



Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Provider Alert #100

Date: June 8, 2011
Subject: Provider Survey

To assist the Coalition in evaluating the quality of services offered to providers, we are requesting that you complete and return the enclosed provider survey. Please submit the completed survey to the attention of Ingrid Ellis at the Coalition's main office. Please fax to (352) 563-5933 by Monday, June 20, 2011.

Thank you for your assistance!

Ingrid Ellis
Program & Contracts Manager



Early Learning Coalition of the Nature Coast
 Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Early Learning Provider Survey

The Early Learning Coalition of the Nature Coast is conducting a survey of our School Readiness and VPK providers. We would appreciate your comments and suggestions regarding the services you have been offered by the Coalition since July 2010. If you did not utilize some of the listed services, please mark "not applicable".

Please specify your county: _____

Please mark the choice that best fits your response to each item:	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not applicable
The first set of items pertains to the Resource Lending Library.						
1. I am aware of the Resource Lending Library that is available at my local Coalition office.						
2. I know how to access the materials that are available for check-out.						
3. I have been provided with information about the contents of the Lending Library.						
4. My teachers enjoy having access to the resource materials available.						
5. Overall, I feel that the Resource Lending Library is a program I would like to see continued.						
This set of items pertains to the Education Department.						
6. I receive appropriate technical assistance and support from my Education Specialist.						
7. My Education Specialist communicates with me and my teachers in a respectful, professional manner.						
8. My Education Specialist works with me to help me offer a high quality early learning environment to children.						
9. My Education Specialist provides me with reports, etc. in a timely manner.						
10. My Education Specialist interacts well with my children during the assessment process.						
11. The Program Manager is available to me when I need assistance.						
12. The Program Manager communicates clearly with me on issues pertaining to the operation of the School Readiness and/or VPK program.						
This set of items pertains to the Contracts Department.						
13. I am satisfied with the assistance I receive pertaining to School Readiness agreement amendments.						
14. I receive assistance as needed to help me keep my agreement/contract in compliance with approved policies and requirements.						
15. I am satisfied with the assistance I receive related to the School Readiness quarterly reports.						
16. I feel that I am kept up to date regarding the status of my School Readiness agreement.						

Please mark the choice that best fits your response to each item:	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not applicable
This set of items pertains to the Client Services Department.						
17. My Client Services Counselor is respectful and professional in interactions with me and with the families that attend my program.						
18. My Client Services Counselor assists me when necessary with issues pertaining to attendance documentation.						
19. My Client Services Counselor assists me if I have questions about my reimbursement.						
20. The Client Services Manager is available to me when needed.						
21. My phone calls to the Client Services Department staff are returned promptly.						
This set of items pertains to the Finance Department.						
22. My phone calls to the Finance Department staff members are returned promptly.						
23. If I have a question about my reimbursement/payment, I receive clarification in a timely, professional manner.						
24. My payments are processed accurately and in a timely manner.						
This set of items pertains to the Administrative Department.						
25. Provider Alerts help me to understand Coalition issues and information.						
26. I know how to access meeting information for the Coalition Board, committee, and council meetings.						
27. I believe it is helpful to have the option to participate in phone conferencing for meetings facilitated by the Coalition.						
28. The Administrative staff of the Coalition are available to me when I have concerns.						
29. I feel that the Administrative staff and the Board, committee, and council members are open to provider input and comment.						
30. If I email or leave a phone message, I am contacted in a timely manner.						

Additional comments: _____

Thank you for taking the time to complete this survey. Your responses will help the Coalition to evaluate the services we offer and work on improvements where necessary.

Please return your survey by fax to the attention of Ingrid Ellis, at (352) 563-5933, by **June 20, 2011**.

If you would like your local Coalition office to contact you regarding this survey, please complete your name and phone number below.

Name: _____ Phone: _____