

University of Colorado at  
**BOULDER**

## CU-Boulder's 2001 Graduate Student Child Care Survey

The CU-Boulder Child Care Task force is currently assessing the need for child care services for CU-Boulder faculty, staff and graduate students. Please complete this survey if you are a **parent or primary care-taker of one or more children who have a need for regular on-going child care services.**

### We would like to know what YOUR child care needs are!

Please take about 5 MINUTES NOW to give us your input on this important issue. All of your responses will be kept **completely confidential**--in that only aggregate data will be reported. We ask for your name and contact information at the end of the survey for purposes of the drawing. Your name will never be associated with your responses.

We would like only ONE RESPONSE from each household.

For completing the survey by **MONDAY (midnight), APRIL 30TH**, we will enter your name in a drawing for one of 20 separate prizes: your CHOICE of a \$25 gift certificate to Babies R Us OR a \$25-value packet of movie tickets to Boulder/Westminster theatres.

### THANK YOU for your time and input!!

- 1** How many children do you have living with you (for whom you are the care-taker)? Please note this in the table below by specifying which age group your child(ren) are in.

	1	2	3	4	5	
	< 1 Year	1 Yr to 30 mos	> 30 mos - 5 Years (pre K)	5 yrs (K) - 11 Years	12 Yrs or Older	N/A
Child #1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child #5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 2** Are you the sole care-taker for your child(ren): e.g., a single parent, sole provider?

**3** What types of child care providers do you currently use for any of your children? (Check ALL that apply.)

- Spouse/significant other
- Other relatives/friends
- Unrelated care-taker: in YOUR home
- Unrelated care-taker: in THEIR home
- Center-based care
- Before/After school care
- Summer camps
- None: child(ren) cares for self
- Other, Please Specify

Parents and care-takers have many types of child care needs: e.g., daily care during the academic year, before/after school care for school-age children, summer day care, emergency drop-in care (when standard care provisions fall through), and sick-child care.

**4** Think about your situation now and in the NEAR future. For the following question please evaluate EACH SERVICE listed by checking whether this is a service you **DO NOT NEED**, or one that you **WISH YOU HAD BUT DON'T**, or if this is a service you **CURRENTLY/WILL SOON USE**. (Please check a response for **EACH** item.)

	1 DO NOT NEED	2 WISH HAD BUT DON'T	3 CURRENTLY/WILL SOON USE
Full day child care (30 hrs or > per week)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Part day/part-time child care (< 30 hrs per week)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Before/After school care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Evening (after 6pm) care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
On-Campus: New or expanded Child Care Center	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
On-Campus: Family Housing Children's Center	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Summer Program(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Emergency (occasional) drop-in care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Day care for teacher inservices/school holidays

Sick child care

Child care referral service

- 5** In a couple of sentences, please tell us what your PRIMARY UNMET NEED for child care is (or what you foresee it to be in the NEAR future).

- 6** During the academic year, on average, how many hours per week are EACH of your children in day care? (Please specify the number of hours for each child, according to how you identified your child(ren) in Question #2 -- e.g., Child #1, Child #2.)

1	2	3	4	5	N/A
10 hours or <	11 to 19 hrs	20 to 29 hrs	30 to 39 hrs	40 or > hrs	

Child #1

Child #2

Child #3

Child #4

Child #5

- 7** During the academic year, on average, how much do you pay WEEKLY for child care for ALL of your children combined? (Do not include off-work/school hours for entertainment purposes--e.g., babysitting.)

- NONE: have free child care
- Less than \$50 per week
- \$50-\$99 per week
- \$100-\$149 per week
- \$150-\$199 per week
- \$200-\$249 per week
- \$250-\$299 per week
- \$300-\$499 per week
- \$500 or MORE per week

- 8** For each item below, please check the number of times the following child care related instances have occurred in the last FULL SPRING SEMESTER (January through April, 2001). Remember, all of your responses will be kept **completely confidential**.

	1	2	3	4
	None	1 to 3 Times	4 to 7 Times	8 or > Times
I was late getting to school/work due to transportation needs of child care	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>
I didn't go to school/work due to school vacation/teacher inservice days.	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>
I didn't go to school/work due to sick child.	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>
I was late to school/work due to a change in child care plans.	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>
I had to leave school/work early to pick up child from child care center/provider.	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>
I did not go to class/work due to unscheduled (children's) school closings.	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>
I brought my child to class/work.	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>

- 9** Please rate the importance of EACH feature below that you consider (or would consider in the NEAR future) when selecting a child care program.

	1	2	3	4	5
	None	Little	Some	Much	Critical
Cost of program	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>
Location: close to CAMPUS	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>
Location: close to HOME or enroute to school/work	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>
Convenient hours (long regular hours, e.g. 6am-7pm)	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>
Availability of off-hour care (evenings and/or nights)	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>
Availability of sick child care	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>
Availability of nurse on staff	<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>

Availability of drop-in/emergency care

1       2       3       4       5

Availability of flexible hours/days (part-time)

1       2       3       4       5

Availability of off-school days (teacher inservices/holidays)

1       2       3       4       5

Availability of summer programs

1       2       3       4       5

Ratio of staff to child

1       2       3       4       5

Quality of staff

1       2       3       4       5

Short or no waiting list

1       2       3       4       5

- 10** Assuming you could get into the following two centers in a reasonable amount of time AND that the cost of each was competitive with other child care centers in the area -- Would you use either, both, or neither of the following two centers?

(Check all that apply and answer WHY or WHY NOT you would use these centers.)

- UCB's Family Housing Children's Center
- A NEW or EXPANDED On-Campus children's Center
- Neither center
- WHY would you or WHY would you NOT use the above?

- 11** Please indicate how many total hours of classes, thesis, or dissertation you are taking this semester.

- Less than 3 hours
- 3-5 hours
- 6 or more hours

- 12** What is your estimate of your total annual 2000 gross HOUSEHOLD income? (Include income of ALL working family members combined.)

- Less than \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 or more

**13** What is your gender?

Female

Male

**14** Can we follow up with you by phone or email, if we have further questions about some of your child care concerns and issues?

**15** Please enter your name, address and other contact information below so that we may send you your gift if you are selected as a winner in the drawing.

YOUR NAME:

CAMPUS BOX OR

HOME ADDRESS:

EMAIL ADDRESS:

PHONE:

THANKS FOR YOUR HELP! When you've completed the survey, click on the SUBMIT arrow below to submit your responses.

If you have technical questions or problems submitting the survey, please contact

[Carol Bormann](#) (from 4/19 to 4/26) OR

[Cathy Kerry](#) (any other days).

