Kawerak Inc has the opportunity to apply for funds to extend our classroom hours of services as well as offer Early Head Start Centers in communities that currently do not offer the service. We would love your feedback to see if these changes would benefit your family/community. Kawerak Early Head Start serves children from birth to two years old.

Early Head Start Hours of Service Survey

1. Do you live in a community that currently offers an Early Head Start Center-Based Program? (Elim, Brevig Mission, Nome)

[ ]  Yes

[ ]  No

2. Are you satisfied or would you be satisfied with the hours of Early Head Start (EHS) center-based services at four days per week, four hours per day, during the school year with summers off?

[ ]  Yes, I have an EHS center and I like the 4hour/4day schedule we have in our community.

[ ]  No, I have an EHS center and I think there would be benefits to expanding the

 hours of service.

[ ]  Yes, we don’t currently have an EHS center, but if we were to open an EHS

 center I think this schedule would work in our community.

[ ]  No, we don't currently have an EHS center, but if we were to open an EHS center

 I think there would be benefits to expanding the hours of service.

[ ]  I already have extended hours of service for EHS in my community (currently offered only in

 Nome).

3. For what reasons do you like the current hours? (select all that apply)

[ ]  I do not need services beyond the 4hour/4day schedule.

[ ]  I like the flexibility of the 4hour/4day schedule for doing subsitence activities.

[ ]  I do not wish to have my child away from me more than those service hours.

[ ]  These hours work best for my family and our schedule.

[ ]  I am not satisfied with the 4hour/4day schedule and would like to see hours extended.

[ ]  I already have extended hours beyond 4hours/4days schedule and it works for my family.

[ ]  I don’t think we need EHS center-based services in our community.

Other Reason:

4. What service hour schedule would you prefer?

[ ]  I like the schedule at 4 days per week, 4 hours per day during the school year only

 (summers off).

[ ]  I like 6 hours per day, 5 days a week, year round.

[ ]  I like 8 hours per day, 5 days a week during the school year only (summers off).

[ ]  I do not want EHS center-based services in our community.

5. If the schedule was extended, please list the reasons why it would benefit you.

[ ]  An increase in service hours would allow me to hold a job.

[ ]  My child would benefit from an increase in service hours in a safe environment outside my home.

[ ]  An increase in service hours would support or not impede my subsistence activities.

[ ]  I already enjoy extended service hours and it benefits my family.

[ ]  A change in services would not benefit me.

6. Early Head Start Home Visiting Program may also be an option in communities with our without centers. The Home Visiting Program would allow EHS employees to meet parents/guardians in the home for 1.5 hours/week with 2, two hour group social activities per month. Would you be interested in this service? *Check all that apply.*

[ ]  I would be interested in the Home Visitor Program for my community because I would benefit from the support as a parent.

[ ]  I would be interested in the Home Visitor Program for my community because my child would benefit from the support in his/her development.

[ ]  I would be interested in the Home Visitor Program for my community because my family would appreciate the socialization with same-aged children and their families.

[ ]  I would be interested in the Home Visitor Program for my community because I like the opportunity to be with my child through the day but also benefit from additional services.

[ ]  I would be interested in the Home Visitor Program for my community because I believe it will benefit my community.

[ ]  I already have the Home Visitor Program available to me.

[ ]  I would not be interested in the Home Visitor Program for my community.

Please fill out the following information:

Name

City/Town

Email Address (optional)

Phone Number (optional)

Are you….

[ ]  Current Early Head Start parent/guardian

[ ]  Future Early Head Start parent/guardian

[ ]  Previous Early Head Start parent/guardian

[ ]  Current Early Head Start or Head Start Staff

[ ]  Community Member

Name of child/children currently enrolled in Early Head Start

[ ]  I do not have a child/children currently enrolled in Early Head Start.

Names of Early Head Start child/children:

Additional comments regarding Early Head Start Services/schedule:

Quyaana!

