

Parent Customer Satisfaction Survey

The purpose of this survey is to help your child care provider know what you think is working well and where you feel some improvements could be made.

1. Please complete your survey. Put in attached envelope and seal.
2. **Be sure to put your name on the outside of the envelope so we can track who has completed the survey.**

ALL RESPONSES TO THE SURVEY WILL BE KEPT CONFIDENTIAL ON AN INDIVIDUAL BASIS. OVERALL RESULTS WILL BE SHARED WITH PROVIDERS TO LET THEM KNOW WHAT IS WORKING WELL AND WHERE IMPROVEMENTS ARE NEEDED.

Name of Provider : _____

Date: _____

1. How long has your child (children) been attending child care with your current provider?

- | | |
|---|--|
| <input type="checkbox"/> Less than six months | <input type="checkbox"/> One to two years |
| <input type="checkbox"/> Six months to one year | <input type="checkbox"/> More than two years |

2. Why did you choose your current child care provider?

- | | |
|---|---|
| <input type="checkbox"/> Located close to my work | <input type="checkbox"/> Located close to my home |
| <input type="checkbox"/> Quality of care the provider gives | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Provider was highly recommended | <input type="checkbox"/> Other _____ |

3. How did you find your current provider?

- | | |
|--|--|
| <input type="checkbox"/> A friend told me | <input type="checkbox"/> From Child Care Resource & Referral |
| <input type="checkbox"/> Provider is a friend | <input type="checkbox"/> A flyer |
| <input type="checkbox"/> Provider is a relative | <input type="checkbox"/> Sign in provider's front yard |
| <input type="checkbox"/> From the Provider Network | <input type="checkbox"/> Other : _____ |

4. How old is your child (or children) who is (are) attending this child care?

- | Age | Number of children in care in age group |
|---|---|
| <input type="checkbox"/> 0-12 months | _____ |
| <input type="checkbox"/> 13-36 months | _____ |
| <input type="checkbox"/> 3-5 years | _____ |
| <input type="checkbox"/> 5+ before and after care | _____ |

5. How clear is the information/communication from your childcare provider about:

	Excellent Information	Adequate Information	Would like more Information
a. schedule changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. payments and refunds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. rules about when sick children can come to school; medical emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. meals and snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. educational activities changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. training/background of provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. opportunities to meet with your provider about your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How satisfied are you with your provider's payment policies? (Late fees, payment due dates, etc)

Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If not satisfied, why aren't you satisfied? _____

7. Which of the following activities would you be interested in? (You may mark more than one)

- Social get together with your provider and all parents and children
- Social get together with your provider and other Network providers, parents and children
- A meeting with other parents and providers to talk about the Network and how the program benefits you and your provider
- A focus group with other parents to talk about child care
- Conference once a year to talk about your child with your provider
- Other parent/provider activity _____ (please list)

8. Which of the following Network training opportunities would you be interested in attending if they were offered? (You may check more than one.)

- Fire Safety
- Car Seat Safety
- Learning about literacy/how to help your child learn to read
- Learning parenting skills/how to deal with behavior problems
- Advocating for health care professionals to visit your home
- Infant/Child/CPR/First Aid Classes
- Other training _____ (please list)

9. How satisfied are you with your child care arrangements?

Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please check the following changes you would like to see in your provider's child care program. You may check more than one.

- More learning activities
- More reading time
- Less time watching TV
- More outdoor time
- Healthier meals
- Other _____

11. What is the one thing you like best about your child care arrangement?

12. How do you identify yourself ethnically?

- African American/Black
- Latino/Hispanic
- Asian-American/Pacific Islander
- Native American
- White/Caucasian
- Multiracial/Multi-ethnic

INCOME VERIFICATION FORM

The *Child Care Improvement Project* receives federal funds to cover part of its operating costs and therefore we are required to collect income and demographic information. We appreciate your willingness to assist us by completing the following form for our records. **ALL RESPONSES TO THE INCOME VERIFICATION FORM WILL BE KEPT CONFIDENTIAL.**

NAME _____

DATE _____

ZIP CODE _____

ANNUAL INCOME :

- _____ Under \$13,999
- _____ \$14,000 -22,999
- _____ \$23,000- \$30,999
- _____ \$31,000 - \$39,999
- _____ \$40,000 - \$49,999
- _____ \$50,000 - \$55,900

NUMBER OF PEOPLE IN FAMILY:

- _____ Two
- _____ Three
- _____ Four
- _____ Five
- _____ Six
- _____ More than six

- | SEX | FEMALE HEAD OF HOUSEHOLD | DISABLED |
|---------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Male | <input type="checkbox"/> No | <input type="checkbox"/> No |

I hereby certify to the best of my knowledge that the information given herein is true and accurate, and I understand that the information I have supplied is subject to verification.

SIGNATURE _____