

## 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 <input type="checkbox"/> DOD <input type="checkbox"/> CIV <input type="checkbox"/>	SPOUSE: GRADE/RANK _____ MILITARY <input type="checkbox"/> DOD <input type="checkbox"/> CIV <input type="checkbox"/>
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Army Family Child Care Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Off-Post Child Development Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Off-Post Family Child Care Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In-Home Care <i>(Relative or Babysitter)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. School-Age/Latch Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Operating Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality of Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Quality/Adequacy of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Availability of Hourly Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Availability of Full Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Availability of Part Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fees Charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	f. Quality of staff is poor	<input type="checkbox"/>
b. Conditions of facility are poor.	<input type="checkbox"/>	g. Quality of program is poor	<input type="checkbox"/>
c. Cost is too much.	<input type="checkbox"/>	h. Facility is too crowded.	<input type="checkbox"/>
d. Child care facility is too far from where I live.	<input type="checkbox"/>	i. Child care is not available for my needs (Explain).	<input type="checkbox"/>
e. Inadequate facility.	<input type="checkbox"/>	j. Other (Explain).	<input type="checkbox"/>

12. ADDITIONAL COMMENTS/EXPLANATIONS