

CITY OF KINGSTON

LONG DAY CARE PARENT QUESTIONNAIRE

Please respond to the following statements by placing a ✓ in the box that most closely corresponds to your answer. Clarifying comments are most welcome.

	Always True	Mostly True	Rarely True	Never True	Comments
1. I find the childcare staff are courteous and polite and respect my beliefs and wishes.					
2. I feel confident with the staff who care for my child/ren. They have the necessary skills and training to meet my child/ren's needs.					
3. My child/ren find the time they spend at the centre to be an enjoyable experience. The staff relate well and provide stimulating and developmentally appropriate activities.					
4. The meals provided for my child/ren offer enough variety and nutrition.					

	A
5. I am happy with the quality of meals and snacks my child/ren receive at the centre.	
6. Staff at the centre inform me of my child/ren's activities and routine on a daily basis.	
7. Once each year I am provided with a formal opportunity to meet with staff, or provided with a detailed report regarding my child/rens progress and development.	
8. I would feel confident and comfortable in speaking to staff should I have any concerns or issues in relation to the care of my child/ren.	
9. I am provided with enough time to discuss any issues with a relevant staff member	
10. Staff keep me informed of current developments within the Childcare service via regular newsletters.	

**City of Kingston (1999): Children's Services Surveys,
Mentone, Victoria**

	Always True	Mostly True	Rarely True	Never True	Comments
11. I find the hours the centre is open between 7:00am and 6:00pm Monday – Friday suit my childcare needs.					
12. I am provided with opportunities to have in-put into the management and delivery of the service. (e.g Parent Meetings)					
13. Overall, I am satisfied with the quality of care provided to my child/ren.					

The following questions provide an opportunity for you to provide general comments about the service.

14. What do you consider to be the best aspects of the Childcare Centre Service?

15. Is there anything that you would like to see incorporated into the service that is not currently available?

16. Can you offer any suggestions as to how the Childcare Service could be improved?

Please answer the next few questions by ✓ the most appropriate response.

17. How long have you been using the service?

0 – 12 Months	
1 – 2 Years	
2 – 3 Years	
Longer than 3 Years	

18. On average I use Childcare

4 – 5 days per week	
1 – 3 days per week	
Less than 1 day per week	

19. Are there any other comments you would like to make?

Thankyou for taking the time to complete the questionnaire. You do not need to provide your name and address.

If you would like to discuss any issues in further detail or if you would like assistance to complete the questionnaire then please contact:

Ms Debbie Lambert
Service Planning Department
Telephone: 9556 4285

Optional Name and Contact Number: if you would like an officer from Service Planning to follow up any issues with you.

Name:.....

Contact Number:.....

FAMILY DAY CARE PARENT QUESTIONNAIRE

Please respond to the following statements by placing a ✓ in the box that most closely corresponds to your answer. Clarifying comments are most welcome.

	Always True	Mostly True	Rarely True	Never True	Comments
1. I find my careprovider is courteous and polite and respects my beliefs and wishes.					
2. I feel confident with the careprovider who cares for my child/ren. She/he has the necessary skills and training to meet my child/ren's needs.					
3. My child/ren find the time they spend with their careprovider to be an enjoyable experience. The careprovider relates well and provides stimulating and developmentally appropriate activities.					

	Always True	Mostly True	Rarely True	Never True	Comments
4. My careprovider provides meals for my child/ren and I find them to be varied and nutritious. (Leave blank if you provide meals for your child/ren)					
5. My careprovider informs me of my child/ren's activities and routine on a daily basis.					
6. Overall, I am satisfied with the care provided by my careprovider.					
7. I would feel confident and comfortable in contacting office staff should I have any concerns or issues in relation to the care of my child/ren.					
8. Office staff keep me informed of current developments within the Family Day Care service via 'regular newsletters.					

	Always True	Mostly True	Rarely True	Never True	Comments
9. I am aware that the Family Day Care office is staffed one evening per week to enable me to discuss any issues I might have outside of ordinary business hours.					
10. I am happy with the level of supervision and support the office staff provide to careproviders.					
11. Overall, I am satisfied with the level of co-ordination and support provided by office staff.					

The following questions provide an opportunity for you to provide general comments about the service.

12. What do you consider to be the best aspects of the Family Day Care Service?

13. Is there anything that you would like to see incorporated into the service that is not currently available?

14. Can you offer any suggestions as to how the Family Day Care Service could be improved?

Please answer the next few questions by ✓ the most appropriate response.

