

Hanover, Littlestown & South Hanover YMCA Child Care Survey

This survey was completed for:

<input type="checkbox"/> Preschool (Hanover)	<input type="checkbox"/> Kinder Prep (Littlestown)	<input type="checkbox"/> Super Kidz (South Hanover)
<input type="checkbox"/> Kinder Class (Hanover)	<input type="checkbox"/> Kinder Class (Littlestown)	<input type="checkbox"/> Kinder Class (South Hanover)

<input type="checkbox"/> Before Care	<input type="checkbox"/> Baresville	<input type="checkbox"/> Clearview	<input type="checkbox"/> Hanover St.	<input type="checkbox"/> New Oxford	<input type="checkbox"/> West Manheim
<input type="checkbox"/> After Care	<input type="checkbox"/> Bermudian	<input type="checkbox"/> Conewago Twp.	<input type="checkbox"/> Littlestown	<input type="checkbox"/> Park Hills	<input type="checkbox"/> Upper Adams

1a. Overall, how would you rate the YMCA Child Care Program? Please check only one box.

Excellent Good Fair Poor

1b. Please explain your response to Question 1a.

2. How would you rate the Child Care program on each of the following?

	Excellent	Good	Fair	Poor	Not applicable or don't know
Staff					
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of activities, skills (competence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities					
Quality of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of equipment and facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and security of facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys, games, and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs and activities					
Variety of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safely run programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child learned new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General					
Parent information and communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about your child's day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program encourages the values you want your child to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for the money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenient schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you send your child to this program next year?

Yes No, child will be too old No, other reasons: _____

4. Please indicate how much you feel the Child Care Program has helped your child:

	A lot	Somewhat	A little	Not at all	Not applicable or don't know
Learn to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn responsible decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build self-confidence and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Is your child: Male Female

6a. Age of child: _____

6. Has your child attended a Child Care program before? Yes, this program Yes, but another program No
How many years before this? _____

7. Before attending the Child Care program, did you or your child have any contact with a YMCA, other than Child Care? Please check all that apply.

- Child went to the YMCA Other family members used the YMCA
 Child attended YMCA Day Camp No contact with a local YMCA

8. Did any of the following reasons contribute to your decision to select this program? Please check all that apply.

- Brother or sister had attended this program None of the above
 Parents or other family members attended this program Other: _____

9. What does your child like best about our program? _____

10. What program opportunities would you like to see the YMCA offer? _____

11. What were the main reasons you selected this program rather than another one? _____

12. The Y is committed to serving people regardless of their ability to pay. We need to know whether we are reaching all income levels. Could you please indicate your total annual household income, before taxes?

- Under \$15,000 \$25,000 - \$34,999 \$50,000 - \$74,999
 \$15,000 - \$24,999 \$35,000 - \$49,999 \$75,000 or more

13. Did you apply for Financial Assistance?

- Yes No Did not know you offered it
If yes, did you receive assistance? Yes No

14. The Y is committed to serving all people regardless of their race, ethnicity, religion, etc. Could you please indicate which best describes your child?

- American Indian African American Caucasian
 Hispanic Pacific Islander Multi-Racial
 Other _____

15. If you wish to have the Director contact you about any aspect of Child Care or about this survey, you may write your name here or on a separate sheet.

Name _____ Phone number _____

Thank you for completing this survey. Please return to your site or to any of our branches.