

VIRGINIA FAMILY SURVEY

SUMMER 2023



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2023 Virginia Family Survey

This survey is about how families find child care. It also asks about the Child Care Subsidy Program (CCSP). CCSP is a program run by the Virginia Department of Social Services (DSS) that helps families pay for child care. The survey will help Virginia leaders better understand what families need and want in terms of care and education for their young children. If you complete the survey, you will receive a \$25 gift card.

Your individual answers will be kept completely private. Reports based on the survey will never include your name or any other identifying information. Participation in the survey will not impact any benefits you may be receiving. If you are unsure how to answer a question, please give the best answer you can. You may skip any questions you do not want to answer.

The survey will take about 15 minutes to complete. If you have any questions, please visit our Frequently Asked Questions (FAQ) page online: see-partnerships.com/vafamilysurveyfaq or contact our team by email (see-partnerships@virginia.edu) or phone (434-297-6882). Thank you for helping Virginia better support families with young children!

Please return the completed survey in the pre-paid envelope included in your packet.

Section 1. Child Care Experiences

These questions ask about your family's experiences with child care. By child care, we mean any regular care or education your child receives from someone other than you or another parent or guardian of your child. Child care can be in a center, a home, or a school setting. It can also be regular care from a relative, friend, neighbor, or other babysitter.

1. Is your family currently using or receiving a child care subsidy (also known as child care assistance or a child care or day care voucher) to help pay for child care?
 - No
 - Yes
 - Don't know

For the rest of the survey, please think about your **youngest** child for whom you are using, have used, or have applied for child care assistance (the Child Care Subsidy Program).

2. Think about your **youngest** child for whom you are using, have used, or have applied for child care assistance (the Child Care Subsidy Program). How old is this child now?
 - Less than 3 months old
 - Between 3 and 6 months old
 - Between 7 and 11 months old
 - 1 year old
 - 2 years old
 - 3 years old
 - 4 years old
 - 5 years or older

3. How old was this child when they started receiving child care?
By child care, we mean any regular care or education your child receives from someone other than you or another parent or guardian of your child. Child care can be in a center, a home, or a school setting. It can also be regular care from a relative, friend, neighbor, or other babysitter.
- Less than 3 months old
 - Between 3 and 6 months old
 - Between 7 and 11 months old
 - 1 year old
 - 2 years old
 - 3 years old
 - 4 years old
 - 5 years or older
 - Not Applicable: My child has never received any regular care or education from someone who is not their parent or guardian. **If you choose Not Applicable – skip to Section 2, Applying For and Using Child Care Assistance, on page 4.**

4. Think about the past month. What kind of child care did you regularly use for this child? *Choose all that apply.*
- Child care center (day care center, Head Start center, school or preschool program)
 - Family day home or licensed home-based child care provider
 - Relative who is not a legal guardian (e.g., grandparent, aunt, uncle)
 - Friend, neighbor, or other babysitter
 - Other, please explain: _____

5. During what times does your child regularly spend time in any of these child care settings? *Choose all that apply.*
- Weekdays during the day (anytime between 7 am – 6 pm)
 - Weekday early mornings (anytime between 5 am – 7 am)
 - Weekday evenings (anytime between 6 pm – 10 pm)
 - Weekday overnight (anytime between 10 pm – 5 am)
 - Weekends (anytime on Saturday and/or Sunday)
 - Holidays

6. The following questions ask about costs you may pay for your child’s care. *Choose one option per row.*

	No	Yes
Do you pay a copayment for a child care subsidy?	<input type="radio"/>	<input type="radio"/>
Do you pay tuition to a child care center, day care, family day home, or licensed home-based child care provider?	<input type="radio"/>	<input type="radio"/>
Do you pay other fees, including an activity fee, registration fee, or supplies fee?	<input type="radio"/>	<input type="radio"/>
Do you pay a relative who is not a legal guardian, friend, neighbor, and/or other babysitter?	<input type="radio"/>	<input type="radio"/>
Do you make any other payments for child care? Please explain: _____	<input type="radio"/>	<input type="radio"/>

7. Think about the past month. How hard has it been to pay for child care?
- Very hard
 - Somewhat hard
 - Neither hard nor easy
 - Somewhat easy
 - Very easy
 - Not Applicable: I do not pay any costs for my child's care.
8. Think about the past month. Did any of your child care providers unexpectedly close or reduce their hours or availability?
- No
 - Yes
9. Have any of your child's current or previous child care providers done any of the following? *Choose one option per row.*

	No	Yes
Told you that your child had a behavior problem	<input type="radio"/>	<input type="radio"/>
Asked you to pick up your child or keep them at home due to a behavior problem	<input type="radio"/>	<input type="radio"/>
Told you they could no longer care for your child due to a behavior problem	<input type="radio"/>	<input type="radio"/>
Told you they could no longer serve your child because they couldn't meet your child's needs	<input type="radio"/>	<input type="radio"/>

10. Think back to when you most recently looked for child care. How hard or easy was it to find the following? *Choose one option per row.*

	Very hard	Somewhat hard	Neither hard nor easy	Somewhat easy	Very easy
Child care that you like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care with openings or availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care that you can afford	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care that is welcoming and responsive to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care with the hours your family needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care that is easy to get to or provides transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care that meets your child's needs (for example: learning, behavior, and emotional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care that feels safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care with staff or a caregiver who speaks the language your family understands best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now think specifically about the child care provider where you use child care assistance for your child. If you are not currently using child care assistance, please think about the child care you use most often for your child.

11. How would you rate each of the following for the child care provider where you use child care assistance?
Please choose one option per row. If you are not currently using child care assistance, please think about the child care you use most often for your child.

	Poor	Fair	Good	Excellent	Not sure
The care overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The affordability of the care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The hours of the care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The location of the care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reliability of the care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way the care is supporting your child's learning and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way caregivers treat your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way caregivers treat you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. If you could change **one** thing about this child care provider, what would you want to change? *Choose one.*

- Lower cost (for example, lower tuition, copayments, or other fees)
- More convenient hours
- More convenient location
- More reliable care
- Better support for my child's learning and development
- Better treatment of my child
- Better treatment of me
- More staff or caregivers who understand our language and culture
- Other, please explain: _____
- Not Applicable: I would not want to change anything.

Section 2. Applying For and Using Child Care Assistance

The following questions ask about your experiences applying for child care assistance through the Child Care Subsidy Program (CCSP). Child care assistance (or a child care or day care voucher) helps eligible families pay all or some of the costs of care and education for their children.

13. How did you first learn about child care assistance (the Child Care Subsidy Program)? *Mark all that apply.*

- Relative, friend, or neighbor
- Boss or coworker
- Doctor, nurse, or other health care provider
- Place of worship (church, mosque, synagogue, temple, etc.)
- Social services or benefit programs (SNAP/food stamps, TANF, etc.)
- Child care or day care provider
- Internet search or social media (for example, Google or Facebook)
- Signs, posters, or advertisements
- Other, please explain: _____

14. Think back to when you started applying for child care assistance for your youngest child. How hard or easy was each step? *Choose one option per row.*

	Very hard	Somewhat hard	Neither hard nor easy	Somewhat easy	Very easy
Finding information about how to apply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding information in the language you understand best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Filling out the application	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding and submitting the required documents (for example, ID, child’s birth certificate, proof of income, work/class schedule)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scheduling and completing the interview	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a child care provider that would accept your subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Some families start to apply for child care assistance but do not finish. Did you complete the application process?

- No – **If you choose No, answer question 16 then skip to Section 3, Child Care Preferences, on page 6.**
- Yes – **If you choose Yes, skip to question 17.**

16. Why did you not finish applying for child care assistance? What could have helped you finish the application process?

17. What has been or was the most challenging part of using child care assistance?

18. Some families who use child care assistance (CCSP) stop receiving it, either temporarily (for example, for a few months) or permanently. Have you stopped receiving child care assistance at any time (either temporarily or permanently)?

- No – **If you choose No, skip to Section 3, Child Care Preferences, on page 6.**
- Yes

19. Why did your family stop using child care assistance?

Section 3. Child Care Preferences

It is often hard for families to find child care that will work well for their child and family. This section is about the kind of child care you would most like for your child.

20. How much do you agree with the following statements? *Please choose one option per row.*

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Our current child care works well for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our current child care works well for me and the rest of our family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish we had learned about child care assistance sooner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish we could use fewer child care settings or caregivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish we had more hours of care for our child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could stay home with my child for more hours per week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish my child could be cared for mostly by me and other family members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Imagine that all child care options were **free, convenient, and of high quality**. The following questions ask you about your ideal child care.

21. If you could have **more hours of free, convenient, and high quality** child care, would you... *Please choose one option per row.*

	No	Maybe	Yes
Use more hours of child care for your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work more hours or days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find a different job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enroll in school or take more classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be less stressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. If all child care options were **free, convenient, and of high quality**, what kind of child care, if any, would you choose for your child? *Choose all that apply.*

- Child care center (day care center, Head Start center, school or preschool program)
- Family day home or licensed home-based child care provider
- Relative who is not a legal guardian (e.g., grandparent, aunt, uncle)
- Friend, neighbor, or other babysitter
- Other, please explain: _____
- Don't know
- None of the above

23. If all child care were **free, convenient**, and of **high quality**, at what times, if any, would you want to use care from someone who is not you or another parent or guardian? *Choose all that apply.*

- Weekdays during the day (anytime between 7 am – 6 pm)
- Weekday early mornings (anytime between 5 am – 7 am)
- Weekday evenings (anytime between 6 pm – 10 pm)
- Weekday overnight (anytime between 10 pm – 5 am)
- Weekends (anytime on Saturday and/or Sunday)
- None of the above

Section 4. About You and Your Child

This section asks questions about you and your youngest child for whom you are using, have used, or have applied for child care assistance (the Child Care Subsidy Program). As a reminder, you may skip any questions you do not wish to answer.

24. How would you describe your child's race/ethnicity? *Choose all that apply.*

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or other Pacific Islander
- White
- Other, write in: _____

25. Does your child have a physical, emotional, developmental, or behavioral condition that affects the way you provide care for them?

- No
- Yes
- Unsure

26. What is your relationship to this child?

- Parent (biological, adoptive, or step)
- Grandparent
- Foster parent
- Other, write in: _____

27. Which language does your family most often speak at home? *Choose one.*

- Amharic
- Arabic
- Dari
- English
- Farsi
- French
- Korean
- Spanish
- Other, write in: _____

28. What would you like Virginia leaders to know about your experiences with child care assistance, child care, or supporting school readiness for your child(ren)?

Section 5. General Information

The following questions ask you for your name and contact information. Please be sure the information you provide is accurate. We will use it to send you a \$25 gift card after we receive your completed survey.

First Name: _____

Last Name: _____

How would you like to receive your gift card? *Choose one.*

Email

OR

Mail

Gift card will be emailed to you as soon as we receive your completed survey.



You will be able to select your gift card type after receiving the gift card email.



Please write the **email address** you'd like to us to send your gift card to:

Gift card will arrive in the mail 2-6 weeks after we receive your completed survey.



Select a gift card type. *Choose one.*

- Amazon
- Target
- Walmart



Please write the **mailing address** you'd like to us to send your gift card to:

Street Address: _____

City: _____

Zip Code: _____