Business + Child Care Sample Employee Survey

➔ After each question, a suggested answer type is given in [brackets].
➔ Feel free to add, subtract, or edit the questions. These are suggested ones. Keep in mind that this survey was designed to assess three main elements of employee needs:
   1. What are their family-related needs, particularly for child care?
   2. What are you, as an employer, currently doing to help them address those needs?
   3. What else could you, as an employer, do to help them?
➔ Start with a quote (one or two sentences) that sums up why you are doing this survey. Make it personal and values-driven. Avoid general and corporate-sounding terms.
➔ Use a survey tool like Mailchimp to gather feedback. If some employees do not work at a computer, consider setting up a laptop or mobile device. It will be MUCH easier to tabulate the results if you don’t have to input data from paper surveys.
➔ Although it appears to be long, our participation data indicates this survey can be (and often is) completed in approximately 10 minutes.

Sample Questions

1. How aware are you of the benefits your employer provides? [1-5: very informed-I don’t know about them; 0-4 scale, not aware to very aware]
2. Do you feel your employer does enough to educate and remind you about benefits? [y/n]
3. [EMPLOYER NAME] currently provides the following benefits to employees. Please help us understand how much value these bring to you by rating each benefit. (only include the benefits you offer) [0-4 scale, no value-high value for each below]
   a. PTO - Paid Time Off (paid time off for needs such as sick days for yourself or family members; vacation time; appointments that can’t be scheduled outside of work hours; or other personal needs)
   b. Paid holidays (specify number)
   c. Medical health insurance
   d. Vision/Dental insurance
   e. Retirement savings account (specify)
   f. Flexible Spending Account (pre-tax contributions from pay that can be used for medical OR child care expenses)
   g. Short term disability
   h. Long term disability
   i. Life insurance
   j. Employee Assistance Program
   k. Paid parental leave (specify)
   l. Wellness benefits (specify)
4. We would like to know if any of these other benefits would assist you with personal and family-related needs. Please help us understand your level of interest in the following: [0-4 scale, no interest-very interested]
   a. List benefits you think employees may be interested in
5. In addition to benefits, does your employer have a workplace culture that helps you manage family commitments? [y/n]
6. How have you learned about benefits or practices that help with family-related needs. (choose as many)
   a. Informal conversations with coworkers
   b. Informal conversations with my manager/supervisor
   c. Our Human Resources Department/Manager shares this information
   d. I asked my manager/supervisor for help dealing with a family-related need
   e. I asked our Human Resources Department/Manager (or person in the HR role) for help dealing with a family-related need
   f. They are described in our employee handbook
   g. I know about them
   h. I don’t know about any practices that could help with family-related needs
7. If you are responsible for the care of family members, what is your primary concern currently:
   a. Finding or affording quality child care
   b. Finding child care during the hours I work or want to work
   c. Having child care for irregular times (i.e. snow day, when a child is sick, etc.)
   d. Spending more time with my child(ren)
   e. Finding or affording after-school care
   f. Finding or affording child care during the school year for vacations and holidays.
   g. Finding or affording summer care
   h. Caring for an aging parent
   i. Caring for a spouse or child with an ongoing illness
   j. other
8. What are additional concerns? (same list, choose as many as you wish)
   a. Finding or affording quality child care
   b. Finding child care during the hours I work or want to work
   c. Having child care for irregular times (i.e. snow day, when a child is sick, etc.)
   d. Spending more time with my child(ren)
   e. Finding or affording after-school care
   f. Finding or affording child care during the school year for vacations and holidays.
   g. Finding or affording summer care
   h. Caring for an aging parent
   i. Caring for a spouse or child with an ongoing illness
   j. other
9. What kind of child care needs do you have? (choose as many)
   a. I don't have any because I don't have children
b. I don’t have any because my children are too old to need child care  
c. I don’t have any because I have reliable child care that meets my needs  
d. Infant  
e. Toddler  
f. Pre-school  
g. Before school  
h. After school  
i. School vacations (during the year)  
j. Summer vacation  
k. Other  

10. If you have children in child care, what is your current arrangement for this? Please skip this question if you do not have children OR do not have children who need child care.
   a. My partner/spouse does not work (or works less than full-time) to care for our children.  
   b. I have a child/children in a CENTER-based program.  
   c. I don’t have any because I have reliable child care that meets my needs.  
   d. I have a child/children in a HOME-based program.  
   e. I have a child/children being cared for by family members (other than spouse/partner)  
   f. I have a child/children being cared for by friends.  
   g. I have a child/children in an after school program that is at their school.  
   h. I have a child/children in an after school program that is NOT at their school  
   i. Other  

11. How do the available hours of your current child care arrangements impact your work life?

12. Which of these benefits or practices would better help you meet your family-based needs? (Benefits = specific, tangible resources and policies. Practices = less tangible options and ways of doing things. Choose as many as you like.)
   a. Improve the family-friendly culture at work  
   b. Access to Flexible Spending Account (contribute pre-tax income to a savings account that can then be used for child care and/or medical care expenses)  
   c. Flexible Paid Time Off (ability to use vacation/sick/paid time off in whatever way best meets my needs)  
   d. Lactation Accommodations  
   e. Flexible Work Hours (temporary or longer-term ability to shift work time when needed)  
   f. Unpaid Parental Leave (unpaid time off from work due to birth or adoption of a new child)  
   g. Paid Parental Leave (same as above except that a determined amount of the leave is paid at full or partial wages)  
   h. Children at Work (periodically being able to bring my child to work for short periods when unexpected needs arise)
i. Babies at Work (period of time after a parental leave when my infant is able to be with me at work while I continue to do my job)

j. Access to Short-term Disability Insurance (childbirth is a qualifying condition for short-term disability which replaces a portion of wages while on leave from work)

k. Access to child care (when an employer partners with a local child care provider by offering program support or in-kind services in exchange for employee’s priority on the waitlist)

l. Information about child care (information at my place of employment such as providers, financial aid information to pay for child care, etc.)

m. On-site child care (having a child care facility at my place of employment)

n. Vermont Livable Wages (earning a wage that allows me to meet my basic needs)

13. What could [EMPLOYER NAME] do to support your needs related to an aging parent or spouse/child with ongoing illness? Please go to the next question if this does not pertain to you.

14. What is your definition of a work-life balance?

15. What is one initiative that [EMPLOYER NAME] could do to improve this balance?

16. How would you describe the ideal family-friendly culture in the workplace?

17. Do you have any additional comments or questions for us to know regarding what your employer does, and potentially can do, to help you address your family-related needs?