Please continue only if you are a New York State resident who has a child aged 12 years or under. If your children are currently in child care, if you are looking for child care, or if you have used child care in the past, WE WANT TO HEAR FROM YOU! The information we gather will help Child Care Resource & Referral agencies across NY State to improve services to families.

**4 Ways to Participate!**

<table>
<thead>
<tr>
<th>Method</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:ccs@childcaresolutionscny.org">ccs@childcaresolutionscny.org</a></td>
</tr>
<tr>
<td>Fax:</td>
<td>(315) 446-2010</td>
</tr>
<tr>
<td>Mail:</td>
<td>Child Care Solutions, Inc.</td>
</tr>
<tr>
<td></td>
<td>6724 Thompson Road</td>
</tr>
<tr>
<td></td>
<td>Syracuse, NY 13211</td>
</tr>
</tbody>
</table>

All survey participants who provide an optional method of contact will be entered to win a $100.00 Visa Gift Card!

THANK YOU for taking the time to fill out the Child Care Solutions 2018 Parent Survey!

Please continue only if you are a New York State resident who has a child aged 12 or under. If your children are currently in child care, if you are looking for child care, or if you have used child care in the past, we want to hear from you!

The information we gather will be used to help Child Care Solutions serve families more effectively.

Your responses are confidential.

SURVEYS MUST SUBMITTED BY MARCH 31, 2018.
2018 PARENT SURVEY

**General Information** * - required
1. * Your Zip Code: ________________
2. * Your County: ________________
3. * How did you hear about this survey:
   ___ Email from CCR&R
   ___ Email other
   ___ USPS Mail
   ___ Local DSS
   ___ Community Event
   ___ Child care provider
   ___ Health care provider
   ___ Relative/friend
   ___ Newspaper
   ___ Social Media
   ___ CCR&R website
   ___ CCR&R staff
   ___ Other
4. * Do you currently have children in child care OR have you had children in child care in the past 12 months?
   ___ Yes
   ___ No
5. * What is your family composition and employment status?
   ___ 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

**Questions about Income**
6. * What is your annual family income?
   ___ I do not wish to answer
   ___ No income
   ___ < 32K
   ___ 32,001 - 40,000
   ___ 40,001 - 50,000
   ___ 50,001 - 60,000
   ___ 60,001 - 70,000
   ___ 70,001 - 80,000
   ___ 80,001 - 90,000
   ___ 90,001 - 100,000
   ___ 100,001 - 150,000
   ___ 150,001 - 250,000
   ___ 250,001 - 500,000
   ___ 500,000 +
2018 PARENT SURVEY

7. * While your children were in care, did you every have trouble paying?
   ____Always
   ____Often
   ____Sometimes
   ____Rarely
   ____Never

8. In order to pay for care, did you: (check all that apply)
   ____Borrow from family
   ____Borrow from friends
   ____Use credit cards
   ____Cut back on basic household expenses
   ____Cut back work hours
   ____Cut back child care hours
   ____Have a friend/relative watch your child/children
   ____Switch to less expensive care
   ____Use a combination of care types (examples: Child Care center and Grandmother, or
      one provider during the week and different provider on the weekend)
   ____None of the above - I can pay.

9. Do you/did you receive assistance to pay for child care/child care subsidy? ____Yes  ____No

10. If you do/did receive assistance, do you have trouble paying your parent share fee/co-pay?
    ____Yes
    ____No
    ____N/A

Provider Questions

11. * Please indicate the reasons why you chose your specific child care arrangement: (check all that apply)
    ____Quality
    ____Location - close to home
    ____Location - close to work
    ____Hours
    ____Cost
    ____Caregiver is a relative
    ____Children are happy I the program
    ____Small adult/child ratio
    ____The program accepted subsidy/assistance
    ____Good learning/educational program
    ____Caregiver trained/educated
    ____Caregiver knowledgeable
    ____How I was treated at time of initial visit
    ____Heard good things from other parents
    ____Activities offered for children
    ____My other child was enrolled in the program (currently or previously)
    ____Provider had experience with special needs children
    ____Program nationally accredited
    ____Other:___________________________________________
12. Of all the reasons you indicated in question 11, what are the 2 most important?

- Quality
- Location - close to home
- Location - close to work
- Hours
- Cost
- Caregiver is a relative
- Children are happy I the program
- Small adult/child ratio
- The program accepted subsidy/assistance
- Good learning/educational program
- Caregiver trained/educated
- Caregiver knowledgeable
- How I was treated at time of initial visit
- Heard good things from other parents
- Activities offered for children
- My other child was enrolled in the program (currently or previously)
- Provider had experience with special needs children
- Program nationally accredited
- Other: ____________________________________________

Questions About Children: The next section of questions are about childcare. You only need to complete the questions that apply to your children in care currently or in the past 12 months.

