Kindergarten Parent Survey (KPS) 2025/26

Participez à l'enquête

Cliquez ici pour remplir le sondage en français

Dear Parent/Guardian/Caregiver,

You may recall recently receiving a request regarding the Early Development Instrument (EDI) which is an initiative from the Ontario Ministry of Education. OKN and Halton Region invite you to complete the Kindergarten Parent Survey (KPS). While the EDI gathers information from educators about children's development in the classroom, the KPS builds on this by giving parents and caregivers an opportunity to share their experiences at home and in the community.

The results from the KPS provide valuable information about children and families in Halton. The information provided helps us promote early childhood development for all children in Halton and helps identify the kinds of programs and supports children and parents/guardians need. You can see past results from the KPS in Our Kids Network's community reports found on OKN Data Cycle Collection page. Results of the 2026 KPS will be reported in the Fall of 2026 and will also be available at the Our Kids Network's website.

All of your responses will be kept strictly confidential, and you may choose not to answer any or all of the questions. No one at your child's school will see your responses. In order to ensure that no individual can be identified, all of the data from this survey will be summarized and reported at a group level.

The survey is completely voluntary, and it should take about 15 minutes to complete.

The survey is available in English and French. If you require a PDF file or printed copy of the survey, please contact Dr. Elisabeth Wells, Executive Director of Our Kids Network, at elisabeth@ourkidsnetwork.ca or by phone at 905-805-3541. If your first language is not English or French, and you need help completing the survey, please contact Halton Multicultural Council at 647-223-0087.

To learn more about the survey, and to see this information in other

languages visit: Kindergarten Parent Survey (KPS) 2026. If you'd like to complete this survey using a paper copy, please contact Elisabeth Wells.

Dr. Elisabeth Wells, Ph.D,
Executive Director, Our Kids Network 905-805-3541
elisabeth@ourkidsnetwork.ca

The survey letter has been translated into the following languages:
العربية (Arabic) Français (French) हिंदी (Hindi) ਪੰਜਾਬੀ (Punjabi) Русский (Russian) 中文 (Simplified Chinese) Español (Spanis
اردو (Urdu) Portuguese (Portugues) Tagalog Polish (Polski)

* 1. I understand why I am taking this survey and how my information will be used, and I would like to participate. I know that I can stop the survey at any time, and I don't have to answer any questions I don't want to.

◯ YES, I'd like to take part

◯ NO, I don't want to take part

The KPS is brought to you by Our Kids Network and Halton Region, in partnership with the Halton District School Board, Halton Catholic District School Board, Conseil scolaire Viamonde, and MonAvenir Conseil scolaire catholique

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We will start with two short questions to make sure this survey is the right fit for you. These first two questions need to be answered before you can continue. After that, you're welcome to skip any questions you prefer not to answer.

Thank you so much for taking the time to share your experiences with us.

* 2. Please confirm your child's current enrollment level:

- ◯ Senior Kindergarten (Year 2 Kindergarten, SK)
- ◯ Another grade or program

Please specify:

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* 3. Which school system is your child currently attending?

- ◯ Halton District School Board
- ◯ Halton Catholic District School Board
- ◯ CS MonAvenir
- ◯ CS Viamonde
- ◯ Other

Please specify:

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INSTRUCTIONS

Whenever you are asked about “your child”, please answer the question based on your child who is currently enrolled in senior kindergarten (Year 2 Kindergarten).

ATTENTION: if you have multiple children who are enrolled in senior kindergarten, please complete one survey per child.

4. What is your postal code?

Please enter the 6 digits of your postal code without spaces:

Your postal code cannot be used to identify you and will not be connected to your individual answers. It is used only to group responses into one of Halton’s 30 neighbourhoods. After this grouping is done, your responses are analyzed only at the neighbourhood level, not individually. This helps us understand the unique characteristics of each community and supports planning services that build on neighbourhood strengths while responding to local needs.

