

Osceola County Rural Child Care Innovation Program-Parent Survey

First Children's Finance has chosen Osceola County to participate in their Rural Child Care Innovation Program. The Rural Child Care Innovation Program is a community engagement process designed to develop right-sized solutions to address the needs of child care and early education for the communities selected to participate.

Over a 12-month period, chosen communities will focus on opportunities and challenges they are facing with child care. First Children's Finance helps facilitate the conversation and provides expertise, tools, and resources to support the creation and implementation of solutions to address child care shortages in rural communities.

Your participation in this survey will help guide the conversation and the combined responses will provide insights into the child care challenges in Osceola County.

* 1. How many children do you have under the age of 5?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Expecting | <input type="radio"/> 3 |
| <input type="radio"/> 0 | <input type="radio"/> 4 |
| <input type="radio"/> 1 | <input type="radio"/> 5 or more |
| <input type="radio"/> 2 | |

* 2. Do you currently use paid child care?

- ☐ Yes
- ☐ No

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3. If no, please check the applicable reason:

- | | |
|--|--|
| <input type="radio"/> I have chosen to be a stay-at-home parent | <input type="radio"/> I work from home and my child stays with me. |
| <input type="radio"/> My spouse/partner and I adjusted our work schedules to meet our child care needs | <input type="radio"/> I cannot find an appropriate option. |
| <input type="radio"/> I can't afford it | <input type="radio"/> Other |
| <input type="radio"/> I am currently unemployed. | |
| <input type="radio"/> Other (please specify) | |



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* 4. What kind of child care do you use? (check all that applies)

- | | |
|--|---|
| <input type="checkbox"/> Licensed family child care in another home | <input type="checkbox"/> Great Start Readiness Program (GSRP) |
| <input type="checkbox"/> Unlicensed child are in another home (Family/Friend/Neighbor) | <input type="checkbox"/> Head Start Program |
| <input type="checkbox"/> License-Exempt Care | <input type="checkbox"/> Faith Based Program |
| <input type="checkbox"/> Child care center | <input type="checkbox"/> Nanny or babysitter in your home |
| <input type="checkbox"/> Other (please specify) | |

* 5. What hours of care do you need?

- | | |
|---|---|
| <input type="checkbox"/> Day time | <input type="checkbox"/> Rotating Shift |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Weekend |
| <input type="checkbox"/> Overnight | |
| <input type="checkbox"/> Other (please specify) | |

* 6. How many hours of child care do you need per week?

- ☐ Less than 20 hours
- ☐ 20 - 35 hours
- ☐ More than 35 hours

* 7. What is your preferred type of child care? (check which applies)

- | | |
|--|--|
| <input type="radio"/> Licensed family child care in another home | <input type="radio"/> Great Start Readiness Program (GSRP) |
| <input type="radio"/> Unlicensed child care in another home (family/friend/neighbor) | <input type="radio"/> Faith Based Program |
| <input type="radio"/> License-Exempt Care | <input type="radio"/> Head Start |
| <input type="radio"/> Child care center | <input type="radio"/> Nanny or babysitter in your home |
| <input type="radio"/> Other (please specify) | |

* 8. If your child is not currently enrolled in your preferred type of child care, what are the reasons? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> My preferred arrangement wasn't accepting enrollment | <input type="checkbox"/> My preferred arrangement is not open for extended or nontraditional hours |
| <input type="checkbox"/> My preferred arrangement doesn't exist in my community | <input type="checkbox"/> My children are not the right age for my preferred arrangement |
| <input type="checkbox"/> My preferred arrangement is too expensive | <input type="checkbox"/> My preferred type of care does not accept child care subsidy. |
| <input type="checkbox"/> My preferred arrangement is not conveniently located | <input type="checkbox"/> My children are enrolled in my preferred type of care |

* 9. Has the availability of your preferred child care option impacted your decision to have another child or limit the size of your family?

* 10. How far do you travel out of your way (in one direction) to your child care provider?

- ☐ Less than 1 mile
- ☐ 2 - 10 miles
- ☐ 11 - 30 miles
- ☐ More than 30 miles

11. Would you prefer to utilize child care that is closer to where you live, or closer to where you work?

* 12. As it relates to your current employment and your child care arrangement, please select all situations that you have experienced in the last 12 months: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> No issues related to work and child care | <input type="checkbox"/> Inability to be fully productive at work |
| <input type="checkbox"/> Tardiness to work | <input type="checkbox"/> Inability to work different shifts |
| <input type="checkbox"/> Inability to work overtime | <input type="checkbox"/> Inability to travel related to work |
| <input type="checkbox"/> Absent from work | <input type="checkbox"/> Inability to accept a promotion |

* 13. Have you ever declined employment or withdrawn from the workforce due to child care issues?

- ☐ Yes
- ☐ No

* 14. What are the most important characteristics you look for in choosing a child care provider? Please rank them in order with 1 being the MOST important and 7 being the LEAST important.

- Provider has achieved a high level of education or credential
- Provider demonstrates a safe and healthy environment
- Provider uses an educational or accredited curriculum.
- Provider is conveniently located
- Provider has obtained a high "Level of Quality" through Great Start to Quality, and/or is nationally accredited.
- Provider is licensed by the State of Michigan.
- Provider is a friend, family member, neighbor, or someone I have a personal relationship with

* 15. How would you rate the AVAILABILITY of the child care options in your community and the surrounding area?

Please provide further explanation:

* 16. How would you rate the QUALITY of the child care options in your community and the surrounding area?

Please provide further explanation:

* 17. There is a documented shortage of child care in Osceola County. What are your thoughts on some of the reasons behind it?

18. **Thank you for taking our survey.** As we look at the options and feasibility of planning for additional high quality child care in your area, is there anything else you'd like to share with us? Would you be available for a short interview? If yes, please provide your email address in the text box.