

Family Support & Prevention Service
Community Survey

Purpose: The Oklahoma State Department of Health has partnered with other state and non-profit agencies in order to learn more about awareness and use of community supports and resources to help parents care for their children. Responses to this survey are **anonymous** and will be used to identify areas of service where improvements are needed, and to update state plans. Survey completion will take about 10 minutes. By continuing on, you acknowledge that you have read this information and agree to participate in this research. You are free to withdraw your participation at any time without penalty.

1. My home ZIP Code is: _____

2. My child(ren) are aged: (check all that apply)

- Less than 1 year 6 – 13 years
 1 – 2 years 14 – 18 years
 3 – 5 years Older than 18 years

3. I am my child's:

- Mother Foster parent
 Father Legal guardian
 Grandparent Other: _____

4. Please indicate if you are aware of or have used the following:

	I have not heard of this	I know of it, but have not used it	I have used this
Home-Based Services (Sooner Start, ParentPro programs: Children First [C1], Parents as Teachers, Safe Care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Support Programs (Incredible Years, Circle of Security, Infant Massage, Positive Solutions, Child Guidance Services, Circle of Parents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food, Housing, and Clothing Resource Programs (SNAP, WIC, TANF, food & resource centers, food banks, clothing closets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Education Resource Programs (Job training, job placement, temp agency, GED/HSE, ESL, FAFSA, GI Bill, interview resources, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance / Health Care Resource Programs (SoonerCare, Variety Care, community health centers, tribal health clinics, veteran centers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Resource Programs (Sooner Success, ADA DDS Waiver, OK Department of Veterans Affairs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Resource Programs (Community mental health centers: Red Rock, Grand Lake, CREOKS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Resources Programs (DHS child care licensing, local resource and referral agencies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. How would you describe your experience accessing the following services for yourself or your child?

	Very easy	Easy	No opinion	Difficult	Very difficult	Not applicable (have not needed this)
Prenatal health care						
Mental health screening & treatment						
Services to address concerns for my child's social, emotional, and/or behavioral development						
Affordable, quality child care						
Affordable, quality child education (pre-K, grade school, etc.)						
Affordable, quality adult education (GED/HSE, ESL, career and technical education, etc.)						
Parenting education (classes, training, or groups to learn parenting skills)						
Sufficient food, housing, and clothing						
Sports/recreational programs for children (Little League, scouting, music/dance, etc.)						
Services that are appropriate for your culture and language						

6. Please indicate your agreement with the following questions:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Basic Material Resources: I know where to get help if...					
... I was having trouble providing food for my family					
... I was having trouble providing clothing for my children					
... I was having trouble with housing					
... I was having trouble finding a job					
... I needed affordable child care					
... I needed health care for myself or my child					
Mental Health Resources: I know where to get help if...					
... I (or my partner) was feeling very sad					
... I (or my partner) was using drugs or alcohol					
... my child's behavior became more than I could handle					
... I was concerned about my or my partner's physical or emotional behavior toward my child					
... I was concerned about my partner's physical or emotional behavior toward me					
Parenting Resources: I know where to get help if...					
... I wanted to know more about my child's development					
... I wanted to learn more about parenting					
... I wanted home-based services to help my family					
... I wanted to find quality child care					

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7. Please indicate your agreement with the following questions:

	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
I feel safe in my neighborhood					
I am satisfied with my neighborhood as a place to live					
People can depend on each other in this community					
I have friends or family nearby that I can count on for help					
	Strongly disagree	Disagree	No opinion	Agree	Strongly agree
Sometimes it is necessary to physically discipline my child (spanking, restraining, hitting, etc.)					
Sometimes it is necessary to physically hurt my partner					
I know how to help my child learn					
I believe my child misbehaves just to upset me					
I know what to expect from my child as s/he grows and develops					
I know how to report child abuse/neglect to the appropriate authorities					

8. Please indicate how often you experience the following:

	Rarely	Sometimes	Most of the time
In my family, we talk about problems			
In my family, we take time to listen to each other			
My family is able to solve our problems			
My family can consistently meet our basic material needs (food, clothing, shelter)			
My family enjoys spending time together			
My family is able to find resources in the community when we need them			
I feel overwhelmed by stress			

9. Does your child(ren) currently live with both biological parents? YES NO

10. If no, how many days each week does your child(ren) spend with his/her other biological parent?

11. Have you ever reported child abuse/neglect? YES NO

12. Are you familiar with the laws in Oklahoma for reporting child abuse and neglect? YES NO

13. Are you currently concerned that a child you know is being abused/neglected? YES NO

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Please tell us a little about your experiences during the time of social distancing due to the COVID-19 pandemic to help us better understand the diverse needs of families in your community.

14. Compared to BEFORE the COVID-19 pandemic, during social distancing, was there more positive TOGETHERNESS in your household because of. . .

	Much less than before	A little less than before	The same as before	A little more than before	Much more than before	Does not apply to my household	I prefer not to answer this
Spending leisure time together							
Engaging in conversation							
Doing exercise or fitness activities together							
Getting involved in the children’s education							
Facing challenges or solving problems together							
Helping each other							
Sharing household tasks							
Going on errands together							
Eating together							
Showing concern or emotional support for each other							
Showing affection							
Sharing religious or spiritual activities							
Sharing material resources							
Helping others together							

15. Please tell us about other POSITIVE effects your child/ren and family may have experienced due to social distancing during the COVID-19 pandemic.

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16. Compared to BEFORE the COVID-19 pandemic, during social distancing, were there more CONFLICTS in your household about. . .

	Much less than before	A little less than before	The same as before	A little more than before	Much more than before	Does not apply to my household	I prefer not to answer this
How to spend leisure time							
Parenting/caring for the children							
Children’s schoolwork							
Decisions about how people should take care of their health							
Decisions about going out (on errands, to appointments, for visits)							
Decisions about visitors to the home							
Home maintenance (cleaning or tidying, laundry, repairs)							
Personal hygiene							
Food (what is purchased, meal prep, amount eaten)							
Work or employment							
Finances							
Privacy or personal space							
News or social media							
Alcohol, tobacco, or drug use							

17. Please tell us about any other NEGATIVE effects your child/ren and family may have experienced due to social distancing during the COVID-19 pandemic.

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Please tell us a little about yourself to help us better understand the diverse needs of families in your community.

18. What is your gender? Female Male

19. How old are you?

20. Which race/ethnicity best describes you? White – non-Hispanic
Black
Hispanic/Latino
American Indian or Alaska Native
Asian, Native Hawaiian, or other Pacific Islander
Other: (please specify) _____

21. What is your highest level of education? Less than high school
High school graduate/GED
Some college/post-secondary school/technical school
College graduate
Graduate degree(s)

22. What is your household income? Under \$10,000
\$10,000 - \$29,999
\$30,000 - \$49,999
\$50,000 - \$74,999
More than \$75,000

23. How many people live in your household?

24. What is your employment status? Full-time (40+ hours/week)
Part-time (20 hours/week)
Not employed, but looking for work
Not employed, but not looking for work
Retired
Disabled, not able to work
Student

25. What is your marital/housing status? Married
Unmarried, but living with partner
Unmarried, single parent
Divorced, sharing custody
Divorced, single parent
Widow

26. Have you or your partner ever served in the U.S. military? YES NO

Thank you for your time!

If you need immediate assistance in obtaining resources in Oklahoma, please call 2-1-1

If you suspect child abuse/neglect, please call the Oklahoma Child Abuse Hotline (24 hours, statewide): 1-800-522-3511

For ADA accessible surveys, please contact Child Guidance Services: (405) 271-4477