5. What is the name of the town/city where you are currently living?

- ◯ Burlington
- ◯ Acton (Halton Hills)
- ◯ Georgetown (Halton Hills)
- ◯ Another area in Halton Hills
- ◯ Milton
- ◯ Oakville
- ◯ Other

Please specify:

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SECTION A: CHILD HEALTH & DEVELOPMENT

6. My child is:

- ◯ A boy
- ◯ A girl
- ◯ Not listed above

(please specify):

7. What is your child's birth year?

Please enter the year with 4 digits (example: 2017)

8. When was your child's most recent...

	Within the past 12 months	More than one year ago	My child has not had one	Not sure
a) Routine medical check-up (not including walk-in medical clinics or emergency clinics)	◯	◯	◯	◯
b) Dental check-up	◯	◯	◯	◯
c) Vision test	◯	◯	◯	◯

Now we are going to ask you some questions about childhood immunizations. Immunization or vaccination is a method of protecting children from infectious disease. Immunizations are also sometimes called injections or shots.

9. Are you aware that up-to-date immunizations are required for all children attending school in Ontario by law, unless you provide a signed exemption form for the child?

- ◯ Yes
- ◯ No

10. Are you aware that parents and guardians are responsible for maintaining up-to-date immunization records for certain diseases with their local public health unit?

- ◯ Yes
- ◯ No

The Looksee Checklist® is a simple way to check your child's development. It lists the skills that most children will have learned by a given age.

The Looksee Checklist® starts at one month of age and follows development up to six years of age. Halton - Looksee Checklist for Child Care Professionals.

11. Have you heard about the LookSee Checklist®?

- ◯ Yes
- ◯ No

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12. I learned about the LookSee Checklist® through:

Select all that apply

- [ ] Halton Region Public Health (for example: HaltonParents eBulletin, social media, mail out)
- [ ] Health care provider (for example: doctor or nurse practitioner, doctor's office)
- [ ] Community agency (for example: library, EarlyON Centre, ErinOak)
- [ ] Preschool program (for example, licensed child care centres, Montessori, co-operative, private nursery, or faith-based schools)
- [ ] Kindergarten open house
- [ ] Other

Please specify:

13. Please answer "yes" or "no" to the statements below:

	Yes	No	Don't know
a) I have completed the Looksee Checklist® for different stages of my child's development.	◯	◯	◯
b) I and/or my healthcare provider completed the Looksee Checklist® at my child's 18-month well-baby visit.	◯	◯	◯
c) I have completed the Looksee Checklist® online.	◯	◯	◯

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14. Do you have any concerns about your child's development?

Select all that apply

- [ ] Physical health concerns, such as infections, injury, allergies, obesity, asthma or diabetes, or other illnesses
- [ ] Physical mobility or dexterity concerns, such as difficulties with movement, balance, coordination, fine or gross motor skills, or energy level
- [ ] Social concerns, such as difficulties with getting along with others or self-confidence
- [ ] Emotional concerns, such as lack of concentration or patience, emotional outbursts, aggression or empathy
- [ ] Language or learning concerns, such as difficulties with speech and language, following directions, remembering things, learning letters, sounds, or numbers.
- [ ] Communication concerns, such as difficulties with communicating with others or telling stories.
- [ ] General knowledge concerns, such as displaying a lack of understanding about the world around them.
- [ ] Difficulties with everyday self-care tasks, such as eating, using the toilet, and getting dressed
- [ ] Other (please specify)

- [ ] No concerns

If you have concerns about your child's development and would like support, please click here for a list of local resources.

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15. Overall, how concerned are you about your child's development related to the concern(s) you selected?

- ◯ Slightly concerned
- ◯ Moderately concerned
- ◯ Very concerned
- ◯ Extremely concerned

16. Have you consulted a professional (e.g., doctor, physiotherapist, occupational therapist, speech-language specialist, psychologist, other specialist) about these concerns?

