version of the QuICCC-R, this report describes item-specific findings as opposed to a summary score. A summary score from the abbreviated version would under-represent the presence of special health care needs in the NSCAW population when compared to national estimates based upon the full 16-item QuICCC-R.
- *Self-Report Delinquency Scale*. Adolescents reported any illegal activity, using the Self-Report Delinquency Scale developed for the National Youth Survey (Elliott et al., 1985). Respondents were asked if they had committed several illegal acts in the 6 months prior to interview. According to type of crime and level of severity, illegal activities were divided into the following categories (Elliott et al., 1985): Status Offense (ran away, skipped school, or lied about age for movie admittance), Public Disorder (hitchhiked; was loud, rowdy, or unruly in a public place; begged for money or things; was drunk in a public place; carried a hidden weapon; or paid for having sex), Damaged Property, Minor Theft (stole things worth \$50 or less; went joyriding; avoided paying for things such as movies, bus or subway rides, food, or clothing; shoplifted; or pickpocketed), Serious Property Crime (arson; stole things worth over \$50; burglary or attempted burglary; motor vehicle theft or attempted motor vehicle theft; or fraud), Simple Assault (threw objects such as rocks or bottles at people; or hit someone, with the intention of hurting him or her), and Felony Assault (attacked someone with a weapon, with the intention of seriously hurting or killing him or her; was involved in a gang fight; or had or tried to have sexual relations with someone against his or her will).

- *Social Skills Rating System (SSRS)*. The SSRS measures caregiver and teacher perception of the social skills of children between 3 and 18 months old. Separate versions have been developed for preschool, elementary school, and secondary school (Gresham & Elliott, 1990). The scores used in this report are based on the caregiver report. The SSRS assesses social skills in four domains—cooperation, assertion, responsibility, and self-control—and provides standard scores and competence categories for the total, as well as competence categories for the individual domains. The SSRS standardized scores are based on a mean of 100, with a standard deviation of 15. Total scores were categorized as suggested in the SSRS manual (Gresham & Elliott, 1990): Fewer Social Skills (standard scores < 85), Average Social Skills (standard scores 85 to 115), or More Social Skills (standard scores > 115).
- *Teacher's Report Form (TRF)*. The TRF, from the Achenbach System of Empirically Based Assessment, uses the same constructs as the CBCL to evaluate a child's behavioral problems (Achenbach, 1991c; Achenbach & Rescorla, 2001). The TRF is different in that it is completed by the child's teacher, rather than a caregiver, and it includes some items specifically related to behaviors displayed in school. As with the CBCL, two versions of the form have been developed: one for children 1.5 to 5 years old and another for children 6 to 18 years old. Each item on the Problem Section of the TRF contains a statement about a child's behavior. The teacher selects the response that assesses how well each statement describes the child, either currently or within the previous 2 months. Response options include *not true* (0), *somewhat or sometimes true* (1), and *very true or often true* (2). For this report, the TRF Total Problem, Internalizing, and Externalizing behavior standardized (*T*) scores were used. In keeping with recommended procedures for classifying the Total Problems, Internalizing, and Externalizing scales, behavioral ratings were considered clinically significant if scale *T* scores were at or higher than 64. The TRF was administered to children 5 years old and older.
- *Trauma Symptom Checklist for Children (TSCC)*. The TSCC evaluates posttraumatic symptomatology in children and adolescents (8 to 16 years old, with normative adjustments for 17-year-olds), including the effects of child abuse (sexual, physical, and psychological) and neglect, other interpersonal violence, witnessing trauma to others, major accidents, and disasters. Each symptom item is rated according to its frequency of occurrence using a four-point scale ranging from 0 ("never") to 3 ("almost all of the time"). All clinical scales yield gender- and age-normed *T* scores. One clinical scale was used: Post Traumatic Stress (PTS). Clinically significant scores on the PTSD subscale were defined as those standardized scale scores at or higher than 65.
- *Vineland Screener*. (Sparrow et al., 1993). For this report, we used the Daily Living Skills domain of the Vineland Screener, a shortened version of the Vineland Adaptive Behavior Scale. The scale is administered via a structured interview with the child's caregiver to determine the frequency with which the child typically performs a given behavior. Skills assessed include basic eating and drinking, dressing, toileting, hygiene, housekeeping, time and money concepts, telephone use, and basic safety

(Sparrow et al., 1984). Standardized scores are based on a mean of 100, with a standard deviation of 15.

- *Woodcock-Johnson III Tests of Cognitive Abilities (W-J)*. The W-J is a brief, wide-range test of basic skills and knowledge, including tests of reading, mathematics, writing, and factual knowledge (science, social studies, and humanities). The following three tests were utilized: Word Identification; Passage Comprehension; and Applied Problems. Children 5 to 11 years old were administered all three tests. Children 11 years old and older were administered the Word Identification and Applied Problems tests only. (Woodcock et al., 2001). Letter-Word Identification is a basic reading skill involving naming letters and reading words aloud from a list. Passage Comprehension is a measure of reading comprehension in which the individual has to orally supply the missing word removed from each sentence or very brief paragraph. Applied Problems is a test of math reasoning requiring the individual to solve oral word-problems. Standardized scores are based on a mean of 100, with a standard deviation of 15.
- *Youth Self-Report (YSR)*. The YSR was designed to assess self-reported feelings and behavior for comparison to normative groups of 11- to 18-year-olds (Achenbach, 1991a; Achenbach & Rescorla, 2001). The YSR is almost identical to the CBCL in content and structure, including the competence scales, problem syndromes, and other problems. For this report, the YSR Total Problem, Internalizing, and Externalizing behavior standardized (*T*) scores were used to measure adolescent behavioral well-being. In keeping with recommended procedures for classifying the Total Problems, Internalizing and Externalizing scales (Achenbach, 1991a; Achenbach & Rescorla, 2001), behavioral ratings were considered clinically significant if scale *T* scores were at or higher than 64.

Derived Variables. Following is a descriptive list of the variables derived for the NSCAW II Wave 2 Report: Child Well-Being.

- *Developmental Need*. Developmental problems were defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the BDI, communication development based on the PLS-3, and adaptive development based on the Vineland Daily Living Skills.
- *Risk of Cognitive or Behavioral/Emotional Problems*. Children were considered to be at risk for a cognitive problem or low academic achievement if they had a score 2 standard deviations or more below the mean for the Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the CBCL (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5

standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the YSR (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the TRF (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the CDI (Kovacs, 1992a), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).

- *Setting.* The setting variable includes six levels: in-home, formal kin care, informal kin care, foster care, group home/residential program, or other out of home. *In-home* caregivers include living situations where the primary caregiver is either a biological, adoptive, or stepmother/father. *Formal kin care* includes situations where the primary caregiver has a kin relationship to the child and where the caregiver is receiving payments from the child welfare system. *Informal kin care* is where the primary caregiver has a kin relationship to the child, but is not receiving payments from the child welfare system. *Foster care* indicates that the child primary caregiver was identified as a foster parent. *Group home/residential program* indicates that a child was currently living in a group home or residential facility. *Other out of home* includes situations where the primary caregiver was identified as “other nonrelative” and where the primary caregiver was not receiving foster parent payments.