

Family Child Care Family Survey

Dear Caregiver,

To assist me in achieving my goal of providing your family with a high quality child care experience please take the time to complete this survey.

Please complete and return to me by _____.

Thank you very much for your help with this goal.

Please circle the answer that best matches your experience at this family child care.					
	Never	Sometimes			Always
1. I am comfortable with what my child is learning and how my child's progress is measured. I have the opportunity to discuss what is learned and how it is measured.	1	2	3	4	5
2. The program helps me get to know other families in the program and encourages us to support each other.	1	2	3	4	5
3. I am always welcome at the program and am invited to participate by helping to plan events, being involved in decisions about the program, and taking leadership roles.	1	2	3	4	5
4. The program gives me information to help my child make a smooth transition to kindergarten or first grade.	1	2	3	4	5
5. The provider offers me a variety of ways to be involved in the program's activities - but does not require my participation.	1	2	3	4	5
6. The provider keeps me informed about my child.	1	2	3	4	5
7. The provider shares information as needed, about community resources, tax credits, and other child care benefits.	1	2	3	4	5

This survey was adapted from NAFCC Accreditation Parent Pre-Assessment survey and NAEYC Self-Assessment Family Survey.

Family Child Care Family Survey

	Never	Sometimes			Always
8. The provider and I work together for the best interest of my child on issues such as guidance/ discipline, eating/ toileting, as needed.	1	2	3	4	5
9. The provider talks at least briefly to us as we come and go or arranges another time to talk, if needed.	1	2	3	4	5
10. The provider cares about and respects me and other family members.	1	2	3	4	5
11. The provider encourages me to visit, unannounced, any time my child is present.	1	2	3	4	5
12. The provider shows a warm interest in my child.	1	2	3	4	5
13. The provider is patient and understanding with my child.	1	2	3	4	5
14. My child feels safe and secure in this program.	1	2	3	4	5
15. The provider notices any special needs of my child and offers help as needed.	1	2	3	4	5
16. Our communication is open and honest.	1	2	3	4	5
17. The provider responds, within reason, to my requests and preferences.	1	2	3	4	5
18. The provider respects confidentiality of families and does not gossip.	1	2	3	4	5
19. The provider helps me feel comfortable talking things over and we try to work out any differences.	1	2	3	4	5

This survey was adapted from NAFCC Accreditation Parent Pre-Assessment survey and NAEYC Self-Assessment Family Survey.