



## Evaluation of Child Care Orientation

Please take a few moments and give us your opinion of our orientation session:

Location: \_\_\_\_\_

Date: \_\_\_\_\_

### I received information about:

**Please circle one**

- |   |     |          |    |
|---|-----|----------|----|
| 1. Following the steps in applying for a child care license           | Yes | Not Sure | No |
| 2. Fulfilling the requirements for opening and operating a child care | Yes | Not Sure | No |
| 3. Locating the resources available to me                             | Yes | Not Sure | No |

### I learned:

- |   |     |          |    |
|---|-----|----------|----|
| 1. Who must complete background checks                                | Yes | Not Sure | No |
| 2. What office to contact to find out what licensor is assigned to me | Yes | Not Sure | No |
| 3. I must follow the WAC & RCW rules                                  | Yes | Not Sure | No |

### What was your impression of the session?

**Please circle one**

- |  |     |      |    |
|--|-----|------|----|
| 1. The session was well organized                  | Yes | Some | No |
| 2. I learned what I needed to know                 | Yes | Some | No |
| 3. The information was presented in a clear manner | Yes | Some | No |

### Do you intend to apply for a child care license?

Yes    Maybe    No

### What did you like best about the orientation session?

### What didn't you like?

### What else do need to know?