



Child Care Preference Survey - Employee

Welcome to our survey.

This survey is meant for anyone who is already a parent or legal guardian of a child aged birth to five years old, or who are expectant parents or legal guardians in the next two years.

The purpose of this survey is for employers to better understand child care needs and preferences of their employees.

This survey is meant for general information, and does not mean employee child care costs or availability will change as a result of completing it.

This is an anonymous survey. The results of any one specific survey will not be shared with anyone outside the Early Learning Hub, with the overall cumulative results of all employees will be shared with your employer.

Thank you for participating in our survey. Your feedback is important.



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1. Who is your employer?

2. In which county do you live?

- Linn County
- Benton County
- Lincoln County
- Other (please specify)

3. What is the Zip code for your residence? (Please enter 5-digit Zip code; for example, 94305)

4. How many children under the age of 6 do you have right now or are you expecting in the near future? (Please check all that apply)

	Count of Children				
	1	2	3	4	4+
Expectant: Pregnancy/adoption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth to 12 months of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 12 months and 24 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 24 and 35 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 36 months and 4 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 4 and 5 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Between 5 and 6 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Which of the following categories best describes your employment status?

- Part-time, working less than 35 hours per week
- Full-time, working 35 hours or more per week
- Other (please specify)

6. Are you planning to leave your current job in the foreseeable future?

- Not planning to leave and am not considering either.
- Not planning to leave, but am considering.
- Planning to leave.

7. Do you need child care when you are working?

- Yes
- No
- Sometimes

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8. What type of work schedule do you follow?

- Fixed: employee works a determined set of days and hours that remain the same throughout the duration of employment
- Flexible: employees need to work a certain number of hours, but the time that they come to work and leave can change week to week
- Rotating shift: employees work a series of day and night shifts determined by the employer
- Split shift: employee works part of their shift, clocks out and then clocks in later for the second part of their shift
- On-call: employee is available to work for a certain amount of time when they're needed
- No set schedule
- Other (please specify)

9. Please check off all days and hours that you typically work on a weekly basis.

Please check all that apply.

	12 am - 2 am	2 am - 4 am	4 am - 6 am	6 am - 8 am	8 am - 10 am	10 am - 12 pm	12 pm - 2 pm	2 pm - 4 pm	4 pm - 6 pm	6 pm - 8 pm	8 pm - 10 pm	10 pm - 12 am
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How often do you work remotely on average?

- Always
- Usually (work remotely multiple times a week)
- Sometimes (work remotely multiple times a month)
- Rarely
- Never



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11. What are the main reasons your household needs child care? Please check all that apply.

- Did not have care in the past year
- To provide care when a parent or guardian is at work
- To better prepare child for Kindergarten
- To provide cultural or language learning
- To make time for running errands or free time
- To improve career options for parent or guardian
- Some other reason (please specify)

12. What child care arrangements do you currently use right now? Please check all that apply.

- With spouse or partner
- With family member, friend, or neighbor
- With paid caregiver (babysitter, nanny, au pair, governess), in your home
- Home-based child care (in provider's home)
- Certified child care center
- Preschool
- Other (please specify)

13. Is this your preferred choice or other reason? Please check all that apply.

- Preferred choice
- Lack of child care availability
- Lack of child care affordability
- Lack of workplace flexibility
- Other (please specify)

14. Regardless of whichever child care option you are currently using, which type of child care do you prefer most?

- With spouse or partner
- With family member, friend, or neighbor
- With paid caregiver (babysitter, nanny, au pair, governess), in your home
- Home-based child care (in provider's home)
- Certified child care center
- Preschool
- Other (please specify)

15. If you were to use licensed, professional child care, where would you prefer it be located?

- Nearby to where you live
- Nearby to or at your workplace
- Along your commute

16. Please write out any additional comments, concerns, or questions you may have about this subject