15. How long have you been using the service?

0 – 12 Months	
1 – 2 Years	
2 – 3 Years	
Longer than 3 Years	

16. On average I use Family Day Care

4 – 5 days per week	
1 – 3 days per week	
Less than 1 day per week	

17. My child/ren is/are in care in the following suburb.

18. Are there any other comments you would like to make?

Thankyou for taking the time to complete the questionnaire. You do not need to provide your name and address.

If you would like to discuss any issues in further detail or if you would like assistance to complete the questionnaire then please contact:

Ms Debbie Lambert
Service Planning Department
Telephone: 9556 4285

Optional Name and Contact Number: if you would like an officer from Service Planning to follow up any issues with you.

Name:.....

Contact Number:.....

KINGSTON CITY COUNCIL

CHILD CARE SUPPORT SERVICE – AGENCY QUESTIONNAIRE

Please respond to the following statements by placing a ✓ in the box that most closely corresponds to your answer. Clarifying comments are most welcome.

	Always True	Mostly True	Rarely True	Never True	Comments
1. Our agency finds the Council child care support service staff are polite and respect our beliefs and wishes.					
2. We feel confident with the staff who provide assistance to our agency. They have the necessary skills and training to meet our needs.					
3. If the child care support staff are unavailable when we contact the service our message is responded to within 24 hours.					
4. The child care support staff have successfully assisted our agency to include children with additional needs into our service.					

	Always True	Mostly True	Rarely True	Never True	Comments
5. We are consulted in the development of program planning for children with additional needs attending our service, and in their on-going development as required.					
6. Our staff are provided with opportunities to attend a range of training session during the year.					
7. Our agency is invited on an annual basis to have in-put into the topics for the proposed training sessions.					
8. We are happy with the number of training sessions organised by the child care support service.					
9. I would feel confident and comfortable in speaking to child care support staff should I have any concerns or issues in relation to the service provided.					

	Always True	Mostly True	Rarely True	Never True	Comments
10. Our agency is kept informed of training sessions and other relevant information by the child care support staff.					
11. Overall, I am satisfied with the quality of support provided to children within our agency by the Child Care Support Team.					

The following questions provide an opportunity for you to provide general comments about the service.

12. What do you consider to be the best aspects of the Child Care Support Service?

13. Is there anything that you would like to see incorporated into the service that is not currently available?

14. Can you offer any suggestions as to how the Child Care Support Service could be improved?

Please answer the next few questions by ✓ the most appropriate response.

15. On average our agency has contact with the Child Care Support Service

0 – 5 times per year	
6 – 10 times per year	
11 – 20 times per year	
More than 20 times per year	

16. Are there any other comments you would like to make?

Thankyou for taking the time to complete the questionnaire. You do not need to provide your name and address.

If you would like to discuss any issues in further detail or if you would like assistance to complete the questionnaire then please contact:

Ms Debbie Lambert
Service Planning Department
Telephone: 9556 4285

Optional Name and Contact Number: if you would like an officer from Service Planning to follow up any issues with you.

Name:.....

Contact Number:.....

KINGSTON CITY COUNCIL

CHILD CARE SUPPORT SERVICE - PARENT QUESTIONNAIRE

Please respond to the following statements by placing a ✓ in the box that most closely corresponds to your answer. Clarifying comments are most welcome.

	Always True	Mostly True	Rarely True	Never True	Comments
1. We find the Council child care support staff are polite and respect our family's beliefs and wishes.					
2. We feel confident with the staff who are assisting our family. They have the necessary skills and training to meet our family's needs.					
3. The information provided to us from the child care support team has been informative and useful.					
4. The visit we had from the child care support staff when our child was enrolled in the service proved to be valuable.					

	Always True	Mostly True	Rarely True	Never True	Comments
5. The child care support staff provide on-going visits to our family and keep us informed about our child's development.					
6. We would feel confident and comfortable in speaking to child care support staff should we have any concerns or issues in relation to our child.					
7. We are aware the child care support team provide two forums per year to enable us to have input into the future planning and development of the service.					
8. Overall, we are satisfied with the quality of assistance provided by the child care support service.					

The following questions provide an opportunity for you to provide general comments about the service.

9. What do you consider to be the best aspects of the Child Care Support Service?

10. Is there anything that you would like to see incorporated into the Child Care Support Service or are you able to offer suggestions as to how the service can be improved?

Please answer the next few questions by ✓ the most appropriate response.

11. How long have you been using the child care support service?

0 – 3 Months	
3 – 12 Months	
1 - 2 Years	
More than 2 Years	

12. Are there any other comments you would like to make?

Thankyou for taking the time to complete the questionnaire. You do not need to provide your name and address.

