

CORPORATE CHAMPIONS for children

EMPLOYEE ASSESSMENT

(Member Company) recognizes that our employees are faced with the challenge of balancing work and personal responsibilities. As a company that places an importance on the well-being of its employees, we would like to have a more detailed understanding of the challenges you face.

Those challenges are the primary reason **(Member Company)** is a member of *Corporate Champions for Children*, a non-profit organization in Fort Worth that is coordinating this employee assessment. By asking you to complete this confidential survey, we hope to have a better understanding of your needs and how we can best respond to those needs with the support of *Corporate Champions for Children*.

This survey should take about **15 minutes** to complete.

When you have finished, please place it in the envelope, seal it, and return it to:

Cindy Hames
Corporate Champions for Children
2700 Meacham Blvd.
Fort Worth, TX 76137

Please try to complete your survey within a week after you have received it. Although *Corporate Champions for Children* will accept late surveys, a timely response will help us get information needed for strategic planning. All responses are confidential. *Corporate Champions for Children* will maintain the data, and only summary results will be reported to **(Member Company)**.

Thank you for taking time to provide us with your comments and answers so that we can provide the type of support that is so important for both our families and our work.

For the following benefits, indicate how many days, if any, are provided by the company.

	Number of days each year company provides	Importance to you				
		Not Important				Very Important
A23. Vacation days		1	2	3	4	5
A24. Sick days		1	2	3	4	5
A25. Unpaid leave for care of a family member (includes child birth)		1	2	3	4	5
A26. Paid leave for women after birth or adoption of a child		1	2	3	4	5
A27. Paid leave for men after birth or adoption of a child		1	2	3	4	5

SECTION B – CHILD CARE ARRANGEMENTS

B1. Are you responsible for the care of any children under the age of 18 that live with you at least part of the year?

- ₁ Yes, How many? _____ (Go to question B2)
- ₂ No (Go to Section E, question E1)

Please answer the following for each child under the age of 18.

What are the birth month and year of each child?

Child 1	Child 2	Child 3	Child 4

B2. What type of care do you now use for your children?

- 1. Relative in your home or their home
- 2. Unrelated person in your home
- 3. Unrelated person in his/her home
- 4. Center-based care (preschool, daycare, or headstart)
- 5. After-school program
- 6. Other (Describe _____)

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

B3. What type of child care would you prefer to have for your children *if different* from your answers to B1 above?

- 1. Relative in your home or their home
- 2. Unrelated person in your home
- 3. Unrelated person in his/her home
- 4. Center-based care (preschool, daycare, or headstart)
- 5. After-school program
- 6. Other (Describe _____)

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

B4. Where do you prefer your children's care be located?

- 1. At or near work
- 2. At or near home
- 3. At or near school
- 4. Other (Describe _____)
- 5. No preference

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

B5. When do you usually need child care? (Check all that apply)

- 1. Before 7 a.m.
- 2. All or part of 7 a.m. to 6 p.m.
- 3. All or part of 6 p.m. to 11 p.m.
- 4. After 11 p.m.
- 5. Weekends

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

B6. How satisfied are you with your current care arrangements?

1. Very satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

B7. During the past 12 months, how many times did this arrangement change or break down?

1. Never
2. Once
3. Twice
4. Three or more times

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4

B8. Do you plan to change this child care arrangement in the near future?

1. Yes
2. No
3. Maybe

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3

B9. What is the weekly cost of your child care arrangements for each child?

Child 1: \$_____ Child 2: \$_____ Child 3: \$_____ Child 4: \$_____

B10. Why do you typically need emergency/back-up care for your child?

1. Holiday/day off at child care provider
2. Child is sick and is not allowed at child care provider
3. School holiday or vacation for school age children
4. Other school closing (snow day) for school age children
5. Childcare providers are undependable

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5

B11. If your child is sick, which of the following are you most likely to do?

1. Stay home with the child
2. Your spouse/partner stays home with the child
3. My child stays home alone
4. Hire someone to care for your child in your home
5. Take your child to a friend or relative's home
6. Take your child to work
7. Take your child to a sick child care arrangement
8. Take your child to the regular child care arrangement

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8

B12. If you stay at home with your child, which of the following are you most likely to do?

1. Use sick days
2. Use vacation time
3. Use personal day
4. Take a day off without pay
5. Switch work schedule
6. Work at home

Child 1	Child 2	Child 3	Child 4
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

B13. From the following list, please indicate what you consider to be the 3 most important child care features.

