

APPENDIX F SAMPLE COMMUNITY CHILD CARE SURVEY

The [Insert Name] mission is to bring awareness and inform the community of the importance of high-quality early child care and education programs. [Insert Name] needs the community's assistance to identify the needs for our early child care and education programs. Once the survey results are analyzed, this will allow [Insert Name] to partner with [Community/County] residents to find solutions to the needs identified in the surveys and what the community is telling us.

All residents of [Insert Name], with or without young children, are encouraged to fill out the survey. Thank you!

1. In which community do you reside?
 A B C D
 E F G H
2. Are you currently employed?
 No Part-Time Full-Time Over 40 Hours/Week
3. In which community are you employed?
 A B C D
 E F G H N/A
4. Is there information in the community that shares what a high-quality child care program looks like?
 Yes No I Don't Know
5. If YES, list the name of the business/organization that provided the information.

6. How important is high quality child care in your community?
 Important Sort of Important Not Important
7. Do you feel the child care that is offered in your community is high quality?
 Yes No I Don't Know
8. How important is it to have enough child care options in your community?
 Important Sort of Important Not Important
9. Do you feel that there are enough child care options in your community?
 Yes No I Don't Know
10. How important is reliable child care that does not cause a work disruption, to the community?
 Important Sort of Important Not Important
11. How important is child care that is affordable and accessible to all children?
 Important Sort of Important Not Important
12. Do you feel the child care that is offered in the community affordable and accessible to all children?
 Yes No

13. On a scale of one to five, five being the most important, what priority would you give to high-quality child care availability for the future growth and development of [Insert Name]?
__5 __4 __3 __2 __1

14. *** What additional information would you like to add?

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**DO YOU HAVE CHILDREN AGES BIRTH THROUGH AGE 5
OR PLAN TO IN THE NEXT FIVE YEARS?
YES – COMPLETE QUESTIONS 15-26
NO – SKIP THIS SECTION**

15. Do you currently use a child care provider?
__Yes __No

16. If you are NOT using a child care provider, please indicate a reason.
__Not Employed
__I Don't Know Who to Ask
__Rely on Relatives and/or Friends
__Unable to Find
__Work Different Shifts Than Spouse/Partner
__Not Comfortable with the Quality of Available Child Care

17. If YES, what type of provider are you using?
__Home Based __Center Based

18. What are your child care needs per week?
__Full-Time (32+ Hours) __Part-Time (Less than 32 Hours)
__After School __Evenings or Weekends

19. In which community is your child care provider?
__A __B __C __D
__E __F __G __H

20. If using a child care provider, are they licensed?
__Yes __No __Not Sure

21. If using a child care provider, was it difficult to find child care locally?
__Yes __No

22. If you answered YES on the previous question, please indicate why finding child care was difficult. (May Select More Than One)
__Cost __Quality
__Location __Didn't Know Who to Ask
__Availability __N/A
__Hours of Operation

23. In the last 12 months, has a lack of child care caused you to miss work, be tardy, or cause a distraction at work?
 Yes No N/A
24. Has child care availability ever affected your ability to accept a position or maintain employment?
 Yes No N/A
25. What are you looking for in a child care provider?

26. *** What additional information would you like to add?

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ARE YOU A BUSINESS OR EMPLOYER?
YES – COMPLETE QUESTIONS 27-30
NO – SKIP THIS SECTION

27. In the last 12 months, has a lack of child care caused your employees, to be tardy, miss work, or cause a distraction at work?
 Yes No Unknown
28. Has child care availability ever affected your ability to attain or retain employees?
 Yes No Unknown
29. Has child care availability ever affected your ability to hire your candidate of choice?
 Yes No Unknown
30. *** What additional information would you like to add?

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ARE YOU A CHILD CARE PROVIDER?
YES – COMPLETE QUESTIONS 31-40
NO – SKIP THIS SECTION

31. Are you currently providing child care in your home?
 Yes No
32. Are you currently licensed by the state of Nebraska to provide child care?
 Yes No

33. If yes, what license do you hold?
 Family Child Care Home I Family Child Care Home II
 Child Care Center Preschool/School Age Only
34. Are you enrolled in Step Up to Quality?
 Yes No
35. If yes, what level are you currently?
 Step 1 Step 2 Step 3
 Step 4 Step 5 Registered Only
36. If you are NOT registered in Step Up to Quality, please indicate the reason.
 (Check All That Apply)
 Time
 Money
 Training Requirements
 It's Too Confusing
 I Don't Know What Step Up to Quality Is
 Not Enough Incentive to Participate
 Other _____
37. If you are NOT licensed, what are the primary reasons for not becoming licensed?
 (Check All That Apply)
 Time
 Not Interested
 Money/Too Expensive
 Training Requirements
 Don't Want the Rules/Oversight
 Language Barrier
 Other _____
38. Do you have a desire to become licensed?
 Yes No
39. If you have a desire to become licensed, what would be the most helpful for you?
 (Check All That Apply)
 Mentor to Help with the Process
 Free Training
 Money for Materials
 Translation of Materials into Another Language
 Other _____
40. *** What additional information would you like to add?

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ADDITIONAL OPTIONAL QUESTIONS FOR EVERYONE

Please put the number of people in your household in each age range; AND check the age range that describes the person filling out this form.

- Expecting _____
- 0-18 Months _____
- 3-5 Years _____
- 6-8 Years _____
- 9-12 Years _____
- 13-18 Years _____
- 18-21 Years _____
- 26-30 Years _____
- 31-40 Years _____
- 41-50 Years _____
- 51-65 Years _____
- 65+ Years _____

Select the combined household annual income.

- \$0-\$20,000
- \$20,000-\$40,000
- \$40,000-\$60,000
- \$60,000-\$80,000
- \$80,000-\$100,000
- \$100,000-\$140,000
- \$140,000+

What is the highest level of education completed by adults in household? (Check All That Apply)

- Did Not Graduate
- GED or High School Diploma
- Technical School/Certification
- Associates Degree (2 Year)
- Bachelor's Degree (4 Year)
- Master's Degree
- Doctoral Degree

Select all that applies to the person filling out this form.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian
- Pacific Islander
- White or Caucasian
- Other/Unknown