

Center Name: _____

Date: _____

Parent Survey

This survey asks for your feedback about the child care and development program your child attends. Our program is very interested in how we help you support your child's learning and development and meet your family's needs. Your responses will be completely confidential and will help us to improve the services provided at our center.

1. How satisfied are you with the overall quality of this program?

- Very Satisfied**
Satisfied
Not Satisfied

2. Do you feel that

- | | Yes | No |
|---|--------------------------|--------------------------|
| A. Your child is safe in this program? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Your child is happy in this program? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Have you received information from the program about the following?

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. How children develop at different ages (e.g., walk, talk, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. How your child is growing and developing | <input type="checkbox"/> | <input type="checkbox"/> |
| C. How your child is doing in the program | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Schedule of daily activities | <input type="checkbox"/> | <input type="checkbox"/> |
| E. What you can do to help your child learn and develop | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Parenting skills | <input type="checkbox"/> | <input type="checkbox"/> |
| G. How to find other services in the community (e.g., employment and training opportunities, parenting classes, health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Where to report health or safety concerns and complaints | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Experience and training of program staff | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Discipline procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| K. How you can get involved with your child's program | <input type="checkbox"/> | <input type="checkbox"/> |

4. Would you like more information about any topics related to your child's care and development?

Yes (please specify topics: _____)

No

5. Has your child's enrollment in this program made it easier for you to:

- | | Yes | No | Not
Applicable |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| A. Accept a job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Keep a job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Accept a better job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Attend education or training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. How satisfied are you with these characteristics of your child's program?

- | | Very
Satisfied | Satisfied | Not
Satisfied |
|--|--------------------------|--------------------------|--------------------------|
| A. Hours of operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Location of program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Number of adults working with children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Background and experience of staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Languages spoken by staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. How program staff communicate with you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Meeting the individual needs of your child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Interaction between staff and children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Interaction with other parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Parent involvement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Equipment and materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Cultural activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Daily activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P. Health and safety policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Q. How the program promotes your child's
learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Is there anything else you would like to say about how this program meets your family's needs? Do you have any suggestions about how this program could be improved?

