

# #1

**INCOMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 04, 2020 3:01:17 PM  
**Last Modified:** Thursday, June 04, 2020 3:06:54 PM  
**Time Spent:** 00:05:36  
**IP Address:** 67.240.121.13

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## Q1 Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

## Q4

Of the following Parent Engagement activities, which did you participate in:

**Parent Cafe,  
 Special Events - Health Care Institute (HCI); Field Trips,  
 etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

It was fun

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**Q6**

**Uninterested**

What are some of the reasons you did not attend or participate in any activities?

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**Q7**

**Comfortable**

Do you feel comfortable talking with your teaching team?

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**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

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**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

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**Q10**

**Comfortable**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

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**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

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**Q12**

**High value**

Please rate the value of your Home-Based home visits

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**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

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**Q14**

**Great!**

How would you rate the Socialization Day experience?

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**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

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**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

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**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

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**Q18**

**Respondent skipped this question**

How would you rate the communication you received from the program during COVID-19 closure:

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**Q19**

**Respondent skipped this question**

Please rate your ability to connect with staff using the following methods:

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**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

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**Q21**

**Respondent skipped this question**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

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**Q22**

**Respondent skipped this question**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

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**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

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**Q24**

**Respondent skipped this question**

Do you have access to Personal Protective Equipment to keep your family safe?

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**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

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#2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 04, 2020 3:18:21 PM  
**Last Modified:** Thursday, June 04, 2020 3:20:14 PM  
**Time Spent:** 00:01:52  
**IP Address:** 174.244.114.121

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**Q1** **Head Start**

Please indicate which program your family is enrolled in:

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**Q2**  
Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>

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**Q3** **Respondent skipped this question**

How well informed do you feel about:

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**Q4** **Respondent skipped this question**

Of the following Parent Engagement activities, which did you participate in:

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**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

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**Q6** **Respondent skipped this question**

What are some of the reasons you did not attend or participate in any activities?

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**Q7** **Respondent skipped this question**

Do you feel comfortable talking with your teaching team?

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**Q8** Respondent skipped this question

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

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**Q9** Respondent skipped this question

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

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**Q10** Respondent skipped this question

Do you feel comfortable talking to your Family Advocate or Home Visitor?

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**Q11** Respondent skipped this question

How often did your Family Advocate or Home Visitor do the following?

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**Q12** Respondent skipped this question

Please rate the value of your Home-Based home visits

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**Q13** Respondent skipped this question

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

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**Q14** Respondent skipped this question

How would you rate the Socialization Day experience?

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**Q15** Respondent skipped this question

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

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**Q16** Respondent skipped this question

Have you learned about new community agencies or resources through Head Start / Early Head Start?

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**Q17**

Respondent skipped this question

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

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**Q18**

Respondent skipped this question

How would you rate the communication you received from the program during COVID-19 closure:

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**Q19**

Respondent skipped this question

Please rate your ability to connect with staff using the following methods:

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**Q20**

Respondent skipped this question

If any of these methods of communicating are unavailable, please tell us why.

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**Q21**

Respondent skipped this question

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

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**Q22**

Respondent skipped this question

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

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**Q23**

Respondent skipped this question

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

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**Q24**

Respondent skipped this question

Do you have access to Personal Protective Equipment to keep your family safe?

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**Q25**

Respondent skipped this question

Do you have any other general comments, questions, or suggestions?

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# #3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 05, 2020 8:03:00 AM  
**Last Modified:** Friday, June 05, 2020 8:09:53 AM  
**Time Spent:** 00:06:52  
**IP Address:** 174.197.205.134

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**Q1** **Early Head Start,**  
**Pregnant Mother**  
 Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>N.A.</b>
Security procedures were in place and followed	<b>N.A.</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Satisfactory</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Satisfactory</b>
L.E.A.P. agency services?	<b>Satisfactory</b>

**Q4** **Parent Cafe,**  
**Father/Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**  
 Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

Being able to engage with my child

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**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
Lack of transportation,  
No daycare for sibling**

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**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

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**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Agree**

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**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

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**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

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**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

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**Q12**

Please rate the value of your Home-Based home visits

**High value**

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**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**Yes**

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**Q14** **Great!**

How would you rate the Socialization Day experience?

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**Q15** **Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

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**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

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**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

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**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

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**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available but inconsistent service</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

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**Q20** **No internet service**

If any of these methods of communicating are unavailable, please tell us why.

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**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Not helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

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**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

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**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

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**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>NO</b>

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**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

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# #4

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 05, 2020 8:15:18 AM  
**Last Modified:** Friday, June 05, 2020 8:18:33 AM  
**Time Spent:** 00:03:15  
**IP Address:** 74.70.47.44

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**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **STEP (Parenting Class),**  
**Helping in the classroom, kitchen, center, etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

Fun

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**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

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**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

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**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

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**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

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**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

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**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

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**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

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**Q14**

**Great!**

How would you rate the Socialization Day experience?

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**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

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**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

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**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

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**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

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**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

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**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

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**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

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**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

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**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

none

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**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>NO</b>

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**Q25**

Do you have any other general comments, questions, or suggestions?

no

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# #5

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 05, 2020 3:29:55 PM  
**Last Modified:** Friday, June 05, 2020 3:39:33 PM  
**Time Spent:** 00:09:37  
**IP Address:** 67.240.96.68

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**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**

Of the following Parent Engagement activities, which did you participate in: **Join Your Child Activity,**

**Home Learning Activities (Homework),**

**Special Events - Health Care Institute (HCI); Field Trips,**

**etc.**



**Q5**

If you came to multiple activities, what was the reason you returned?

The activities are always well planned and a great experience with my child.

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**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

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**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

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**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

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**Q9**

**N.A.,**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

Comments::

My child has been in speech therapy since before attending Head Start.

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**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

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**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

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**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

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**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

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**Q14**

**N.A.**

How would you rate the Socialization Day experience?

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**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

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**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

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**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

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**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

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**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

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**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

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**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Helpful</b>

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**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

The staff and assistance given at this time was above and beyond. Our teacher (Tyra) made sure to reach out to us personally as well as the Family Advocate. The staff were personalized and fantastic.

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**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

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**Q25**

Do you have any other general comments, questions, or suggestions?

We have had a wonderful experience with the Hilltop room! Can not wait for another great year in the fall, hopefully things return to normal so we can do so. Thank you to all of the amazing staff members who have taken a part in educating,feeding,transporting and loving my baby. It takes a village and head start is the best part of it all!

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# #6

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 08, 2020 9:12:26 AM  
**Last Modified:** Monday, June 08, 2020 9:19:56 AM  
**Time Spent:** 00:07:29  
**IP Address:** 172.100.234.113

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework),  
 Helping in the classroom, kitchen, center, etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

I loved the atmosphere! The teachers, aides and advocate are wonderful!!

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**Q6**

**Lack of transportation**

What are some of the reasons you did not attend or participate in any activities?

