

# The Child Care Council



A Program of  
Cornell Cooperative Extension  
of Oneida County

## Uniting Parents & Child Care

121 Second Street  
Oriskany, NY 13424

Telephone: (315) 223-7850  
Toll-free: 888-814-KIDS  
Fax: (315) 223-7855

With offices at:

Madison County DSS  
P.O. Box 637, N. Court St.  
Wampsville, NY 13163  
(315) 361-1890

Oneida County DSS  
209 Elizabeth St.  
Utica, NY 13501  
(315) 798-5811

Herkimer County DSS  
301 N. Washington St.  
Herkimer, NY 13350  
(315) 404-0260

[www.mycccc.org](http://www.mycccc.org)

*Cornell Cooperative Extension  
provides equal program and  
employment opportunities*

Dear Parent/Guardian:

You recently requested a child care referral from the Child Care Council. We at the Child Care Council are interested in receiving feedback on your experience with our agency. Below you will find a follow-up survey. Please take a moment to complete the survey and return it to us by mail or email. Any information you provide is kept strictly confidential. Thank you for your time.

1. Have you found child care as a result of your child care referral from MYCCCC? Yes / No

If no, please indicate the reason (check all that apply):

- Cost of care too high
- No openings for my child/children
- Location of care (ex. Difficult to get to, didn't like area)
- Dissatisfied with the quality of care provided
- Type of care desired not available
- Provider not available during days & hours needed
- Made different choices to accommodate family needs
- Have not completed search for child care
- Found care through an alternate source
- Other (please explain)\_\_\_\_\_

2. Are you satisfied with your current child care arrangements? Yes / No

3. Is the child care program that your child attends regulated by New York State? Yes / No

4. A) Was the Child Care Council referral specialist knowledgeable & responsive to your needs? Yes / No

B) If referral was requested on-line was the online referral intake form easy to navigate? Yes / No

5. Was the referral information received in a timely manner? Yes / No

6. Did you find our services easily accessible? Yes/ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Oneida County**

7. After receiving the referral and informational materials, did you feel more knowledgeable about choosing a child care provider? Yes / No
8. Was the number of referrals satisfactory? Yes / No
9. Would you use the Child Care Council's referral services again and /or recommend it to a friend? Yes / No
10. Would you like a follow-up referral from the Child Care Council? Yes / No

If yes, please indicate location, days & hours care is needed & any additional information that will assist us in locating child care programs for you:

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Additional Comments:

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**YOU MAY ALSO COMPLETE AT THE FOLLOWING LINK WITH THE CLIENT ID LISTED BELOW:**

**<http://www.mycccc.org/phpQ/fillsurvey.php?sid=4>**

Client ID \_\_\_\_\_

Revised 12/10