

# Community Early Childhood System of Care Self-Assessment

## Parent Survey Modules

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. All your survey responses are combined with the responses of other parents in your community and considered as a group to better understand what is going well and what needs to be improved for parents and young children. Thank you for taking the time to provide your thoughts and experiences!

INTRODUCTION		
11. Are you or your partner pregnant or do you have children age 0-8?	Yes	No (Skip to Business Owner/Employer Section)

FAMILY INFORMATION								
F11. How many children ages 0-8 do you have?	Currently pregnant	1	2	3	4	5	6	7 or more
F12. What is your zip code? _____								
F13. What are the ages of your children? (Circle all that apply)								
<div style="text-align: right;">                     Infant (0-17 months)                      Toddler (18 months-2 years)                      Preschool (3-4 years)                      School Age (5-8 years)                 </div>								

<b>HEALTH</b>				
1= Not Important 2= Sort of Important 3= Very Important				
H1. Was pregnancy health care available to you or your partner?	Yes	No	Don't Know	N/A
How important is pregnancy health care to you?	1	2	3	
H2. 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	N/A
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	
H3. During pregnancy were you ever asked about using drugs?	Yes	No	Don't Know	N/A
How important is it to you for pregnant mothers to be screened for drug use or asked about using drug?	1	2	3	
H4. Did you or your partner receive information about the benefits of breastfeeding?	Yes	No	Don't Know	N/A
How important is it to you to receive information about the benefits of breastfeeding?	1	2	3	
H5. Was breastfeeding support made available to you or your partner?	Yes	No	Don't Know	N/A
How important is it to you to have breastfeeding support made available to you?	1	2	3	
H6. After you had your baby did anyone ask you if you were experiencing any signs of postpartum depression?	Yes	No	Don't Know	N/A
How important is it to you to have someone ask you about signs of postpartum depression?	1	2	3	
H7. During Well-Child checks was your child screened for developmental milestones (e.g. turning head to locate sound for 2 month old baby, etc.)?	Yes	No	Don't Know	N/A
How important is it to you that your child is screened for developmental milestones at his/her Well- Child checks?	1	2	3	
H8. Was your child screened for social-emotional, behavioral, or mental health (e.g.. making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression, etc.)?	Yes	No	Don't Know	N/A
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

FR1. Have you received information about your child’s social-emotional development (e.g. attachment, bonding, making friends, problem solving, eye contact, smiling, etc.) during the following timeframes?

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

FR2. 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 information about what a high quality child care program looks like and why it is important?	1	2	3

FR3. Do you believe there are enough child care options in your community?

	Yes	No	Don’t Know
How important is it to you to have enough child care options in your community?	1	2	3

FR4. 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 child care	Yes	No	Don't Know
Group parenting classes for parents of children with challenging behaviors	Yes	No	Don't Know
<b>How important is it to you to have services for the following needs available in your community?</b>			
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 child care	1	2	3
Group parenting classes for parents of children with challenging behaviors	1	2	3

<b>SCHOOL</b>			
1= Not Important 2= Sort of Important 3= Very Important			
S1. Do you have opportunities to participate in your child's school (e.g. events/activities, field trips, parent-teacher conferences, preparing materials, volunteering, etc.)?	Yes	No	Don't Know
How important is it to you to be involved in your child's school?	1	2	3
S2. Do you believe your child's school or child care program does a good job of meeting your child's behavioral and social-emotional needs?	Yes	No	Don't Know
How important is it to you that your child's school or child care program does a good job of meeting your child's behavioral and social-emotional needs?	1	2	3

<b>QUALITY CHILD CARE</b>			
1= Not Important 2= Sort of Important 3= Very Important			
QC1. Do you believe the child care that is offered in your community is affordable and accessible to all children?	Yes	No	Don't Know
How important is it to you that child care is affordable and accessible to all children?	1	2	3
QC2. Do you believe that reliable child care/preschool that does not cause parents to be tardy, miss work, or be distracted at work, is available in your community?	Yes	No	Don't Know
How important is reliable child care/preschool, that does not cause a work disruption, to the community?	1	2	3
QC3. Do you believe the future growth and development of your community is dependent on the availability of high quality child care?	Yes	No	Don't Know
How important is the availability of high quality child care to the future growth and development of your community?	1	2	3
QC4. Do you believe the child care/preschool that is offered in your community is high quality?	Yes	No	Don't Know
How important is high quality child care/preschool in your community?	1	2	3

<b>CHILD CARE NEEDS</b>			
1= Not Important 2= Sort of Important 3= Very Important			
CN1. Do you currently use a child care provider?	Yes	No	
<b><u>IF Yes Using childcare...</u></b>			
CN1a. Is your child care provider:	In a Center	In a Home	Unlicensed friend or family
CN1b. Is your child care provider licensed?	Yes	No	Don't know
CN1c. In which community is your child care provider?			
	(comm 1)	(comm 2)	(comm 3)
	(comm 5)	(comm 6)	(comm 7)
			(comm 8)
CN1d. Was it difficult to find child care locally?	Yes	No	

