

Workforce Childcare Survey

The Center for Community Studies at Jefferson Community College is conducting a survey on behalf of the Jeff-Lewis Childcare Project in partnership with the Jefferson County Job Development Corporation and area employers to determine the childcare needs of the workforce.

The results of this study will be used to increase the childcare options that you need and use.

All information provided is confidential. The survey does not ask for individual identification and only aggregate numbers will be reported.

Even if you do not have children in your household, please answer the first question on the survey and turn it in. If you do have children living in your household please continue to complete the survey.

Your input is important and appreciated!

1. Do you have children in your household who require care while you are out of the house?
 Yes No (If NO, STOP HERE)

2. How many children are in your household in the following age groups?
Check the number of children in each age group

Age	Number of Children			
0-18 months	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more
18 mos to 3 yrs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more
3 year old	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more
4 year old	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more
5 year old	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more
School-age	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more

Current Childcare

3. Please check the childcare option(s) you currently use while you work:
Check all that you use regularly

- Licensed Childcare Center
- Licensed Family Daycare (care provided in a licensed provider's home)
- After-school Program
- Relative inside your home
- Relative outside of your home
- Non-relative inside your home
- Non-relative outside of your home
- Other (please explain): _____

4. Are you satisfied with your current childcare service? Yes No

5. Does your current child care source provide care for ill children? Yes No

5a. If no, can you locate alternate care for your children when they are ill? Yes No

6. How much do you estimate you currently spend on childcare each week?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> \$0-\$25 | <input type="checkbox"/> \$101-\$150 |
| <input type="checkbox"/> \$26-\$50 | <input type="checkbox"/> \$151-\$200 |
| <input type="checkbox"/> \$51-\$75 | <input type="checkbox"/> \$201-\$250 |
| <input type="checkbox"/> \$76-\$100 | <input type="checkbox"/> More than \$251 per week |

7. Do you receive any public assistance for childcare costs? Yes No

8. Do you, or another member of your household, receive any employer provided benefits for childcare costs? Yes No

9. Is any member of your household active duty at Fort Drum? Yes No
- 9a. If yes, have you experienced any child care challenges due to deployments? Yes No
- 9b. If yes, have you experienced any child care challenges due to other military impacts? Yes No
- 9c. If yes, what other military impacts? _____

10. Do you often experience difficulty finding suitable childcare services for your children?
 Yes No
11. Which of the following childcare options *do you use/have access to now*?
- | | |
|---|--|
| <input type="checkbox"/> Full day care (during the day shift) | <input type="checkbox"/> Half day care (day shift) |
| <input type="checkbox"/> Full day care (during the evening shift) | <input type="checkbox"/> Half day care (evening shift) |
| <input type="checkbox"/> Full day care (during the night shift) | <input type="checkbox"/> Half day care (night shift) |
| <input type="checkbox"/> Full day care for rotating shifts | <input type="checkbox"/> Weekend care |
| <input type="checkbox"/> Back-up or emergency care | <input type="checkbox"/> Sick child care |
| <input type="checkbox"/> After school care | |
| <input type="checkbox"/> Occasional childcare for a short period of time (on a drop-in basis) | |
| <input type="checkbox"/> Other (Please Explain) _____ | |

Effect on Employment

12. How many days of work have you missed *in the past year* because you were unable to locate suitable childcare for your child(ren)?
 none one day 2-5 days 6-10 days 11 or more days
13. Have you ever quit a job because of childcare issues? Yes No
14. Have you ever been fired from a job because of childcare issues? Yes No
15. Have you experienced significant stress at work *in the past year* because you were unable to locate suitable childcare for your child(ren)? Yes No
16. Have you been forced to turn down a promotion or other professional opportunity *in the last three years* because you were unable to locate childcare for your child(ren)? Yes No
17. Have you been forced to ask for assignment to a particular shift or work schedule *in the last three years* because you were unable to locate childcare for your child(ren)? Yes No
18. To what degree did childcare issues affect your current choice of employment?
- No effect
 Little effect
 Moderate Effect
 Significant effect
 Most important reason for selecting current job

Childcare Needs:

19. Please **check the 3 factors you place the most value on** when considering childcare options:

- | | | |
|---|--|--|
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Hours of operation | <input type="checkbox"/> Staff/Child ratios |
| <input type="checkbox"/> Location | <input type="checkbox"/> Qualifications of staff | <input type="checkbox"/> Meals and snacks |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Class size | <input type="checkbox"/> Licensed registered program |
| <input type="checkbox"/> Reputation or references | <input type="checkbox"/> Facilities (clean/modern) | |

20. Which of the following childcare options do you **need** that you **do not have access to** or that you **are not satisfied with** at this time?

- | | |
|---|--|
| <input type="checkbox"/> Full day care (during the day shift) | <input type="checkbox"/> Half day care (day shift) |
| <input type="checkbox"/> Full day care (during the evening shift) | <input type="checkbox"/> Half day care (evening shift) |
| <input type="checkbox"/> Full day care (during the night shift) | <input type="checkbox"/> Half day care (night shift) |
| <input type="checkbox"/> Full day care for rotating shifts | <input type="checkbox"/> Weekend care |
| <input type="checkbox"/> Back-up or emergency care | <input type="checkbox"/> Sick child care |
| <input type="checkbox"/> After school care | |
| <input type="checkbox"/> Occasional childcare for a short period of time (on a drop-in basis) | |
| <input type="checkbox"/> Other (Please Explain) _____ | |

21. Are you currently seeking alternative child care services? Yes No

22. If a licensed childcare center was established near your workplace that offered high quality childcare all three shifts would you use it?

- Yes, regardless of cost
 Yes, even if it cost a little more than what I am paying now
 Yes, as long as it cost approximately what I am paying now
 No

Demographics

23. Please check the income range that most closely matches your **household** income:

- | | | |
|--|---|--|
| <input type="checkbox"/> Up to 10,000 | <input type="checkbox"/> 10,000-25,000 | <input type="checkbox"/> 25,000-50,000 |
| <input type="checkbox"/> 50,000-75,000 | <input type="checkbox"/> 75,000-100,000 | <input type="checkbox"/> Over 100,000 |

24. What is your current place of employment? _____

25. Is your employment hourly or salary? hourly salary

26. How long have you been working for your current employer? _____

27. How many miles do you live from the City of Watertown? _____

28. Please check your current education level:

- | | |
|---|--|
| <input type="checkbox"/> less than high school graduate | <input type="checkbox"/> associate's degree |
| <input type="checkbox"/> high school graduate | <input type="checkbox"/> bachelor's degree |
| <input type="checkbox"/> some college, no degree | <input type="checkbox"/> graduate or professional degree |

29. Please indicate your gender: Male Female

THANK YOU for helping us with this survey! ☺