



CHILD CARE NEEDS SURVEY

DO YOU CURRENTLY HAVE A CHILD AGED 12 OR UNDER? IS YOUR CHILD CURRENTLY IN CARE? ARE YOU LOOKING FOR CHILD CARE? HAVE YOU USED CHILD CARE IN THE PAST?

The information we gather will help child care resource and referral agencies across New York State to improve services to families. All responses are confidential and your information is not shared with other organizations.

Surveys must be submitted no later than March 31, 2020.

1. In which of the five towns do you reside?
☐ Clarkstown ☐ Haverstraw ☐ Orangetown ☐ Ramapo ☐ Stony Point
2. What are your family compositions?
☐ 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 parents/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) _____
☐ K-6th grade _____
☐ 7th-9th grade _____
4. What is your current family income?
☐ No income ☐ Below \$50,000 ☐ \$50,001-\$100,000
☐ \$100,001-\$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 work hours
☐ Cut back on basic household expenses ☐ Cut back on child care hours
☐ Have a friend/relative watch your children
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/co-pay?
☐ Yes ☐ No
9. What are the **TWO MOST** important reasons you selected your current child care arrangements?
☐ Quality ☐ Location – close to home ☐ Location – close to work ☐ Cost
☐ Caregiver is a relative ☐ Children are happy in the program ☐ Small adult/child ratio
☐ The program accepts subsidy ☐ Good learning/education 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(ren) 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/family
☐ 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(ren) in 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 information, etc.)
☐ Personal dissatisfaction (doesn't like the person, doesn't like another staff/household member, child is not happy, etc.)
☐ Environment (pets, 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 on 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 on 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 have heard of them ☐ No, I have never heard of them

This survey is separate from your Pre-K application. The information disclosed has no impact whatsoever 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 CRRR, 235 N. Main St., Suite 11, Spring Valley, NY 10977 or email to childcarerockland@gmail.com

Email address: _____

Phone number (with area code) _____

First and last name (optional) _____