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**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

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**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

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**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

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**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



#7

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 08, 2020 12:49:39 PM  
**Last Modified:** Monday, June 08, 2020 12:55:26 PM  
**Time Spent:** 00:05:46  
**IP Address:** 66.67.102.184

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>N.A.</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **Home Learning Activities (Homework)**

**Q5** **Respondent skipped this question**  
 If you came to multiple activities, what was the reason you returned?

**Q6** **Work or school schedule conflict,**  
**Lack of transportation**  
 What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**  
 Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**  
 Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **N.A.**  
 If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**  
 Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
 How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**  
 Please rate the value of your Home-Based home visits

---

**Q13** **Yes**  
 Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **Great!**  
 How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred, Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#8

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 08, 2020 4:31:29 PM  
**Last Modified:** Monday, June 08, 2020 4:39:46 PM  
**Time Spent:** 00:08:17  
**IP Address:** 67.248.209.38

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Because my child loved showing me things

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):

I'm anti-social

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

- |   |               |
|---|---------------|
| Encourage you in setting goals for your child or family | <b>Always</b> |
| Offer support as you progressed towards your goals      | <b>Always</b> |
| Listen respectfully to your interests and concerns      | <b>Always</b> |
- 

**Q12**

Please rate the value of your Home-Based home visits

**High value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

Sometimes not wanting to talk to people

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Everything was good

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

None

---



#9

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 08, 2020 7:09:43 PM  
**Last Modified:** Monday, June 08, 2020 7:34:50 PM  
**Time Spent:** 00:25:06  
**IP Address:** 172.58.110.169

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>
Comments::	they do awesome to meet my families need over the4children thru the head start

**Q4**  
 Of the following Parent Engagement activities, which did you participate in:

**Father/Child Activity,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

Encouragement from the staff and teachers and knowing my child enjoy having a parent come in. The school at six ave and home base and the program at the circle Hf has been so very helpful and knowledgeable in having families engage. Thank you

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,**

Other (please specify):

single parent and coparenting . and full time working did make it hard to attend at times. but the head start always offered rides and options and optimism for events and help with everything to get local help.

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes,**

Comments::

my child current in head start isn't referred and in past child in the school did get referral and was very happy with the way they kept me possible options and strong strength when add a parent feels overwhelmed really the staff the teachers the aides the helpers always made me feel welcome to talk and see optionspers

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family

**Very often**

Offer support as you progressed towards your goals

**Always**

Listen respectfully to your interests and concerns

**Always**

**Q12**

Please rate the value of your Home-Based home visits

**High value,**

Comments::

we had a wonderful teacher for home base aaron was always very helpful and gave tools and information and encouragement. the head start program from pregnancy to prek is amazing. we miss you so

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**Yes**

---

**Q14**

How would you rate the Socialization Day experience?

**Great!**

---

**Q15**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

**N.A.**

---

**Q16**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

**Yes,**

Comments::

a ton of free events and schedules events and programs

---

**Q17**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

**Very satisfied**

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>
Comments::	they go above and beyond. i recommend every family have the option to use Head start and the services. so many people don't think it's important to kindergarden but truly is an asset every family should have to enroll the kids in at least2 programs before entering the distrust schools.

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>

---

**Q20** **Do not have an email account**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

I wish the closure wasnt needed but my child enjoyed head start his teachers the staff I to felt included and welcome. Very good people to know to give a family like mine encouragement. They really have been great folks in our lives. Thank you head start,! I suggest all children be required to attend at least one year or2 6 month programs before the age of 4 it really does a wonderful thing for families. Xoxo stay healthy we miss you all!

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Thank you for this program and all you do to reach the value in each family!

---

# #10

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 08, 2020 9:34:51 PM  
**Last Modified:** Monday, June 08, 2020 9:58:46 PM  
**Time Spent:** 00:23:55  
**IP Address:** 208.71.254.57

Page 2

**Q1** **Head Start,**  
 Please indicate which program your family is enrolled in: **Early Head Start**

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Limited Information</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
 Of the following Parent Engagement activities, which did you participate in: **Home Learning Activities (Homework)**

**Q5** **Respondent skipped this question**  
 If you came to multiple activities, what was the reason you returned?

**Q6** **Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Adequate**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---



**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>N.A.</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #11

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 8:30:19 AM  
**Last Modified:** Tuesday, June 09, 2020 8:48:42 AM  
**Time Spent:** 00:18:22  
**IP Address:** 67.240.123.53

Page 2

## Q1 Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>

## Q4 Home Learning Activities (Homework)

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

N/A

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):

Child is enrolled but has not yet started at the center.

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family

**Always**

Offer support as you progressed towards your goals

**Always**

Listen respectfully to your interests and concerns

**Always**

---

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**No**

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

Other (please specify):  
No longer have landline.

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Did not choose to participate</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Our family has only just started the program but everything has been great so far. I don't yet have enough experience with the head start program to make productive suggestions.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No.

---

# #12

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 9:32:10 AM  
**Last Modified:** Tuesday, June 09, 2020 9:36:21 AM  
**Time Spent:** 00:04:11  
**IP Address:** 174.249.25.22

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## Q1 Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

## Q4 Join Your Child Activity

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Loved seeing my child learn and being able to participate

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred, Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---



**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #13

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 11:27:04 AM  
**Last Modified:** Tuesday, June 09, 2020 11:32:22 AM  
**Time Spent:** 00:05:18  
**IP Address:** 172.100.248.103

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## Q1 Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>No opinion</b>
L.E.A.P. agency services?	<b>Well informed</b>

## Q4

Of the following Parent Engagement activities, which did you participate in:

**Parent Cafe,  
 Join Your Child Activity,  
 Home Learning Activities (Homework),  
 Helping in the classroom, kitchen, center, etc.**

**Q5** Respondent skipped this question

If you came to multiple activities, what was the reason you returned?

---

**Q6** Work or school schedule conflict,  
Uninterested

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** Very comfortable

Do you feel comfortable talking with your teaching team?

---

**Q8** Strongly agree

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** N.A.

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** Very comfortable, they are easy to talk with

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family **Always**

Offer support as you progressed towards your goals **Always**

Listen respectfully to your interests and concerns **Always**

---

**Q12** N.A. (in Center Based program)

Please rate the value of your Home-Based home visits

---

**Q13** N.A.

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Not helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #14

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 1:33:36 PM  
**Last Modified:** Tuesday, June 09, 2020 1:39:00 PM  
**Time Spent:** 00:05:24  
**IP Address:** 172.100.231.96

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## Q1 Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Satisfactory</b>
Results of your child's screenings?	<b>No opinion</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>No opinion</b>
L.E.A.P. agency services?	<b>Good Communication</b>

## Q4 Join Your Child Activity, Home Learning Activities (Homework)

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

I enjoy spending time with my child

---

**Q6**

**Respondent skipped this question**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

- |   |                   |
|---|-------------------|
| Encourage you in setting goals for your child or family | <b>Very often</b> |
| Offer support as you progressed towards your goals      | <b>Very often</b> |
| Listen respectfully to your interests and concerns      | <b>Very often</b> |
- 

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **Good**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---



**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #15

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 3:01:59 PM  
**Last Modified:** Tuesday, June 09, 2020 3:06:16 PM  
**Time Spent:** 00:04:17  
**IP Address:** 67.248.156.201

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**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

**Q6** **No daycare for sibling**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Adequate**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #16

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 3:09:45 PM  
**Last Modified:** Tuesday, June 09, 2020 3:19:15 PM  
**Time Spent:** 00:09:30  
**IP Address:** 66.67.118.62

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## Q1 Early Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>

## Q4 Join Your Child Activity, Home Learning Activities (Homework), Special Events - Health Care Institute (HCI); Field Trips, etc.

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Getting to spend time with my child at his school with him and his friends Doing activities together and watching him have fun while doing it.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Other (please specify):**  
**N/a all are available to me**

If any of these methods of communicating are unavailable, please tell us why.

