

Name of Agency: Community Action Partnership of Madera County, Inc.
 Program: Child Care Alternative Payment and Resource & Referral Program
 Date: _____

Desired Results for Children and Families — Parent Survey

This survey asks for your feedback about the child care and development program your child attends. The California Department of Education – Child Care and Development Division is very interested in how the program helps you to support your child’s learning and development and meet your family’s needs. Your responses will be completely confidential and will help us to improve the services provided to you. If you have more than one child who attends this program, please answer the following questions about your *youngest* child in the program.

1. How satisfied are you with the overall quality of the Alternative Payment Program?

- Very Satisfied**
- Satisfied**
- Not Satisfied**

2. How satisfied are you with the overall quality of Resource and Referral?

- Very Satisfied**
- Satisfied**
- Not Satisfied**

3. Have you received information from the program about the following?

	Yes	No
A. A brochure in Choosing Quality Care for Your Child	<input type="radio"/>	<input type="radio"/>
B. A brochure in Community & Family Services Child Care Resource & Referral and Alternative Payment Program		<input type="radio"/>
C. A brochure in Child Care & Development Selections for Educational Experiences in Madera County		<input type="radio"/>
D. Child Care Alternative Payment Program Parent & Provider Handbook of Written Policies		<input type="radio"/>
E. CAPMC/Alternative Payment Program Subsidized Child Care Eligibility List Application		
F. A Brochure for California Background Check for In-Home Child Care – Trust Line		
G. How to find other services in the community (e.g., employment and training opportunities, parenting classes, health care)		<input type="radio"/>
H. Parental Choice Child Care Options in Madera County		
I. Where to report health/safety concerns and complaints		<input type="radio"/>
J. Uniform Complaint Procedures		<input type="radio"/>
K. Developing a relationship with your provider		<input type="radio"/>

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4. Would you like more information about finding a child care provider that will meet your needs?

Yes (please specify: _____)

No

5. Has your child’s enrollment in this program made it easier for you to:

	Yes	No	Not Applicable
A. Accept a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Keep a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Accept a better job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Attend education or training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How satisfied are you with these characteristics of the Alternative Payment Program and Resource & Referral?

	Very Satisfied	Satisfied	Not Satisfied
A. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Location of program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. When visiting your office, someone was there in person to greet me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. When visiting your office, the staff was knowledgeable and able to answer my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Languages spoken by staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. How program staff communicate with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. While visiting your office, I was treated with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. When visiting your office, I was treated in a friendly manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. When visiting your office, the staff I dealt with was truly sincere about meeting my need(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. When calling your office during the last 30 days, I was able to reach someone without leaving a message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Resource & Referral equipment and materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Monthly parent & child activities, Let’s Move Handout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Online access to agency events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Program Referral Complaint Form	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Uniform Complaint Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P. Health and safety policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q. How the program promotes your child's learning and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Is there anything else you would like to say about how this program meets your family's needs?

8. Do you have any suggestions about how the Alternative Payment Program can improve?

9. Do you have any suggestions about how the Resource and Referral can improve?

*Thank you for taking the time to complete this survey. This information
will be used to help improve the services provided to you.*

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