<table>
<thead>
<tr>
<th>Infant=0-18 months; Toddler=18 months-3 years; Preschool=3-5 years; School Age=Kindergarten - 12 years</th>
<th>Infant</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many children in care currently or in the past 12 months?</td>
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<tr>
<td>If you are currently seeking care, how long have you been looking</td>
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<tr>
<td>0-3 months</td>
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<td>3-6 months</td>
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<td>over 6 months</td>
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<tr>
<td>What type of care are you using/did you use for your child?</td>
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<td>Child Care Center</td>
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<td>Licensed/Registered family care home</td>
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<tr>
<td>Head Start</td>
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<td>Older Sibling</td>
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<tr>
<td>Care by Parent</td>
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<td>Care by friend/relative</td>
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<td>After school Care</td>
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<td>Combination of Providers</td>
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<tr>
<td>Other</td>
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</table>
Infant=0-18 months; Toddler=18 months- 3 years; Preschool=3 - 5 years; School Age=Kindergarten - 12 years

<table>
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<th>What type of care would be your first choice?</th>
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<th>Preschool:</th>
<th>School Age:</th>
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| How much do you pay/week for care?                              | $       | $       | $          | $           |
| How many days a week are/is your child in care?                 |         |         |            |             |
| If you are receiving subsidy/assistance, what is your parent share/co-pay? | $       | $       | $          | $           |

| How satisfied are you with your child care provider?            |         |         |            |             |
| Very satisfied                                                 |         |         |            |             |
| Satisfied                                                      |         |         |            |             |
| Neither satisfied or dissatisfied                              |         |         |            |             |
| Dissatisfied                                                   |         |         |            |             |
| Very dissatisfied                                              |         |         |            |             |

13. If you have ever been dissatisfied or very dissatisfied with a child care provider please indicate why (check all that apply):
   ___ Child isn’t in a good learning environment
   ___ Provider/teacher could be more nurturing
   ___ Provider schedule/availability (days of week)
   ___ Provider hours
   ___ Other children’s behavior towards your child
   ___ Inconvenient location/long drive
   ___ Frequent staff changes
   ___ OCFS Violations (active or not yet reported)
   ___ Do not agree with the provider’s child care philosophy
   ___ Environment (pets, air quality, safety issues)
   ___ Child is unhappy
   ___ Provider’s business practices (won’t provide tax info, documentation, etc.)
   ___ Other
2018 PARENT SURVEY

14. Have you ever withdrawn your child from a provider/program for any of the following reasons (check all that apply):
   ____ Cost of care was too high
   ____ Change in your work hours
   ____ Moved out of area of current child care
   ____ Provider can’t take my infant (or 2nd child)
   ____ Provider/teacher could be more nurturing
   ____ Frequent staff changes
   ____ Personal dissatisfaction (doesn’t like the person, doesn’t like another staff/household member, child isn’t happy but nothing “wrong,” etc.)
   ____ Provider’s business practices (won’t provide tax info, documentation, etc.)
   ____ Environment (pets, air quality, safety issues)
   ____ OCFS Violations (active or not yet reported)
   ____ My child was expelled/asked to leave
   ____ Other
   ____ No – I have never withdrawn my child from a provider/program

Employment Questions

15. *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 to work late
   ____ Cut back on work hours
   ____ Quit your job
   ____ Lose your job
   ____ Change your job within the company (less responsibility)?
   ____ Change jobs to another company
   ____ Receive disciplinary action/be written up
   ____ No issues
   ____ Other

16. Does your employer offer (check all that apply):
   ____ Work from home when child is sick or off from school
   ____ Dependent Care Assistance (DAP)
   ____ Resources to find child care
   ____ Child care at your work site
   ____ Financial assistance for child care
   ____ Extended maternity/paternity leave
   ____ Flexible schedule
   ____ Allow you to bring child to work
   ____ Other: ____________________________
17. If your employer offered any of the options in question 16, which 2 would be the most helpful?
   ___ Work from home when child is sick or off from school
   ___ Dependent Care Assistance (DAP)
   ___ Resources to find child care
   ___ Child care at your work site
   ___ Financial assistance for child care
   ___ Extended maternity/paternity leave
   ___ Flexible schedule
   ___ Allow you to bring child to work
   ___ Other: ____________________________

18. * Have child care issues impacted your job (Check all that apply):
   ___ Child care not reliable
   ___ Not always able to pay
   ___ Worried child isn’t safe
   ___ Worried child isn’t receiving best care
   ___ Did not have someone to watch child
   ___ No Impact
   ___ Other: ____________________________

19. Do you think an increase in the minimum wage will (check all that apply):
   ___ Affect your ability to pay for care
   ___ Increase the cost of child care
   ___ Reduce the availability of child care providers
   ___ No impact
   Comment: _______________________________________________________

20. Do you plan to/ would you utilize Paid Family Leave?
   ___ Mother only
   ___ Father only
   ___ Both parents/guardians
   ___ One parent/guardian only
   ___ Neither parent/guardian
   ___ Not sure

21. Are you aware of Child Care Solutions, Inc.’s services for families?
   ___ Yes
   ___ No - but I have heard about Child Care Solutions, Inc.
   ___ No - I have never heard about Child Care Solutions, Inc.

OPTIONAL: To be entered to win a $100 Visa Gift Card please provide your name and preferred method of contact:

   Name: ________________________________
   Phone: ______________________________
   Home Phone: _________________________
   Email: ______________________________

☐ Check this box if you would like someone from Child Care Solutions to contact you about child care referrals, parent information, and/or the child care assistance/subsidy program.

Thank you for completing our survey.