

Child Care Needs Assessment Survey

Goal (Why are we doing this?):

To collect the necessary data to inform the Best Start planning process and to provide information for Region of Waterloo child care system planning.

Survey Format: Web-based with paper copies mailed out to respondents on request.

Sample:

Parents who have children under the age of 12 will be encouraged to fill out the online survey or to request a paper copy via word of mouth (e.g. NCB Outreach Workers, Family Visitors), newspaper ads and flyers posted in child care centres and other public places.

Objectives (What are we trying to accomplish?)

1. If Best Start happens: To fulfill the requirements as listed in the Best Start Planning Guidelines: to survey parents regarding where they would like the hubs to be located, what services they would like co-located in the hubs and how they would like to receive information regarding the Best Start Initiative.
2. T If Best Start happens: to assess the interest/demand for wrap-around child care for children in JK and SK (as outlined in the draft Best Start Planning Guidelines).
3. To gather information for the System Plan, such as:
 - a) Demographic information such as information regarding children with special needs
 - b) How many families are using childcare
 - c) The primary reasons for families using childcare
 - d) What forms of child care are being used
 - e) The cost of child care
 - f) The amount of time children spend in child care
 - g) Barriers parents face when accessing child care
 - h) Why parents are not using child care

Parent/Guardian Child Care Survey

1. What is your preferred location for child care facilities and parenting courses?

- I have no preference
- In or close to an Elementary School
- In or close to a Community Centre
- Close to an Ontario Early Years Centre
- Other (please specify) _____

2. What types of parenting supports would you like see grouped together in the same building? (please check all that apply)

- Preschool Programs
- Immunizations
- Preschool Speech and Language Services
- Resource Library
- Other (please specify) _____

3. How old are you? _____

4. What is your gender?

- Male
- Female

**Thank-you very much for completing this Survey
Don't forget to enter the draw to win.....**