



Community Action of Eastern Iowa Community Child Care Resource & Referral

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Follow Up Survey

You recently contacted Child Care Resource and Referral (**CCR&R**) to help in your search for child care. We would like to hear about your experiences with our referral department. We will use your input to improve services offered to both parents/guardians and child care providers. Thank you for taking time to complete this survey!

1) Have you used either of the following items you received...

A) The referral list of child care providers Yes No If no, please explain why not?

B) The written materials about child care Yes No If no, please explain why not?

2) Which of the following best describes the results of your child care search? *(Please check one)*

- I have found child care (**PLEASE ANSWER A-D BELOW**)
- I am keeping my current child care arrangement (**GO TO QUESTION 3**)
- I have decided not to use child care at this time (**GO TO QUESTION 3**)
- No decision (**GO TO QUESTION 3**)
- I am still looking for child care (**PLEASE ANSWER NEXT QUESTION**)

Did you contact our office for additional referrals? Yes No (**GO TO QUESTION 3**)

A. How did you find child care?

- From the referral list
- From a friend, relative or co-worker
- From another child care provider
- From a newspaper ad
- Other, please explain _____

B. What type of child care arrangement did you choose? (Check all that apply)

<input type="checkbox"/> Center	.....	Is it licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Preschool/Nursery School	.....	Is it licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> School-age or Before/After-school program	.....	Is it licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Family Child Care Home	.....	Is it licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Relative	<input type="checkbox"/> Non-relative			
<input type="checkbox"/> Care in my home				
<input type="checkbox"/> Relative	<input type="checkbox"/> Non-relative			

C. What were the top 3 reasons you chose your new child care provider? (Check up to three)

<input type="checkbox"/> Affordability/Cost	<input type="checkbox"/> Educational environment	<input type="checkbox"/> Safe and Clean environment
<input type="checkbox"/> Caregiver education/training	<input type="checkbox"/> Experienced caregiver	<input type="checkbox"/> Schedule
<input type="checkbox"/> Caring/Warm environment	<input type="checkbox"/> Location	<input type="checkbox"/> Small group size
<input type="checkbox"/> Other _____		

D. Did your contact with **CCR&R help you make a more informed child care choice?** Yes No



3) What problems, if any, did you experience while searching for child care? (*Check all that apply*)

- None Cost Curriculum Location
 No openings Quality Schedule Type of Care
- Provider was not trained to meet my child's particular needs
 Provider was not experienced with my child's particular needs
 Provider could not accommodate my child
 Provider does not accept Child Care Assistance Program (CCAP) payments
 Other

4) Please rate the service you received from [CCR&R]. (Check one for each question).	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
A. The referral specialist I spoke with was polite and courteous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The referral specialist I spoke with understood my child care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The overall quality of the service was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5) Did you know the next steps to take in searching for child care after contacting [CCR&R]? Yes No If no, please explain why not? _____

6) Did the written materials about child care help you learn more about how to select a child care program? Yes No If no, please explain why not? _____

7) How would you rate your understanding of what factors to consider in choosing high quality child care...

- A. Before you contacted the [CCR&R] High Medium Low
 B. After you contacted the [CCR&R] High Medium Low

8) If needed, would you contact [CCR&R] again for referrals? Yes No If no, please explain why not? _____

9) Would you recommend [CCR&R] to a friend? Yes No If no, please explain why not? _____

10) How can we better serve families seeking care for children with particular needs such as asthma/severe allergies, autism, developmental delays, emotional/behavioral, gifted, physical, visual/hearing, or any other need?

11) What suggestions do you have for improving our service?

Please return the form in the envelope provided. Thank you for your cooperation.

Your Name (please print)

Today's Date

Month of Original Call

