Child Care Access Means Parents in School Needs Assessment Survey

UNIVERSITY OF WEST FLORIDA

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Subject: Child Care Assess Means Parents in School Needs Assessment Survey

Dear Student,

Access to affordable child care is often a factor for students attending and graduating from college. Our university is committed to providing its students with a quality education, as well as, pursuing funding for child care assistance. We need your help with this assessment project at the University of West Florida.

The purposes of the project are to (1) identify your need(s) for child care assistance (2) identify additional service(s) you may need such as parenting classes, free health screenings and free car seats. You are among a target group of students selected by the university to participate in the survey. Please assist us by completing the survey.

Student Support Services Program is funding this project. Angela McCorvey and Tammie Nadeau of Student Success Programs at the University of West Florida are coordinating the study. There are no risks involved in this study. Your name will not be identified on the survey. After the survey is returned, the information will be transferred to a master file and only group information will be reported.

If you have any questions or concerns about participating in the assessment, please contact the Student Support Services office or Student Success Programs at 474-3212 or 474-3266 or email us at www.dhayes@uwf.edu or bgroat@uwf.edu.

We appreciate your participation in this very important project.

Sincerely,

Tammie L. Nadeau, Director
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Thank you for taking part in this child care assessment survey. We need your feedback and ideas about how to make child care more accessible. Please answer the following brief questions by selecting an answer.

1. **DO YOU NEED FUNDING FOR CHILDCARE SERVICES TO ATTEND CLASSES AT UWF?**
   - ○ YES
   - ○ NO

2. **DO YOU PREFER CHILDCARE SERVICES**
   - ○ NEAR HOME
   - ○ NEAR SCHOOL

3. **WHAT HOURS DO YOU NEED CHILD CARE ASSISTANCE?**
   _________________________   _______________________

4. **ARE YOU INTERESTED IN THE FOLLOWING SERVICES?**
   - ○ HEALTH SCREENINGS
   - ○ PARENTING CLASSES
   - ○ FREE CARSEATS
   - ○ OTHER, _______________________

5. **WHAT IS/ARE THE AGE(S) OF YOUR CHILD (REN) NEEDING CHILDCARE SERVICES?**
   - ○ 1 MONTH – 11 MONTHS
   - ○ 1 YEAR – 4 YEARS
   - ○ 5 YEARS – 12 YEARS

6. **IF YOUR CHILD(REN) IS/ARE SCHOOL AGE, DO YOU NEED**
   - ○ BEFORE SCHOOL CARE
   - ○ AFTER SCHOOL CARE
   - ○ BOTH

7. **DO YOU CURRENTLY RECEIVE ANY TYPE OF FINANCIAL ASSISTANCE I.E. CHILDCARE DISCOUNTS, CHILDREN SERVICES FUNDS, OR OTHER LOCAL PROGRAM(S) TO PAY FOR YOUR CHILDCARE EXPENSES?**
   - ○ YES
   - ○ NO