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?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

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

Appendix F-2
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?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

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?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

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?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
**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__