If you would like to discuss any issues in further detail or if you would like assistance to complete the questionnaire then please contact:

Ms Debbie Lambert
Service Planning Department
Telephone: 9556 4285

Optional Name and Contact Number: if you would like an officer from Service Planning to follow up any issues with you.

Name:.....

Contact Number:.....

FAMILY DAY CARE – CARE PROVIDER QUESTIONNAIRE

Please respond to the following statements by placing a ✓ in the box that most closely corresponds to your answer. Clarifying comments are most welcome.

	Always True	Mostly True	Rarely True	Never True	Comments
1. Office staff are available or call me back as required to discuss areas of concern that I may have about a child.					
2. I receive adequate training and information that provides me with the necessary skills and confidence to perform my duties effectively.					
3. I am regularly informed and made aware of new developments within the scheme via meetings or newsletters. eg the mobile telephone number for out of hours emergencies					
4. If I am concerned or wish to discuss an issue in relation to the scheme I feel comfortable and confident in contacting office staff.					

	Always True	Mostly True	Rarely True	Never True	Comments
5. I have been adequately informed of my rights and responsibilities in relation to the scheme.					
6. I am provided with opportunities to have in-put into the overall development and operation of the service.					
7. If I have childcare vacancies office staff provide my name to prospective parents or keep me informed as to the delay I might expect in filling the vacancy.					
8. I find the playgroups offered through the scheme are appropriately located to enable me to attend.					
9. I receive sufficient childcare equipment to enable me to carry out my responsibilities effectively.					

	Always True	Mostly True	Rarely True	Never True	Comments
10. I am visited by office staff at least once every month.					
11. Overall, I believe the Family Day Care Scheme meets the needs of careproviders.					

The following questions provide an opportunity for you to provide general comments about the service.

12. What do you consider to be the best aspects of the Family Day Care Scheme?

13. Is there anything that you would like to see incorporated into the Scheme that is not currently available?

14. Can you offer any suggestions as to how the Family Day Care Scheme could be improved?

Please answer the next few questions by ✓ the most appropriate response.

15. How long have you been a careprovider?

0 – 12 Months	
1 – 2 Years	
2 – 3 Years	
Longer than 3 Years	

16. I live in the following suburb.

17. Are there any other comments you would like to make?

18. Please indicate any training topics that you would like Council to offer next year. (1999)

Thankyou for taking the time to complete the questionnaire. You do not need to provide your name and address.

If you would like to discuss any issues in further detail or if you would like assistance to complete the questionnaire then please contact:

Ms Debbie Lambert
Service Planning Department
Telephone: 9556 4285

Optional Name and Contact Number: if you would like an officer from Service Planning to follow up any issues with you.

Name:.....

Contact Number:.....

**IMMUNISATION SERVICE QUESTIONNAIRE - SOUTH CLAYTON COMMUNITY CENTRE
(Viney Street South Clayton)**

Please respond to the following statements by placing a ✓ in the box that most closely corresponds to your answer.
Clarifying comments are most welcome.

	Always True	Mostly True	Rarely True	Never True	Comments
1. I found the immunisation staff to be courteous and polite and respect our family's beliefs and wishes.					
2. I felt confident with the nurse that provided my child/rens vaccination.					
3. I was provided with information about the vaccination my child/ren received which included any possible side effects that might occur.					
4. I am happy with the times the immunisation service is provided as it enables me to attend a session at a time that is convenient.					

	Always True	Mostly True	Rarely True	Never True	Comments
5. If I have needed to telephone the immunisation service I have been able to speak with an officer immediately or had my call returned within 24 hours.					
6. The wait at the immunisation sessions are not excessive.					
7. I feel confident in being able to raise any issues or concerns I have directly with the immunisation staff or am aware of the other avenues open to me to do this.					
8. Overall, I am satisfied with the quality and efficiency of the Immunisation Service.					

The following questions provide an opportunity for you to provide general comments about the service.

9. What do you consider to be the best aspects of the Immunisation Service?

10. Is there anything that you would like to see incorporated into the service that is not currently available?

11. Can you offer any suggestions as to how the Immunisation Service could be improved?

12. Are there any other comments you would like to make?

Thankyou for taking the time to complete the questionnaire. You do not need to provide your name and address.

If you would like to discuss any issues in further detail or if you would like assistance to complete the questionnaire then please contact:

Ms Debbie Lambert
Service Planning Department
Telephone: 9556 4285

Optional Name and Contact Number: if you would like an officer from Service Planning to follow up any issues with you.

Name:.....

Contact Number:.....