

Child Care Evaluation Form

Child's Name: _____ Date _____

Provider's Name: _____

Hours your child is in care: _____

Please answer the following questions on the scale of one to five. (One being completely dissatisfied and five being totally satisfied or in total agreement)

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| 1. | The day care provider shows my/our child one on one attention and affection. | 1 2 3 4 5 |
| 2. | The day care provider's home environment is one I/we are comfortable with. | 1 2 3 4 5 |
| 3. | My/our child seems to be thriving well under the day care provider's care. | 1 2 3 4 5 |
| 4. | My/our child seems content and happy to be with the day care provider. | 1 2 3 4 5 |
| 5. | The day care provider seems knowledgeable about child-care. | 1 2 3 4 5 |
| 6. | The day care provider tells me/us about my/our child's daily activities. | 1 2 3 4 5 |
| 7. | The day care provider is communicative with the parents/guardian. | 1 2 3 4 5 |
| 8. | My/our child is well taken care of by the day care provider. | 1 2 3 4 5 |
| 9. | I/we believe that the day care provider is working together with me/us to help provide my/our child a safe, healthy and happy childhood. | 1 2 3 4 5 |

In the space below please clarify why you have any dissatisfaction with the day care provider's services or environment. Also make any comments or suggestions that you believe would help to improve your day care experience.

Please use the below area to briefly explain what it is that you most like about your provider and their day care services.

Parent/Guardian Signature: _____ Date _____

Provider's Signature: _____ Date _____

