



Help us serve you better.

Complete the following survey and return to us at:

157 West First Street
Oswego, NY 13126

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Care needed for how many children? _____ Ages: _____

Have you found child care? Yes No Some care found

I found child care: (*check one only*)

- Through child care referrals provided by your agency, only.
- Through your agency's referrals and another source.
- Through another source all together.
- On my own. I did not receive any help.

What type of child care arrangement did you choose?

- Family Child Care Home
- Child Care Center
- School-Age Child Care Program
- Preschool Program
- Head Start
- In-Home Child Care (nanny, etc.)
- Nursery School
- Pre-K Program
- Summer Only or Camp Program
- Playgroup
- Informal Child Care Arrangement or Relative

Do you feel the quality of child care you found was:

- High
- Fair
- Low

Are you satisfied with your current child care arrangement?

- Yes, I am satisfied with my child care arrangement.
- I am somewhat satisfied with my child care arrangement.
- I am not satisfied with my child care arrangement.

If finding child care was difficult or you were unable to find child care, please explain why:

(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cost of care was too high | <input type="checkbox"/> Type of care was not available |
| <input type="checkbox"/> No openings | <input type="checkbox"/> Scheduling difficulty, hours needed not provided |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> Spoken language of provider different from parent |
| <input type="checkbox"/> Dissatisfied with quality of care | <input type="checkbox"/> Have not yet completed search |
| <input type="checkbox"/> Location of care (difficult to get to, etc.) | <input type="checkbox"/> Other: _____ |

Do you feel that the quality of child care options that you received was:

- High Fair Low

Do you feel that the quality of the counseling you received from the Child Care & Development Council resource & referral was:

- High Fair Low

Would you use this agency's resource and referral service again? Yes No

Why or why not?

Comments:
