

Child Care Needs Assessment

Developed by SPARC BC in collaboration with Sandra Menzer, Barry Forer and John Foster.

An example of tools that have been used in child care needs assessments projects in B.C.

Parent and Caregiver Survey

The [insert name(s) of local government(s)] is working to assess the needs for child care in _____. A key part of the process involves collecting the experiences of parents and guardians on child care issues and priorities. Based on the information gathered, a child care strategy will be created.

Please help us by completing this survey. We need to hear from you!

This survey is to be completed by **parents and guardians of children** who live in or use child care in the _____. The survey includes questions about personal and family characteristics, current and anticipated child care needs, current child care experiences, and desired improvements for the system. Ideally only one person from each household will take the survey, to help avoid double-counting your family.

The survey will take approximately 20 minutes to complete. If you are not familiar with the subject of any of the questions, please skip the question and move on to the next one.

Your responses will be summarized along with those of others; therefore, your personal anonymity will be maintained.

Participating in this survey is entirely voluntary and you may skip any questions you do not want to answer and end the process at any time.

Personal information you provide is collected pursuant to the Community Charter and will only be used for the purposes of this Child Care Needs Assessment. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to [privacy contact person].

1. Are you a parent or guardian with children ages 0 to 12 at home?

<input type="checkbox"/> Yes → Move to question 2
<input type="checkbox"/> No → End the survey

2. Do you or your spouse either live, work or study in _____ ?

<input type="checkbox"/> Yes → Move to section A, question 1
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No → *End the survey*

Section A: Introductory Questions

1. Where do you live? (Drop down menu with applicable options)

<input type="checkbox"/> Community 1	<input type="checkbox"/> Community 2	<input type="checkbox"/> Community 3
<input type="checkbox"/> Community 4	<input type="checkbox"/> Community 5	<input type="checkbox"/> Other (please specify): _____

2. How many years have you lived in [auto-populate with the location indicated in question 1]?

<input type="checkbox"/> Less than 1 year
<input type="checkbox"/> 1 to 2 years
<input type="checkbox"/> 3 to 5 years
<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> More than 10 years

3. How many children living with you are in each age group? (Select from the drop down options)

Under 3 years old	
From 3 to 5 years, not in kindergarten	
From kindergarten age to 12 years old	

3a. What is your relationship to these children? Check all that apply.

<input type="checkbox"/> Mother	<input type="checkbox"/> Legal guardian
<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Other (please specify _____)	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Prefer not to say	

4. Besides you and any children aged 0 to 12, who else is currently living in your household? Check all that apply.

<input type="checkbox"/> Nobody else	<input type="checkbox"/> Children aged over 18
<input type="checkbox"/> Spouse or partner	<input type="checkbox"/> Parents or parents-in-law
<input type="checkbox"/> Children aged 9 to 12	<input type="checkbox"/> Other relatives
<input type="checkbox"/> Children aged 13 to 18	<input type="checkbox"/> Other adults

5. What is your work/study situation? Check all that apply.

<input type="checkbox"/> I work full-time (30 or more hours per week) → Move to question 5a
<input type="checkbox"/> I work part-time (under 30 hours per week) → Move to question 5a
<input type="checkbox"/> I am currently on maternity or parental leave → Move to question 5a
<input type="checkbox"/> I am unemployed and looking for work → Move to question 6
<input type="checkbox"/> I am at home full-time caring for my children → Move to question 6
<input type="checkbox"/> I am a student → Move to question 6
<input type="checkbox"/> I am retired → Move to question 6
<input type="checkbox"/> Other (please specify _____) → Move to question 6

5a. Where do you do your paid work? (Drop down menu)

<input type="checkbox"/> Community 1	<input type="checkbox"/> Community 2	<input type="checkbox"/> Community 3
<input type="checkbox"/> Community 4	<input type="checkbox"/> Community 5	<input type="checkbox"/> Other (please specify): _____

5b. Is your paid work:

<input type="checkbox"/> Part of the year (e.g. seasonal, school year)
<input type="checkbox"/> All year round

5c. When do you do your paid work? Check one only.

<input type="checkbox"/> Days (Monday – Friday)
<input type="checkbox"/> Days (Weekends)
<input type="checkbox"/> Evenings
<input type="checkbox"/> Overnight
<input type="checkbox"/> It varies

6. [Shown only to those who indicated a spouse or partner lives in their household in question 4] What is your spouse/partner’s work/study situation? Check all that apply.

