

Community Early Childhood System of Care Self-Assessment

Parent Survey

Parents and/or Guardians,

We appreciate you taking the time to fill out this short parent survey. Your responses will help us work to increase the services and supports that are available to you and your young children (ages 0-8). Your responses are completely confidential and completion of this survey is not required.

FAMILY INFORMATION			
How many children ages 0-8 do you have? _____			
What is your zip code? _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> What are the ages of your children? (Circle all that apply) </div> <div style="width: 35%; text-align: center;"> Infant (0-17 months) Toddler (18 months-2 years) Preschool (3-4 years) School Age (5-8 years) </div> </div>			
HEALTH			
1= Not Important 2= Sort of Important 3= Very Important			
1. Was pregnancy health care available to you?	Yes	No	Don't Know
How important is pregnancy health care to you?	1	2	3
2. While pregnant did anyone talk to you about the importance of stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	Yes	No	Don't Know
How important is it that someone talk to you during pregnancy about stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	1	2	3
3. During pregnancy were you ever asked about using drugs?	Yes	No	Don't Know
How important is it to you for pregnant mothers to be screened for drug use or asked about using drug?	1	2	3

4. Did you receive information about the benefits of breastfeeding?	Yes	No	Don't Know
How important is it to you to receive information about the benefits of breastfeeding?	1	2	3
5. Was breastfeeding support made available to you?	Yes	No	Don't Know
How important is it to you to have breastfeeding support made available to you?	1	2	3
6. After you had your baby did anyone ask you if you were experiencing any signs of post-partum depression?	Yes	No	Don't Know
How important is it to you to have someone ask you about signs of post-partum depression?	1	2	3
7. During well baby checks was your child screened for developmental milestones (i.e. turning head to locate sound for 2 month old baby)?	Yes	No	Don't Know
How important is it to you that your baby is screened for developmental milestones at his/her well baby checks?	1	2	3
8. Was your child screened for social-emotional, behavioral, or mental health (i.e. making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression)?	Yes	No	Don't Know
How important is it to you for your child to be screened for social-emotional, behavioral, or mental health?	1	2	3
FAMILY RESOURCES			
1= Not Important 2= Sort of Important 3= Very Important			
9. Have you received information about your child's social-emotional development (e.g. attachment, bonding, making friends, problem solving, eye contact, smiling, etc)?			
Prenatal (prior to birth)	Yes	No	Don't Know
Infancy (0-17 months)	Yes	No	Don't Know
Toddlers (18 months- age 2)	Yes	No	Don't Know
Preschool (ages 3-4)	Yes	No	Don't Know
Primary (ages 5-8)	Yes	No	Don't Know

How important is it to you to receive information about your child's social-emotional development?	1	2	3
10. Did anyone share with you information about what a high quality child care program looks like and why it is important?	Yes	No	Don't Know
How important is it to you for someone to share what information about what a high quality child care program looks like and why it is important?	1	2	3
11. Do you feel that there are enough childcare options in your community?	Yes	No	Don't Know
How important is it to you to have enough childcare options in your community?	1	2	3
12. Are services for the following needs available in your community?			
Respite Care	Yes	No	Don't Know
Financial concerns	Yes	No	Don't Know
Domestic violence	Yes	No	Don't Know
Parental mental health concerns	Yes	No	Don't Know
Parental substance abuse concerns	Yes	No	Don't Know
Assessments of a child's behavior or mental health	Yes	No	Don't Know
Individual parent-child therapy	Yes	No	Don't Know
Mental health or behavioral consultation for problems in school and/or childcare	Yes	No	Don't Know
Group parenting classes for parents of children with challenging behaviors	Yes	No	Don't Know
How important is it to you to have services for the following needs available in your community?			
Respite Care	1	2	3
Financial concerns	1	2	3
Domestic violence	1	2	3
Parental mental health concerns	1	2	3

Parental substance abuse concerns	1	2	3
Assessments of a child's behavior or mental health	1	2	3
Individual parent-child therapy	1	2	3
Mental health or behavioral consultation for problems in school and/or childcare	1	2	3
Group parenting classes for parents of children with challenging behaviors	1	2	3

SCHOOL
1= Not Important 2= Sort of Important 3= Very Important

13. Do you have opportunities to participate in your child's school (e.g. events/activities, field trips, parent-teacher conferences, preparing materials, volunteering)?	Yes	No	Don't Know
How important is it to you to be involved in your child's school?	1	2	3

14. Do you feel your child's school or childcare program does a good job of meeting your child's behavior and social-emotional needs?	Yes	No	Don't Know
How important is it to you that your child's school or childcare program does a good job of meeting your child's behavior and social-emotional needs?	1	2	3

An electronic version of this survey can be found here:

<http://dhhs.ne.gov/homevisiting>
<http://rootedinrelationships.org/resources/>

This document was developed by the TFKF Mental Health Work Group. Together for Kids and Families (TFKF) was Nebraska's Early Childhood Comprehensive Systems project located organizationally within the Department of Health and Human Services, Division of Public Health, Lifespan Health Services. TFKF brought together early childhood stakeholders to comprehensively plan and implement strategies designed to holistically address issues that affected young children and their families in order to promote positive outcomes.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

