



Early Learning Coalition of Duval,  
Child Care Resource and Referral  
Client Satisfaction Phone Survey  
[www.elcofduval.org](http://www.elcofduval.org) / (904) 208-2044

Name of person who provided referrals to caller: \_\_\_\_\_ Date of customer call: \_\_\_\_\_

1. Were your early care and education choices explained to you?  Yes  No
2. Were you told a packet of information was being sent and how to use it to find a provider?  Yes  No
3. What the most important thing you think about when selecting a provider:  quality  location (close to home/work)  family or friends use the center  provider's hours  cost
4. In your opinion, what is the difference between custodial child care and quality child care?

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5. Have you heard about the Guiding Stars of Duval quality rating system?  Yes  No
6. Have you had to transfer your child to a different provider in the past?  Yes  No  
If yes, how many times did you do so in the last year \_\_\_\_\_
7. Do you receive School Readiness Services?  Yes  No **If no, go to question 8.**  
(If yes) If your provider was no longer eligible to participate in the school readiness program and you had to transfer your child would you do so if a better center was nearby?  Yes  No
8. Is transportation a concern in getting your child to the providers?  Yes  No
9. Did you choose a provider with the referral list you received from Child Care Resource and Referral?  Yes  No  
 No decision yet
10. How would you rate the service you received when you called Child Care Resource and Referral?  
 Excellent  Good  Fair  Poor
11. Would you use this referral service again?  Yes  No

**Comments or Suggestions of Caller:**

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**Optional :**

Caller Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_

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For internal use:

Name of person completing survey: \_\_\_\_\_ Date of survey call: \_\_\_\_\_