

Lane County Child Care & Preschool Survey

Thank you for taking the time to answer a short survey about your experience of getting child care or preschool for your child(ren). All answers are anonymous and confidential. If you'd rather share your thoughts over the phone, please call 541.741.6000 x. 123 and talk to our staff person, Michelle.

We're raffling off ten (10) \$50 gift cards as a thank you for taking the survey. To enter the raffle, please provide your contact information on the last page of the survey.

If you have any questions or concerns, please contact us at: education@unitedwaylane.org or call 541.741.6000.
Thanks again!

Your Family's Child Care Wants & Needs

1. **How many children do you have under the age of 18?** 1 2 3 4 5 6 7 or more
2. **What are the ages of your child(ren)?** (Select all that apply) 0-12 months 13-24 months 25-36 months
 3 - 5 years old 6-8 years old 9-11 years old 12-17 years old
3. **What is your relationship to this child or these children?**
 Mother (Bio, Adoptive, or Step) Grandfather Other relative Other (please specify):____
 Father (Bio, Adoptive, or Step) Aunt Foster parent _____
 Grandmother Uncle Other legal guardian _____
4. **In the past 12 months, have you had a child(ren) in child care or preschool?** Yes No
5. **Is your child on an IFSP/IEP, receiving services from Early Childhood CARES, and/or has identified special needs?**
 Yes No I don't know
6. **Where are you most comfortable taking your child to child care or preschool?** (Select all that apply)
 A child care center Public or private school (Elementary, Middle, or High School)
 A licensed child care program in a home Faith-based program
 Family or friend's house None of these – I prefer to stay at home with my child
 Other (please specify) _____
7. **Of those, please rank your top two choices** 1st choice: _____ 2nd choice: _____
8. **How many days a week do you need child care or preschool?**
 1 day 2 days 3 days 4 days 5 days 6 days 7 days
9. **How many hours a day do you need your child to attend child care or preschool?**
 2 hours 3 hours 4 hours 6 hours 8 hours Other (please specify) _____
10. **When do you need child care or preschool?** (Select all that apply)
 Mornings Afternoons Evenings Weekends Overnight Other (please specify) _____
11. **If a program ran less than 8 hours a day, would you need before and/or after care in order for your child to attend preschool?** Yes No
12. **When you look for child care or preschool, what do you look for?** (Select all that apply)
 High quality rated program Is close to my home The program philosophy
 Accepts ERDC (Employment-Related Day Care) subsidy Is close to my work (e.g., Waldorf, Montessori,
 Is affordable The teachers' skills and style Reggio Emilia, etc)
 Other (please specify) _____

13. **What are the biggest challenges to getting your child enrolled in child care or preschool?** (Select all that apply)

- Cost of program
- No/low availability of programs or providers in my area
- Days and hours of most programs don't work for me
- I don't have a way to get them there
- No child care or preschool programs in my area that can work with my child with special needs
- No child care or preschool programs in my area that speak my language
- No child care or preschool programs in my area that share my family's culture or values
- I don't know where to find child care or preschool for my child
- I don't trust people that I don't know to care for my child
- Not applicable – I don't have any challenges
- Other (please specify) _____

Transportation

14. **Is transporting your child to/from child care or preschool difficult for you?** Yes No (*please skip to Question #16*)

15. **Why is it difficult?** (Select all that apply)

- Pick-up and/or drop-off time conflicts with work or school
- No access to car
- Other (please specify) _____
- No access to public transportation and/or bus schedule doesn't work
- Cost of gas or taxi/ride share (e.g., Lyft or Uber) is too high

16. **What mode of transportation do you use to get your child to child care or preschool?** (Select all that apply)

- Walk or bike
- My own vehicle
- Taxi, Lyft, or Uber
- Public transportation
- Child care/preschool van or bus
- I am unable to get my child to preschool
- School bus
- My friend or relative transports my child
- Other (please specify) _____

17. **Would any of the following transportation options make it possible for your child to attend child care or preschool?**

- School bus pick-up/drop-off
- Gas card
- City bus pass
- Does not apply – I can get my child to child care or preschool
- Other (please specify) _____

18. **How easily or difficult have you found child care near to where you live or work?**

- Very easy
- Easy
- Neither easy or difficult
- Difficult
- Very difficult

19. **How many miles (one-way) do you need to travel to get your child to child care or preschool?** _____

Infant & Toddler Care

20. **Are you pregnant or parenting an infant or toddler (0-36 months)?**

- Yes
- No (*please skip to Question #25*)

How important is it that your child care provider	Not at all important	Not so important	Somewhat important	Very Important	Extremely important	Not applicable
21. Supports you in exclusive breastfeeding or bottle feeding with expressed breast milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has specialized training to care for infants or toddlers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Allows flexible pick up and drop off times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

24. **How interested are you in receiving home visits from your child care provider as a resource and support to you and your family?**

- Not at all interested
- Not so interested
- Somewhat interested
- Very Interested
- Extremely interested

Demographic Questions

25. What is your zip code? _____
26. What gender do you identify as? Male Female Prefer to self-describe: _____
 Prefer not to answer
27. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____

28. Please indicate you and your child(ren)'s race and ethnicity in the table below.

	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Black/ African American	Hispanic or Latino	White/ Caucasian	Other (please specify)
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

29. What is your annual household income? Under \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000
 \$100,001 - \$200,000 Over \$200,000 Prefer not to answer
30. What is your family structure at home?
 Single mother/female guardian with child(ren) Mother & father with child(ren) Grandparent(s) with child(ren)
 Single father/male guardian with child(ren) Same sex couple with child(ren) Foster parent(s) with child(ren)
 Other (please specify) _____
31. What is your employment status? Part-time Full-time Unemployed Student Retired
 Other (please specify) _____
32. What is/are the primary languages spoken at home? _____
33. What is your child(ren)'s primary language? _____

How Did You Hear About Us?

34. Where did you hear about this survey?
 Friend/family member Child care or preschool provider Human service agency Other (please specify): _____
 Community organization School teacher or administrator Early Learning Alliance _____
 Social media Healthcare provider (Early Learning Hub) _____
35. Is there anything else you'd like to share with us? _____

Raffle

36. Are you interested in entering the raffle for one of ten \$50 gift cards?
a. Yes (*please complete raffle form on other side*)
b. No – thank you for completing the survey!

Lane County Child Care & Preschool Survey Raffle Entry Form

Thank you for completing the Lane County Child Care & Preschool Survey! We really appreciate your participation.

Please fill out the information below to be entered into the raffle for one of ten \$50 gift cards.

The drawing will be held on Monday, December 2nd. If you are a winner, we will contact you and ask for your gift card preference (Walmart, Target, Amazon, Fred Meyer, etc.)

If you have any questions, please email us at: education@unitedwaylane.org or call 541-741-6000.

Thanks again!

To submit your survey & raffle form, please send it:

By mail: United Way of Lane County, 3171 Gateway Loop, Springfield, OR 97477

By fax: 541-726-4150

By email: education@unitedwaylane.org

**We will separate all surveys & raffle forms so your answers remain anonymous and confidential.
You can also mail, fax, or email separately.**

Please enter your contact information below.

Name _____

City/Town _____

Zip/Postal Code _____

Email Address _____

Phone Number _____