---



**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #17

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 3:58:17 PM  
**Last Modified:** Tuesday, June 09, 2020 4:08:54 PM  
**Time Spent:** 00:10:37  
**IP Address:** 172.100.252.33

---

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

---

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>N.A.</b>
Security procedures were in place and followed	<b>N.A.</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

---

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>No opinion</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

---

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

---

**Q5**

If you came to multiple activities, what was the reason you returned?

N.A.

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):

Covid

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Not comfortable**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family

**Always**

Offer support as you progressed towards your goals

**Always**

Listen respectfully to your interests and concerns

**Always**

---

**Q12**

Please rate the value of your Home-Based home visits

**High value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

Couldn't get on but still working on it

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

None

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

# #18

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 09, 2020 6:28:29 PM  
**Last Modified:** Tuesday, June 09, 2020 6:43:08 PM  
**Time Spent:** 00:14:39  
**IP Address:** 67.248.147.245

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**

Of the following Parent Engagement activities, which did you participate in: **Join Your Child Activity,**

**Helping in the classroom, kitchen, center, etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

To interact with my child and to better understand the services they have at early head start and keep an open relationship with the staff of early head start.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

- |   |               |
|---|---------------|
| Encourage you in setting goals for your child or family | <b>Always</b> |
| Offer support as you progressed towards your goals      | <b>Always</b> |
| Listen respectfully to your interests and concerns      | <b>Always</b> |
- 

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred, Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred, Available</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

No land line

---



**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Heather and Tricia and the whole staff at LEAP have been so caring and helpful during the closure. They did an amazing job helping my family and myself with any and every issue I had. Love the activities we get in our mailbox every week, the dedication level is so high. Very grateful for them!!!

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

# #19

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 10, 2020 7:00:50 AM  
**Last Modified:** Wednesday, June 10, 2020 7:05:44 AM  
**Time Spent:** 00:04:54  
**IP Address:** 172.100.234.5

Page 2

**Q1** **Head Start,**  
 Please indicate which program your family is enrolled in: **Early Head Start**

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
 Of the following Parent Engagement activities, which did you participate in: **Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**  
 ,  
**Helping in the classroom, kitchen, center, etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

N/a

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):

N/a

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family

**Always**

Offer support as you progressed towards your goals

**Always**

Listen respectfully to your interests and concerns

**Always**

---

**Q12**

Please rate the value of your Home-Based home visits

**High value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**No**

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

N/a

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

N/A

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

N/a

---

#20

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 11:39:58 AM  
**Last Modified:** Thursday, June 11, 2020 11:50:51 AM  
**Time Spent:** 00:10:53  
**IP Address:** 72.228.29.68

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4**

Of the following Parent Engagement activities, which did you participate in:

**Father/Child Activity,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**  
,  
**STEP (Parenting Class),**  
**Helping in the classroom, kitchen, center, etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

To be a part in my child's school life also and be well aware of her surroundings

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---



**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>Did not choose to participate</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#21

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 1:03:36 PM  
**Last Modified:** Thursday, June 11, 2020 1:12:21 PM  
**Time Spent:** 00:08:44  
**IP Address:** 74.69.32.141

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

My child and watching how much she grew. Playing and socializing with others.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

Have it all.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

I have no complaints. All was very helpful

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#22

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 1:48:15 PM  
**Last Modified:** Thursday, June 11, 2020 1:55:20 PM  
**Time Spent:** 00:07:05  
**IP Address:** 174.255.66.152

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

N/A

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
Lack of transportation,  
No daycare for sibling**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Very often</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**Moderate value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**No**

---



**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

**Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#23

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 2:30:09 PM  
**Last Modified:** Thursday, June 11, 2020 2:34:24 PM  
**Time Spent:** 00:04:14  
**IP Address:** 66.67.115.164

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**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity, Home Learning Activities (Homework)**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**  
 If you came to multiple activities, what was the reason you returned?

**Q6** **No daycare for sibling**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

If any of these methods of communicating are unavailable, please tell us why.

Other (please specify):  
No landline

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#24

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 3:12:05 PM  
**Last Modified:** Thursday, June 11, 2020 3:18:46 PM  
**Time Spent:** 00:06:40  
**IP Address:** 66.67.115.1

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

**Q6** **Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---



**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Did not choose to participate</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#25

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 5:36:10 PM  
**Last Modified:** Thursday, June 11, 2020 5:40:47 PM  
**Time Spent:** 00:04:36  
**IP Address:** 66.67.118.16

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**  
 If you came to multiple activities, what was the reason you returned?

**Q6** **Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#26

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 6:37:37 PM  
**Last Modified:** Thursday, June 11, 2020 6:44:38 PM  
**Time Spent:** 00:07:01  
**IP Address:** 66.67.113.199

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**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Satisfactory</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Na

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Comfortable**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Very often</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---



**Q14**

**OK**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Adequate**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available</b>

---

**Q20**

**Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#27

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 6:46:43 PM  
**Last Modified:** Thursday, June 11, 2020 6:51:37 PM  
**Time Spent:** 00:04:54  
**IP Address:** 174.197.200.48

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

**Q6** **Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#28

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 11, 2020 8:13:58 PM  
**Last Modified:** Thursday, June 11, 2020 8:19:25 PM  
**Time Spent:** 00:05:26  
**IP Address:** 66.67.115.84

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **Join Your Child Activity,**  
**Home Learning Activities (Homework)**

**Q5**

If you came to multiple activities, what was the reason you returned?

I can always have time with my child while there

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Lack of transportation,  
No daycare for sibling**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---



**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

We had a wonderful year despite the covid epidemic we got help continued through with health precautions

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Thank u for a year of fun

---

#29

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 12, 2020 9:21:11 AM  
**Last Modified:** Friday, June 12, 2020 9:26:52 AM  
**Time Spent:** 00:05:41  
**IP Address:** 74.76.137.90

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Father/Child Activity,**  
**Special Events - Health Care Institute (HCI); Field Trips, etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

i dont remember..

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

n/a

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#30

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 12, 2020 9:41:41 AM  
**Last Modified:** Friday, June 12, 2020 9:50:18 AM  
**Time Spent:** 00:08:37  
**IP Address:** 66.67.112.26

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Always felt welcome and loved the commutation with the children

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---



**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

They were absolutely the best in any time we needed anything all I had to do was let them know. I will definitely miss this program! Each and everyone of them went above and beyond I can't thank them enough.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Just for them to keep doing what they're doing because I can't think of anything I could do or change to make this more perfect

---

# #31

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 12, 2020 9:42:15 AM  
**Last Modified:** Friday, June 12, 2020 9:51:36 AM  
**Time Spent:** 00:09:21  
**IP Address:** 72.228.25.222

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,  
Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Jaxson really loved it when I came 2 the school & completed parent child activities w/him...

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

- |   |               |
|---|---------------|
| Encourage you in setting goals for your child or family | <b>Always</b> |
| Offer support as you progressed towards your goals      | <b>Always</b> |
| Listen respectfully to your interests and concerns      | <b>Always</b> |
- 

**Q12**

**Moderate value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

N/A

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

N/A

---

#32

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 12, 2020 7:38:53 PM  
**Last Modified:** Friday, June 12, 2020 7:57:26 PM  
**Time Spent:** 00:18:33  
**IP Address:** 66.67.115.136

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Satisfactory</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4**

Of the following Parent Engagement activities, which did you participate in:

**Parent Cafe,**  
**Father/Child Activity,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**  
,  
**Helping in the classroom, kitchen, center, etc.**

---

**Q5**

If you came to multiple activities, what was the reason you returned?

