Appendix I

Ho‘owaiwai Nā Kamaliʻi
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)
   Pregnant Women: Children’s Ages:
   _____ Teens _____ Birth _____ 3
   _____ Adults _____ 1 _____ 4
   _____ 2 _____ 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
   ____ Bachelor’s degree
   ____ cultural specialist/ kupuna
   ____ Associate degree from a community college
   ____ Master’s degree or higher
   ____ 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.