



Accreditation Parent Survey

Dear Parent,

As you know, your family child care provider has applied to become accredited by the National Association for Family Child Care. To complete our information, we ask one person from each family to complete this survey. It will take you about 10-15 minutes.

Please answer each question honestly, from your point of view. Your answers will be kept completely confidential—we will not share your answers with the provider, though we encourage you to do so. NAFCC's Accreditation Commission, a group of family child care professionals responsible for accreditation decisions, will use the Parent Surveys together with your provider's and the observer's documentation to gain a comprehensive understanding of this child care program.

Please complete the survey within the next two days and give it back to your provider in a sealed envelope. If you would rather return this survey directly to our office, please find our address on the back page of this survey. Please do not set it aside and risk delaying the process for your provider. Thank you very much for your help in this important endeavor.

List the names of all your children currently enrolled in this home and in parenthesis next to the name write their age in years and months:

Example: Mary (3 yr, 2 mo.); John (1 yr, 8 mo.)

About how long has your child(ren) attended this child care program? _____

Child Care Provider's Name

Date

Confidential

Circle the answer that best matches your opinion about how often the statement is true, from 5 for “always” (this happens all of the time or whenever possible) to 1 for “never”. Please be sure to circle a number for each question.

	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>		
1. The provider talks at least briefly to us as we come and go, or arranges another time to talk, if needed.	5	4	3	2	1
2. The provider shows a warm interest in my child.	5	4	3	2	1
3. My child feels safe and secure in this program.	5	4	3	2	1
4. The provider is patient and understanding with my child.	5	4	3	2	1
5. The provider notices any special needs of my child and offers help as needed.	5	4	3	2	1
6. The provider cares about and respects me and other family members.	5	4	3	2	1
7. The provider responds, within reason, to my requests and preferences.	5	4	3	2	1
8. I trust that my child will be well cared for in every way.	5	4	3	2	1
9. The provider encourages me to visit, unannounced, any time my child is present.	5	4	3	2	1
10. The provider respects confidentiality of families and does not gossip.	5	4	3	2	1
11. The provider keeps me informed about my child.	5	4	3	2	1
12. Our communication is open and honest.	5	4	3	2	1
13. The provider helps me feel comfortable talking things over and we try to work out any differences.	5	4	3	2	1
14. The provider offers me a variety of ways to be involved in the program’s activities—but does not require my participation.	5	4	3	2	1
15. The provider shares information, as needed, about community resources, tax credits, and other child care benefits.	5	4	3	2	1
16. The provider and I work together for the best interest of my child, on issues such as guidance/discipline, eating toileting, as needed.	5	4	3	2	1

25. What do you like best about this family child care program? _____

26. What suggestions do you have to improve this program? _____

27. Is there any other information you would like to share with the Accreditation Commissioners? _____

Thank you for your time and valuable information. Return this survey to your provider as soon as possible. If you would rather return this survey directly to our office, email or fax to:

National Association for Family Child Care
accreditation@nafcc.org
Fax: 801-886-2325
www.nafcc.org

Optional: In the event the commission would like additional information from you, please give the following contact information:

Parent's name: _____

Mailing Address: _____

Email address: _____

Phone number: _____