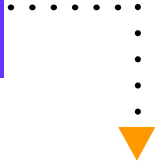


# APPENDIX

**Community  
Program Survey**

**Page 30**

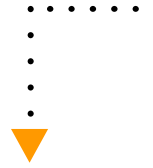


**Prairie Children ... Prairie Futures Understanding the Early Years  
(UEY)**

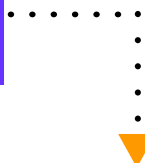
**Community Program Survey**

Please respond to a few questions about the program that you are providing to the families with children in your community

**Background information:**



Program Name:	
Agency Name:	
Contact Name:	
Title of Contact:	
Street name and number where program is located:	
Post Office Box Number:	
Nearest intersection (or landmark):	
City:	
Postal Code:	
Phone Number:	
Email address:	
Website:	
Interviewer:	
Date:	



**1. What program do you offer for children aged 0-6 and/or their families (i.e. day care, preschool, parenting skills etc.)?**

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**2. a. Is there any specific group(s) for whom the program is targeted? (Mark all that apply)**

- mothers
  - aboriginal children/families
  - low income children/families
  - immigrant and refugee families
  - specific language and/or cultural groups
  - persons with disabilities
  - children with special needs
  - single parent families
  - other- please specify
- 

**b. What is the main client group that is served by this program? (Mark one only)**

- general population
- prenatal
- children (birth to age 6)
- youth (7 years and older)
- parent/families/caregivers

**c. Identify the type of program:**

- education (eg. preschool, reading clubs, play group learning programs)

- \_\_\_\_\_ sports and recreation (swimming lessons, Scouts & Brownies, 4 H)
- \_\_\_\_\_ entertainment and Culture (eg. music and art lessons, drama)
- \_\_\_\_\_ special Interest (eg. religious classes, cultural heritage programs)
- \_\_\_\_\_ health and Wellness (eg. nutrition programs, prenatal, parent mental health, "Mom's Morning Out" groups)
- \_\_\_\_\_ societal (eg. programs for new immigrants & children with disabilities, transportation)

**3. Are there any plans to modify the program, in any way, over the next year? Please explain.**

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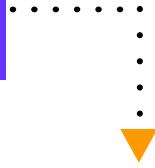
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**4. Only complete if a child care program. If not, skip to Qu.5:**

- a. How many licensed child care spaces do you currently have (in total)? \_\_\_\_\_
- b. How many licensed child care spaces are for children ages 0-6?  
\_\_\_\_\_
- c. How many children ages 0-6 are currently registered at your day care?  
\_\_\_\_\_ full-time  
\_\_\_\_\_ part-time
- d. Is there a waiting list for children 0-6? \_\_\_\_\_ (no) (*skip to Qu 6*)  
\_\_\_\_\_ (yes)

If yes, what is the average waiting time in days? \_\_\_\_\_ (go to



Qu. 6)

**5. For all other programs (excluding child care):**

a. How many children aged 0-6 does this program serve?

\_\_\_\_\_

Note: If a program with multiple sessions each year (eg. swimming lessons), please ask for the number of children aged 0-6 participating in the last year combined. Similarly combine multiple teams in each program (eg. there may be 3 hockey teams for children 0-6 in one community's hockey program).

b. How many are registered *in total* in the program (i.e. all ages)?

\_\_\_\_\_

c. Is your program at its capacity?

\_\_\_\_\_ (yes)

\_\_\_\_\_ (no) **If not**, how many more spaces are currently available?

\_\_\_\_\_ (*skip to Qu 6*)

d. Is there a waiting list to access this program?

\_\_\_\_\_ (no) (*skip to Qu 6*)

\_\_\_\_\_ (yes) **If yes**, what is the average waiting time in days? \_\_\_\_\_

**6. How has the demand for this program changed over the past 1-2 years?**

\_\_\_\_\_ increased a lot

\_\_\_\_\_ increased somewhat

\_\_\_\_\_ no change

\_\_\_\_\_ decreased somewhat

\_\_\_\_\_ decreased a lot

**7. Are you aware of any barriers (i.e. location, lack of transportation, financial, hours of operation, or social) that may prevent some families from accessing this program or service (please specify)?**

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**8. Is there a fee for participation in this program? (Mark one only)**

\_\_\_\_\_ yes

\_\_\_\_\_ no

**9. Are any of the participants' fees subsidized (reduced rate or free access)?**

\_\_\_\_\_ yes

\_\_\_\_\_ no

**10. What proportion of this program's clients used subsidies? (Mark one only)**

\_\_\_\_\_ almost all or all

\_\_\_\_\_ more than half

\_\_\_\_\_ half

\_\_\_\_\_ less than half

\_\_\_\_\_ almost none or none

**11. Which of the following best applies to the Organization providing this program? (Mark one only)**

\_\_\_\_\_ government or municipal (i.e. school boards, city programs)

\_\_\_\_\_ private



- \_\_\_\_\_ community-based, not-for-profit (subsidized)
- \_\_\_\_\_ community-based, not-for-profit (not subsidized)
- \_\_\_\_\_ combination, or other (please specify): \_\_\_\_\_

**12. a) What are the hours of operation of this program?**

\_\_\_\_\_

b) How many days a week? \_\_\_\_\_

**13. Is the location in which this program is being offered .....**

a) accessible by public transportation?

- \_\_\_\_\_ yes
- \_\_\_\_\_ no
- \_\_\_\_\_ not applicable (i.e. no public transportation)

b) accessible to disabled persons (i.e. wheelchair ramp)

- \_\_\_\_\_ yes
- \_\_\_\_\_ no
- \_\_\_\_\_ not applicable (i.e. worker travels to meet client, such as in home visiting)

**14. Does this program offer transportation?**

- \_\_\_\_\_ yes
- \_\_\_\_\_ no

**15. How do the majority of families/children access the program?  
(Check all that apply)**

- \_\_\_\_\_ private car
- \_\_\_\_\_ car pool
- \_\_\_\_\_ walk

\_\_\_\_\_ van provided sponsoring organization

\_\_\_\_\_ other – please specify: \_\_\_\_\_

**16. What percentage of participants can walk to the program?**

\_\_\_\_\_ %

**17. What percentage of the program's clients come from each area?**

Within community limits \_\_\_\_\_% (*skip to question 21, if 100%*)

Outside community limits but within a 50 kilometre radius \_\_\_\_\_%

Beyond a 50 kilometre radius \_\_\_\_\_%

***(For programs that have clients from outside the community using their services)***

**18. Please tell us the names of nearby communities *where residents come from* to use your program on a regular basis?**

\_\_\_\_\_  
\_\_\_\_\_

**19. Why do residents of these communities use your program and not programs from within their home community?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

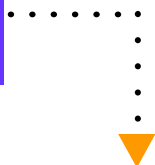
**20. Does your program *travel to other communities* to offer its services (i.e. satellite programs)?**

\_\_\_\_\_yes

\_\_\_\_\_no (*skip to Question 22*)

If yes, in which communities do you *regularly* offer your program?

\_\_\_\_\_



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**21. Does your program include a nutrition component (i.e. do you provide food for participants)?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No (*end survey*)

\_\_\_\_\_ Sometimes (special occasions)

If **yes or sometimes**, do you take care to offer healthful food choices over less healthful choices?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, does your program have a *Healthy Food Policy* in place?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

***THANK YOU FOR PARTICIPATING IN OUR SURVEY!***

***INTERVIEWER COMMENTS/NOTES***

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