<input type="checkbox"/> My spouse/partner works full-time (30 or more hours per week) → Move to question 6a
<input type="checkbox"/> My spouse/partner works part-time (under 30 hours per week) → Move to question 6a
<input type="checkbox"/> My spouse/partner is currently on maternity or parental leave → Move to question 6a
<input type="checkbox"/> My spouse/partner is unemployed and looking for work → Move to Section B, question 1
<input type="checkbox"/> My spouse/partner is at home full-time caring for my children → Move to Section B, question 1
<input type="checkbox"/> My spouse/partner is a student → Move to Section B, question 1
<input type="checkbox"/> My spouse/partner is retired → Move to Section B, question 1
<input type="checkbox"/> Other (please specify _____) → Move to Section B, question 1

6a. Where does your spouse/partner do their paid work? (Drop down menu)

<input type="checkbox"/> Community 1	<input type="checkbox"/> Community 2	<input type="checkbox"/> Community 3
<input type="checkbox"/> Community 4	<input type="checkbox"/> Community 5	<input type="checkbox"/> Other (please specify): _____

6b. Is your spouse/partner's paid work:

<input type="checkbox"/> Part of the year
<input type="checkbox"/> All year round

6c. When does your spouse/partner do their paid work? Check one only.

<input type="checkbox"/> Days (Monday – Friday)
<input type="checkbox"/> Days (Weekends)
<input type="checkbox"/> Evenings
<input type="checkbox"/> Overnight
<input type="checkbox"/> It varies

SAMPLE

SECTION B: Your Children’s Day-to-Day Care Arrangements

Please tell us about the current care arrangements for your **youngest** child aged 0 to 12 living in your home.

1. When was this child was born?

Year: _____ Month: _____

2. What is the primary care arrangement for this child (i.e., the one you use the most, excluding school)?

<input type="checkbox"/> My spouse or I → <i>Move to question 3</i>
<input type="checkbox"/> Relative (other than parent) → <i>Move to question 3</i>
<input type="checkbox"/> A licensed group child care centre → <i>Move to question 4</i>
<input type="checkbox"/> A licensed preschool → <i>Move to question 4</i>
<input type="checkbox"/> A licensed family child care → <i>Move to question 4</i>
<input type="checkbox"/> Unlicensed caregiver in their home → <i>Move to question 4</i>
<input type="checkbox"/> Registered license not required care → <i>Move to question 4</i>
<input type="checkbox"/> A caregiver in my home → <i>Move to question 4</i>
<input type="checkbox"/> Other (please specify _____) → <i>Move to question 4</i>

3. Is this child currently on a waitlist for child care?

<input type="checkbox"/> Yes → <i>Move to question 3a</i>
<input type="checkbox"/> No, child care not required → <i>Move to question 11</i>
<input type="checkbox"/> No, could not find a program taking waitlist applications → <i>Move to question 11</i>

3a. How long has this child been on a waitlist?

<input type="checkbox"/> Less than 6 months
<input type="checkbox"/> 6 to 12 months
<input type="checkbox"/> 13 to 24 months
<input type="checkbox"/> More than 24 months

[Respondents who selected 'my spouse or I' or 'relative (other than parent)' will proceed to question 11.]

4. Was this child on a waitlist for child care?

<input type="checkbox"/> Yes → Move to question 4a
<input type="checkbox"/> No → Move to question 5

4a. If yes, for how long?

<input type="checkbox"/> Less than 6 months
<input type="checkbox"/> 6 to 12 months
<input type="checkbox"/> 13 to 24 months
<input type="checkbox"/> More than 24 months

5. In an average week, how many hours does this child spend in his or her primary child care arrangement?

<input type="checkbox"/> Fewer than 10 hours
<input type="checkbox"/> 10 to 20 hours
<input type="checkbox"/> 21 to 30 hours
<input type="checkbox"/> More than 30 hours

6. In which community is this child's primary child care arrangement located? (Drop down menu)

<input type="checkbox"/> Community 1	<input type="checkbox"/> Community 2	<input type="checkbox"/> Community 3
<input type="checkbox"/> Community 4	<input type="checkbox"/> Community 5	<input type="checkbox"/> Other (please specify): _____

7. Why did you choose this arrangement? Check all that apply.

<input type="checkbox"/> Convenience (e.g. location, hours and days of operation, etc.)
<input type="checkbox"/> Reputation
<input type="checkbox"/> The physical facilities
<input type="checkbox"/> The type of program offered
<input type="checkbox"/> Recommendation by a friend
<input type="checkbox"/> First program to offer me a space
<input type="checkbox"/> Reasonable cost
<input type="checkbox"/> Other (please specify _____)

8. How does this child typically get to and from child care? Choose one only.

<input type="checkbox"/> Walking
<input type="checkbox"/> Bicycle
<input type="checkbox"/> Car
<input type="checkbox"/> Public transit
<input type="checkbox"/> Other (please specify _____)
<input type="checkbox"/> Not applicable – child at home

9. How satisfied are you with the following aspects of this child's primary care arrangement?

	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
a. Location				
b. Quality				
c. Hours of care				
d. Cost				

10. How easy or difficult was it to find care for this child?

Very easy → Move to question 11

Somewhat easy → Move to question 11

Somewhat difficult → Move to question 10b

Very difficult → Move to question 10b

10b. If difficult, please explain briefly why.

11. Does this child have a special need or disability?

Yes → Move to question 11a

No → Move to question 12

11a. Does your child's current care arrangement meet the ability needs of your child?

12. Would you change this child's care arrangement(s) if a preferred option became available at a price you could afford?

