



CHILD CARE NEEDS ASSESSMENT

Do you have a child aged 12 or under? Is your child currently in child care or are you looking for child care? Have you used child care in the past?

The information gathered will help child care resource and referral agencies across the state to improve services to families. All responses are confidential; your information is never shared. Surveys must be submitted by 4.1.2021.

1. Which of the five towns do you reside?
 Clarkstown Haverstraw Orangetown Ramapo Stony Point
2. What is your family composition?
 Mother, single, working Mother, single, not working
 Father, single, working Father, single, not working
 2 parents/guardians, both working
 2 parents/guardians, 1 working
 2 parent/guardians, neither working
3. How many children do you have? # in each age group
 Infants (0-17 months) _____
 Toddlers (18-35 months) _____
 Preschoolers (3-5 years) _____
 Kindergarten-6th grade _____
 7th-9th grade _____
4. What is your current family income?
 No income Below \$50,000 \$50,001-\$100,000
 \$101,000-\$250,000 Above \$250,000
5. While your child(ren) were in care, did you ever have trouble paying?
 Always Often Sometimes Rarely Never
6. In order to pay for care did you (check all that apply):
 Borrow from family or friends Cut back on work hours
 Cut back on basic household expenses Cut back on child care hours
 Have a friend/relative watch your child(ren)
7. Do you receive assistance (subsidy) to pay for child care?
 Yes No
8. If you do receive assistance, do you have trouble paying your parent share/copay?
 Yes No N/A
9. What are the **TWO MOST** important reasons you selected your current child care arrangement?
 Quality Location – close to home Location – close to work Cost
 Caregiver is relative Children are happy in the program Small adult/child ratio
 The program accepts subsidy Good learning/educational program
 Caregiver is trained and educated How I was treated at initial visit
 Heard good things from other parents Activities offered for children
 My other child was enrolled in this program
 Provider's experience with special needs Program is nationally accredited

10. Where is, or has your child been cared for in the past 12 months (check all that apply)
- Child Care Center Licensed/Registered Child Care Home Program
 Head Start/Early Head Start Nanny/Babysitter in Home Nursery School
 Preschool With older sibling Care by parent Care by friend/relative
 Camp Before/After school program Library Other _____
11. How much do you pay a week for child care? _____
12. How many days per week is your child in child care? _____
13. Have you ever withdrawn your child from a program for any of the following reasons? Check all that apply:
- Cost was too high Change in work hours Moved out of area
 Provider cannot take my infant (or 2nd child) Provider could be more nurturing
 Frequent staff changes Provider's business practices (won't provide tax info, etc.)
 Personal dissatisfaction (doesn't like the person, doesn't like another staff/household member, child is not happy, etc.)
 Environment (pes, air quality, safety, etc.) OCFS Violations
 My child was expelled/asked to leave Other _____
14. Have child care issues ever caused you to (check all that apply):
- Call out of work Feel distracted/unproductive at work Leave work early
 Arrive late Cut back work hours Quit your job Lose your job
 Change your job within the company (less responsibility)
 Change jobs to another company Receive disciplinary action No issues
 Other _____
15. Does your employer offer (check all that apply):
- Work from home Dependent Care Assistance (DAP) Resources to find child care
 Child care work site Financial assistance for child care Flexible schedule
 Extended maternity/paternity leave Allow you to bring child to work
 Other _____
16. If your employer offered any of the options above, which **TWO** would be most helpful?
- Work from home Dependent Care Assistance (DAP) Resources to find child care
 Child care work site Financial assistance for child care Flexible schedule
 Extended maternity/paternity leave Allow you to bring child to work
 Other _____
17. Are you aware of Child Care Resources of Rockland's services for children and families?
 Yes No, but I have heard of them No, I have never heard about them

This survey is separated from your Pre-K application and the information has no impact on the selection process. Your contact information will be kept confidential.

Are you interested in any of the following?

- Yes, send me the results of the survey
 Yes, I would like to join your email list
 No, I am not interested

You may fax this survey to
(845) 425-5312,
mail to CCRR, 235 N. Main St., Suite 11,
Spring Valley, NY 10977 or,
email to info@rocklandchildcare.org

Email address: _____

Phone number (with area code): _____

First and last name (optional): _____

Thank you for completing this survey!