



IdahoSTARS

Referral Date: _____

Child Care Referral

Name of Referral Specialist: _____

Your City: _____

Satisfaction Survey

Please take a few minutes to complete this survey. Your response is very important in helping us to increase the quality of our referral services and to better meet the needs of parents who are searching for child care.

Your Name (optional): _____

1. The assistance that I received from the Referral Specialist was helpful in my search for child care.
2. The materials I received were informative and helpful.
3. The overall referral process met my expectations.
4. The referrals I received met my expectations and the needs of my family.
5. I am satisfied with the accuracy of the information.
6. I used the online referral system.

Please indicate yes or no.

Highly Agree	Agree	Somewhat Agree	Disagree

Yes	No
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I used the following resources when choosing child care (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Child Care Checklist for Parents | <input type="checkbox"/> IRIS (Immunization Brochure) |
| <input type="checkbox"/> How Do You Choose Child Care (Booklet) | <input type="checkbox"/> Need Help? Dial 2-1-1 (Flyer) |
| <input type="checkbox"/> Building for the Future (Food Program Brochure) | <input type="checkbox"/> Idaho Child Care Program (ICCP Brochure) |
| <input type="checkbox"/> Health Care Coverage for Children (Flyer) | |
| <input type="checkbox"/> Other - please list | |

Was there anything that you needed and did not receive from the referral specialist? Yes or No

If yes, please explain:

Did you select child care? Yes or No **If yes, are you satisfied with the care provider you have selected?** Yes or No **Did the cost of child care influence your decision?** Yes or No

I experienced the following: please check all that apply

- | | |
|--|--|
| <input type="checkbox"/> No Problems | <input type="checkbox"/> Cost Too High |
| <input type="checkbox"/> Care Not Available for Hours Needed | <input type="checkbox"/> Care Not Available for my Location |
| <input type="checkbox"/> No Opening in Age Group Needed | <input type="checkbox"/> Quality Unsatisfactory |
| <input type="checkbox"/> Preferred Center Care - Not Available | <input type="checkbox"/> Preferred Family Care - Not Available |
| <input type="checkbox"/> Other please explain | |

Comments: _____

