

National Childcare Accreditation Council (1994): Quality Improvement and Accreditation System Workbook, Sydney - Parents Questionnaire

Parent Questionnaire

The following three pages are the Parent Questionnaire. Make a copy for each family with children at the centre.

Dear Parents

As you know, our centre is participating in the Commonwealth Government's Quality Improvement and Accreditation System for childcare centres.

We are currently doing a self-study, which means all staff at the centre are taking a good look at what we do, the quality of care we provide and how it may be improved in the future. Parents can also give us valuable information about the standard of care that the centre provides, so self-study also involves consulting with parents.

All of our parents are being asked to fill in the following brief questionnaire. Completing it will only take a few minutes of your time. It is important that we receive completed questionnaires from all our parents, to get an accurate idea of how you feel.

If you would like to make any further comments about the standard of care at our centre, you are invited to write them on the back page. If you choose, you do not need to include your name.

Please return your completed questionnaire no later than/..../.... so that we can keep to our self-study timetable.

Thank you very much for your involvement in this important part of our centre's development. We believe it will help us to provide an even better standard of care for your child.

Sincerely

Centre Director/coordinator

1 How do you feel about the way the staff interact with your child – about how they talk to, respond to and treat your child? Do you feel they:

- | | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| a. are warm and friendly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. are sensitive to your child's family and cultural background? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. don't show bias towards either girls or boys? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. are positive in the way they guide and discipline your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. respond well to your child's needs and feelings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. are good at communicating with your child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. are good at bringing out your child's skills, building self-esteem and independence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. are good at stimulating your child's curiosity and interest? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. create a pleasant atmosphere? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2 How do you feel about your relationship with the staff? Do you feel that:

- | | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| a. you have the information you need about the centre's policies on matters such as sick children, emergency procedures, discipline, staff qualifications and centre management? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. you are kept well-informed about your child's activities and progress, and about the centre in general? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. you were happy with how your child was settled in to the centre when s/he first started? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. you are always welcome at the centre, and your involvement is encouraged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 Do you feel that the staff who looked after your child work well together as a team?

- | Yes | No | Don't Know |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 If your child has special needs (such as a non-English speaking background, an Aboriginal or Torres Strait Islander background, a disability or is talented or gifted), do you feel that the staff take these special needs into account and plan suitable activities for your child?

Not applicable Yes No Don't Know

5 Do you feel that staff keep a close enough watch on your child's health?

Yes No Don't Know

6 Do you feel that staff try to make sure your child is suitably dressed for play indoors and outdoors (sunscreen, hat, jumper, protective clothing) and is comfortably dressed for sleep?

Yes No Don't Know

7 Are you happy with the food and drink provided for your child?

Yes No Don't Know

8 Are your suggestions taken into account by the staff when they plan the program of activities?

Yes No Don't Know

9 Are you happy with the amount of information you have about the centre's management, and about your level of involvement in management decisions?

Yes No Don't Know

10 How old is your child?

less than 18 months 18 months-3 years 3-5 years

If there are any other comments you would like to make, we would be pleased to see them. Please use the other side of this page.

Name (optional).....