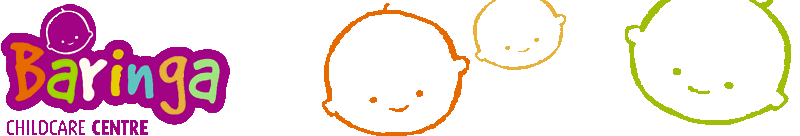
**

*At Baringa Childcare Centre, we value your feedback. Please take the time to complete this Feedback Form so we can receive feedback about our quality of care we are providing and utilise this information to better our centre.*

**Please indicate which room your child/ren are in:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Hakea* | *Melaleuca* | *Acacia* | *Banksia* | *Grevillea* | *Eucalyptus* |  |

**Please tick appropriate area and make any comments:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Fair*** | ***Average*** | ***Excellent*** |
| *Educational program and practice* | □ | □ | □ |
| *Children’s health and safety* | □ | □ | □ |
| *Physical environment* | □ | □ | □ |
| *Staffing arrangements* | □ | □ | □ |
| *Relationships with children* | □ | □ | □ |
| *Collaborative partnerships with families and communities* | □ | □ | □ |
| *Leadership and service management* | □ | □ | □ |

*All children at Baringa have individual Observations on our (QKeLYM) system to document children’s learning. You can make an appointment to meet and talk to the Educators caring for your children,.*

|  |  |  |
| --- | --- | --- |
| **Would you like an interview?** | Yes | No |

|  |
| --- |
| **With whom?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|

**Other Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** *(Optional)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list below if there are any topics you would like us to hold an information night on*:*** *e.g. Asthma, Nutrition, Dental Care etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*