

This anonymous survey is intended for parents, grandparents, foster parents, or other adults raising children from infants to eight years old. Policy leaders in North Carolina will use the results of the survey to better understand what families need to support their children's success. Thank you for your time.

What are your dreams for your child?

What do you and your child need now to achieve those dreams in the future?

Now we are going to ask you about conditions that support children's success.

Do you have a regular place where you take your child for medical care?

Yes No

If you answered yes, how does your child's doctor help your child stay healthy? My child's doctor: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Has someone who can talk to me in my language. | <input type="checkbox"/> Helps me understand developmental milestones. |
| <input type="checkbox"/> Understands and respects my cultural background. | <input type="checkbox"/> Talks to me about how to read with my child. |
| <input type="checkbox"/> Has appointment times that work well for me. | <input type="checkbox"/> Talks to me about school attendance. |
| <input type="checkbox"/> Has an office that is easy for me to get to. | <input type="checkbox"/> Asks me about what I need to support my child's health. |
| <input type="checkbox"/> Screens my child for developmental delays. | <input type="checkbox"/> Connects me to other parents. |
| <input type="checkbox"/> Refers me to services my child may need (if applicable). | <input type="checkbox"/> Asks me about my emotional health. |
| <input type="checkbox"/> Follows up with me to make sure I could access those services (if applicable). | <input type="checkbox"/> Asks me about our family's needs. |
| <input type="checkbox"/> Provides me with information to better support my child at home. | <input type="checkbox"/> Helps me access resources to meet my family's needs. |
| | <input type="checkbox"/> Other |

What do you wish your child's doctor would do to help your child stay healthy? I wish my child's doctor would: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Have someone who can talk to me in my language. | <input type="checkbox"/> Help me understand developmental milestones. |
| <input type="checkbox"/> Understand and respect my cultural background. | <input type="checkbox"/> Talk to me about how to read with my child. |
| <input type="checkbox"/> Have appointment times that work well for me. | <input type="checkbox"/> Talk to me about school attendance. |
| <input type="checkbox"/> Have an office that is easy for me to get to. | <input type="checkbox"/> Ask me about what I need to support my child's health. |
| <input type="checkbox"/> Screen my child for developmental delays. | <input type="checkbox"/> Connect me to other parents. |
| <input type="checkbox"/> Refer me to services my child may need. | <input type="checkbox"/> Ask me about my emotional health. |
| <input type="checkbox"/> Follow up with me to make sure I could access those services. | <input type="checkbox"/> Ask me about our family's needs. |
| <input type="checkbox"/> Provide me with information to better support my child at home. | <input type="checkbox"/> Help me access resources to meet my family's needs. |
| | <input type="checkbox"/> Other |

Does your child attend a child care program, preschool or elementary school?

- Yes No

If you answered yes, how does your child's child care program or school help your child be successful? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Makes it easy to enroll. | <input type="checkbox"/> Follows up with me to make sure I could access those services (if applicable). |
| <input type="checkbox"/> Respects my child's cultural and ethnic heritage. | <input type="checkbox"/> Helps me understand developmental milestones. |
| <input type="checkbox"/> Shares my values. | <input type="checkbox"/> Talks to me about how to read with my child. |
| <input type="checkbox"/> Makes me feel comfortable being there. | <input type="checkbox"/> Talks to me about school attendance. |
| <input type="checkbox"/> Provides age-appropriate instruction and materials. | <input type="checkbox"/> Creates a positive climate for my child. |
| <input type="checkbox"/> Asks me about what I need to support my child's education. | <input type="checkbox"/> Supports my child's emotional development. |
| <input type="checkbox"/> Asks me if I have concerns about my child's learning, development or behavior. | <input type="checkbox"/> Prepares children for successful transitions between child care/prekindergarten and kindergarten. |
| <input type="checkbox"/> Talks to me about what I can do at home to help my child learn and develop. | <input type="checkbox"/> Prepares children for successful transitions between kindergarten, first grade, second grade and third grade. |
| <input type="checkbox"/> Helps me build skills to help my child learn and develop at home. | <input type="checkbox"/> Asks me about our family's needs. |
| <input type="checkbox"/> Answers my questions. | <input type="checkbox"/> Seeks my input and takes action on it. |
| <input type="checkbox"/> Screens my child for developmental delays. | <input type="checkbox"/> Connects me to other parents. |
| <input type="checkbox"/> Refers me to services my child may need (if applicable). | <input type="checkbox"/> Other |

What do you wish your child's child care program or school would help your child be successful? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Make it easier to enroll. | <input type="checkbox"/> Follow up with me to make sure I could access those services. |
| <input type="checkbox"/> Respect my child's cultural and ethnic heritage. | <input type="checkbox"/> Help me understand developmental milestones. |
| <input type="checkbox"/> Share my values. | <input type="checkbox"/> Talk to me about how to read with my child. |
| <input type="checkbox"/> Make me feel comfortable being there. | <input type="checkbox"/> Talk to me about school attendance. |
| <input type="checkbox"/> Provide age-appropriate instruction and materials. | <input type="checkbox"/> Create a positive climate for my child. |
| <input type="checkbox"/> Ask me about what I need to support my child's education. | <input type="checkbox"/> Support my child's emotional development. |
| <input type="checkbox"/> Ask me if I have concerns about my child's learning, development or behavior. | <input type="checkbox"/> Prepare children for successful transitions between child care/prekindergarten and kindergarten. |
| <input type="checkbox"/> Talk to me about what I can do at home to help my child learn and develop. | <input type="checkbox"/> Prepare children for successful transitions between kindergarten, first grade, second grade, and third grade. |
| <input type="checkbox"/> Help me build skills to help my child learn and develop at home. | <input type="checkbox"/> Ask me about our family's needs. |
| <input type="checkbox"/> Answers my questions. | <input type="checkbox"/> Seek my input and take action on it. |
| <input type="checkbox"/> Screen my child for developmental delays. | <input type="checkbox"/> Connect me to other parents. |
| <input type="checkbox"/> Refer me to services my child may need. | <input type="checkbox"/> Other |

