



Child and Youth Services Needs Assessment Survey

Child and Youth Services supports parents by reducing lost duty time due to conflict between parental responsibilities and unit mission requirements. Please take a few moments to complete this survey to assist us with providing you better service.

1. SPONSOR INFORMATION:

Grade/Rank _____ Active Duty Military _____ Reservist _____
National Guard _____ Retired Military _____ DOD Civilian _____

2. SPOUSE INFORMATION:

Grade/Rank _____ Active Duty Military _____ Reservist _____
National Guard _____ Retired Military _____ DOD Civilian _____
Unemployed _____ Employed Other _____

3. Where do you reside? On Post _____ Off Post _____

4. How many children/youth do you have in the following age groups or grades?

a. Birth to 18 months _____ c. 18 months to 3 yrs _____ e. 3 yrs to 5 yrs _____
b. K to 5th Grade _____ d. 6th to 8th Grade _____ f. 9th to 12th _____

5. How many of your children receive the following type of childcare:

a. Attends Child Development Center _____ c. Attends School Age Services _____
b. Attends Youth Services _____ d. Attends a FCC Home _____

6. Rank your preference for type of child care (1 to 5 with 1 being preferred)

a. Child Development Center _____ f. Family Child Care Home _____
b. Off Post CDC _____ g. Off Post FCC _____
c. Off Post SAS _____ h. School Age Services _____
d. In-Home Child Care (Relative/Sitter) _____ i. In-Home Care (no adult) _____
e. School Based Program _____

7. Which type of program does your child(ren) attend? (Check all that apply)

a. Infant Full Day _____ f. SAS Summer Camp _____ k. Infant Part Day _____ p. SAS Interc _____
b. Toddler Full Day _____ g. YS Summer Camp _____ l. Toddler Part Day _____ q. YS Interc _____
c. FCC Full Day _____ h. Preschool Full Day _____ m. After School Care _____ r. Be/Aft Sch _____
d. Youth Center _____ i. Before School Care _____ n. Infant Hourly _____ s. YS Win Cp _____
e. FCC Hourly _____ j. Preschool Part Day _____ o. Toddler Hourly _____ t. SAS Win Cp _____

8. Are the hours of operation at the program you child(ren) attend adequate?

Yes _____ No _____ If No, please indicate the hours that you would like: _____

9. Please drop off or mail this survey to:

Child and Youth Services, Building 1500, Weeden Mountain Road, RSA, AL 35898

Comments; _____