Loved the interactions between myself, my child and the teachers.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---



**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

**Q20**

If any of these methods of communicating are unavailable, please tell us why.

Other (please specify):  
No google meets

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

We just miss Head Start and all of my daughter's friends.

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#33

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 15, 2020 8:46:00 AM  
**Last Modified:** Monday, June 15, 2020 8:51:59 AM  
**Time Spent:** 00:05:59  
**IP Address:** 66.67.115.227

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity, Home Learning Activities (Homework)**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Participating with the child

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**No cell service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#34

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 15, 2020 11:19:59 AM  
**Last Modified:** Monday, June 15, 2020 11:29:43 AM  
**Time Spent:** 00:09:44  
**IP Address:** 69.204.129.199

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Home Learning Activities (Homework),  
 Special Events - Health Care Institute (HCI); Field Trips,  
 etc.**

Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

I love spending time with my son and watching him have fun learning

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**Moderate value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

I think they did a pretty good job

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>NO</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#35

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 15, 2020 2:18:06 PM  
**Last Modified:** Monday, June 15, 2020 2:25:47 PM  
**Time Spent:** 00:07:40  
**IP Address:** 172.100.244.119

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

Comments:: Love everything about the center and about the amazing people that work there!

**Q4** **Join Your Child Activity**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

They where fun and my child loved it

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

Don't have a house phone just cell phone

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>NO</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#36

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 15, 2020 10:23:38 PM  
**Last Modified:** Monday, June 15, 2020 10:28:13 PM  
**Time Spent:** 00:04:34  
**IP Address:** 24.194.233.223

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

They were fun to do with my child

---

**Q6**

**Respondent skipped this question**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Did not choose to participate</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#37

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 6:36:34 AM  
**Last Modified:** Tuesday, June 16, 2020 7:14:21 AM  
**Time Spent:** 00:37:47  
**IP Address:** 72.169.80.28

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Helping in the classroom, kitchen, center, etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

Staff is great! Activities were always fun.

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
No daycare for sibling**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Very often</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** Other (please specify):  
All methods were available

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

I honestly thought teachers and staff did a great job with the closure especially due to the fact that it was so sudden and not planned. I appreciate all the activities, communication, and meal deliveries. I think the meals are really nice and very helpful. Staff is always eager to help and always asked if we needed anything when they would call. Thank you

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

I appreciate all the hard work and dedication. Thanks

---



#38

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 11:13:13 AM  
**Last Modified:** Tuesday, June 16, 2020 11:19:05 AM  
**Time Spent:** 00:05:52  
**IP Address:** 66.67.36.161

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Quality time with my daughter in a learning environment

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

- |   |               |
|---|---------------|
| Encourage you in setting goals for your child or family | <b>Always</b> |
| Offer support as you progressed towards your goals      | <b>Always</b> |
| Listen respectfully to your interests and concerns      | <b>Always</b> |
- 

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Respondent skipped this question**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):  
There was no video chat provided

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#39

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 11:16:48 AM  
**Last Modified:** Tuesday, June 16, 2020 11:21:33 AM  
**Time Spent:** 00:04:45  
**IP Address:** 45.47.156.202

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Father/Child Activity**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

**Q6** **Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family **Always**

Offer support as you progressed towards your goals **Always**

Listen respectfully to your interests and concerns **Always**

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



#40

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 11:19:55 AM  
**Last Modified:** Tuesday, June 16, 2020 11:43:16 AM  
**Time Spent:** 00:23:21  
**IP Address:** 74.109.177.36

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Limited Information</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Join Your Child Activity, Home Learning Activities (Homework)**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

My child asked me to.

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
No daycare for sibling**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

**Do not own the needed equipment (smart phone, computer, etc.)**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Not helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Not helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Mental health resources for children need to be much more available. 30-60 minutes per month should not be considered mental health services.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>NO</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Better mental health services would help our family immensely!

---

# #41

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 11:37:49 AM  
**Last Modified:** Tuesday, June 16, 2020 11:46:41 AM  
**Time Spent:** 00:08:52  
**IP Address:** 66.67.106.9

Page 2

## Q1 Head Start

Please indicate which program your family is enrolled in:

## Q2

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

## Q3

How well informed do you feel about:

Your child's school readiness progress?	<b>Satisfactory</b>
Results of your child's screenings?	<b>Satisfactory</b>
Opportunities to participate in the program?	<b>Satisfactory</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>No opinion</b>
L.E.A.P. agency services?	<b>Satisfactory</b>

## Q4 Home Learning Activities (Homework)

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Na

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Comfortable**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Sometimes</b>
Listen respectfully to your interests and concerns	<b>Very often</b>

---

**Q12**

**Moderate value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available</b>

---

**Q20** **No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

They were good in the way things were handled

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---



#42

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 11:49:46 AM  
**Last Modified:** Tuesday, June 16, 2020 11:54:25 AM  
**Time Spent:** 00:04:39  
**IP Address:** 45.47.153.160

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>
Comments::	We love the center and the people who work there. So happy to be apart of it.

**Q4** **Parent Cafe,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Wanted to do stuff with my kiddos, be there for the center and participate.

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
No daycare for sibling**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**High value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**No**

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

You guys are doing great wouldn't change anything. The food and supplies for my child have been amazing. Thank you.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Thank you!

---

# #43

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 16, 2020 5:30:09 PM  
**Last Modified:** Tuesday, June 16, 2020 5:39:38 PM  
**Time Spent:** 00:09:28  
**IP Address:** 108.4.143.182

Page 2

**Q1** **Head Start,**  
 Please indicate which program your family is enrolled in: **Early Head Start**

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **Join Your Child Activity,**  
**Home Learning Activities (Homework)**

**Q5**

If you came to multiple activities, what was the reason you returned?

Special activities with my boys. They/I really enjoy the fun time we don't get to do much of.

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
Did not understand the homework assignment**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
E-mail	<b>Available</b>

---

**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



# #44

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 17, 2020 7:17:54 AM  
**Last Modified:** Wednesday, June 17, 2020 7:47:48 AM  
**Time Spent:** 00:29:53  
**IP Address:** 66.67.104.31

Page 2

**Q1** **Head Start,**  
 Please indicate which program your family is enrolled in: **Early Head Start**

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Satisfactory</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **Father/Child Activity,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

To be apart of my children's activities, help out where I can, stay updated with my children's progress. Staff is always welcoming .

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):  
I attended most activities,

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

**Q14** **Good**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Do not own the needed equipment (smart phone, computer, etc.)**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

The program is a blessing am so thankful it's available in my community.

---

#45

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 17, 2020 3:25:31 PM  
**Last Modified:** Wednesday, June 17, 2020 3:32:10 PM  
**Time Spent:** 00:06:39  
**IP Address:** 208.125.171.189

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Satisfactory</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,  
Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

It's a fun place to be with my child .

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **Great!**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

You all are amazing people , and a highly recommended early learning program . I couldn't thank you all enough .

