

Family Survey

NAME OF FAMILY DAY HOME AGENCY					DATE (dd/mm/yy)				
How long have you had a child or children attending a family day home through our agency?					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 family child care home through the agency.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency 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 agency at any time.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the agency staff and my provider keep me well informed about my child(ren)'s experiences at the family child care home.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable approaching staff at the agency when I have concerns or questions.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency 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 agency 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?									

Provider Survey

NAME OF FAMILY DAY HOME AGENCY					DATE (dd/mm/yy)				
How long have you been contracted with the agency?					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 feel valued and supported by the agency.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The referrals I get show that the agency carefully matches the care a family is looking for with what I offer in my day home.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development is encouraged and supported by the agency.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency helps me learn about and connect with community support services and other providers.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency provides resources (e.g., handouts and articles) and information to help me stay current with research on child development.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My day home visitor/consultant encourages me to think about and assess my interactions with children and how I plan daily activities.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have regular opportunities to review my work performance with my day home visitor/consultant.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The philosophy, policies and procedures and expectations of the agency were reviewed with me when I first contracted with the agency.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency staff provided information about the regulatory standards that I am required to meet.					<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 agency policies and procedures.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to provide input to policies and procedures that affect me.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable approaching my day home visitor/consultant with a concern or a complaint.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agency staff are responsive to my requests for assistance.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make any comments you would like to make on the back of this form.									

Staff Survey

NAME OF FAMILY DAY HOME AGENCY	DATE (dd/mm/yy)
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How long have you been employed by the agency?	YEARS	MONTHS
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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 feel valued and supported by my employer (owner or board).					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job description (outlining roles and responsibilities) was reviewed with me when I first started to work here.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The philosophy, policies and procedures of the organization were reviewed with me when I first started to work here.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development is encouraged and supported by my employer.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am encouraged to review and reflect on my interactions, practice and planning.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency provides on-site resources (e.g., books, articles, and journals) to help me stay current with research and trends in early childhood.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have regular opportunities to review my job performance with my supervisor.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff in this agency have the qualifications to do the work they are hired to do.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency's policies and procedures reflect and encourage best practice in early childhood.					<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 have opportunities to provide input to policies and procedures that affect me.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable approaching my supervisor with a concern or a complaint.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our organization has a Code of Ethics.					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Make any comments you would like to make on the back of this form.