

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

EVALUATION OF MY MOST RECENT LICENSING/REGISTRATION EXPERIENCE

County where I provide care: _____

On ____ / ____ / ____ I received (check one): Initial Inspection Renewal Inspection
 License Registration

Name of Regulator (optional) _____

<p>TYPE OF CARE (Check One)</p> <p><input type="checkbox"/> Family Day Care <input type="checkbox"/> Group Family Day Care <input type="checkbox"/> School-age Child Care <input type="checkbox"/> Day Care Center <input type="checkbox"/> Small Day Care Center</p>
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Please read through each statement below and then check the response that most closely reflects your most recent licensing/registration experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The process for licensing/registration was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The regulator assisted me in the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The application/renewal process was handled in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My regulator was knowledgeable about the requirements for licensing/registration and was able to answer my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My application was received and processed appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I have a question or concern, I know who to contact in the regional office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I needed to contact OCFS, the call or email was returned in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the exit interview the regulator was clear about the findings of the inspection and when appropriate offered technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am familiar with the OCFS website and how to find new information (policies, regulation changes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect throughout the process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given an on-site inspection report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide specific comments on any of the above responses (i. e. how the regulator assisted you through the process):

Would you like to be contacted regarding your experience? Yes No

If yes, please provide contact information:

Mailing address on reverse side Or return via email to: ocfs.sm.DCCSinfo@ocfs.ny.gov.

NYS OCFS Division of Child Care Services
52 Washington Street, Room 309 South
Rensselaer, NY 12144

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