



SOUTH CAROLINA  
**CCR&R**  
Child Care Resource & Referral

**Surveying Your  
Employee's Child  
Care Needs**



The SC CCR&R sample survey was designed to assist employers in assessing employee needs and tailoring policies to fit what works best for the organization and the staff. Use the survey as a guide for developing a customized survey for your employees.

Please contact the SC CCR&R Community Engagement Manager at [CCRRCOMM@mailbox.sc.edu](mailto:CCRRCOMM@mailbox.sc.edu) for assistance on how to implement the survey or guidance on the next steps for your organization.

### Sample Questions:

This survey is only a guide. Please edit to meet the needs of your organization.

1. Where is your current work location:

- a) On-site
- b) Telecommuting
- c) Both
- d) Other (please explain)

2. What best describes your typical work schedule?

- a) Standard full-time
- b) Flexible full-time
- c) Standard part-time (a less than 40-hour work week, but within the typical workday hours)
- d) Flexible part-time (less than 40-hour work week, with flexible hours)
- e) Other

3. How aware are you of the benefits your employer provides?

- a) Very informed
- b) Adequately informed
- c) Somewhat Informed
- d) I don't know about them

4. (Employer Name) currently provides the following benefits. Please rate each benefit as to the value these bring to you. (employers – only include and add benefits that you presently offer) 0-4 no value at 0 – 4 highest value

- a) PTO: Paid Time Off (paid time off for needs such as sick days for self or family member; vacation time; an appointment that can't be scheduled outside of work hours; or other personal needs)
- b) Paid holidays
- c) Medical health insurance
- d) Vision/Dental Insurance
- e) Retirement savings account
- f) Flexible Spending Account (pre-tax contributions from pay that can be used for medical OR child care expenses)
- g) Short-term disability
- h) Life insurance
- i) Employee Assistance Program
- j) Paid parental leave
- k) Child Care Benefit
- l) Wellness benefits

5. In addition to benefits, does your employer have a workplace culture that helps you manage family commitments? (y/n – please describe)

6. How have you learned about benefits or practices that help with family-related needs (check all that apply)?

- a) Informal conversations with coworkers
- b) Informal conversations with the manager/supervision
- c) The Human Resources Department Manager shares this information
- d) I met with my manager for help dealing with a family need
- e) I met with Human Resources Department staff for help dealing with a family need
- f) They are described in our employee handbook
- g) I am not aware of practices or benefits that could help with family-related needs

7. In an average week, how many days do you feel stressed about balancing your work and family responsibilities?

- a) Every day
- b) Most days of the week
- c) Some days
- d) Almost never
- e) Never

8. In reference to balancing work and family life currently, what are your greatest challenges? Select up to three top challenges:

- a) Balancing work and family responsibilities
- b) Finding child care
- c) Paying for child care or school tuition
- d) Dynamics with teammates and co-workers
- e) Coordinating household responsibilities with my partner
- f) Needing more time for work responsibilities
- g) Help with homework for my child(ren)
- h) Mental and emotional well-being
- i) Health and safety concerns
- j) Caregiving responsibilities for children
- k) Caregiving responsibilities for an adult relative
- l) I have no issues with work and family
- m) Other (please describe)

9. Please select all the answer that represents your caregiving situation:

- a) I do not have caregiving responsibilities and don't plan to for the foreseeable future
- b) I do not currently have caregiving responsibilities but anticipate having caregiving responsibilities within the next year.
- c) I do not currently have caregiving responsibilities but anticipate having caregiving responsibilities within the next few years.
- d) I do have caregiving responsibilities for one or more children.

e) I do have caregiving responsibilities for an elderly, sick, or disabled loved one.

f) Other

10. If you are a parent, please describe the age groups your children are within. (select all that apply)

a) Expecting/Adopting

b) Birth to 12 months

c) 1 year to 36 months

d) 3-5 years old

e) 6-12 years old

f) 13 – 18 years old

g) 18-21 years old

11. If you care for children under the age of 6 years, how do you presently handle child care?

a) I have consistent access to full-time/part-time child care that covers my work hours

b) I have consistent access to child care through family, friend, or neighbor

c) I have access to child care that is consistent, but it does not cover all my work hours

d) I have child care but still have child care needs for days my caregiver is closed

e) I have temporary child care but need a more dependable choice

f) My family is without child care

12. Describe your current child care arrangement (check all that apply):

- a) Center-based child care or preschool
- b) Regulated family child care
- c) Child care provided by family, friend, or neighbor
- d) Full-time nanny
- e) Au pair
- f) Employer-sponsored on-site child care or preschool
- g) Children attend elementary – high school during the day
- h) Children attend school and attend after-school programs
- i) Part-time babysitter
- j) I do not have a child care arrangement
- k) NA – I do not have children in need of child care

13. If you are responsible for the care of family members, what are your primary concerns? (Please check the top three)

- a) Finding or affording quality child care
- b) Finding child care during the hours I will or want to work
- c) Having child care for irregular times (weather emergencies, unexpected shifts, when a child is sick, etc.)
- d) Finding or affording after-school care
- e) Finding or affording child care during the school year for vacations and holiday
- f) Finding or affording summer care
- g) Caring for an aging parent
- h) Caring for a spouse or child with an ongoing illness
- i) Other- please list

14. What types of accommodations would allow you to balance your work with your caregiving responsibilities? Please rank your top three in order (employers should customize this list for options)

- a) Assistance finding child care
- b) Assistance finding elder care resources
- c) Additional paid leave
- d) Subsidized child care
- e) More flexible hours
- f) Flexible lunch hours
- g) Access to backup or emergency child care
- h) On-site /near-site child care
- i) Working from home
- j) Other -please list

15. Do you have any additional comments or questions to help you address your family-related needs? Please describe:

**If you desire additional assistance in surveying, or next steps,  
please contact our**

**Community Engagement Manager at  
CCRRCOMM@mailbox.sc.edu**

**More information about SC CCR&R is available online via our  
website (SC-CCRR.org), Facebook (facebook.com/SCCCRR),  
and Instagram (SCCCRR).**