



WESTERN NORTH CAROLINA FAMILY NEEDS SURVEY MADISON COUNTY

**Do you have young children, birth through 5 years old?
If they are NOT enrolled in full-time, licensed child care, we want to hear from you!**

Hello! Smart Start is surveying families with young children to learn about your needs. We will use this information to improve our programs and better serve all families with young children.

Your privacy is protected. All information that could identify you or your family will be kept private. Smart Start will not share your personal information with anyone outside of the research team. Your responses to the survey are completely **confidential**.

If you have any questions, please contact

1. What is your zip code? _____
2. What are the TOP THREE ways you would like to receive information about programs and opportunities for your child/ children? Please check (✓) up to three.
 - A Library
 - A School
 - Childcare provider
 - Child's teacher
 - Community organizations. Which one(s)? _____
 - Doctor's Office. Which practice(s)? _____
 - Facebook
 - Family/friends
 - Flyers. Where? _____
 - Magazines: Which one(s)? _____
 - Newspaper: Which one(s)? _____
 - On-line Which site(s)? _____
 - Place of worship: Which one(s)? _____
 - Radio: Which station(s)? _____
 - Twitter
 - Other: Please specify _____
 - Other: Please specify _____
 - Other: Please specify _____

Please answer the following questions ONLY about your young children, aged birth through 5 years old, who are NOT enrolled in full-time, child care. Do not include your children who are enrolled in full-time, licensed child care.

4. What are the ages in years (e.g., 0, 1, 2, 3, 4, 5) of your children?

	Child 1 (youngest)	Child 2	Child 3	Child 4
Age in years				

5. During the hours of 9am-5pm, what is your child/ children's PRIMARY child care arrangement (the arrangement used for the most hours per week)? Please check (✓) only ONE per child.

	Child 1 (youngest)	Child 2	Child 3	Child 4
Parent/ guardian				
Relative other than parent (e.g., grandparent)				
Babysitter, nanny, other non-relative				
Child Care Center				
Family Child Care Home				
No regular arrangement				
Other, please specify				

6. Are you satisfied with this/ these primary child care arrangement(s)? Please check (✓) "yes" or "no" for each child.

	Child 1 (youngest)	Child 2	Child 3	Child 4
Yes, I am satisfied				
No, I am not satisfied				

7. Why have you chosen this as your primary child care arrangement for each child? Please check (✓) all that apply for each child.

	Child 1 (youngest)	Child 2	Child 3	Child 4
This is my preferred choice				

Quality of care				
Cost				
No other openings available/waitlisted				
Convenient location				
Don't have transportation				
Hours of operation				
Language preference				
I don't know about other options				
Other, please specify				

8. Please check (✓) each of the following programs that you have used AT LEAST ONCE:

- Play and Learn Groups/Kith & Kin Story time at the library
 Imagination Library Triple P classes
 Parenting Classes Recreation programs
 Reach Out and Read Book program Arts or Music programs

8a. For the programs you have NOT USED, please check (✓) ALL of the reasons you have not used them.

	Play and Learn Groups/ Kith & Kin Play Days	Imagination Library	Parenting Classes	Reach Out and Read book program	Story time at the library	Triple P classes	Rec, Art or Music programs
I do not know about it							
I'm waitlisted							
I do not have a need							
Too expensive							
Inconvenient hours							
Inconvenient locations							
No child care							
No transportation							
Language barrier							
Other, please specify							

9. Where do your children go to access a playground? Please identify where. If your children DO NOT access any playgrounds please mark the box labeled N/A.

N/A

10. What are the top THREE services, programs, support, or assistance you would like to have that would support your child's/ children's health and development?

1. _____

2. _____

3. _____

11. What is your race? **Please mark all that apply.**

- White/Caucasian Native Hawaiian/Pacific Islander
- Black or African-American American Indian or Alaska Native
- Asian or Asian-American Other, please specify _____

11. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino No, not Hispanic or Latino

12. How many adults live in your household? _____

13. What is the highest level of education you have completed?

- Did not complete high school
- GED/High school diploma
- Associate's or Technical Degree
- Bachelor's Degree
- Graduate Degree / Professional Degree

14. What is your total household income level? (optional)

- \$0-\$29,999
- \$30,000-\$59,000
- \$60,000 or greater

15. Do you have internet and computer access at home?

- Yes
- No

If you would like to provide any additional information, please use the space below. Thank you for sharing your experiences!

THANK YOU FOR PARTICIPATING IN OUR SURVEY!!