



Child Care Council of Dutchess and Putnam, Inc.

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 help The Child Care Council to improve our services to families in our area.

All survey participants will be entered to win a \$100.00 Visa Gift Card!

4 Ways to Participate!

On line: www.childcaredutchess.org
Or: <http://bit.ly/ParentSurvey2018>

Email: info@childcaredutchess.org

Fax: (845) 473-4161

Mail: **Child Care Council**
70 Overocker Road
Poughkeepsie, NY 12603
Attn: Parent Survey

THANK YOU for taking the time to fill out The Child Care Council 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 The Child Care Council serve families more effectively.

Your responses are confidential.

SURVEYS MUST SUBMITTED BY MARCH 31, 2018.



Child Care Council of Dutchess and Putnam, Inc.

2018 Parent Survey

General Information

* - required

1. *Your Zip Code: _____
2. *Your County: _____
3. Your Township: _____
4. Your School District: _____
5. *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

6. *Do you currently have children in child care OR have you had children in child care in the past 12 months?
 - ___ Yes
 - ___ No

7. *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



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Questions about Income

8. *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 +

9. *While your children were in care, did you every have trouble paying?

- Always
- Often
- Sometimes
- Rarely
- Never

10. 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.

11. Do you/did you receive assistance to pay for child care/child care subsidy?

- Yes No

12. If you do/did receive assistance, do you have trouble paying your parent share fee/co-pay?

- Yes No N/A



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Provider Questions

13. *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: _____

14. Of all the reasons you indicated in question 13, 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)
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- Other: _____



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Questions About Childcare

The next section of questions are about childcare. You only need to complete the sections that apply to your children in care currently or in the past 12 months. Please enter your responses into the appropriate column(s).

15. – 42.	Infant	Toddler	Preschool	School Age
How many children do you currently have in care or have had in care in the past 12 months?				
If you are currently seeking care, how long have you been looking				
0-3 months				
3-6 months				
over 6 months				
What type of care are you using/did you use for your child?				
Child Care Center				
Licensed/Registered family care home				
Head Start				
Nanny/babysitter in home				
Head Start/Early Head Start				
Nursery School				
Preschool				
Older Sibling				
Care by Parent				
Care by friend/relative				
Camp				
After school Care				
Library				
Combination of Providers				
Other				
What type of care would be your first choice?				
Child Care Center				
Licensed/Registered family care home				
Head Start				
Nanny/babysitter in home				
Head Start/Early Head Start				
Nursery School				
Preschool				
Older Sibling				
Care by Parent				
Care by friend/relative				



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	Infant	Toddler	Preschool	School Age
Camp				
After School Care				
Library				
Combination of Providers				
Other				
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				

43. If you have ever been dissatisfied or very dissatisfied with a child care provider please indicate why (check all that apply):

- 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

44. 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



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Employment Questions

45. *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 _____

46. 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: _____

47. If your employer offered any of the options in question 46, 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: _____

48. *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: _____



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49. 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: _____

50. 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

51. Are you aware of your local CCR&R's (Child Care Resource & Referral Agency) services for children and families?

- Yes
- No - but I have heard about CCR&Rs
- No - I have never heard about CCR&Rs

52. OPTIONAL

Note: You must complete this information in order to be eligible for the \$100.00 gift card drawing and local prizes awarded by individual CCR&Rs.

If you would like someone from your local CCR&R to contact you about child care referrals, parent information, and/or the child care assistance/subsidy program please provide your name and preferred method of contact:

Name: _____

Phone: _____

Home Phone: _____

Email: _____

Thank you for completing our Survey.