

**COMMUNITY COORDINATED CHILD CARE (CCCC)**  
**REPORT CARD**

*Please complete so we can improve our referral services.*

*As a result of your contact with CCCC how would you rate the following: (please check)*

	Poor	Fair	Good	Excellent	N/A
1. Your knowledge about child care <u>before</u> the referral call.					
2. Your knowledge about child care <u>after</u> the call.					
3. Your ability to identify a quality child care program.					
4. Your ability to find a child care provider as a result of the referrals provided.					
5. The overall helpfulness, courteousness and knowledge of the person you spoke with.					
6. Usefulness of this service and likelihood you would use this service again.					

7. How long did it take for you to receive a call back from CCCC? \_\_\_\_\_

8. Would you attend trainings for parents? (Circle) YES NO

9. What types of trainings would you like us to provide?

\_\_\_\_\_ How Children Grow, Develop and Learn \_\_\_\_\_ Choosing Child Care  
 \_\_\_\_\_ Behavior and Discipline \_\_\_\_\_ Infant & Toddler Dev.  
 \_\_\_\_\_ Other \_\_\_\_\_

10. Would you like to receive emails about child care issues and working with other parents to improve child care in Union County? (Circle) YES NO

11. What other services would you like to see CCCC provide?  
 \_\_\_\_\_

*If you would like to be contacted, please complete the following:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**THANK YOU, WE APPRECIATE YOUR INPUT!**