

**Steps to Quality Family Child Care Initiative
Participant Survey
January 2015**

Name (optional) _____ Date _____

County of Residence _____

Thank you for taking the time to complete this survey. Please return in the envelope provided by January 23, 2015.

Please **circle the response** that most accurately reflects your views.

1. Overall, how satisfied are you with the *Steps to Quality* program?

Not at all A little Some A lot

2. Have the *Steps to Quality* cluster group meetings/trainings been useful?

Not at all A little Some A lot

3. Have you talked with parents about your participation in the *Steps to Quality* program?

Not at all A little Some A lot

4. Has your involvement in *Steps to Quality* improved your program?

Not at all A little Some A lot

5. Would you be likely to recommend this program to other family child care providers?

Not at all A little Some A lot

6. Which group training topic was **most useful** to you in your work? (Circle one)

Orientation

Business Practices

Curriculum/Developmentally Appropriate Practices

Strengthening Families

New Jersey Birth to Five Standards/Ethics

Medication Administration

7. Which program benefit was **most useful** to you? (Circle one)

On-site technical assistance visits from program staff

Group training

Networking with other providers

Equipment and learning materials grants

Liability insurance

FCCERS Assessment

Please continue on reverse side...

8. What training topics would you recommend for the future?

9. Please describe any challenges/barriers you have faced related to participation in STQ.

10. Are you likely to continue your participation in *Steps to Quality*? Why?

11. Please share your recommendations for *Steps to Quality*.

12. Additional comments:

Thank you for your feedback!