- ◯ Yes
- ◯ No

If you have concerns about your child's development and would like support, please click here for a list of local resources.

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17. Which professional(s) have you consulted?

Select all that apply

- [ ] Family Doctor or Pediatrician
- [ ] Developmental Pediatrician
- [ ] Speech-Language Pathologist (SLP)
- [ ] Occupational Therapist (OT)
- [ ] Physiotherapist (PT)
- [ ] Psychologist
- [ ] Behaviour Analyst
- [ ] Psychotherapist
- [ ] Social Worker
- [ ] Specialist not listed above

(please specify):

If you have concerns about your child's development and would like support, please click here for a list of local resources.

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SECTION B: MOVEMENT, SLEEP, NUTRITION AND SCREEN TIME

18. On a **typical day**, about how much time does your child spend being physically active (for example, running, playing actively, riding a bike, playing sports, or similar activities)?

- ◯ Less than 30 minutes
- ◯ 30 minutes to less than 1 hour
- ◯ 1 hour to 2 hours
- ◯ More than 2 hours

19. In the past 7 days, on how many days was your child physically active for at least 60 minutes?

- ◯ 0 days
- ◯ 1-2 days
- ◯ 3-4 days
- ◯ 5-6 days
- ◯ 7 days

20. How often does your child do activities that challenge them while an adult is nearby to supervise (for example, balancing, climbing, using simple tools, or activities that require coordination)?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very often

21. On most nights my child sleeps:

- ◯ More than 11 hours
- ◯ 9-11 hours
- ◯ Less than 9 hours
- ◯ I don't know

22. On a **typical weekday**, outside of school, how much time does your child spend:

	0 minutes (no time at all)	Up to 30 minutes	Up to 1 hour	Up to 1.5 hours	Up to 2 hours	More than 2 hours
Watching videos while inactive? (e.g., YouTube, Netflix, movies or television programs)	◯	◯	◯	◯	◯	◯
Playing games using any console or electronic device while inactive? (e.g., playing on a computer, game console, tablet or phone)	◯	◯	◯	◯	◯	◯

23. On a **typical weekend day**, outside of school, how much time does your child spend:

	0 minutes (no time at all)	Up to 30 minutes	Up to 1 hour	Up to 1.5 hours	Up to 2 hours	More than 2 hours
Watching videos while inactive? (e.g., YouTube, Netflix, movies or television programs)	◯	◯	◯	◯	◯	◯
Playing games using any console or electronic device while inactive? (e.g., playing on a computer, game console, tablet or phone)	◯	◯	◯	◯	◯	◯

24. In a **typical day**, how often does your child . . .

	Not at all	Once per day	2 times per day	3 or more times per day
Eat fruits?	◯	◯	◯	◯
Eat vegetables?	◯	◯	◯	◯

25. In a **typical week**, how often does your child . . .

	Never	Once per week	Several times a week	Daily
Eat breakfast?	◯	◯	◯	◯

Now we are going to ask more questions about food.

26. During the last 12 months, was there a time when, because of lack of money or other resources:

	No	Yes	Don't know	Prefer not to answer
a) You or others in your household were worried you would not have enough food to eat?	◯	◯	◯	◯
b) You or others in your household were unable to eat healthy and nutritious food?	◯	◯	◯	◯
c) You or others in your household ate only a few kinds of foods?	◯	◯	◯	◯
d) You or others in your household had to skip a meal?	◯	◯	◯	◯
e) You or others in your household ate less than you thought you should?	◯	◯	◯	◯
f) Your household ran out of food?	◯	◯	◯	◯
g) You or others in your household were hungry but did not eat?	◯	◯	◯	◯
h) You or others in your household went without eating for a whole day?	◯	◯	◯	◯

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27. **In the past 12 months** was your child injured seriously enough to require medical attention by a doctor, nurse or dentist? (such as a broken bone, bad cut or burn, head injury, etc.)