<input type="checkbox"/> Yes → <i>Move to question 12a</i>
<input type="checkbox"/> No → <i>Move to Section C</i>
<input type="checkbox"/> Not sure → <i>Move to Section C</i>

12a. If yes, why?

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SAMPLE

12b. If yes, what would be your preferred options? Rank your top three preferences.

	1 st choice	2 nd choice	3 rd choice
My spouse or I			
Relative (other than parent)			
Licensed group child care centre			
Licensed preschool			
Licensed family child care			
Unlicensed caregiver in their home			
Registered license-not-required care			
A caregiver in my home			
Other (please describe)			

12c. What would help improve your current child care situation? Check all that apply.

<input type="checkbox"/> Lower fees
<input type="checkbox"/> Extended hours and/or days of operation
<input type="checkbox"/> Program that supports my child with special needs
<input type="checkbox"/> Program that meets my language or cultural needs
<input type="checkbox"/> More convenient location
<input type="checkbox"/> Increased availability of part-time child care
<input type="checkbox"/> Increased availability of full-time child care
<input type="checkbox"/> Other (please describe _____)

12d. What would be your ideal child care arrangement for this child?

[Shown only if respondent indicated more than one child in Section A Question 3] **Would you like to provide child care information about your other children?**

<input type="checkbox"/> Yes → <i>Loop through Section B again</i>
<input type="checkbox"/> No → Continue to Section C

SECTION C: General Child Care Information

1. What do you like most about your current child care arrangements?

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2. What would you like to change about your current child care arrangements?

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3. Which of the following sources of information have you used for help in choosing or finding child care? Check all that apply.

<input type="checkbox"/> Your local Child Care Resource and Referral program
<input type="checkbox"/> Family members
<input type="checkbox"/> Friends, neighbours, parents of other children
<input type="checkbox"/> Websites, blogs
<input type="checkbox"/> Social media (Facebook, Twitter)
<input type="checkbox"/> Brochures/leaflets
<input type="checkbox"/> Community newspaper
<input type="checkbox"/> School
<input type="checkbox"/> Health Authority
<input type="checkbox"/> Community programs (please list _____)
<input type="checkbox"/> Other (please describe _____)
<input type="checkbox"/> None

4. How important is each of the following aspects of a child care program for you?

	Not at all Important	Somewhat Important	Quite Important	Very Important
Located near my home				
Located near my work				
Located near my child's school				
Cost				
Hours the program is open				
The activities for children				
Quality of indoor space				
Quality of outdoor space				
Staff				
Reputation of the program				
Accepts children with special needs				
Program reflects my language/culture				
Program is licensed				
Other (please specify) _____				

5. Which best describes your child care needs for *your children not yet in kindergarten*? Check one only.

<input type="checkbox"/> Not applicable – all children are school-age
<input type="checkbox"/> Five days a week, full days (more than four hours per day)
<input type="checkbox"/> Five days a week, part days (four hours per day or less)
<input type="checkbox"/> One to four days a week, full days
<input type="checkbox"/> One to four days a week, part days
<input type="checkbox"/> Occasional care as needed (irregular schedule)
<input type="checkbox"/> Other (please specify _____)

6. Which best describes your child care needs for *your children from kindergarten to 12 years old*? Check one only.

<input type="checkbox"/> Not applicable – no school-age children 12 years or younger
<input type="checkbox"/> Out of school care, five days a week
<input type="checkbox"/> Out of school care, one to four days a week
<input type="checkbox"/> Occasional care as needed (irregular schedule)
<input type="checkbox"/> School professional days or school breaks
<input type="checkbox"/> Other (please specify _____)

SECTION D: Final Details

1. Last year, what was your total household income, before taxes and deductions?

<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> \$25,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999
<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$100,000 to \$124,999
<input type="checkbox"/> \$125,000 to \$149,999
<input type="checkbox"/> \$150,000 to \$199,999
<input type="checkbox"/> \$200,000 or more
<input type="checkbox"/> Prefer not to answer

2. How long have you lived in Canada?

<input type="checkbox"/> Born in Canada
<input type="checkbox"/> Under 3 years
<input type="checkbox"/> 3 to 5 years
<input type="checkbox"/> 5 to 10 years
<input type="checkbox"/> More than 10 years

3. Which language(s) are most often spoken in your home? Check all that apply. (Present most commonly spoken languages in your area as options.)

<input type="checkbox"/> English	<input type="checkbox"/> Language 2	<input type="checkbox"/> Language 3
<input type="checkbox"/> Language 4	<input type="checkbox"/> Language 5	<input type="checkbox"/> Other (please specify _____)

4. What are the top three things you'd like to see happen to improve the child care situation for you and other families in your community?

5. Do you have any other comments or suggestions you'd like to share to help with Child Care Assessment and Action Plans for _____?

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THANK YOU FOR PARTICIPATING IN OUR SURVEY. PLEASE SHARE THE SURVEY WITH FAMILY AND FRIENDS WITH YOUNGER CHILDREN.