

Kindergarten Parent Survey 2014/2015

Using black or blue pen select your answer by colouring in the circle → ●
If you make a mistake, cross it out and fill in the correct answer → ●

SECTION A: CHILD HEALTH & DEVELOPMENT

Whenever you are asked about "your child", please answer the question based on your child who is currently enrolled in kindergarten.

1. Is your child male or female? Male Female

2. When was your child born? MM (month) DD (day) YY (year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

3. Postal code:

4. Your Municipality (where you live):

- | | |
|--|--------------------------------------|
| <input type="radio"/> Orangeville | <input type="radio"/> Town of Mono |
| <input type="radio"/> Shelburne | <input type="radio"/> Mulmur |
| <input type="radio"/> Town of Grand Valley | <input type="radio"/> East Garafraxa |
| <input type="radio"/> Melancthon | <input type="radio"/> Amaranth |

5. Does your family have a regular family doctor or health care provider that you can talk to about your child's health?

- Yes No

6. In general, would you say your child's health is:

- Excellent Very Good Good Fair Poor

7. a. Does your child have an identified special need (your child has already been identified as needing special assistance due to chronic medical, physical, or mental disabling conditions)

- Yes No

b. Please describe the special need your child has below, if applicable.

c. Do you feel that your child has a special need that is not yet recognized?

- Yes No

d. Please describe this unidentified special need your child has below, if applicable.

8. In the last year, how often have you or your kindergarten child accessed community food services (e.g., food bank, school nutrition program, food pantry or food vouchers)?

- 7 or more times 4-6 times 1-3 times Not at all

9. Do you feel your child's current weight is:

- Underweight Healthy weight Overweight



SECTION B: CHILD CARE

For the next few questions, we are asking about the MAIN type of child care you used when you or your partner were not available to care for your child. You may have used more than one type of child care but please select the one that you consider to be your main child care provider. Do not include babysitters you used occasionally.

1. For EACH age period, what was your MAIN type of care? Please give one answer for each age. If your child was NOT in regular child care during a certain period, please use the answer None - Parent Care Only.

Age of Child	None - Parent Care Only	Licensed Care in a Centre	Licensed Care in Someone's Home	Paid, Unlicensed Care	Unpaid Care (eg. relative or friend)
0 to 12 months (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 yr up to 1.5 yrs (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 yrs up to 2.5 yrs (toddler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 yrs up to 4 yrs (preschooler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 yrs up to 6 yrs (school age care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. On average, how many hours per week IN TOTAL did your child spend in your MAIN child care? If your child was NOT in regular child care during a certain age period, please use the answer None - Parent Care Only

Age of Child	None - Parent Care Only	Less than 20 Hours/Week	21-30 Hours/Week	More than 30 Hours/Week
0 to 12 months (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 yr up to 1.5 yrs (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 yrs up to 2.5 yrs (toddler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 yrs up to 4 yrs (preschooler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 yrs up to 6 yrs (school age care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What have been the greatest barriers you have experienced when looking for a child care arrangement?

Check all that apply.

- | | |
|---|--|
| <input type="radio"/> Lack of information about child care
<input type="radio"/> No special needs services
<input type="radio"/> Care is too expensive
<input type="radio"/> Hours do not meet our/my needs
<input type="radio"/> Building is not accessible
<input type="radio"/> Hard to find care when child is not in school - unplanned (e.g., illness, emergency)
<input type="radio"/> Hard to find care when child is not in school - planned (e.g., after school, summer vacation, PD days)
<input type="radio"/> None, no barriers to finding child care
<input type="radio"/> Other, please tell us: _____ | <input type="radio"/> Concern about quality of care
<input type="radio"/> Care is not always reliable
<input type="radio"/> Transportation is a problem
<input type="radio"/> No spaces available |
|---|--|



4. How important is each of the following in choosing child care for your child?

	Not Important	Somewhat Important	Very Important	Not Applicable
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centre/caregiver reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of program/care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of fee subsidy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing other families there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child knows caregiver/educator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to additional supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are professional/certified Early Childhood Educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How many different child care places has your child attended? (including current care, if applicable)

- 0 1 2 3 4+

6. Does your workplace or the workplace of your partner offer alternative work arrangements to accommodate child care needs?

