**Annual Parent Survey Sample**

*Please take a few moments to share your thoughts about the strengths of our program and identify areas where you think improvements are needed. You may sign this form or choose to remain anonymous. Your individual responses are kept confidential. Please fill out a survey for each child.*

**Name of person completing the form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s age \_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Environment** | **Always** | **Usually** | **Occasionally** | **Not Sure** |
| Safe Environment |  |  |  |  |
| Clean Environment |  |  |  |  |
| Organized/tidy environment |  |  |  |  |
| Adequate number of toys |  |  |  |  |
| Lesson plans posted |  |  |  |  |
| Healthy meals and snacks provided |  |  |  |  |
| Menus posted for easy viewing |  |  |  |  |
| Outdoor play environment is safe |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Caregiver** | **Always** | **Usually** | **Occasionally** | **Not Sure** |
| Varied activities offered throughout the day |  |  |  |  |
| A positive welcoming, friendly atmosphere |  |  |  |  |
| Children and parents are greeted warmly by staff each day |  |  |  |  |
| Caregiver is patient and empathetic with your child |  |  |  |  |
| Caregiver is attentive with your child |  |  |  |  |
| Caregiver is knowledgeable and answers questions willingly |  |  |  |  |
| Caregiver is approachable and easy to talk to |  |  |  |  |
| Regular communication about your child’s progress |  |  |  |  |
| Demonstrates sensitivity to individual needs of family |  |  |  |  |
| I feel the program respects and values my knowledge about my child |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Administration** | **Always** | **Usually** | **Occasionally** | **Not Sure** |
| Communication is done in a timely manner |  |  |  |  |
| I have received adequate information on policies and addendums to policies |  |  |  |  |
| Regular communication about programs, events, expectations, rules and changes |  |  |  |  |
| Administration is approachable and easy to talk to |  |  |  |  |
| Administration handles conflicts in a timely manner  |  |  |  |  |
| Demonstrates sensitivity to individual needs of family |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Satisfaction** | **Very Satisfied** | **Somewhat Satisfied** | **Not satisfied** |
| Overall, how satisfied are you with quality of care your child receives |  |  |  |

How could we improve our services?

What do you like best about the care your child receives?

What suggestions do you have to improve the overall program?

Is there anything else you would like to comment on?

***Thank you for completing the survey***