

## 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 is very interested in how the program helps you to support your child’s learning and development and meets 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 this program?

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

2. Do you feel that

**Yes**    **No**

A. Your child is safe in this program?                                           

B. Your child is happy in this program?                                           

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

**Yes**    **No**

A. How children develop at different ages (e.g., walk, talk, etc.)                                           

B. How your child is growing and developing (Child Developmental Progress Form)                                           

C. How your child is doing in the program                                           

D. Schedule of daily activities from your family child care provider                                           

E. What you can do to help your child learn and develop                                           

F. Parenting skills                                           

G. How to find other services in the community (e.g., community resources, employment and training opportunities, parenting classes, health care)                                           

H. Where to report health or safety concerns and complaints                                           

I. Experience and training of Beanstalk teaching staff                                           

J. Discipline procedures from your family child care provider                                           

K. How you can get involved with your child’s program (PAC Meetings)                                           

4. Would you like more information about any topics related to your child’s care and development?

**Yes**     (please specify topics & give us your name and we will mail you information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No**   

(Please see back)

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

	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
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 your child’s family childcare provider?

	<b>Very Satisfied</b>	<b>Satisfied</b>	<b>Not Satisfied</b>
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. Number of adults working with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Background and experience of FCC provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Languages spoken by FCC provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. How FCC provider communicates with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Meeting the individual needs of your child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Interaction between FCC provider and children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Interaction with other parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Parent involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Equipment and materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Cultural activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Nutrition	<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 this program could be improved?

Parent name is optional \_\_\_\_\_

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