



Completion of this form is optional. All information and comments will be kept confidential.

Name of your child care facility? _____

How long have you been with this facility? _____

What age of child have you placed in this child care home? _____

Do you believe this facility is a safe place for your child? Yes _____ No _____ Please comment:

Do you believe your child is happy in this facility? Yes _____ No _____ Please comment:

Do you feel your child is properly supervised? Yes _____ No _____ Please comment:

Does the caregiver have a good relationship with your child? Yes _____ No _____ with you? Yes _____ No _____
Please comment:

Please describe what methods of discipline have been used, to your knowledge, with your child in this facility.

Do you approve the methods of discipline used? Yes _____ No _____ Please comment:

Are you satisfied with the meals and snacks your child is receiving at this facility? Yes _____ No _____

Please comment on the activities or programs provided for your child.

What is your opinion of the number of children in the facility? To many _____ good _____ too few _____
Please comment:

What are your expectations of child care facility? Does this facility meet your expectations?

If you are no longer using this facility, what was your reason for leaving?

Please comment on any other issues that you believe would be important in helping us to evaluate this facility.

Would you recommend this facility for re-approval? Yes _____ No _____ Please comment:

Please comment on the Child Care Program in general.

Please sign if you wish _____
Name

Address

Telephone

Thank you for taking the time to complete this questionnaire