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>NO</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



#46

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 18, 2020 6:43:15 AM  
**Last Modified:** Thursday, June 18, 2020 6:48:29 AM  
**Time Spent:** 00:05:13  
**IP Address:** 67.240.124.246

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity, Home Learning Activities (Homework)**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

My kid enjoyed them

---

**Q6**

**Uninterested**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Other (please specify):**  
na

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

na

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

no

---

#47

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 18, 2020 1:18:50 PM  
**Last Modified:** Thursday, June 18, 2020 1:23:18 PM  
**Time Spent:** 00:04:27  
**IP Address:** 99.203.121.107

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Satisfactory</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Enjoyed spending time in the classroom with my child.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

Do not have landline phone

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

No additional comments

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---



#48

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 18, 2020 3:05:06 PM  
**Last Modified:** Thursday, June 18, 2020 3:12:57 PM  
**Time Spent:** 00:07:51  
**IP Address:** 172.58.231.239

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
 Of the following Parent Engagement activities, which did **Home Learning Activities (Homework)**  
 you participate in:

**Q5**  
 If you came to multiple activities, what was the reason you returned?  
 Spend time with my child

**Q6** Other (please specify):  
 Conflict with chemo appointment

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available</b>

---

**Q20**

Other (please specify):  
They don't have zoom

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>N.A.</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>N.A.</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Nothing I can think of. It is hard to try and teach young kids at home

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>NO</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#49

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, June 19, 2020 9:41:29 AM  
**Last Modified:** Friday, June 19, 2020 10:56:39 AM  
**Time Spent:** 01:15:09  
**IP Address:** 163.153.219.126

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Satisfactory</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4**

Of the following Parent Engagement activities, which did you participate in:

**Parent Cafe,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips, etc.**  
 ,  
**STEP (Parenting Class),**  
**Helping in the classroom, kitchen, center, etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

**Respondent skipped this question**

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict**

**Q7**

Do you feel comfortable talking with your teaching team?

**Comfortable**

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Agree**

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Always</b>

**Q12** **N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **No,**  
Comments::  
knew them already

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **Adequate**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Would have liked more information</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available but inconsistent service</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Not helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---



**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#50

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 22, 2020 4:12:13 PM  
**Last Modified:** Monday, June 22, 2020 4:18:23 PM  
**Time Spent:** 00:06:09  
**IP Address:** 75.69.87.107

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Limited Information</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

<b>Q6</b>	<b>Lack of transportation</b>
What are some of the reasons you did not attend or participate in any activities?	
<b>Q7</b>	<b>Very comfortable</b>
Do you feel comfortable talking with your teaching team?	
<b>Q8</b>	<b>Strongly agree</b>
Do you feel you were a part of the planning process to meet your child's needs for school readiness?	
<b>Q9</b>	<b>N.A.</b>
If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?	
<b>Q10</b>	<b>Very comfortable, they are easy to talk with</b>
Do you feel comfortable talking to your Family Advocate or Home Visitor?	
<b>Q11</b>	
How often did your Family Advocate or Home Visitor do the following?	
Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>
<b>Q12</b>	<b>High value</b>
Please rate the value of your Home-Based home visits	
<b>Q13</b>	<b>No</b>
Have you been able to attend Home-Based Socialization Days that are off site and in the community?	
<b>Q14</b>	<b>N.A.</b>
How would you rate the Socialization Day experience?	

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available, Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available but inconsistent service</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>NO</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#51

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, June 22, 2020 4:20:03 PM  
**Last Modified:** Monday, June 22, 2020 4:26:09 PM  
**Time Spent:** 00:06:06  
**IP Address:** 107.242.117.62

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

I haven't yet come to one.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value,**  
Comments::  
Tara is absolutely amazing

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** Other (please specify):  
All available

If any of these methods of communicating are unavailable, please tell us why.

---



**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Tara always asked me if I needed anything any time we had or weekly chats about my son.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Tara is amazing! Love how helpful she has been for not only my children by myself as well.

---

#52

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 23, 2020 12:27:05 AM  
**Last Modified:** Tuesday, June 23, 2020 12:39:36 AM  
**Time Spent:** 00:12:30  
**IP Address:** 107.242.117.51

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

**Q6** **Lack of transportation**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Comfortable**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **Moderate value**

Please rate the value of your Home-Based home visits

---

**Q13** **No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **Good**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available</b>

---

**Q20**

**Do not own the needed equipment (smart phone, computer, etc.)**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#53

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 23, 2020 10:10:55 AM  
**Last Modified:** Tuesday, June 23, 2020 10:16:05 AM  
**Time Spent:** 00:05:09  
**IP Address:** 74.67.30.213

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4**

Of the following Parent Engagement activities, which did you participate in:

**Parent Cafe,  
Father/Child Activity,  
Join Your Child Activity,  
Home Learning Activities (Homework),  
Special Events - Health Care Institute (HCI); Field Trips,  
etc.  
,  
STEP (Parenting Class),  
Helping in the classroom, kitchen, center, etc.**

---

**Q5**

If you came to multiple activities, what was the reason you returned?

liked it

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**Good**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---



**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Available</b>

**Q20** **Do not know how to use teleconferencing**

If any of these methods of communicating are unavailable, please tell us why.

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Not helpful</b>
Mental Health supports or resources	<b>Helpful</b>

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

n/a

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>NO</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

no

---

#54

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 23, 2020 10:16:31 AM  
**Last Modified:** Tuesday, June 23, 2020 10:22:37 AM  
**Time Spent:** 00:06:05  
**IP Address:** 74.67.30.213

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Father/Child Activity,**

Of the following Parent Engagement activities, which did you participate in: **Join Your Child Activity,**

**Home Learning Activities (Homework),**

**Special Events - Health Care Institute (HCI); Field Trips,**

**etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

Everyone is so nice and it is a great way to bond with my child one on one.

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Would have liked more information</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

It would have been helpful with more information on the closing and how to set up the online classroom. It was a difficult situation and everyone was doing what they could.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

My daughter's teacher Tish was truly amazing and helped Skylar adjust to being at school

---

#55

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 23, 2020 10:23:03 AM  
**Last Modified:** Tuesday, June 23, 2020 10:26:05 AM  
**Time Spent:** 00:03:02  
**IP Address:** 74.67.30.213

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework),  
Special Events - Health Care Institute (HCI); Field Trips,  
etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

N/A

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---



**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20** Other (please specify):  
n/a

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

N/A

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#56

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, June 23, 2020 10:26:20 AM  
**Last Modified:** Tuesday, June 23, 2020 10:31:12 AM  
**Time Spent:** 00:04:51  
**IP Address:** 74.67.30.213

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Generally satisfied</b>
Security procedures were in place and followed	<b>Generally satisfied</b>
My child is well cared for and supervised	<b>Generally satisfied</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Satisfactory</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Home Learning Activities (Homework),  
Special Events - Health Care Institute (HCI); Field Trips,  
etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

N/A

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
Lack of transportation**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**High value,  
Comments::  
Always very helpful**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**Yes**

---

**Q14** **Good**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Information was not clear</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Would have liked more information</b>
Family Support Services	<b>Helpful</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available but inconsistent service</b>
E-mail	<b>Available but inconsistent service</b>

---

**Q20** **No cell service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>N.A.</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

None

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

no

---

#57

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 9:42:01 AM  
**Last Modified:** Wednesday, June 24, 2020 9:52:40 AM  
**Time Spent:** 00:10:39  
**IP Address:** 174.197.206.58

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>No opinion</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Respondent skipped this question**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

**Q6** **No daycare for sibling**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **High value**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---



**Q15** **Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Cell phone	<b>Available and preferred</b>
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**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**  
Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor      **Helpful**

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#58

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 10:53:01 AM  
**Last Modified:** Wednesday, June 24, 2020 11:04:25 AM  
**Time Spent:** 00:11:24  
**IP Address:** 67.240.97.128

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4**

Of the following Parent Engagement activities, which did you participate in:

**Parent Cafe,  
Father/Child Activity,  
Join Your Child Activity,  
Home Learning Activities (Homework),  
Special Events - Health Care Institute (HCI); Field Trips,  
etc.  
,  
Helping in the classroom, kitchen, center, etc.**

---

**Q5**

If you came to multiple activities, what was the reason you returned?

