

**Child Care Connection
Steps to Quality Family Child Care Initiative
Parent Satisfaction Survey**

Please take a few minutes to tell us about your experience with your family child care provider. We appreciate your honest feedback. Enclose and seal your survey in envelope we provided and drop in the mail or return to your provider for mailing. **Thank you** for helping our efforts. Please circle the best response for each question and return by **June 30, 2014**. Contact Cindy Jackson, Early Childhood Education Specialist at 609-989-7770 ext. 123 with questions. Your responses are confidential.

1. Overall, how satisfied are you with the quality of this child care program?

Not satisfied Satisfied Very satisfied

2. Does your provider share information with you about your child on a daily basis?

No Sometimes Yes, always

3. Would you recommend this provider to others?

No Uncertain Yes

4. Have you received information from your provider about business practices in writing (a contract, schedule, etc)?

No Some Yes

Please rate your satisfaction regarding the following items:

6. Child safety Not satisfied Satisfied Very satisfied

7. Program hours Not satisfied Satisfied Very satisfied

8. Sick child policies Not satisfied Satisfied Very satisfied

9. Meals/snacks Not satisfied Satisfied Very Satisfied

10. Activities Not satisfied Satisfied Very satisfied

11. Interactions Not satisfied Satisfied Very satisfied

12. Equipment/materials Not satisfied Satisfied Very satisfied

13. Indoor play area Not satisfied Satisfied Very satisfied

14. Outdoor play area Not Satisfied Satisfied Very satisfied

15. Nap/rest Not satisfied Satisfied Very satisfied

16. Parent communication Not satisfied Satisfied Very Satisfied

17. Payment policies Not satisfied Satisfied Very Satisfied

18. Has your provider told you about the Steps to Quality program?

No A little Yes, in detail

19. Have you noticed any changes since your provider joined Steps to Quality?

No Uncertain Yes (please list below)

20. Please share any comments or additional information:

Contact Information (Optional):

Name: _____ Telephone: _____