

Family Survey

NAME OF DAY CARE CENTRE						DATE (dd/mm/yy)				
How long have you had a child or children attending our day care centre?						YEARS		MONTHS		
Please fill in one circle for each of the statements below.										
SA=STRONGLY AGREE	A=AGREE	D=DISAGREE	SD=STRONGLY DISAGREE	NO=NO OPINION/NOTSURE	SA	A	D	SD	NO	
I am satisfied with the care my child(ren) is/are receiving at the centre.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The centre did a good job of explaining the program to me when I registered my child(ren).					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I have, or know how to get, the information I need about program policies and procedures.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I feel welcome visiting the centre at any time.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I believe that the staff keep me well informed about my child(ren)'s day-to-day experiences at the centre.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I feel comfortable approaching staff at the centre when I have concerns or questions.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The centre keeps me informed about any changes that affect me and/or my child(ren).					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
The centre gives me opportunities to voice my opinions about policies and procedures that affect me and/or my child(ren).					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ARE THERE ANY COMMENTS YOU WOULD LIKE TO MAKE?										

Staff Survey

NAME OF DAY CARE CENTRE					DATE (dd/mm/yy)				
How long have you been employed by this program?					MONTHS	YEARS			
Please fill in one circle for each of the statements below.									
SA=STRONGLY AGREE	A=AGREE	D=DISAGREE	SD=STRONGLY DISAGREE	NO=NO OPINION/NOT SURE	SA	A	D	SD	NO
I feel valued and supported by my employer (owner or Board).					○	○	○	○	○
My job description (outlining roles and responsibilities) was reviewed with me when I first started to work here.					○	○	○	○	○
The philosophy, policies and procedures of the organization were reviewed with me when I first started to work here.					○	○	○	○	○
Professional development is encouraged and supported by my employer.					○	○	○	○	○
I am encouraged to review and reflect on my interactions, practice and program planning.					○	○	○	○	○
The program provides on-site resources (e.g., books, articles, and journals) to help me stay current with research and trends in early childhood.					○	○	○	○	○
I have regular opportunities to review my job performance with my supervisor.					○	○	○	○	○
The staff in this program have the qualifications to do the work they are hired to do.					○	○	○	○	○
The program's policies and procedures reflect and encourage best practice in early childhood.					○	○	○	○	○
I have, or know how to get, the information I need about program policies and procedures.					○	○	○	○	○
I have opportunities to provide input into policies and procedures that affect me.					○	○	○	○	○
I feel comfortable approaching my supervisor with a concern or a complaint.					○	○	○	○	○
Our organization has a Code of Ethics.					○	○	○	○	○
Make any comments you would like to make on the back of this form.									