



Kentucky Child Care Survey – Impact of COVID-19 Pandemic on Parents and Families

Welcome

Parents and families, we know this is a brave new world for you. School is out. Child care providers have been closed. Your work situation may have changed or be changing. You have kids at home as you try to juggle work, learning at home, and child care. We know that on the other side of this pandemic our world will not look the same - but we hope that, together, we can make it look better.

We need your help. If child care in Kentucky is going to serve you well through the pandemic and beyond, we must better understand your perspective as a parent and family.

This survey asks you to share your thoughts about child care and what's next as Kentucky reopens the economy. Your responses will help child care providers, community leaders, and policy makers better understand your child care needs as a family and plan for a future that best serves you.

This survey is being conducted in partnership with the following organizations: the Prichard Committee for Academic Excellence, Kentucky Youth Advocates, Metro United Way, United Way of Kentucky, United Way of Greater Cincinnati, Learning Grove, Child Care Advocates of Kentucky, Community Coordinated Child Care (4-C), Appalachian Early Childhood Network, and the Child Care Council of Kentucky.

Your answers will be kept confidential. Results from this survey will only be reported in group form and will not identify you or any other individual.

The survey will take less than 15 minutes to complete. If you have any questions about this survey, please contact perry.papka@prichardcommittee.org.

We hope you are staying safe and healthy, and thank you for all you are doing working and caring for Kentucky's children and for taking the time to share your experiences and challenges.



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1. How many children live in your household?

- 1
- 2
- 3
- 4
- More than 4

2. What age(s) are your children? (select all that apply)

- Under 1 Year of Age
- 1 to less than 2 Years of Age
- 2 to less than 3 Years of Age
- 3 to less than 4 Years of Age
- 4 to less than 5 Years of Age
- 5 years of Age or older

3. How are you related to the children in your household? Please check all that apply.

- Biological or Adoptive Parent
- Step-parent
- Grandparent
- Foster Parent
- Aunt or Uncle
- Other: Relative
- Other: Non-Relative

4. What type of child care arrangement did your family typically use prior to the COVID-19 pandemic? (check all that apply)

- Cared for in our home by parents/family/sitter
- Informal arrangement with neighbors/family outside of my home
- Licensed Child Care Center/Preschool
- Licensed/Certified Home-Based Child Care

5. Is the child care provider you primarily used prior to the COVID-19 pandemic currently closed?

- Yes
- No

6. If your child care program is currently closed, do they have a planned date of reopening?

- Yes
- No
- Unsure

If Yes, please indicate the approximate date of reopening.

7. If your children have been home with you, are you using or did you use any of these resources? (check all that apply)

- Activities provided by your child care provider
- Virtual classes
- Community Resources (such as museums, libraries, etc...)
- Online parenting/teaching blogs
- None
- Other (please specify)

8. If your children are not currently in child care or when child care was closed, what are your primary concerns with having your children out of care? Please rank from 1 to 5, with 1 being your biggest concern and 5 your least.



Missing out on learning and/or forgetting what they already learned



Missing out on social interactions with friends



Not being able to give them enough attention during the day



Not being able to feed them regularly



Not having a safe place for them

9. Are you experiencing issues finding appropriate care for your child right now?

Yes

No

I am not looking for care right now

If Yes, please describe.

10. How are you feeling about your access to child care?

Not Stressed At All

Slightly Stressed

Moderately Stressed

Very Stressed

Extremely Stressed



11. How are you feeling about sending or possibly sending your child back to child care?

Not Stressed At All

Slightly Stressed

Moderately Stressed

Very Stressed

Extremely Stressed



12. Will you send your child back to the same child care arrangement as soon as they reopen?

- Yes
- No, not yet
- No, never
- Unsure

13. If you will not send your children back to the same child care arrangement as soon as they reopen, at what time would you feel comfortable sending them back to child care?

- 3 months from now
- 6 months from now
- 12 months from now
- Never
- Unsure
- Other (please specify)

14. If you won't send your child back to the same child care arrangement, please tell us why. (check all that apply)

- Worried about safety/health of my child and/or family members
- Lack of access to programs in my area
- Costs too much
- Job loss/change
- I will make other arrangements with family or friends
- I only want part-day or part-week care now
- I am working or plan to work from home
- N/A
- Other (please specify)

15. What could a child care provider do to make you more comfortable about sending your children back into care?

16. If you didn't have to think about cost and location, what child care setting would your family prefer as child care reopens? (Please rank them in order from 1 to 4, with 1 being the most preferred and 4 being the least)



Cared for in our home by parents/family/sitter



Informal arrangement with neighbors/family outside of my home



Licensed Child Care Center/Preschool



Licensed/Certified Home-Based Child Care

17. Are you willing/able to pay more for a child care center that has the ability to enact all the new requirements related to COVID-19 pandemic (social distancing, fewer children in class, etc.)?

Yes

No

18. Should the state and federal government invest more money to support child care programs in meeting the new requirements related to the COVID-19 pandemic (social distancing, fewer children in class, etc.)?

Yes

No

19. Would you be interested in providing feedback directly to our survey partners about the impact the COVID-19 pandemic has had on you and your family?

Yes

No

If Yes, please provide your e-mail address and/or phone number.

20. What is your age?

- Younger than 20
- 21-29
- 30-39
- 40-49
- 50-59
- 60+

21. What county do you live in?

22. What is your annual household income?

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999
- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000

23. Are you a recipient of support from the Child Care Assistance Program (CCAP)?

- Yes
- No

24. Are you of Hispanic or Latinx origin?

- Yes
- No

25. How do you identify your race?

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- From Multiple Races
- Other (please specify)

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

- Employed, working 40 or more hours per week
- Employed, working 1-39 hours per week
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work