



**MISSION STATEMENT:** To coordinate a group of parents and service providers to better meet the needs of Park County's young children and their families and to promote the creative utilization of existing resources and the development of additional resources. Areas of focus include health and fitness, coordinated screenings, parent support and education and increased quality/availability of child care and early childhood education.

**Please take a moment to rate the services available in Park County for young children aged 0-5 and their families. Thank you for giving us the opportunity to serve you.**

	Superior	Excellent	Good	Fair	Poor
Health services (medical, dental, mental health, insurance)	1	2	3	4	5
Developmental screening opportunities	1	2	3	4	5
Parent support and education services	1	2	3	4	5
Availability of child care	1	2	3	4	5
Availability of preschool	1	2	3	4	5

**Health/Fitness**

- Does your child have regular visits with a physician? YES  NO
- Does your child have regular visits with a dentist? YES  NO
- Do you know how to find help with health services? YES  NO

**Screenings**

- Are you aware of the services available in Park County if you have a concern about your child's development? YES  NO
- Has your child been screened with a questionnaire that asks about milestones in their development?  
(ie At what age did your child first walk/talk?) YES  NO
- If yes, where? \_\_\_\_\_

**Parent Support and Education**

- Are you interested in taking classes on child development and other topics of interest to parents? YES  NO
- Would you attend a one-time class on a specific topic? YES  NO
- Would you attend a class that was held over several weeks? YES  NO

**Child Care/Early Education**

- Do you use child care? YES  NO
- Do you know how to locate licensed child care providers in your community? YES  NO
- Do you feel you have an adequate choice of licensed child care in your community? YES  NO
- Do you have a child attending preschool? YES  NO
- If yes, are you satisfied with your child's experiences at school? YES  NO
- If no, what are the barriers to your child attending preschool?  
\_\_\_\_\_

What town in Park County do you reside? \_\_\_\_\_ Ages of your children \_\_\_\_\_

**Comments:**

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**Results of this survey will be used to assess needs in Park County in order to apply for grants to improve services to young children and their families. THANKS FOR YOUR INPUT.**