



## 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 <u>complete the survey within the next two days</u> 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?

## 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.

number for each question.	Always	Soi	netimes		Never
<ol> <li>The provider talks at least briefly to us as we come and go or arranges another time to talk, if needed.</li> </ol>	o, 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
<ol> <li>The provider cares about and respects me and other family members.</li> </ol>	y 5	4	3	2	1
<ol> <li>The provider responds, within reason, to my requests and preferences.</li> </ol>	5	4	3	2	1
8. I trust that my child will be well cared for in every way.	5	4	3	2	1
<ol><li>The provider encourages me to visit, unannounced, any time my child is present.</li></ol>	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
<ol> <li>The provider helps me feel comfortable talking things over and we try to work out any differences.</li> </ol>	5	4	3	2	1
<ol> <li>The provider offers me a variety of ways to be involved in the program's activities—but does not require my participation.</li> </ol>	5	4	3	2	1
<ol> <li>The provider shares information, as needed, about community resources, tax credits, and other child care benefits.</li> </ol>	5	4	3	2	1
<ol> <li>The provider and I work together for the best interest of my child, on issues such as guidance/discipline, eating toileting, as needed.</li> </ol>	5	4	3	2	1

17.	The provider is available to me by telephone when my child is present, or returns my call within 3-4 hours.	Yes	No
18.	The provider has a conference with me at least once per year so we can review my child's experience and set goals together. We have been enrolled for less than a year.	Yes	No
19.	If my child has been injured—beyond a minor scrape or bruise—the provider contacted me as soon as possible and gave me a <b>written</b> report describing the accident, action taken, and how my child responded. My child has not been injured beyond a scrape or bruise.	Yes	No
20.	The provider is with the children at least 80% of the time they are in care.	Yes	No
21.	I have met any regular assistant or substitute and I am notified in advance if a substitute will be responsible for my child (except in an emergency).	Yes	No
22.	Before my child began in this child care program, the provider invited me to visit, described the program, gave me written policies, and asked me about my child.	Yes	No
23.	I was informed of any pets before enrollment or before they arrived in the home. This program has no pets	Yes	No
24.	Pets appear to be in good health, even-tempered, and friendly, or they are kept in areas not accessible to children. This program has no pets	Yes	No
Cor	ntinue number 25 through 27 on next page.		

Make comments on any question or anything you want to add here:

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: \_\_\_\_\_\_