



## Current Benefit Assessment

1. Using a scale between 1 and 5 how satisfied are you with the current benefits offered. (1 being very unsatisfied 5 being very satisfied)

<b>Insurance Benefits</b>	<i>NA</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Health insurance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Dental insurance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Vision insurance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Flexible Spending Account (FSA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Short-term Disability Insurance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Long-term Disability Insurance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Group Life Insurance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments or Suggestions for Improvement:

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<b>Paid Time Off</b>	<i>NA</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Paid Sick Leave</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Paid Vacation</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Paid Holidays</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Bereavement Leave</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments or Suggestions for Improvement:

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<b>Other Benefits</b>	<i>NA</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Retirement Plan</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Child Care Support</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments or Suggestions for Improvement:

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## Child Care Needs Assessment

**1. Do you have child(ren) enrolled in child care or do you plan to at any time in the next year? (Discontinue survey for any answer except Yes)**

- Yes
- No
- Prefer to not answer

**2. Do you have child(ren) in licensed or registered child care?**

- Yes
- No
- I have child care, I'm not sure if it is licensed/registered

**3. Do you mind sharing the name and location of the child care you use? (optional)**

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**4. If you don't have child(ren) in licensed/registered child care, do your child(ren) attend unregulated child care such as a family member, friend, or unregulated provider (could be paid or unpaid)?**

- Yes
- No
- N/A

**5. How many child(ren) do you have in child care?**

- 1
- 2
- 3
- 4 or more

**6. How many hours per week do your child(ren) attend child care?**

- Less than 20 hours
- 20 – 40 hours
- More than 40 hours

**7. If you have school-age child(ren), do you utilize afterschool or summer care?**

- Yes
- No

**8. Is there a community need for after-school or summer care?**

- Yes, Summer Care
- Yes, Afterschool Care
- No

**9. Do you receive the Best Beginnings Child Care Scholarship or Child Care Aware of America's military benefits for child care?**

- Best Beginnings Child Care Scholarship
- Child Care Aware of America Assistance
- No
- Not Sure

**10. Which days of the week do you typically need care (check all that apply)?**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**11. What time of day is the earliest you need care to start? \_\_\_\_\_**

**12. What time of day is the latest you may need to pick up your child? \_\_\_\_\_**

**13. How many miles is your child care from your home or place of employment (whichever location was most important in making a child care decision)?**

- Less than 2 miles
- 3 – 10 miles
- 11 – 20 miles
- 21 – 30 miles
- More than 30 miles



## Child Care Needs Assessment Continued

**14. In the last 12 months, has child care influenced your employment (or your partner's employment, if applicable) in any of the following ways? (check all that apply)**

- Had to take unplanned vacation time/paid time off due to child care closures
- Had to take unplanned sick leave due to a child's illness
- Had to reduce or change my work hours for more than just a few days
- Changed job roles for greater flexibility
- Changed work location for greater flexibility
- Lost wages due to child care closures
- For managers: Have had difficulty managing or hiring team members

**15. Have you or someone in your immediate family considered staying home, rather than entering your child(ren) into a child care program?**

- Yes
- No
- Prefer to not answer

**16. Would having child care benefits make a position (here or somewhere else) more attractive to you as an employee?**

- Yes
- No
- Not Sure

**17. Would you be able and willing to work more days or longer hours for your employer if you had more child care options?**

- Yes
- No
- Not Sure

**18. If your employer did offer licensed/registered child care benefits such as a local partnership or onsite child care, what would be the most important factor for you in deciding whether to enroll your child(ren)? (Rank in order of importance, 1=most, 9=least)**

- Hours of care available
- Cost of care
- Qualifications of staff
- Meals included
- I could spend more time with my child
- Program philosophy, curriculum, and/or approach to working with young children
- Learning environment and play spaces and materials (inside and outside)
- Reputation and/or references from families who have enrolled in the program (if existing to child care only)
- Skills in caring for developmentally, physically, or emotionally challenged children
- Other (please specify):  
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**19. Please share anything else you would like us to know about your child care needs and decisions you've made regarding selecting child care:**

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**Note: This is an anonymous survey. However, if you would like to share your name and contact information, please do so below:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_