PARENT EVALUATION OF A CHILD CARE FACILITY

Dear Parent: Licensing representatives send evaluations to parents of children in licensed Facilities. Parent evaluations help the department decide if the Facility provides safe, healthy child care. Parents are selected by random sample from children's emergency record cards. Parent comments are summarized in the licensing evaluation, which becomes part of the licensing record and is open to the public. If you have serious allegations, the licensing program will investigate them.

Name of Facility:

1. Do your child(ren) currently attend the Facility?
   - Yes □ What hours and day are they scheduled to attend?
   - No □ If no longer in care at the Facility, what was the timeframe they attended and the reason why the children discontinued care at the Facility?

2. When you enrolled your child(ren), did you receive a copy of the Facility’s policies? (For example, information on services, fees, number of children in care, meals and snacks, discipline methods)
   - Yes □ No □

3. What do/did you like about the Facility?

4. Do/did caregivers communicate with you on a regular basis about your child(ren)’s care?
   - No □
   - Yes □ What information is/was shared with you, and how is/was it provided?

5. What is your opinion regarding the quality of care and the supervision your child receives/received at the Facility?

6. Do/did you feel the Facility meets/met the needs of your child(ren) and your family?
   - Yes □
   - No □ Please explain:
7. Do/did you have unlimited access to your child(ren) and the Facility?
   Yes ☐ No ☐ Can you give an example of when where you didn’t have access?

8. Are/were you encouraged to visit the Facility to observe or participate?
   Yes ☐ No ☐ Please explain:

   Are/were you allowed access to rooms/areas of the Facility used for child care?
   Yes ☐ No ☐ Please explain:

9. Do/did you feel the facility is clean and safe?
   Yes ☐ No ☐ Please explain:

10. Have/did you observed any of the following items within reach of children: cleaning products, medicine, building materials or tools, ice melt, smoking materials, other hazards?
    No ☐ Yes ☐ Please explain:

11. Does/did the Facility provide your child(ren) with:
    - Nutritious meals and snacks ☐ Yes ☐ No ☐
    - A variety of age appropriate learning and social activities ☐ Yes ☐ No ☐
    - A balance of quiet and active, group and individual activities ☐ Yes ☐ No ☐
    - A variety of supplies, toys, and equipment to meet children's needs ☐ Yes ☐ No ☐
    - Daily outdoor activities, weather permitting ☐ Yes ☐ No ☐
    - Do you feel the Facility’s outdoor areas are safe? ☐ Yes ☐ No ☐

12. Do you have any additional comments or information that may help us evaluate the program:

   Name ____________________________ Signature ____________________________ Date ____________

   (Please note that your contact information is optional)

   Please return this evaluation to your local licensing office in the enclosed envelope. Parent comments are extremely helpful in evaluating a child care program. Thank you.