

CHILD DEVELOPMENT SERVICES NEEDS ASSESSMENT

For use of this form, see AR 608-10; the proponent agency is DCSPER

The results of this form will be used to help formulate plans for changes in Child Development Services (CDS) program and facilities within the community.

1. TO <i>(Name and Location)</i>	2. FROM	3. RETURN THIS FORM BY <i>(Enter Date)</i>
		TELEPHONE

SPONSOR: GRADE/RANK _____ MILITARY _____ DOD _____ CIV _____	SPOUSE: GRADE/RANK _____ MILITARY _____ DOD _____ CIV _____
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4. HOW MANY CHILDREN DO YOU HAVE IN THE FOLLOWING AGE GROUPS

a. Birth to 18 Months		c. 3 Years to 5 Years	
b. 18 Months to 3 Years		d. 6 Years to 12 Years	

5. HOW MANY OF YOUR CHILDREN RECEIVE THE FOLLOWING TYPE OF CHILD CARE

a. Attends the installation Child Development center		e. Attends off-post child care center, preschool nursery, etc.	
b. Receives care from an on-post family child care provider		f. Receives care from off-post family child provider or babysitter	
c. Receives care from an on-post babysitter <i>(uncertified)</i>		g. Requires no child care	
d. Receives care from babysitter or relative in own home		h. Requires care not currently available <i>(Specify)</i>	

6. RANK YOUR PREFERENCE FOR TYPE OF CHILD CARE *(1 to 5 with 1 being most preferred)*

	1	2	3	4	5
a. Army Child Development Center					
b. Army Family Child Care Home					
c. Off-Post Child Development Center					
d. Off-Post Family Child Care Home					
e. In-Home Care <i>(Relative or Babysitter)</i>					
f. School-Age/Latch Key					

7. WOULD YOUR CHILD(REN) ATTEND A NEW INSTALLATION CHILD DEVELOPMENT CENTER IF CONSTRUCTION INCREASED CAPACITY?

YES _____ NO _____

8. IF YES TO ITEM 7. WHICH PROGRAM(S) WOULD YOUR CHILD(REN) ATTEND? *(Check all that apply)*

a. Infant Full Day		f. Preschool Full Day	
b. Infant Hourly		g. Preschool Part Day	
c. Toddler Full Day		h. Preschool Hourly	
d. Toddler Hourly		i. School Age Summer	
e. Family Child Care Home		j. School Age <i>(Before/After School)</i>	

9. IS YOUR CHILD NOW ON THE WAITING LIST
TO ATTEND THE CHILD DEVELOPMENT CENTER?

YES _____ NO _____

TO ATTEND A FAMILY CHILD CARE HOME?

YES _____ NO _____

If No, what is preventing you from using the waiting list?

10. HOW WOULD YOU RATE YOUR LEVEL OF SATISFACTION WITH EACH OF THE FOLLOWING REGARDING YOUR
INSTALLATION CHILD DEVELOPMENT CENTER/FAMILY CHILD CARE HOME?

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
a. General Operation					
b. Operating Hours					
c. Quality of Program					
d. Quality of Staff					
e. Quality/Adequacy of Facility					
f. Availability of Hourly Care					
g. Availability of Full Day Care					
h. Availability of Part Day Care					
i. Fees Charged					
j. Other (<i>Specify</i>)					

11. WHAT ARE YOUR REASONS FOR NOT USING ARMY CHILD DEVELOPMENT SERVICES MORE OFTEN? (*Check*)

a. Does not apply. I use child care as often as I need.		f. Quality of staff is poor	
b. Conditions of facility are poor.		g. Quality of program is poor	
c. Cost is too much.		h. Facility is too crowded.	
d. Child care facility is too far from where I live.		i. Child care is not available for my needs (<i>Explain</i>).	
e. Inadequate facility.		j. Other (<i>Explain</i>).	

12. ADDITIONAL COMMENTS/EXPLANATIONS