



This is an assessment of childcare needs of the Cambridge Springs community. If you have care giving responsibilities for a child, we would appreciate you filling out this form and sending to Stacie Hiott at the Meadville YMCA by August 25th at stacie@meadvilleymca.org. Thank you for assisting us with this effort.

1: Are you currently using childcare services?

_____ Yes _____ No

2: Are you satisfied with your current child care arrangement?

_____ Yes _____ No

3: Would you use childcare services if they were available to you?

_____ Yes _____ No

4: What ages would you need care for?

| AGE RANGE | # of children |
|--|---------------|
| Infant (Birth to 11 months) | ----- |
| Toddler (11 to 36 months) | ----- |
| Preschool (3 to 5 years) | ----- |
| After school care (K -6 th grade) | ----- |

5: If you do not utilize childcare services, please circle what prevents you from using services?

Cost Availability Transportation Hours of Operation



Other _____

6: To help assess funding needs, please circle one to indicate your household gross salary range.

of people in house: _____

Below -\$20,000

\$20,000 – \$29,000

\$30,000 - \$39,000

\$40,000 – \$49,000

Over \$50,000

7: Have you had any of these childcare related problems during the past year?

Check problem areas.

Yes, I have had this problem

A: Cost of care

B: Finding temporary care

C: Finding care for sick child

D: Finding care for child with special needs

E: Location of care

F: Transportation to/from care

G: Dependability of care

H: Quality of care

I: Scheduling childcare to match work schedule
