

## **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.....**