



PAM SELVIG  
Director

**SCOTT COUNTY HEALTH and HUMAN SERVICES DIVISION**

GOVERNMENT CENTER 300 • 200 FOURTH AVENUE WEST • SHAKOPEE, MN 55379-1220  
(952) 445-7751 • FAX (952) 496-8551 • FAX (952) 496-8016 • [www.scottcountymn.gov](http://www.scottcountymn.gov)

Dear Parent:

The Scott County Child Care Licensing unit is studying child care licensing practices and procedures. We would appreciate your opinions on some of these practices used by your child/children’s provider. We would like to send you an electronic survey to your email where you will be able to answer a few questions, giving your honest feedback. By completing this survey your information may be shared in general terms, concealing your identity, with your child care provider and the general public. Scott County Licensing values your opinion and thanks you for your participation.

We ask that one parent from each child in care please fill out your name, email address, check whether or not you elect to take our survey, and sign where indicated. It is important to note, that we still must have your signature if you elect to not take this survey, so that we know you have received this information.

Name:	Email Address: (PLEASE PRINT)	I elect to take the survey	I do NOT elect to take the survey	Signature:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*If additional space is needed, please make copies.*

Child Care Provider: \_\_\_\_\_

City: \_\_\_\_\_

**\*This form will be due back to Scott County when you return your annual paperwork.**

Office use only: Parent surveys emailed on this date: \_\_\_\_\_

Licensors: \_\_\_\_\_

Exp mo: \_\_\_\_\_

CCL #095 2.21.19