The information you provide is for confidential use by SFCS. This survey is to measure your satisfaction with our agency. Your answers will not affect your eligibility for services. By completing this survey, you will assist SFCS in our on-going efforts to improve delivery of services. Please use the following guidelines when answering the questions:

*Rate the topic from 1 to 5: circle Yes or No; check the appropriate box; or circle N/A if the question doesn’t apply to you.*

- 1 = very dissatisfied
- 2 = dissatisfied
- 3 = somewhat satisfied
- 4 = satisfied
- 5 = very satisfied

Tell us who you are: Licensed Child Care Provider, License-exempt Provider, Parent, Community Member, Center Director, etc : __________________________________________________________

How did you hear about SFCS? __________________________________________________________

How often do you visit/call the office?: ________ times per week/month (circle one).

What programs/services have you contacted/used, and how satisfied were you with the services you received?

- Resource & Referral Program................. 1  2  3  4  5  N/A  Comments: __________________________________________________________

  Did you receive a list of child care providers from our Resource & Referral Program? Yes/No
  If yes, was the list helpful? Yes/No  Why/Why not: __________________________________________________________
  Do you need another list? Yes/No  (If yes, please provide us with your information on the back of this form)

- Front Desk/Receptionist......................... 1  2  3  4  5  N/A  Comments: __________________________________________________________

- Subsidized Child Care Program............. 1  2  3  4  5  N/A  Comments: __________________________________________________________

  If you are a parent receiving subsidized child care, how has the program made a difference for your family? ______

- Child Care Food Program ..................... 1  2  3  4  5  N/A  Comments: __________________________________________________________

- Lending Library ................................. 1  2  3  4  5  N/A  Comments: __________________________________________________________
☐ Livescan Fingerprinting Services .......... 1 2 3 4 5 N/A Comments: ______________________________________

☐ Children’s Corner Newsletter .............. 1 2 3 4 5 N/A Comments: ______________________________________

☐ Workshops ............................................. 1 2 3 4 5 N/A Comments: ______________________________________

How often do you visit our website? _______ times per week / month / year (circle one).

How helpful do you find our website? .......... 1 2 3 4 5 N/A Comments: ______________________________________

For what reason do you most often contact our office? ______________________________________

How satisfied are you with the helpfulness, courtesy and professionalism of SFCS staff? ........... 1 2 3 4 5 Comments: ______________________________________

What can we do to make your experience with SFCS, our services, and our staff more satisfying? ______________

Other comments: ______________________________________

Would you like us to contact you regarding your feedback/suggestions? If so, please provide us with your information: (Please print)

Name: ______________________________________

Address: _____________________________________ City: __________________________ Zip: ____________

Phone: __________________________ Alternate Phone: __________________________

E-mail address: ______________________________________