- Yes No Don't know Not applicable/Not Working

a) If yes, please indicate what type of work arrangements:

- Compressed work week Flexible start/end times Job sharing
 Work at home Flex time Other, please tell us: _____

7. Did you or your partner take parental leave?

- Yes, mother Yes, father Yes, both parents shared None

8. How long was the total length of parental leave?

- Under 6 months 6 months-1 year Over 1 year Not applicable



SECTION C: PRE-KINDERGARTEN EXPERIENCES

1. In the 12 months before your child started Kindergarten how often did your child attend/visit:

	Once a Week or More	1-3 Times a Month	Several Times a Year	Once a Year	Not at All
Play-based children's programs (e.g., drop-ins, Moms and Tots, Ontario Early Years Centre programs, Family Resource Centre programs YMCA/YWCA preschool drop-in)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Literacy and family reading programs (e.g., library story times)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting and Family Literacy Centres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's Club (e.g. Beavers, Boys and Girls Club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music, Arts or Dance programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A public library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A bookstore	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's culture or ethnic-based programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's language-based programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In the 12 months before your child started Kindergarten, were you unable to use services to help your child because of any of the following reasons? Check all that apply.

- | | |
|--|--|
| <input type="radio"/> Waiting list was too long | <input type="radio"/> Services were not available in my language |
| <input type="radio"/> Cost was too much | <input type="radio"/> Didn't know services were available |
| <input type="radio"/> No services near where I live | <input type="radio"/> Didn't have information about services |
| <input type="radio"/> Times did not work for me | <input type="radio"/> Other (please tell us) |
| <input type="radio"/> No way to get there (no car, no buses, cost) | <input type="radio"/> Not applicable |

3. In the years before your child started Kindergarten, did your child get help from any of the following services?

	Yes	No	Child is on waiting list
Speech and Language Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blind or Low Vision Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational or Physical Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs / Services for Behavioural Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs / Services for Developmental Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Programs / Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Programs/ Services for English as a Second Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental services beyond regular dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special nutrition services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning support (e.g., help with listening, talking, problem solving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



SECTION D: KINDERGARTEN

1. Did your child attend or is your child currently attending a Junior Kindergarten (JK) program?

- Yes, at school
 Yes, at a location other than a school
 No, did not attend a JK program

2. How many different schools did your child attend during your child's JK and SK years, including the current one?

- 1
 2
 3
 4+

3. a. Is your child currently in Full-Day Kindergarten?

- Yes No

b. Did your child attend Full-Day Junior Kindergarten?

- Yes No

4. Since the beginning of this school year, have you:	Three or More Times	Once or Twice	Never
Attended a parent-teacher conference?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a general school meeting? (e.g., open house, school council meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a school or class event? (e.g., school concert, play)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteered in the classroom or school? (e.g., class trip, helped with fundraiser, helped in library)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What makes it hard for you to be involved in school activities? *Check all that apply.*

- | | |
|--|---|
| <input type="radio"/> Times don't work for me/conflict with work
<input type="radio"/> Don't have a way to get there
<input type="radio"/> Hard to get child care for my other children
<input type="radio"/> Don't know about the activities
<input type="radio"/> Language barrier <input type="radio"/> Other (please tell us):
<input type="radio"/> Not applicable | <input type="radio"/> Health issue or disability
<input type="radio"/> Don't know other parents in the school
<input type="radio"/> Don't know teacher or school staff well
<input type="radio"/> Hassle/necessity of police check |
|--|---|
-

6. How does your child get to school most often? *Choose only one answer.*

- | | |
|--|--|
| <input type="radio"/> Walks/bikes with parent/guardian
<input type="radio"/> Rides with or takes transit with parent
<input type="radio"/> Takes school bus/taxi | <input type="radio"/> Walks/bikes with another adult, sibling, or friend
<input type="radio"/> Rides or takes transit with another adult
<input type="radio"/> Takes special transit |
|--|--|



SECTION E: YOU AND YOUR CHILD

1. In the PAST 7 DAYS, have you or someone close to your child (outside of school) done the following activities with your child?	Yes, Everyday	Yes, 3 or More Times	Yes, Once or Twice	No
Played simple math games (e.g., cards, counting, puzzles, board games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sang songs or said rhymes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told or read him/her a story	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked on arts, crafts or drawing with him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worked on the sounds of letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped with printing letters, numbers or child's name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done household chores together like cooking, cleaning, putting away toys, setting the table, caring for pets, gardening or raking the lawn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone on an outing together (e.g., shopping, doing errands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participated in physical activity/family activities (e.g., walk, ride bike, play outside)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked together about your child's day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played together (e.g., hide and seek, tag, dress-up, tea party)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Have you ever attended a class, workshop, program or event meant to help you in your role as a parent? Yes No