Adult interaction

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Lack of transportation,  
No daycare for sibling**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Would have liked more information</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Would have liked more information</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available but inconsistent service</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

calls or direct number to mental health care

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

need to find new ways for parents to engage in policy council. Especially now with the covid policy in place. Not sure policy council is even worth having.

---

#59

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 10:43:49 AM  
**Last Modified:** Wednesday, June 24, 2020 11:05:02 AM  
**Time Spent:** 00:21:12  
**IP Address:** 67.240.105.180

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Satisfactory</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Limited Information</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Parent Cafe,**  
**Father/Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

I wanted to be active in my child's EHS experience

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Very often</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred, Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

N/A

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Not helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Did not choose to participate</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Open back up to EHS prior to September. Lack of Childcare for essential workers.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#60

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 11:14:55 AM  
**Last Modified:** Wednesday, June 24, 2020 11:19:31 AM  
**Time Spent:** 00:04:36  
**IP Address:** 192.159.157.14

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Generally satisfied</b>
Security procedures were in place and followed	<b>Generally satisfied</b>
My child is well cared for and supervised	<b>Generally satisfied</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Satisfactory</b>
Results of your child's screenings?	<b>Satisfactory</b>
Opportunities to participate in the program?	<b>Satisfactory</b>
Closures (weather, staff training days, water or power issues)?	<b>Satisfactory</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Satisfactory</b>
L.E.A.P. agency services?	<b>Satisfactory</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

none

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Comfortable**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Very often</b>
Listen respectfully to your interests and concerns	<b>Very often</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

Other (please specify):  
Full time working parents

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Did not choose to participate</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

none

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

no

---

#61

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 11:39:26 AM  
**Last Modified:** Wednesday, June 24, 2020 11:44:25 AM  
**Time Spent:** 00:04:59  
**IP Address:** 50.210.84.50

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Limited Information</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

to be involved

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**Moderate value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>N.A.</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>N.A.</b>
Delivered meals	<b>N.A.</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#62

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 12:22:29 PM  
**Last Modified:** Wednesday, June 24, 2020 12:28:13 PM  
**Time Spent:** 00:05:44  
**IP Address:** 174.255.68.84

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Cause I like being involved with my children

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

**Work or school schedule conflict,  
Lack of transportation**

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**Yes**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

Please rate the value of your Home-Based home visits

**High value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**Yes**

---

**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Great place and really nice people I would refer a lot of people

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#63

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 2:19:35 PM  
**Last Modified:** Wednesday, June 24, 2020 2:35:08 PM  
**Time Spent:** 00:15:32  
**IP Address:** 172.100.251.91

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>Agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Father/Child Activity,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

Child

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Comfortable**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

It was all good

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Did not choose to participate</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Did not choose to participate</b>
Access to diapers, wipes, formula	<b>Did not choose to participate</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Everything went great

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#64

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 3:59:33 PM  
**Last Modified:** Wednesday, June 24, 2020 4:10:20 PM  
**Time Spent:** 00:10:46  
**IP Address:** 67.240.103.212

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Generally satisfied</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>N.A.</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Limited Information</b>
L.E.A.P. agency services?	<b>Satisfactory</b>

**Q4** **Parent Cafe**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

<p><b>Q6</b></p> <p>What are some of the reasons you did not attend or participate in any activities?</p>	<p><b>No daycare for sibling,</b></p> <p>Other (please specify):</p> <p>Children not fully vaccinated.</p>
<p><b>Q7</b></p> <p>Do you feel comfortable talking with your teaching team?</p>	<p><b>N.A. (in Home-Based program)</b></p>
<p><b>Q8</b></p> <p>Do you feel you were a part of the planning process to meet your child's needs for school readiness?</p>	<p><b>Strongly agree</b></p>
<p><b>Q9</b></p> <p>If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?</p>	<p><b>N.A.</b></p>
<p><b>Q10</b></p> <p>Do you feel comfortable talking to your Family Advocate or Home Visitor?</p>	<p><b>Comfortable</b></p>
<p><b>Q11</b></p> <p>How often did your Family Advocate or Home Visitor do the following?</p> <p>Encourage you in setting goals for your child or family</p> <p>Offer support as you progressed towards your goals</p> <p>Listen respectfully to your interests and concerns</p>	<p><b>Very often</b></p> <p><b>Very often</b></p> <p><b>Always</b></p>
<p><b>Q12</b></p> <p>Please rate the value of your Home-Based home visits</p>	<p><b>Low value,</b></p> <p>Comments::</p> <p>I'm confident it would be more valuable if in person!</p>
<p><b>Q13</b></p> <p>Have you been able to attend Home-Based Socialization Days that are off site and in the community?</p>	<p><b>No</b></p>
<p><b>Q14</b></p> <p>How would you rate the Socialization Day experience?</p>	<p><b>N.A.</b></p>

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Would have liked more information</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Would have liked more information</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

N/A

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Did not choose to participate</b>
Phone calls or contacts by your child's teacher	<b>N.A.</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Not helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

I didn't know what resources were available, and I realize this was very possibly because there weren't others. But clothes would have been a good resource to have as it got hotter and local stores were not yet open.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

Thank you for all you do!

---

#65

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 5:12:01 PM  
**Last Modified:** Wednesday, June 24, 2020 5:28:49 PM  
**Time Spent:** 00:16:48  
**IP Address:** 66.67.116.214

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework),  
 Special Events - Health Care Institute (HCI); Field Trips, etc.**

Of the following Parent Engagement activities, which did you participate in:



**Q5**

If you came to multiple activities, what was the reason you returned?

To learn more and support my children and the programs

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** Other (please specify):  
No landline

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Zoom meeting or access to a program like education.com or abcmouse.com lessons? I really think overall what was done was good, though. I'm only putting suggestions for resources we found and ended up doing on our own. It would be nice with ABC mouse to be able to have lesson plans recommended by teachers, though. We did our own thing there anyway.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---

#66

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, June 24, 2020 3:30:39 PM  
**Last Modified:** Wednesday, June 24, 2020 6:53:35 PM  
**Time Spent:** 03:22:56  
**IP Address:** 107.77.225.8

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>N.A.</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>No opinion</b>
Results of your child's screenings?	<b>No opinion</b>
Opportunities to participate in the program?	<b>No opinion</b>
Closures (weather, staff training days, water or power issues)?	<b>No opinion</b>
Staff changes?	<b>No opinion</b>
Policy Council activities?	<b>No opinion</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

N/A

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):

Lack of opportunity prior to COVID

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Strongly agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Comfortable**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family

**Always**

Offer support as you progressed towards your goals

**Always**

Listen respectfully to your interests and concerns

**Always**

---

**Q12**

Please rate the value of your Home-Based home visits

**N.A. (in Center Based program)**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**N.A.**

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **No**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** **Do not own the needed equipment (smart phone, computer, etc.)**  
If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Did not choose to participate</b>
Assistance with family related concerns	<b>Did not choose to participate</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Can't think of any.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

No

---



#67

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 9:29:03 AM  
**Last Modified:** Thursday, June 25, 2020 9:34:46 AM  
**Time Spent:** 00:05:43  
**IP Address:** 74.70.47.44

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Good Communication</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Parent Cafe,**  
**Join Your Child Activity,**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

My Child

---

**Q6**

**Uninterested**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13**

**N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Did not choose to participate</b>
Mental Health supports or resources	<b>Did not choose to participate</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

very helpful

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

no

---

#68

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 9:34:50 AM  
**Last Modified:** Thursday, June 25, 2020 9:40:46 AM  
**Time Spent:** 00:05:56  
**IP Address:** 66.67.96.77

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>N.A.</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**  
**Join Your Child Activity,**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

My son felt good being there

---

**Q6**

What are some of the reasons you did not attend or participate in any activities?

