**Survey on Employee Needs for Child Care**

We would like your input as we evaluate if additional benefits, such as child care partnerships, would be of service to you and other staff members.

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

1. Do you have child(ren) in licensed or certified (regulated) child care?

Yes  No  I have child care, I’m not sure if it is regulated

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

1. If you don’t have child(ren) in regulated 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

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

1  2  3  4 or more

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

Less than 20 hours

20 – 40 hours

More than 40 hours

1. If you have school age child(ren), do you need or are you interested in afterschool or summer care?

Yes  No  Not Sure

1. Are you looking to change your child care within the next 6 months?

Yes  No  Not Sure

1. 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

1. Do you receive Wisconsin Shares benefits for child care?

Yes  No  N/A

1. Has the COVID-19 pandemic impacted your access to child care? (check all that apply)

Yes, it is **less** accessible

Yes, it is **more** accessible

Yes, it is **less** expensive

Yes, it is **more** expensive

No, it is the same as before the pandemic

I’m not sure

Other

1. 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 or COVID-19 close contact

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

1. 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

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

Yes  No  Not Sure

1. Which of the following benefits would appeal to you? (Rank in order of importance)

      Remote work/work from home

      Flexible working hours

      Flexible working days/work shifts

      Family-centric work policies (Insert idea(s):      )

      Employer-sponsored flex spending account for child care

      Employer contribution or matching funds for child care flex spending account

      Employer pays subsidy to employees based on income and cost of child care

      Paid maternity leave

      Paid paternity leave

      Partnership with off-site child care to ensure our employees have space when needed (Name

of preferred child care program:      )

      Open new child care at our work site

      Other (please specify):

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

      Hours of care available

      Cost of care

      Qualifications of staff

      Meals included

      I could spend more time with my child

      COVID-19 safety precautions

      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 other families who have enrolled in the program (if existing

child care center only)

      Skills in caring for developmentally, physically, or emotionally challenged children

      Other (please specify):

1. Please share anything else you would like us to know about your child care needs and decisions you’ve made regarding selecting child care:

**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: