



CITY OF BOSTON CHILDCARE SURVEY

This survey is to learn more about childcare in Boston. You are not required to fill it out, but it helps the City of Boston improve. Your answers may be shared, but we will not share your name or specific personal details.

IF YOU DO NOT HAVE ANY CHILDREN BETWEEN BIRTH TO AGE 5, PLEASE DO NOT ANSWER THE SURVEY.

Section 1: Questions about parent(s) with ANY children between birth to 5 years old.

Please note: this survey is only for families with children between birth to 5 years old. "Parent" in this survey refers to parents, guardians, and any other caregivers.

Please tell us your Zip code, so we can confirm the survey represents Boston.

Zip code where you live:	
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Please tell us your race and/or ethnicity, so we can confirm the survey represents Boston. (check all that apply)

Parent	<input type="checkbox"/>	White	<input type="checkbox"/>	Black/ African-American	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Latino/Hispanic	<input type="checkbox"/>	Native Hawaiian/ Pacific Islander	<input type="checkbox"/>	

Section 2: Questions about your family's experience with childcare. Please assign a child to each child column. For example, Child 1 should refer to the same child throughout the entire survey.

Please tell us about your children between birth to age 5.

	Example	Child 1	Child 2	Child 3	Child 4	Child 5
What is your child's birthdate? (mm/yyyy)	01/2017	--/--	--/--	--/--	--/--	--/--
Does your child use a voucher or subsidy?	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no
Does your child participate in any before or aftercare?	yes/no	yes/no	yes/no	yes/no	yes/no	yes/no

What are your current childcare arrangements for each child? Check all that apply.

	Example	Child 1	Child 2	Child 3	Child 4	Child 5
Parent						
Neighbor, Friend, or Family member (not a parent)	✓					
Licensed Homebased Childcare Provider (family childcare provider)						
Center-based Care	✓					
Early Headstart/Headstart						
Public or Charter School						
Private or Religious School						
Nanny, Babysitter or Au Pair						

What would be your preferred childcare arrangement? Check one for each child.

	Example	Child 1	Child 2	Child 3	Child 4	Child 5
Parent						
Neighbor, Friend, or Family member (not a parent)	✓					
Licensed Homebased Childcare Provider (family childcare provider)						
Center-based Care						
Early Headstart/Headstart						
Public or Charter School						
Private or Religious School						
Nanny, Babysitter or Au Pair						

Per month, do you spend more on child care for ALL children 0 to 5 than on rent or mortgage?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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TURN OVER

Would you prefer to have your childcare close to home or work?

<input type="checkbox"/>	Home	<input type="checkbox"/>	Work
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If your current childcare arrangement for any child does not meet your needs, what is the main reason? (Check one)

<input type="checkbox"/>	Childcare costs	<input type="checkbox"/>	Safety reasons due to COVID-19	<input type="checkbox"/>	Currently on a childcare waitlist
<input type="checkbox"/>	Work schedule does not match childcare schedule	<input type="checkbox"/>	Childcare is too far to access from home	<input type="checkbox"/>	I have no challenges with childcare
<input type="checkbox"/>	Other (please specify):				

Does your current childcare arrangement support your work needs? (Check one)

<input type="checkbox"/>	Satisfied with current work situation	<input type="checkbox"/>	Currently working but wants or needs more flexibility	<input type="checkbox"/>	Not currently working but wants or needs to start working
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If a parent is the current childcare arrangement for any child, please check the gender of the parent who is the primary caretaker.

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	All parents
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Do you use any of these childcare arrangements? (Check all that apply).

<input type="checkbox"/>	Childcare before 8:00 am	<input type="checkbox"/>	Childcare after 6:00 pm	<input type="checkbox"/>	Childcare on weekends	<input type="checkbox"/>	Childcare during vacations
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Section 3: Questions about your family experience using public spaces with your children near your home.

	Park	Playground	Library	Community Center
Do you use this space with your children?	yes/no	yes/no	yes/no	yes/no
Is it within walking distance from your home?	yes/no	yes/no	yes/no	yes/no
Do you consider it a safe place for children?	yes/no	yes/no	yes/no	yes/no
Do you consider it a clean space for children?	yes/no	yes/no	yes/no	yes/no
Is it a place where children between ages 0 to 5 play?	yes/no	yes/no	yes/no	yes/no
Are the materials or facilities appropriate for children ages 0 to 5?	yes/no	yes/no	yes/no	yes/no

Section 4: Other thoughts on childcare and using public spaces with your children

Please, tell us about any challenges you experience.