- | | |
|---|---|
| <input type="checkbox"/> 1 Neat, clean, organized | <input type="checkbox"/> 6 Low staff turnover |
| <input type="checkbox"/> 2 Teacher/staff qualifications | <input type="checkbox"/> 7 Activities that foster development |
| <input type="checkbox"/> 3 Small group sizes | <input type="checkbox"/> 8 Flexibility of hours |
| <input type="checkbox"/> 4 Nurturing environment | <input type="checkbox"/> 9 Cost affordable |
| <input type="checkbox"/> 5 Low child/adult ratios | <input type="checkbox"/> 10 Accredited facility either NAEYC or NAFDC |

Please rate following statements by circling the response that matches your level of agreement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
C17. I am able to discuss issues regarding my work and family responsibilities with my supervisor.	1	2	3	4	5
C18. My supervisor is helpful to me regarding work and family issues.	1	2	3	4	5
C19. My supervisor is able to tell me about company programs and policies that could help me with my work and family issues.	1	2	3	4	5
C20. My supervisor has altered my schedule to accommodate my family responsibilities.	1	2	3	4	5
C21. My supervisor has showed resentment of my needs as a working parent.	1	2	3	4	5
C22. I have a good balance between my job and my family responsibilities.	1	2	3	4	5
C23. I am comfortable with the arrangements for my children while I am working.	1	2	3	4	5
C24. I worry that other people at work think my family interferes with my job.	1	2	3	4	5
C25. My co-workers are supportive of my need to balance work and family responsibilities.	1	2	3	4	5
C26. Meeting my work and family responsibilities causes me to feel stress.	1	2	3	4	5
C27. My health suffers as a result of meeting my work and family responsibilities.	1	2	3	4	5
C28. It is unlikely that I will attain all my career goals as result of my work and family responsibilities.	1	2	3	4	5
C29. My family life suffers as a result of meeting my work responsibilities.	1	2	3	4	5
C30. My work responsibilities interfere with the kind of parent I want to be.	1	2	3	4	5

SECTION D – TIME OFF AWAY FROM WORK

D1. Were you employed with this company before the birth of your last child?

- ₁ Yes (Go to question D2)
₂ No (Go to Section E, question E1)

D2. Did you make any changes in your work schedule after and BECAUSE OF your last child?

- ₁ No (Go to question D3)
₂ Yes(Answer D2A).

D2A.Which of the following did you do? (Check all the answers which apply.)

- ₁ Worked a flexible schedule
₂ Shared job with another person
₃ Worked more hours per day but fewer days per week
₄ Worked at home or away from the job site
₅ Made other changes in my schedule, please describe: _____

D3. Did you take any leave or time off from your work due to your last child's birth or adoption?

- ₁ No (Go to question D6)
₂ Yes(Answer D3A).

D3A. How many weeks total did you take off? _____ weeks
 How many of these weeks were paid? _____ weeks

D4. What happened at your job when you were on leave?

- ₁ No difficulties at the workplace ₄ Great difficulties occurred
₂ Problem-free for the most part ₅ Don't know
₃ Some difficulties

What type of difficulties at work, if any?

D5. How did the following people react when you went on parental leave?

	Mostly Positively	Neither Positively or Negatively	Mostly Negatively	Don't Know	Does not Apply
Your employer	1	2	3	4	5
Your supervisor	1	2	3	4	5
Your male co-workers	1	2	3	4	5
Your female co-workers	1	2	3	4	5

D6. Who has the main responsibility regarding the care and upbringing of this last child?

- ₁ mother mostly ₂ mother more ₃ mother & father equally ₄ father more ₅ father mostly

D7. About how many hours per week would you guess you are together with your last child?

(Please exclude your own sleep time.) _____ hours per week

D8. About how many hours per week would you guess your spouse or partner is together with your last child? (Please exclude your spouse's sleep time) _____ hours per week.

D9. On a scale of 1 to 7, with 1 being "always" and 7 being "never," how often do you and your spouse or partner:

- | | Always | | | | | | Never |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. argue about care of your child? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| b. share making major decisions about the child's life? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |
| c. share making day-to-day decisions about the child's life? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | <input type="checkbox"/> ₇ |

D10. If given a choice, what would you rather do? ₁ Work full-time ₂ Work part-time ₃ Be at home

D11. How important is employment to you now in comparison with your other interests?