How do service and program providers (e.g., early intervention, parent education, Smart Start) in your community support your child's success? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Have services and programs in my language. | <input type="checkbox"/> Make it easy for me to get my child there. |
| <input type="checkbox"/> Respect my culture and ethnicity. | <input type="checkbox"/> Ask me what I need to be successful. |
| <input type="checkbox"/> Have services and programs that work well for me. | <input type="checkbox"/> Ask me about our family's needs. |
| <input type="checkbox"/> Have services and programs that are affordable. | <input type="checkbox"/> Help me access resources to meet my family's needs. |
| <input type="checkbox"/> Have services and programs in convenient locations. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Make it easy to enroll in programs and services. | |

What do you wish service and program providers in your community would do to support your child's success? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Have services and programs in my language. | <input type="checkbox"/> Make it easy for me to get my child there. |
| <input type="checkbox"/> Respect my culture and ethnicity. | <input type="checkbox"/> Ask me what I need to be successful. |
| <input type="checkbox"/> Have services and programs that work well for me. | <input type="checkbox"/> Ask me about our family's needs. |
| <input type="checkbox"/> Have services and programs that are affordable. | <input type="checkbox"/> Help me access resources to meet my family's needs. |
| <input type="checkbox"/> Have services and programs in convenient locations. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Make it easy to enroll in programs and services. | |

How does your community support your child's success? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Has healthy food that is easy to find and afford. | <input type="checkbox"/> Provides a wage that I can support my family on. |
| <input type="checkbox"/> Offers programs that I can afford when my child is out of school to support my child's continued learning. | <input type="checkbox"/> Has high quality child care nearby that I can afford. |
| <input type="checkbox"/> Makes my child and me feel safe. | <input type="checkbox"/> Has dentists that I can easily get to. |
| <input type="checkbox"/> Has transportation that makes it easy for me to get to where I need to go. | <input type="checkbox"/> Has dentists that accept Medicaid. |
| <input type="checkbox"/> Respects my culture and ethnicity. | <input type="checkbox"/> Has playgrounds that are safe for my child. |
| <input type="checkbox"/> Has housing that I can afford. | <input type="checkbox"/> Has a library that is easy for me to get to. |
| | <input type="checkbox"/> Other |

What do you wish your community would do to support your child's success? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Have healthy food that is easy to find and afford. | <input type="checkbox"/> Provide a wage that I can support my family on. |
| <input type="checkbox"/> Offer programs that I can afford when my child is out of school to support my child's continued learning. | <input type="checkbox"/> Have high quality child care nearby that I can afford. |
| <input type="checkbox"/> Make my child and me feel safe. | <input type="checkbox"/> Have dentists that I can easily get to. |
| <input type="checkbox"/> Have transportation that makes it easy for me to get to where I need to go. | <input type="checkbox"/> Have dentists that accept Medicaid. |
| <input type="checkbox"/> Respect my culture and ethnicity. | <input type="checkbox"/> Have playgrounds that are safe for my child. |
| <input type="checkbox"/> Have housing that I can afford. | <input type="checkbox"/> Have a library that is easy for me to get to. |
| | <input type="checkbox"/> Other |

How do elected officials support your child's success? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hold town halls and meetings in my community and ask about my needs. | <input type="checkbox"/> Spend time in my neighborhood. |
| <input type="checkbox"/> Understand my values. | <input type="checkbox"/> Provide funding for programs and services that benefit my child. |
| <input type="checkbox"/> Respect my culture and ethnicity. | <input type="checkbox"/> Respond to the community's needs. |
| <input type="checkbox"/> Care about people like me. | |

What do you wish elected officials would do support your child's success? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Hold town halls and meetings in my community and ask about my needs. | <input type="checkbox"/> Spend time in my neighborhood |
| <input type="checkbox"/> Understand my values. | <input type="checkbox"/> Provide funding for programs and services that benefit my child |
| <input type="checkbox"/> Respect my culture and ethnicity. | <input type="checkbox"/> Respond to the community's needs |
| <input type="checkbox"/> Care about people like me. | |

What do you wish people in power (e.g., teachers, elected officials, community leaders, etc.) knew about your child and your family?

What year were you born?

What is your gender?

- Female
- Male
- Other

What county do you live in?

What is your ZIP Code?

What is your Race/Ethnicity? Check all that apply.

- White
- Black or African American
- Hispanic/Latino
- Native American or Alaska Native
- Asian
- Hawaiian or Pacific Islander
- Other

How many children do you have in each of these age ranges?

- _____ 0-2 years
- _____ 3-4 years
- _____ 5 years
- _____ 6-8 years

Please list the languages spoken in your home.

What is your annual household income?

- Less than \$10,000
- \$10,000 to \$24,000
- \$25,000 to \$49,999
- \$40,000 to \$64,999
- \$65,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 or more

What is the highest level of education that you have completed?

- Did not graduate from High School
- GED
- High School
- Technical Certification
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Other

What is your marital status?

- Single
- Married
- Partnered
- Separated
- Divorced
- Widowed

Please return completed surveys to the NC Early Childhood Foundation, 907 Glenwood Avenue, Raleigh, NC 27605.