Parent Evaluation of Child Care Program

Date:

Please check the age group that your child falls in
☐ Infant    ☐ Toddler    ☐ Preschooler    ☐ Schoolager

Is there open communication
   a) Between you and the staff ☐ Yes ☐ No
   b) Between you and the director ☐ Yes ☐ No
If not, how do you feel communication might be improved?

Does your child enjoy coming to the program? ☐ Yes ☐ No
If not, how could we help make this a more positive experience?

Is the staff accessible to parents? ☐ Yes ☐ No
Is the director accessible to parents? ☐ Yes ☐ No
Is your child greeted by staff in the morning? ☐ Yes ☐ No
Is your child said good-bye to at the end of the day? ☐ Yes ☐ No
Does the staff appear to enjoy what they are doing? ☐ Yes ☐ No
Does the director appear to enjoy what she’s doing? ☐ Yes ☐ No

Please circle the number that indicates the degree of comfort you generally feel when you leave your child:
Apprehensive      1    2    3    4    5    Very comfortable

Is there any way we can make the transition easier for you?

Is your child well supervised? ☐ Yes ☐ No

*Integrating tradition and the wonders of the world we live in.*
Overall, how would you rate the care that we provide your child? Circle one:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
<td>Meets our needs</td>
<td>Wonderful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. What could we do to improve our program?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. What could we do to improve our program?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Is there anything you could do to improve the care your child receives in our program?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Would you recommend our program to other parents? Why or why not?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. Do you have any other comments?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Optional:
Your name: _________________________________________________________________

Your child's name: _________________________________________________________

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