

Lubavitch Early Childhood
Living and Learning Center
 1778 Ford Parkway St. Paul, MN 55116
 (651) 698-0556 (651) 698-2460

Parent Evaluation of Child Care Program

Date:

Please check the age group that your child falls in

☐ Infant ☐ Toddler ☐ Preschooler ☐ Schoolager

Is there open communication

a) Between you and the staff ☐ Yes ☐ No

b) Between you and the director ☐ Yes ☐ No

If not, how do you feel communication might be improved?

Does your child enjoy coming to the program? ☐ Yes ☐ No

If not, how could we help make this a more positive experience?

Is the staff accessible to parents? ☐ Yes ☐ No

Is the director accessible to parents? ☐ Yes ☐ No

Is your child greeted by staff in the morning? ☐ Yes ☐ No

Is your child said good-bye to at the end of the day? ☐ Yes ☐ No

Does the staff appear to enjoy what they are doing? ☐ Yes ☐ No

Does the director appear to enjoy what she's doing? ☐ Yes ☐ No

Please circle the number that indicates the degree of comfort you generally feel when you leave your child:

Apprehensive 1 2 3 4 5 Very comfortable

Is there any way we can make the transition easier for you?

Is your child well supervised? ☐ Yes ☐ No

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Overall, how would you rate the care that we provide your child? Circle one:

1	2	3	4	5
Needs Improvement		Meets our needs		Wonderful

1. What could we do to improve our program?

2. What could we do to improve our program?

3. Is there anything you could do to improve the care your child receives in our program?

4. Would you recommend our program to other parents? Why or why not?

5. Do you have any other comments?

Optional:

Your name: _____

Your child's name: _____

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