

Please use this questionnaire to let us know how you think we are doing. You may provide your name and your child's name if you would like us to respond to you individually. Please return the questionnaire by this date: _____

Thank you!

To Be Completed by the Parent or Guardian

Name of Parent or Guardian (optional): _____
Name of Child (optional): _____

To Be Completed by the Parent or Guardian

<p>For each of the following areas, give your child's teacher, or the facility, write a score of 1-5 to show how strong you think our skill is.</p> <p>5 – The teacher or facility has mastered this area and could teach others 4 – The teacher or facility is strong in this area but could improve 3 – The teacher or facility is average in this area 2 – The teacher or facility is below average in this area and could learn more about this 1 – The teacher or facility really needs help with this to be more effective</p> <p>_____ Cleanliness of the building</p> <p>_____ Cleanliness of my child's classroom</p> <p>_____ Quality of the meals that my child receives</p> <p>_____ Quality of the snacks that my child receives</p> <p>_____ Condition of playground toys and equipment</p> <p>_____ Friendliness of staff overall</p> <p>_____ Friendliness of my child's teacher to my child</p> <p>_____ Quality of the learning activities in my child's classroom</p> <p>_____ Quality of the communication with families</p> <p>What is one thing the facility, or your child's teacher, could do better?</p> <p>_____</p>
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To Be Completed by the Child Care Facility

_____ / 45	Total Score	= _____ %
<input type="checkbox"/>	Follow-up with parent/guardian done (enter date): _____	
<input type="checkbox"/>	Follow-up actions planned (if any):	