- ◯ Yes
- ◯ No

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SECTION D: CHILD CARE

28. For **EACH age period**, what was your **PRIMARY child care arrangement**? (Your main or usual arrangement, accessed on a regular basis — at least once a week.)

You may have had more than one arrangement, but please select the one that you consider to be your main or usual arrangement.

If your main arrangement was a combination of two or more arrangements, please select all that apply.

NOTE: *If your child was **NOT** in regular child care during a certain age period, please select answer "Parent care only".*

	Parent care only	Licensed care in a child care centre or program	Licensed care in someone's home (licensed home-based child care)	Paid **unlicensed care** in someone's home	Paid care by a **non-relative** in the child's home (e.g., a nanny)	**Unpaid care** (e.g., relative or friend)
0 to 12 months (0-1 year)	☐	☐	☐	☐	☐	☐
13 to 18 months (1-1.5 years)	☐	☐	☐	☐	☐	☐
19 to 30 months (1.5-2.5 years)	☐	☐	☐	☐	☐	☐
31 to 44 months (2.5-3.5 years)	☐	☐	☐	☐	☐	☐
45 to 60 months (3.5-5 years)	☐	☐	☐	☐	☐	☐

Note: If your child was already in school during the last age period (45–60 months), please select any before- and/or after-school care arrangements you used.

29. For the 45–60 months (3.5–5 years) age period, was the option you selected a **before- and/or after-school program**?

- ◯ Yes
- ◯ No
- ◯ Not applicable (I selected "Parent Care Only")

30. Have you ever had difficulty finding a child care spot that meets your needs?

- ◯ Yes
- ◯ No
- ◯ I have never looked for child care

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31. What did you have difficulty finding?

Select all that apply

- [ ] Affordable child care
- [ ] Child care spaces that are subsidized or eligible for a fee subsidy
- [ ] Licensed child care
- [ ] Child care available in your area
- [ ] A qualified child care provider
- [ ] The level of quality you need in child care
- [ ] Child care that meets your child's special needs because of a disability or long-term illness
- [ ] Child care that matches your family's work or school schedule
- [ ] Child care with culturally relevant programming
- [ ] Child care that can take more than one child from your family
- [ ] Other

Please specify:

32. Did the challenges you faced in finding child care lead you or your family to do any of the following?

Select all that apply

- [ ] Delay going back to work (for example, after parental leave)
- [ ] Choose to work from home (for example, self-employment, remote work, or running home-based child care)
- [ ] Work fewer hours than I wanted
- [ ] Change your work or school schedule
- [ ] Change jobs, quit your job, or close your business
- [ ] Turn down work opportunities (for example, a job offer, contract, or promotion)
- [ ] Take unpaid leave
- [ ] Decide that a parent would stay home with the child instead of working
- [ ] Delay or stop schooling or training
- [ ] Use several child care arrangements or a temporary solution
- [ ] Pay more for child care than I wanted
- [ ] Experience another type of impact
- [ ] No specific impacts
- [ ] Other impact

Please specify:

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SECTION E: COMMUNITY EXPERIENCES

33. In the **past 12 months**, how often has your child attended / visited the following . . .

	Not at all	At least once a year	At least 3 or 4 times a year	At least once a month	At least once a week
Children's programs (e.g., drop-ins, parents & child, EarlyON Child and Family Centres programs, Family Resource Centre programs)?	◯	◯	◯	◯	◯
Public Library programs?	◯	◯	◯	◯	◯
Children's religious, cultural or ethnic-based programs (e.g., faith programs, language classes)?	◯	◯	◯	◯	◯
Children's clubs (e.g., after school clubs, Beavers, Sparks, Boys and Girls Club)?	◯	◯	◯	◯	◯
Music or art programs (e.g., music lessons, art classes)?	◯	◯	◯	◯	◯
Recreation programs (e.g., sports, swimming, skating, dance)?	◯	◯	◯	◯	◯

