

Solano Family & Children's Services

We welcome your feedback and suggestions.
Please print and complete this form then send or fax to:
421 Executive Court North — Fairfield, CA 94534-4019
Phone: (707) 863-3950 — Fax: (707) 863-3975

HOW IS OUR SERVICE?

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: _____