

*Child Care Needs Assessment Note: This survey is meant as a starting point and can be customized as needed. It has been adapted from a survey created by the Child Care Services Association and Family Forward NC. It is saved as a Microsoft word document so that users can easily edit it or cut and paste it into an online survey tool.*

Child Care Needs Assessment

We are assessing how to support our employees with caregiving responsibilities. Please answer this short survey to help us determine your needs. Responses will be kept conﬁdential and results reported in aggregate.

1. Which best describes your typical work schedule?
	1. Standard full-time (e.g. Mon-Fri, standard business hours)
	2. Flexible full-time (e.g. 35-40 hours/week, with ﬂexible hours)
	3. Standard part-time (less than 30 hours/week, within standard business hours)
	4. Flexible part-time (less than 30 hours/week, with ﬂexible hours)
	5. Full-time, currently on leave
	6. Part-time, currently on leave
	7. Other (Please specify)
2. Thinking about your work hours, how far in advance are you aware of your work schedule, or do you have a fixed work schedule?
	1. Less than a week in advance
	2. 1 week in advance
	3. 2 weeks in advance
	4. 3 weeks in advance
	5. 4-7 weeks in advance
	6. 8-12 weeks in advance
	7. I have a fixed work schedule
	8. I am an ’on-call’ worker
	9. I make my own schedule.
	10. Other, please specify
3. Where are you currently working:
	1. On-site
	2. Telecommuting
	3. Hybrid Schedule (combination of on-site and remote work)
	4. Other (explain):
4. Please select all the answers that represent your caregiving situation:
	1. I do not have caregiving responsibilities and don’t plan to for the foreseeable future
	2. I do not currently have caregiving responsibilities but anticipate having caregiving responsibilities within the next year
	3. I do not currently have caregiving responsibilities but anticipate having caregiving responsibilities within the next 2-3 years
	4. I have caregiving responsibilities for a child or children
	5. I have caregiving responsibilities for a disabled, sick, or elderly loved one
	6. Other (Please specify)
5. If you are a parent or care for a child, which of the following age groups do your children fall into? Select all that apply:
	1. 0-6 months
	2. 7-18 months
	3. 19 months to 3 years old
	4. 3-5 years old
	5. 6-12 years old
	6. 13-18 years old
6. If you care for a child(ren) under the age of 6 years, do you currently have child care? (Check all that apply.)
	1. Yes - I have consistent access to full time child care
	2. I have consistent access to part-time child care, but it doesn’t cover all of my work hours
	3. I have access to child care, but its availability is inconsistent/unpredictable
	4. I have consistent access to child care but still have child care needs for days my provider is closed or for emergencies
	5. No - my family is without child care
	6. Child care is too expensive for my family
7. What is your current child care arrangement? Select all that apply:
	1. Child care center/preschool
	2. Family day care home (child care for 6 or fewer children)
	3. Group Day Care (care in a home or other location for 7-12 children)
	4. Nanny
	5. Au pair
	6. Child(ren) attended school and after-care or afterschool programs.
	7. Part-time babysitter/neighbor
	8. Child care provided by my spouse, partner, co-parent, or a relative
	9. Not Applicable - I do not a have child care arrangement
	10. Other (please specify)
8. Which of the following actions have you taken to secure child care? Select all that apply:
	1. I moved to part-time capacity at work
	2. I changed my hours at work
	3. My partner/spouse/co-parent moved to part-time capacity at work
	4. I took a leave of absence from work to care for my child(ren)
	5. My partner/spouse/co-parent took a leave of absence from work to care for my child(ren)
	6. My partner/spouse/co-parent left their job to take care of our child(ren)
	7. Hired an au pair
	8. Hired a nanny
	9. Switched to a new child care center or licensed home-based child care provider
	10. I have moved or am considering moving to be closer to family for support
	11. Family is visiting or moved to help with child care
	12. Not applicable - I do not have a child care arrangement
	13. None of the following apply
	14. Other (please specify)
9. What are your greatest challenges in life and work currently? Select up to three top challenges:
	1. Cost of child care
	2. Balancing work and family responsibilities
	3. Dynamics with my manager
	4. Dynamics with colleagues or teammates
	5. Coordinating household responsibilities with my partner
	6. Needing more time for work responsibilities
	7. Emotional wellness or mental health
	8. Logistics of organizing child care/education options for my child(ren)
	9. Help with homework for my child(ren)
	10. Health and safety concerns
	11. Caregiving responsibilities for a child(ren)
	12. Caregiving responsibilities for an adult relative
	13. No issues with work and family
	14. Other (please specify)
10. In an average week, how many days do you feel stressed about balancing work and family responsibilities?
	1. Every day or almost every day
	2. Most days - about 2-3 days per week
	3. Some days - about 1-2 days per week
	4. Almost never - less than 1 day per week
	5. Never
11. What types of accommodations would allow you to balance your work with your caregiving responsibilities? Please rank the top three in order. [*Note to employers: You can customize this list.*]
	1. Working from home
	2. Flexible work hours or workdays
	3. A set schedule
	4. Advance notice of schedule (if currently you have 2 weeks or less notice)
	5. Additional paid leave
	6. Assistance ﬁnding child care or elder care resources
	7. Subsidized child care
	8. On-site child care
	9. Employer-supported child care (e.g., helping to cover or partially cover the cost of child care in a licensed program in the community)
	10. Access to back-up or emergency child care
12. Are there additional ways we can support you to help you balance work and caregiving?