CN1e. If you answered YES on the previous question, please indicate why finding child care was difficult. (Select all that apply)				
Cost	Availability	Quality	Transportation	
Location	Hours of Operation	Didn't know who to ask	Other	
<b><u>IF NO not using child care...</u></b>				
CN1f. Please indicate the reason you are not currently using child care:				
Not affordable	Unable to find / I don't know who to ask	Rely on relatives and /or friends	Not employed	
Transportation	Work different shifts than partner	Not comfortable with the quality of available care	I am a child care provider	
CN2. In the last 12 months, has a lack of child care caused you to miss work, be late or caused a distraction at work?				
		Yes	No	Don't know
CN3. Has child care availability ever affected your ability to accept a position or maintain employment?				
		Yes	No	Don't know
CN4. What are you looking for in a child care provider or program? (Select all that apply)				
Affordable	Staff/provider that cares about my child/ren	Structured schedule with education built-in	Limited screen time	
They are licensed	Reliability, Cleanliness, and/or Safety	Open in the evening, on the weekends, and/or for drop-ins	Other	
CN5. Are your child care needs being met?				
		Yes	No	
<b><u>IF NO...</u></b> CN5a. What are your child care needs per week?	Full-time (32+ hours)	Part-time (less than 32 hours)	Overlapping Schedules (several hours a day)	Drop-in Care
CN5b. What time(s) of day do you need child care?	After school	Evenings	Weekends	Overnight
CN5c. What portion of the year do you need child care?	During the school year	All year	Summer only	

<b>BUSINESS OWNER/EMPLOYER</b>				
1= Not Important 2= Sort of Important 3= Very Important				
B1. Are you a business owner or employer? (This includes owners of center-based child care and family child care homes)		Yes	No (skip to demographics)	
B2. In the last 12 months, has a lack of child care caused your employees, to be late, miss work or cause a distraction at work?		Yes	No	Don't Know
B3. Has child care availability ever affected your ability to attain or retain employees?		Yes	No	Don't Know
B4. Has child care availability ever affected your ability to hire your candidate of choice?		Yes	No	Don't Know
B5. Does your organization have an interest in hosting child care at your location in the next 3 years?		Yes	No	Don't Know/NA
B6. Is child care for your employees part of the business plan or one of the business priorities?		Yes	No	Don't Know/NA
B7. Is your business child care?		Yes	No (skip to Demographics)	
B8. Are you currently providing child care in your home?		Yes	No	
B9. Are you currently licensed by the state of Nebraska to provide child care?		Yes	No	
<b>IF YES...</b>				
B9a. What license do you hold?	Family Child Care Home I	Family Child Care Home II	Child Care Center	Preschool / School Age Only
B9b. If you are NOT rated in Step Up to Quality, please indicate the reason. (Select all that apply)				
Time	I don't know what Step Up to Quality is		Not enough incentive to participate	
Cost	Training Requirements	It's too confusing	Other	
<b>IF NO...</b>				
B9c. If you are NOT licensed, what are the primary reasons for not becoming licensed? (Select all that apply)				
Time	Training Requirements	Money / Too Expensive	Language barrier	
Not Interested	Don't want the rules / oversight		Other	

B9d. What would be the most helpful to become licensed? (check all that apply)				
Mentor to help with the process		Free training		Money for materials
Translation of materials into another language		Information about the benefits of being licensed		Other
B10. Are you planning to retire or exit the field in the near future?				
Within the next 2 years	3-5 years	6-8 years	7-10 years	No plans to exit in next 10 years
IF YES... B10a. If you are planning to exit the field in the next 10 years, what is the reason?				
Retirement	Children going to school	Exiting to a different field	No longer working	
Going to school	Not making profit / livable wage	Low enrollment	Other	
B11. Would you be interested in learning more about child care business practices?			Yes	No

OPTIONAL DEMOGRAPHICS				
OD1. Are you currently employed?	No	Part-time	Full-time	More than 40 hours/week
OD2. In which community do you live?				
(comm 1)	(comm 2)	(comm 3)	(comm 4)	
(comm 5)	(comm 6)	(comm 7)	(comm 8)	
OD3. In which community are you employed?				
(comm 1)	(comm 2)	(comm 3)	(comm 4)	
(comm 5)	(comm 6)	(comm 7)	(comm 8)	
OD4. Select your combined family income for your household				
No income	\$0-\$19,999	\$20,000 - \$39,999	\$40,000 - \$59,999	
\$60,000 - \$79,999	\$80,000 - \$99,999	\$100,000 and over		
OD5. What is your highest level of education completed?				
Did not graduate high school	GED/High school diploma	Some College (no degree)	Technical School/ Certification	
Associates Degree (2 year)	Bachelor's Degree (4 year)	Master's Degree	Doctoral Degree	



OD6. Select all that apply for you

White or Caucasian

Black or African  
American

Hispanic or Latino

Asian or Asian  
American

Native Hawaiian or  
Pacific Islander

American Indian or  
Alaska Native

Other/ Unknown

Prefer not to say

If you would like to be entered for a chance to win one of 20 \$50 gift cards, please provide your name, phone number, and email address below:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_