



Default Question Block

The COVID-19 pandemic has highlighted the importance of childcare as an essential service for most families. The disruptions of remote working, virtual schooling, and others have further highlighted the difficulty that many families face meeting their childcare needs through a mix of family care, private providers, and licensed centers. Economic development, human services, and philanthropic organizations in the Fox River Valley region are interested in learning more about these needs to provide incentives and support to increase capacity, improve affordability, and other enhancements.

Please review the following questions and think about your own family's needs. Please complete this survey no later than January 14, 2022.

Do you have any children under the age of 18 living at home?

- ☐ Yes
- ☐ No

What is your age?

- ☐ Under 18
- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 - 74
- ☐ 75 - 84
- ☐ 85 or older

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary / third gender
- ☐ Prefer not to say

What is your ethnicity?

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other

What is your household status?

- ☐ Married
- ☐ Widowed

- ☐ Divorced
- ☐ Separated
- ☐ Never married

What is the zip code where you **live**?

How long have you lived here?

- ☐ 6 months or less
- ☐ Over 6 months, up to 1 year
- ☐ Over 1 year, up to 3 years
- ☐ Over 3 years, up to 5 years
- ☐ Over 5 years

How many members of your household work outside of the home?

What is the zip code where you **work**?

How long have you worked there?

- ☐ 6 months or less
- ☐ Over 6 months, up to 1 year

- ☐ Over 1 year, up to 3 years
- ☐ Over 3 years, up to 5 years
- ☐ Over 5 years

Do you PRIMARILY work:

- ☐ First Shift (6:00am - 5:00pm)
- ☐ Second Shift (2:00pm - 12:00am)
- ☐ Third Shift (8:00pm - 6:00am)
- ☐ Swing/Rotating Shifts

What is/are the zip code(s) where the other members of your household work?

How long have they worked there?

- ☐ 6 months or less
- ☐ Over 6 months, up to 1 year
- ☐ Over 1 year, up to 3 years
- ☐ Over 3 years, up to 5 years
- ☐ Over 5 years

Do they PRIMARILY work:

- ☐ First Shift (6:00am - 5:00pm)
- ☐ Second Shift (2:00pm - 12:00am)
- ☐ Third Shift (8:00pm - 6:00am)
- ☐ Swing/Rotating Shifts

How many children do you have that currently live at home?

How many of your children are in the following age groups?

Infant (Under 1 years old)

Toddler (1 to 2 years old)

Preschool (3 to 4 years old)

School-aged (5 years old and older)

How many of your children in the following age groups are currently receiving childcare services?

Newborn (Under 1 years old)

Infant (1 to 2 years old)

Preschool (3 to 4 years old)

School-aged (5 years old and older)

How many of your children in the following age groups ARE NOT receiving childcare services, but you are seeking services?

Newborn (Under 1 years old)

Infant (1 to 2 years old)

Preschool (3 to 4 years old)

School-aged (5 years old and older)

What type of child care provider do you prefer for your children?

- ☐ A family member (grandparent, sibling, etc.)
- ☐ A neighbor or friend
- ☐ A state regulated in-home provider
- ☐ A state regulated facility/program (childcare center)

How many childcare providers do you utilize?

In which zip code is your primary provider located?

Is the provider?

- ☐ A family member (grandparent, sibling, etc.)
- ☐ A neighbor or friend
- ☐ A state regulated in-home provider
- ☐ A state regulated facility/program (childcare center)

What days of the week do you typically utilize this provider? (check all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekend (Saturday/Sunday)

Do you have any other providers?

- ☐ Yes
- ☐ No

In which zip code is your provider located?

Is the provider?

- ☐ A family member (grandparent, sibling, etc.)
- ☐ A neighbor or friend
- ☐ A state regulated in-home provider
- ☐ A state regulated facility/program (childcare center)

What days of the week do you typically utilize this provider? (check all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekend (Saturday/Sunday)

Do you have any other providers?

- ☐ Yes
- ☐ No

In which zip code is your provider located?

Is the provider?

- ☐ A family member (grandparent, sibling, etc.)
- ☐ A neighbor or friend
- ☐ A state regulated in-home provider

☐ A state regulated facility/program (childcare center)

What days of the week do you typically utilize this provider? (check all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekend (Saturday/Sunday)

What days of the week are you typically UNABLE to find care? (check all that apply)

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekend (Saturday/Sunday)

What time of day are you typically UNABLE to find care? (check all that apply)

- ☐ Daytime services (6:00 am – 6:00 pm)
- ☐ After school services (3:00 pm – 6:00 pm)
- ☐ Evening services (6:00 pm – 10:00 pm)
- ☐ Overnight services (10:00 pm – 6:00 pm)
- ☐ Other

What is the reason that you are unable to find services on these days and times? (check all that apply)

- ☐ Services not offered by your current provider at these days and times
- ☐ Limited availability of other provider(s) offering services at these days and times
- ☐ Location of provider(s)
- ☐ Cost of services
- ☐ Providers have limited openings for infants and/or children with special needs
- ☐ Lack of providers you trust
- ☐ Concerns about providers' COVID policies and practices
- ☐ Other

Would you be willing to pay more than you currently do to find services that meet your needs?

- ☐ Yes
- ☐ No

Have your childcare needs changed significantly over the past year due to the impacts of the COVID-19 pandemic?

- ☐ Yes
- ☐ No

28. What ideas do you have for how to make it easier for families to find child care services in this community?

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