Other (please specify):

Did participate

---

**Q7**

Do you feel comfortable talking with your teaching team?

**Very comfortable**

---

**Q8**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

**Agree**

---

**Q9**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

**N.A.**

---

**Q10**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

**Very comfortable, they are easy to talk with**

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family

**Always**

Offer support as you progressed towards your goals

**Always**

Listen respectfully to your interests and concerns

**Always**

---

**Q12**

Please rate the value of your Home-Based home visits

**High value**

---

**Q13**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

**Yes**

---

**Q14** **Good**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Everything was fine.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



#69

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 9:38:30 AM  
**Last Modified:** Thursday, June 25, 2020 9:46:12 AM  
**Time Spent:** 00:07:42  
**IP Address:** 66.67.105.140

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

We had a good time

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**Yes**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**Great!**

How would you rate the Socialization Day experience?

---

**Q15**

**Always**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Available and preferred</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred</b>
E-mail	<b>Available and preferred</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

The program was good

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

The school was awesome

---

#70

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 9:42:56 AM  
**Last Modified:** Thursday, June 25, 2020 10:06:24 AM  
**Time Spent:** 00:23:27  
**IP Address:** 66.67.96.77

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>N.A.</b>
Security procedures were in place and followed	<b>N.A.</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>N.A.</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

N/A

---

**Q6**

**Lack of transportation**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Strongly agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes,**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

Comments::

Learned about the new PreK Program at our school! :)

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure

**Very Helpful, clear and timely**

Classroom Activities

**Very Helpful, clear and timely**

Community Resources

**Very Helpful, clear and timely**

Meals

**Very Helpful, clear and timely**

Family Support Services

**Very Helpful, clear and timely**

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline

**Available**

Cell phone

**Available and preferred**

Internet connectivity via cellular or Wifi

**Available**

Zoom / video conferencing / teleconferencing / google meet

**Not available**

E-mail

**Available**

---

**Q20**

**Do not own the needed equipment (smart phone, computer, etc.)**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>NO</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



#71

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 10:12:59 AM  
**Last Modified:** Thursday, June 25, 2020 10:18:36 AM  
**Time Spent:** 00:05:36  
**IP Address:** 174.197.208.46

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>N.A.</b>
Security procedures were in place and followed	<b>N.A.</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Good Communication</b>

**Q4** **Parent Cafe,**  
**Home Learning Activities (Homework)**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**  
 If you came to multiple activities, what was the reason you returned?

<p><b>Q6</b></p> <p>What are some of the reasons you did not attend or participate in any activities?</p>	<p><b>Lack of transportation, No daycare for sibling</b></p>
<p><b>Q7</b></p> <p>Do you feel comfortable talking with your teaching team?</p>	<p><b>Very comfortable</b></p>
<p><b>Q8</b></p> <p>Do you feel you were a part of the planning process to meet your child's needs for school readiness?</p>	<p><b>Strongly agree</b></p>
<p><b>Q9</b></p> <p>If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?</p>	<p><b>N.A.</b></p>
<p><b>Q10</b></p> <p>Do you feel comfortable talking to your Family Advocate or Home Visitor?</p>	<p><b>Very comfortable, they are easy to talk with</b></p>
<p><b>Q11</b></p> <p>How often did your Family Advocate or Home Visitor do the following?</p> <p>Encourage you in setting goals for your child or family</p> <p>Offer support as you progressed towards your goals</p> <p>Listen respectfully to your interests and concerns</p>	<p><b>Always</b></p> <p><b>Always</b></p> <p><b>Always</b></p>
<p><b>Q12</b></p> <p>Please rate the value of your Home-Based home visits</p>	<p><b>High value</b></p>
<p><b>Q13</b></p> <p>Have you been able to attend Home-Based Socialization Days that are off site and in the community?</p>	<p><b>Yes</b></p>
<p><b>Q14</b></p> <p>How would you rate the Socialization Day experience?</p>	<p><b>Great!</b></p>

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Not available</b>
Internet connectivity via cellular or Wifi	<b>Not available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Not available</b>
E-mail	<b>Not available</b>

---

**Q20**

**No internet service**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>NO</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>NO</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#72

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 12:58:26 PM  
**Last Modified:** Thursday, June 25, 2020 1:02:14 PM  
**Time Spent:** 00:03:47  
**IP Address:** 74.67.30.213

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**

Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Generally satisfied</b>
Security procedures were in place and followed	<b>Generally satisfied</b>
My child is well cared for and supervised	<b>Generally satisfied</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**

How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Respondent skipped this question**

Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

<b>Q6</b>	<b>Uninterested</b>
What are some of the reasons you did not attend or participate in any activities?	
<b>Q7</b>	<b>Very comfortable</b>
Do you feel comfortable talking with your teaching team?	
<b>Q8</b>	<b>Agree</b>
Do you feel you were a part of the planning process to meet your child's needs for school readiness?	
<b>Q9</b>	<b>Yes</b>
If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?	
<b>Q10</b>	<b>Comfortable</b>
Do you feel comfortable talking to your Family Advocate or Home Visitor?	
<b>Q11</b>	
How often did your Family Advocate or Home Visitor do the following?	
Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>
<b>Q12</b>	<b>High value</b>
Please rate the value of your Home-Based home visits	
<b>Q13</b>	<b>N.A.</b>
Have you been able to attend Home-Based Socialization Days that are off site and in the community?	
<b>Q14</b>	<b>N.A.</b>
How would you rate the Socialization Day experience?	

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available and preferred</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20**

**Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>Helpful</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>Helpful</b>
Mental Health supports or resources	<b>Helpful</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---



# #73

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, June 25, 2020 10:44:29 PM  
**Last Modified:** Thursday, June 25, 2020 10:54:59 PM  
**Time Spent:** 00:10:30  
**IP Address:** 172.100.228.211

Page 2

**Q1** **Head Start,**  
 Please indicate which program your family is enrolled in: **Early Head Start**

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Strongly agree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Well informed</b>
Results of your child's screenings?	<b>Well informed</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Good Communication</b>
Staff changes?	<b>Good Communication</b>
Policy Council activities?	<b>Good Communication</b>
L.E.A.P. agency services?	<b>Well informed</b>

**Q4** **Parent Cafe,**  
 Of the following Parent Engagement activities, which did you participate in: **Father/Child Activity,**  
**Join Your Child Activity,**  
**Home Learning Activities (Homework),**  
**Special Events - Health Care Institute (HCI); Field Trips,**  
**etc.**

**Q5**

If you came to multiple activities, what was the reason you returned?