34. Thinking about programs and services available in your community that support children and families, to what extent do you agree/ disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
I am aware of programs and services in my community that support children and families	◯	◯	◯	◯
I feel confident finding programs and services when I need them	◯	◯	◯	◯
I feel confident accessing programs when I know they are available	◯	◯	◯	◯

35. To what extent do you agree / disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
My child enjoys going to school	◯	◯	◯	◯	◯
My child is excited about learning	◯	◯	◯	◯	◯
My child gets along with others his/her own age	◯	◯	◯	◯	◯
My child’s school is a friendly and welcoming place	◯	◯	◯	◯	◯
My child feels safe at school	◯	◯	◯	◯	◯

36. Please indicate your level of agreement with each of the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
People in the neighbourhood get together to discuss community problems.	◯	◯	◯	◯
There are adults in the neighbourhood my child can admire and respect.	◯	◯	◯	◯
People in my neighbourhood help each other.	◯	◯	◯	◯
I can count on my neighbours to watch that children are safe.	◯	◯	◯	◯
I feel my neighbourhood is a safe place to bring up children.	◯	◯	◯	◯
When we are away, my neighbours look out for possible trouble.	◯	◯	◯	◯

37. How would you describe your sense of belonging to your local community? Would you say it is...

- ◯ Very strong
- ◯ Somewhat strong
- ◯ Somewhat weak
- ◯ Very weak

38. How long have you lived at your current residence?

- ◯ Less than 1 year
- ◯ 1-2 years
- ◯ 3-5 years
- ◯ 6-10 years
- ◯ More than 10 years

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SECTION F: PARENTING AND FAMILY SUPPORT

39. In a **typical week**, how often do you or another parent/caregiver read books or stories to your child?

- ◯ Never
- ◯ 1-2 days
- ◯ 3-4 days
- ◯ 5-6 days
- ◯ Every day

40. In a **typical week**, how often do you feel rushed and pressed for time?

- ◯ Never
- ◯ 1-2 days
- ◯ 3-4 days
- ◯ 5-6 days
- ◯ Every day

41. The challenges of parenthood and everyday life can affect the way parents feel. All things considered, how "stressed out" have you felt **within the last 2 weeks**?

- ◯ Not at all stressed
- ◯ Slightly stressed
- ◯ Moderately stressed
- ◯ Very stressed
- ◯ Extremely stressed

42. Please indicate the extent to which the following concerns and responsibilities caused stress for you **in the past 2 weeks**

	Not at all	A little	Moderately	Very much	A great deal
Financial concerns	◯	◯	◯	◯	◯
Work-related stress	◯	◯	◯	◯	◯
Child care responsibilities	◯	◯	◯	◯	◯
Managing your child's behaviour or needs	◯	◯	◯	◯	◯
Health concerns (your own or your family's)	◯	◯	◯	◯	◯
Lack of time for self care	◯	◯	◯	◯	◯
Relationship or family conflicts	◯	◯	◯	◯	◯
Other	◯	◯	◯	◯	◯

(please specify):

43. How confident have you felt as a parent over the **past six months**?

- ◯ Not at all confident
- ◯ Slightly confident
- ◯ Moderately confident
- ◯ Very confident
- ◯ Extremely confident

44. How often do you and your child experience the following?

	Never	Rarely	Sometimes	Often
My child and I share enjoyable moments or activities (like cuddling, laughing, reading, or playing).	◯	◯	◯	◯
My child looks for comfort from me when they are upset.	◯	◯	◯	◯
I can tell when my child feels stressed or overwhelmed.	◯	◯	◯	◯
I try to listen closely when my child communicates, even without words.	◯	◯	◯	◯
I encourage my child to share their feelings.	◯	◯	◯	◯

45. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
I feel close to other parents with children the same age	◯	◯	◯	◯
I am comfortable asking for advice about parenting	◯	◯	◯	◯
I take time out to take care of my own health and well-being	◯	◯	◯	◯
I feel supported in parenting by the people in my life	◯	◯	◯	◯
I am able to find time each day to be present and connected with my child.	◯	◯	◯	◯
There are people in my life that make me feel good about my role as a parent	◯	◯	◯	◯
There are people in my life that I can turn to for advice about parenting	◯	◯	◯	◯
If I need help as a parent (e.g., babysitting, running errands), there are people in my life I can turn to for help	◯	◯	◯	◯
If I need help as a parent, I would attend a workshop or discussion on child development, child behavior or parenting	◯	◯	◯	◯
I go to the Internet (e.g., websites, blogs, Twitter) for information about parenting	◯	◯	◯	◯

46. If these opportunities were available to you, how likely would you be to participate or use them?

	Very unlikely	Unlikely	Likely	Very likely
In-person community activities or parent groups (for example, playgroups, parenting circles, or family events, EarlyON activities)	◯	◯	◯	◯
Online parenting group, forum or workshop to share experiences and get advice	◯	◯	◯	◯
Apps or digital tools designed to support parenting and child development	◯	◯	◯	◯

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SECTION G: BACKGROUND INFORMATION

To help us understand the families who are participating in this study, we would like to ask a few questions about yourself, your family and your household.

Please remember that questions are voluntary, and you can skip questions you do not wish to answer.

We collect this information to help identify and address barriers to equitable access and participation in community services and support. Understanding the diversity of those we serve supports programs and policies that are inclusive and responsive to community needs. Providing this information is voluntary and confidential.

47. Which population group or groups best describe you?

select all that apply

- [ ] White
- [ ] South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- [ ] First Nations, Métis or Inuk (Inuit)
- [ ] Chinese
- [ ] Black
- [ ] Filipino
- [ ] Arab
- [ ] Latin American
- [ ] Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai)
- [ ] West Asian (e.g., Iranian, Afghan)
- [ ] Korean
- [ ] Japanese
- [ ] Other (please specify)

  _____

- [ ] Prefer not to answer

48. Are you the child's:

- ◯ Mother
- ◯ Father
- ◯ Other

(please specify):

_____

49. How long have you lived in Canada?

- ◯ Less than 1 year
- ◯ 1-2 years
- ◯ 3-5 years
- ◯ 6-10 years
- ◯ More than 10 years
- ◯ Always

50. What language(s) does your child speak most often at home? Select all that apply.

- ☐ English
- ☐ French
- ☐ Other language(s)

51. What is your highest level of education?

- ◯ Elementary school
- ◯ High school diploma
- ◯ College diploma or trades certificate
- ◯ University undergraduate degree
- ◯ University graduate degree

52. Which of the following best describes your household?

Select all that apply

- [ ] Single parent
- [ ] Two parents
- [ ] Blended family (e.g., step-parents, step-siblings)
- [ ] Extended family (e.g., grandparents, aunts, uncles)
- [ ] Other (please specify):

53. How many people live in your household?

Include everyone who spends at least half their time with you. Count children 17 or younger—including stepchildren and adopted children—and adults 18 or older.

Children (17 or younger)

Adults (18 or older — please include yourself)

54. What is your best estimate of the total income received by all household members, from all sources, before taxes and deductions, in the year ending December 31st, 2025?

Note: Income can come from many sources such as from work, investments, pensions, RRSPs, employment insurance, social assistance, child tax benefit, child support, alimony and rental income.

- ◯ Under $25,000
- ◯ $25,000 – $49,999
- ◯ $50,000 – $79,999
- ◯ $80,000 - 99,999
- ◯ $100,000 – $149,999
- ◯ $150,000 - $249,999
- ◯ $ 250,000 or more
- ◯ Don't Know
- ◯ Prefer not to say

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55. Do you have any additional comments or feedback you'd like to share?

Please make sure you click 'Done' when you're finished!