

Appendix I

Ho‘owaiwai Nā Kamali‘i Service Provider Survey

The Native Hawaiian Early Childhood Consortium is collecting information on programs providing services to children under the age of five. This survey focuses only on services to pregnant women and young children. Thank you for your assistance with this survey.

Name of Program (e.g. WIC) _____ Year Established _____

Name of Agency (e.g. Dept. of Health) _____

Contact Person _____ Title _____

Street Address _____

City _____ Zip Code _____ Email _____

Phone _____ Fax _____

Moku _____ DOE High School Complex _____

On the attached map, please indicate the area for which your program provides services.

Services to Pregnant Women and Children Under 5 Years

1. Which best describes the services provided by your program? (Select all that apply)
 Family Support (relationships, resource management, training, etc.)
 Parenting Support (child development, discipline, etc.)
 Health Support (child or parent, nutrition, disabilities, substance abuse, mental health, etc.)
 Early Care and Education Support (childcare, preschools, language/motor development, social/emotional development, etc.)
 Other (Describe) _____
2. How many individuals receive services from your program annually? _____
3. What are the ages of those served by your program? (Select all that apply)

<i>Pregnant Women:</i>	<i>Children's Ages:</i>	
<input type="checkbox"/> Teens	<input type="checkbox"/> Birth	<input type="checkbox"/> 3
<input type="checkbox"/> Adults	<input type="checkbox"/> 1	<input type="checkbox"/> 4
	<input type="checkbox"/> 2	<input type="checkbox"/> 5
4. Approximately what percent of the total served are Hawaiian/Part-Hawaiian? _____%
5. Do you keep a waiting list of individuals who want services, but cannot receive them? ___Yes ___ No
 - a. If yes, how many people are presently on your waiting list? _____
 - b. If no, about how many individuals have you been unable to accommodate in the last six months? ___
 - c. What services do you refer the wait list clients to? _____
 - d. What would it take for your program to accommodate all those needing your services?

6. Are there enough of your type of services to meet the need in your community?
 Very adequate Somewhat adequate Somewhat inadequate Very inadequate
7. How would you rate the quality of your type of services in your community?
 Excellent Good Average Fair Poor

8. Approximately what percent of the total served have been identified as special needs (physical, mental, or emotional) children? _____% Hawaiian/Part-Hawaiian? _____%
Define the child's special needs: _____
9. Approximately what percent of those served are receiving financial subsidies (i.e. Open Doors, First-to-Work, Childcare Connections, Food Stamps, etc.)? _____% Hawaiian/Part-Hawaiian? _____%
10. Where are the majority of your services provided?
 _____ Location of Agency
 _____ Clients' Home
 Other: (Please specify) _____
11. Can your program serve more individuals with your **present** resources? _____ Yes _____ No
 If yes, the reason for the under-utilization is due to: (Select all that apply.)
 _____ lack of transportation among those needing services.
 _____ location of the program.
 _____ people are unable to afford our services.
 _____ people haven't heard about us.
 Other: _____
12. How many staff/service providers do you have? _____
13. Among your service provider staff, please indicate the number of individuals according to the level of their last degree completed or their greatest expertise (include professionals and paraprofessionals, **one choice per person**):
 _____ High school _____ Associate degree from a community college
 _____ Bachelor's degree _____ Master's degree or higher
 _____ cultural specialist/ kupuna _____ rich community experience
14. What is the average number of years your current staff has been employed with your program?
 _____ Under 1 year _____ 1-2 years _____ 3-4 years _____ 5 years or more
15. Does your mission/vision include any Hawaiian values or cultural practices? _____ Yes _____ No
 If yes, please describe the practice:

16. What aspects of your program are you particularly proud of (i.e., cultural curriculum, program licenses or accreditation, staffing expertise, etc.) , please describe them here.

Would you be interested in participating on a community council that advises on issues prenatal to five with the goal of community networking and updating information, etc.?

If you could say anything to a Native Hawaiian parent, what would you say?

Comments: We welcome your comments regarding services to pregnant women and children under 5 in your community.