3. Check the statements below that you as a parent find challenging. *Check all that apply.*

- Finding family time
- Playing with your children
- Getting your child ready for the day
- Preparing healthy meals
- Getting your child to eat healthy
- Making ends meet (i.e. finances)
- Having enough food for my family
- Dealing with a gambling problem in the family
- Being aware of what children should be or could be doing at a given age
- Encouraging appropriate behaviour and discouraging inappropriate behaviour
- Assisting your child in transitioning from one form of care to another, or from one program to another during the day
- Motivating your child to be physically active
- Use of drugs or alcohol in the family
- Dealing with a grandparent's failing health (mental, physical)
- Other, please tell us: _____



4. Does anyone smoke regularly inside the house? Yes No

5. As a rule, how many days of the week do you do at least 30 minutes of moderate or vigorous physical activity (such as walking or a sport)?

None 1-2 3-4 5 or more

6. In the past 12 months, how often has your child:	Once a Week or More	1-3 Times a Month	Several Times a Year	Once a Year	Not at All
Played a sport or done physical activities WITH a coach or instructor, other than in gym class (e.g., swimming lessons, baseball, hockey, dance etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played a sport or done physical activities WITHOUT a coach or instructor (e.g., biking, skate-boarding, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In a typical school day, how many hours does your child watch TV, use the computer, or play video games at home?

5 or more 4 3 2 1 None

SECTION F: YOUR NEIGHBOURHOOD / COMMUNITY

1. Do you have access to the following places in your neighbourhood? Access might mean walking, driving your car a short distance (15 minutes), or taking the bus.	Yes	No	Don't Know
Public park or athletic field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping mall or shopping plaza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming pools, wading pools, splashpad or water playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or family-like friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ontario Early Years Centre/Family Resource Centre Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2. Please tell us about your neighbourhood.	True	Sometimes True	Not True
It is safe to walk alone in my neighbourhood after dark.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is safe for children to play outside during the day in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are safe parks, playgrounds and play spaces in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there is a problem around here, the neighbours get together and deal with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are adults in my neighbourhood that children can look up to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People around here are willing to help their neighbours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You can count on adults in my neighbourhood to watch out that children are safe and don't get in trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know my neighbours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighbourhood is child-friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION G: BACKGROUND INFORMATION

To help us understand the families who are participating in this study, we would like to ask a few questions about yourself, your family and your household.

1. Are you the child's:

- Mother Father Other (please specify) _____

2. What language do YOU speak most often at home?

- English French Other (please specify) _____

3. What language does YOUR CHILD speak most often at home?

- English French Other (please specify) _____

4. How long have you lived in Canada?

- Always More than 10 years 6-10 years 3-5 years 1-2 years Less than 1 year

5. In the last 5 years, how often has your child moved to a different home?

- Never Once Twice 3 times 4 times 5+ times

6. Does the child self-identify as an Aboriginal, Métis, Inuit or First Nations person?

- Yes No Choose not to answer



7. What is your highest level of education? Choose only one answer.

- Did not complete High School
 Completed High School
 College diploma or Trades Certificate
 Undergraduate Degree
 Graduate Degree

8. In a typical week, how many total hours (including overtime) would you and your partner work for pay?

- a) You** Under 25 hours 25-49 hours 50+ hours Not Currently Employed
b) Your Partner Under 25 hours 25-49 hours 50+ hours Not Employed Not Applicable

9. What is the MAIN employment status of you and your partner? Choose only one answer for each.

a) You	b) Your Partner
<input type="radio"/> Working for pay <input type="radio"/> Caring for family/homemaking <input type="radio"/> Student <input type="radio"/> Recovering from illness/on disability <input type="radio"/> Unemployed and looking for work <input type="radio"/> Retired <input type="radio"/> Other, please specify: <hr/>	<input type="radio"/> Working for pay <input type="radio"/> Caring for family/homemaking <input type="radio"/> Student <input type="radio"/> Recovering from illness/on disability <input type="radio"/> Unemployed and looking for work <input type="radio"/> Retired <input type="radio"/> Not applicable <input type="radio"/> Other, please specify: <hr/>

10. Which of the following best describes your family situation?

- One Parent Two Parents At Home Two Parents Sharing Custody Other

11. How many siblings does your child have?

- None 1 2 3 4+

12. Is there extended family (aunt, uncle, grandparent) living in your household (for more than 6 months)?

- Yes No

13. What is your household income before taxes (including support payments)?

- Less than \$17,000
 \$17,001 to \$30,000
 \$30,001 to \$50,000
 \$50,001 to \$75,000
 \$75,001 to \$100,000
 Greater than \$100,000
 Choose not to answer

THANK YOU FOR YOUR PARTICIPATION

