

**FY20 NEEDS AND RESOURCES ASSESSMENT**

Parent Survey

This survey will help identify the need for new or expand services such as affordable childcare, parenting programs, and healthcare in your county. There are no wrong answers, only your opinion – which is very important to us! All answers are anonymous and confidential.

1. **Why do you think some children in SC are not ready for school when they get to First Grade?** (**Please place the number 1, 2, or 3 beside your top 3 choices.)**

Parents Need Parenting Skills Poor or No Transportation

Poor Health Single Parent Needs Help

Emotional Problems in Child Parents Can Not Read

Poor Quality Childcare Poor Quality Preschool Programs

Other (please specify):

1. **What are the three (3) biggest problems facing your family in getting your child ready to start school? (Please place the number 1, 2, or 3 beside your top 3 choices.)**

Lack of After-School Programs Childcare While I Work

No Transportation Child with Behavior Problems

Low Quality of Childcare I Didn’t Finish School Myself

No Family or Friends to Help Other (please specify):

1. **In your opinion, which of these are most important to parents of young children?** **(Please place the number 1, 2, or 3 beside your top 3 choices.)**

Full-Day 4-Year Old Kindergarten Transportation Assistance

Education for Myself Opportunity for a Better Job

Healthcare Assistance Parenting Skills Classes

Affordable Quality Childcare Prenatal Classes

Family Counseling Other (pleasespecify):

1. **What kind of programs would you like to see First Steps work on?** **(Please place the number 1, 2, or 3 beside your top 3 choices.)**

Help for Families Medical Care for Children

Parenting Programs Adult Education

Better Quality Childcare More Childcare

Counseling for Families and Children Dental Care for Children

Other (please specify):

1. **How would you rate the COST of child care in your community?**

Very Low Somewhat Low Somewhat High Very High

1. **How would you rate the QUALITY of child care in your community?**

Poor Fair Good Excellent

1. **How would you rate the location of resources in your community?**

Easy to Locate Somewhat Easy Locate Hard to Locate Can Not Locate

1. **How would you rate your ability to get to (access) the resources in your community?**

Easy Access Somewhat Easy Access Hard to Access Can Not Access

1. **Do you feel that the lack of available transportation is an obstacle to accessing resources?**

YES NO

1. **Have you ever heard of First Steps?**

YES NO

1. **Tell us about your community:**

Zip code: Name of city or town:

Name of your neighborhood (if known):

How long have you lived here?

1. **What is the total number of children (0-18) who currently live with you?**

**What are their ages?**

1. **For each child under age five attending daycare or preschool, list the name of the child care or preschool provider:**

**For each child in elementary school, list each elementary school the child attends:**

**FAMILY DEMOGRAPHICS**

1. **As the parent completing this survey, please indicate your gender:**

Male Female

1. **Your age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What is the highest level of school you have completed or the highest degree you have received?**

Less than high school degree

High school degree or equivalent (e.g. GED)

Some college but no degree

Associate degree

Bachelor degree

Graduate degree

1. **Which of the following categories best describes your employment status:**

Employed, working 1-39 hours per week

Employed, working 40 or more hours per week

Not employed, looking for work

Not employed, NOT looking for work

Disabled, not able to work

Retired

1. **If employed, your occupation:**
2. **How much total combined money did all members of your household earn in 2019 before taxes**?

$0 - $11,999 $25,000 - $34,999

$12,000 - $14,999 $35,000 - $39,999

$15,000 - $19,999 $40,000 - $49,999

$20,000 - $24,999 $50,000 - $74,999

$75,000 or more

1. **Please indicate your marital status:**

Married Partnered, not married

Widowed Never married

Divorced Separated

1. **Please indicate your race or ethnicity:**

White (non-Hispanic) Hispanic or Latino

Asian Black or African-American

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Multi-racial Other (please indicate):

1. **Please check yes or no for the following:**

|  |  |  |
| --- | --- | --- |
| **Item(s) Parent Identified as Important for Child Readiness for School** | **Yes** | **No** |
| I sometimes cannot prepare breakfast for my school-age children. |  |  |
| I run out of food stamps at least \_\_\_\_ # of days before the end of the month. |  |  |
| I need assistance from my church/faith-based organization \_\_\_\_\_# per month. |  |  |
| I must seek assistance from another family member to help me with my child(ren). |  |  |
| I have difficulty purchasing books for my school-age child to read. |  |  |
| There is not a public library or place to read books in my community. |  |  |
| The public library is not open at a time convenient for my family to go. |  |  |

THANK YOU FOR YOU TIME & INPUT!