- ₁ the main interest
₂ a main interest, but not the only interest
₃ one of several important interests
₄ a less important interest
₅ not at all important compared with your other interests

D12. Compared to the time before the last child's birth, have your chances for advancement on the job:

- ₁ Improved ₂ Worsened ₃ Stayed the same

D13. Has your pay changed since the birth of your last child?

- ₁ No ₂ Yes, increased ₃ Yes, decreased

D14. In general, how good is the job which you have now, compared to the job which you really would rather have? Is your job:

- ₁ precisely like the job you really want to have
- ₂ very much like it
- ₃ somewhat like it
- ₄ not especially like it
- ₅ not at all like it

How did taking leave change your work and home life? (If you did not take leave, how do you believe that people who take leave change?)

	Increased by Leave	Not Changed by Leave	Decreased by Leave	Does not Apply
D15. Enjoy job	1	2	3	6
D16. Dedication to the job	1	2	3	6
D17. Job productivity	1	2	3	6
D18. Likelihood to miss work	1	2	3	6
D19. Recommend employer to others	1	2	3	6
D20. Stress at home	1	2	3	6

SECTION E – CO WORKERS

E1. During the last 12 months, You have had to do the following because of conflicts with your personal life? *(Check all that apply)*

- ₁ Turned down overtime
- ₂ Refused a business trip
- ₃ Declined a promotion
- ₄ Declined a shift change
- ₅ Not taken a training course
- ₆ Refused a relocation or transfer
- ₇ Refused a special project
- ₈ Considered leaving the company

E2. During the last 12 months, you have been asked to perform a co-worker's job if they are unavailable while handling their work and family responsibilities:

- ₁ Never (Go to Section F, question F1)
- ₂ 1 to 2 times
- ₃ 3 to 5 times
- ₄ 6 to 8 times
- ₅ Over 8 times

E3. When asked to temporarily perform a co-worker's job if they are unavailable while handling their work and family responsibilities, you experienced increased stress.

- ₁ Strongly Agree
- ₂ Agree
- ₃ Neither agree nor disagree
- ₄ Disagree
- ₅ Strongly Disagree

SECTION F – GENERAL INFORMATION

F1. Division/department:

- ₁ {department 1}
- ₂ {department 2}
- ₃ {department 3}
- ₄ {department 4}
- ₅ {department 5}
- ₆ { department 6}
- ₇ { department 7}
- ₈ { department 8}
- ₉ { department 9}
- ₁₀ { department 10}

F2. Which job category best describes your job:

- ₁ Manager
- ₂ Supervisor
- ₄ Administrative/secretarial/clerical staff
- ₅ Bargaining Unit

₃ Professional staff ₆ Other

F3. How many *days* do you work on average per work week? _____ Days

F4. How many *hours* do you work on average per work week? _____ Hours

F5. How many years have you worked for this company? _____ Years

F6. Please indicate the zip code where you live: _____

F7. Are you currently. . .

- ₁ Married (Answer question F7A)
- ₂ Widowed
- ₃ Divorced
- ₄ Separated
- ₅ Never been married
- ₆ Living with partner

F7A. If married, is your spouse currently:

- ₁ Working full-time
- ₂ Working part-time
- ₃ Unemployed, laid-off or looking for work
- ₄ Retired
- ₅ In school
- ₆ Managing the home
- ₇ Other (describe _____)

F8. What is the highest educational degree you have already completed?

- ₁ Less than high school
- ₂ High school
- ₃ Some college
- ₄ Technical school/associate's degree
- ₅ Bachelor's degree
- ₆ Graduate school or degree

F8. What year were you born? 19 __

F9. Are you: ₁ Male ₂ Female

F10. Which racial/ethnic group do you consider yourself?

- ₁ White
- ₂ African American/Black
- ₃ Hispanic
- ₄ Asian
- ₅ Native American/American Indian
- ₆ Other _____

F11. Which category includes your **total** household income before taxes?

- ₁ less than \$20,000
- ₂ \$20,000 to \$39,999
- ₃ \$40,000 to \$59,999
- ₄ \$60,000 to \$79,999
- ₅ \$80,000 to \$99,999
- ₆ \$100,000 or more

F12. Which category includes your yearly pay from this job before taxes?

- ₁ less than \$20,000
- ₂ \$20,000 to \$39,999
- ₃ \$40,000 to \$59,999
- ₄ \$60,000 to \$79,999
- ₅ \$80,000 to \$99,999
- ₆ \$100,000 or more