To be involved

---

**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Very often</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12**

**High value**

Please rate the value of your Home-Based home visits

---

**Q13**

**No**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14**

**N.A.**

How would you rate the Socialization Day experience?

---

**Q15**

**N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16**

**Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17**

**Very satisfied**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**

How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Very Helpful, clear and timely</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**

Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available, Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available and preferred, Available</b>
E-mail	<b>Available</b>

---

**Q20**

Other (please specify):

If any of these methods of communicating are unavailable, please tell us why.

Do not have a landline phone.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Helpful</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>N.A.</b>
Assistance with family related concerns	<b>N.A.</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

N/a

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

**Respondent skipped this question**

Do you have any other general comments, questions, or suggestions?

---

#74

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, July 02, 2020 11:53:55 AM  
**Last Modified:** Thursday, July 02, 2020 12:00:12 PM  
**Time Spent:** 00:06:16  
**IP Address:** 74.70.47.44

Page 2

**Q1** **Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Disagree</b>
Security procedures were in place and followed	<b>Strongly agree</b>
My child is well cared for and supervised	<b>Strongly agree</b>
Messages were shared in a timely manner	<b>Strongly agree</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Good Communication</b>
Results of your child's screenings?	<b>Good Communication</b>
Opportunities to participate in the program?	<b>Well informed</b>
Closures (weather, staff training days, water or power issues)?	<b>Well informed</b>
Staff changes?	<b>Well informed</b>
Policy Council activities?	<b>Well informed</b>
L.E.A.P. agency services?	<b>Good Communication</b>
Comments::	Receptionist is not friendly at dix

**Q4** **Special Events - Health Care Institute (HCI); Field Trips, etc.**  
 Of the following Parent Engagement activities, which did you participate in:

**Q5** **Respondent skipped this question**

If you came to multiple activities, what was the reason you returned?

---

**Q6** **Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

---

**Q7** **Very comfortable**

Do you feel comfortable talking with your teaching team?

---

**Q8** **Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

---

**Q9** **N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

---

**Q10** **Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

---

**Q11**  
How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

---

**Q12** **N.A. (in Center Based program)**

Please rate the value of your Home-Based home visits

---

**Q13** **N.A.**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

---

**Q14** **N.A.**

How would you rate the Socialization Day experience?

---

**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

---

**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

---

**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

---

**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Very Helpful, clear and timely</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Very Helpful, clear and timely</b>
Meals	<b>Very Helpful, clear and timely</b>
Family Support Services	<b>Very Helpful, clear and timely</b>

---

**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Available</b>
Cell phone	<b>Available</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

---

**Q20** **Respondent skipped this question**

If any of these methods of communicating are unavailable, please tell us why.

---

**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>Did not choose to participate</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

---

**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>Helpful</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

---

**Q23**

**Respondent skipped this question**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

---

**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

---

**Q25**

Do you have any other general comments, questions, or suggestions?

no

---



#75

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 07, 2020 11:25:08 AM  
**Last Modified:** Tuesday, July 07, 2020 11:32:15 AM  
**Time Spent:** 00:07:06  
**IP Address:** 45.47.154.132

Page 2

**Q1** **Early Head Start**

Please indicate which program your family is enrolled in:

**Q2**  
 Please rate the following based on your experiences at any of the centers:

I always feel welcome at the center	<b>Agree</b>
Security procedures were in place and followed	<b>Agree</b>
My child is well cared for and supervised	<b>N.A.</b>
Messages were shared in a timely manner	<b>Generally satisfied</b>

**Q3**  
 How well informed do you feel about:

Your child's school readiness progress?	<b>Satisfactory</b>
Results of your child's screenings?	<b>Satisfactory</b>
Opportunities to participate in the program?	<b>Satisfactory</b>
Closures (weather, staff training days, water or power issues)?	<b>Satisfactory</b>
Staff changes?	<b>Satisfactory</b>
Policy Council activities?	<b>No opinion</b>
L.E.A.P. agency services?	<b>No opinion</b>

**Q4** **Home Learning Activities (Homework)**

Of the following Parent Engagement activities, which did you participate in:

**Q5**

If you came to multiple activities, what was the reason you returned?

Good socialization for my children

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**Q6**

**Work or school schedule conflict**

What are some of the reasons you did not attend or participate in any activities?

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**Q7**

**Very comfortable**

Do you feel comfortable talking with your teaching team?

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**Q8**

**Agree**

Do you feel you were a part of the planning process to meet your child's needs for school readiness?

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**Q9**

**N.A.**

If your child was referred to CPSE (Committee on Special Education) or EI (Early Intervention) did you feel involved, supported and informed during the referral process?

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**Q10**

**Very comfortable, they are easy to talk with**

Do you feel comfortable talking to your Family Advocate or Home Visitor?

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**Q11**

How often did your Family Advocate or Home Visitor do the following?

Encourage you in setting goals for your child or family	<b>Always</b>
Offer support as you progressed towards your goals	<b>Always</b>
Listen respectfully to your interests and concerns	<b>Always</b>

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**Q12**

**High value**

Please rate the value of your Home-Based home visits

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**Q13**

**Yes**

Have you been able to attend Home-Based Socialization Days that are off site and in the community?

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**Q14** **Good**

How would you rate the Socialization Day experience?

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**Q15** **N.A.**

If your child has medical concerns (allergies, asthma, etc.) how often did you feel involved in the process to obtain necessary information such as care plans, medication, etc.?

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**Q16** **Yes**

Have you learned about new community agencies or resources through Head Start / Early Head Start?

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**Q17** **N.A.**

If our child received bus transportation, how would you rate the communication between you, the bus driver, and Head Start/Early Head Start?

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**Q18**  
How would you rate the communication you received from the program during COVID-19 closure:

Information about closure	<b>Helpful</b>
Classroom Activities	<b>Helpful</b>
Community Resources	<b>Helpful</b>
Meals	<b>Helpful</b>
Family Support Services	<b>Helpful</b>

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**Q19**  
Please rate your ability to connect with staff using the following methods:

Landline	<b>Not available</b>
Cell phone	<b>Available and preferred</b>
Internet connectivity via cellular or Wifi	<b>Available</b>
Zoom / video conferencing / teleconferencing / google meet	<b>Available</b>
E-mail	<b>Available</b>

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**Q20** **Other (please specify):**  
No landline

If any of these methods of communicating are unavailable, please tell us why.

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**Q21**

Please rate the helpfulness of the following education supports that were offered during the COVID 19 closure:

Activity kits for your child	<b>Helpful</b>
Phone calls or contacts by your child's teacher	<b>Helpful</b>
Google classrooms	<b>N.A.</b>
Supports for your child receiving special education services	<b>N.A.</b>
Educational materials related to keeping you and your family safe during COVID-19 pandemic	<b>Helpful</b>

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**Q22**

Please rate the helpfulness of the following family supports that were offered during the COVID-19 closure:

Phone calls or contacts by your Family Advocate / Home Visitor	<b>Helpful</b>
Delivered meals	<b>Helpful</b>
Access to diapers, wipes, formula	<b>N.A.</b>
Help with other community resources	<b>Helpful</b>
Assistance with family related concerns	<b>Helpful</b>
Support form Child Health Nurses	<b>N.A.</b>
Mental Health supports or resources	<b>N.A.</b>

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**Q23**

Please share any ideas or suggestions regarding ways the program could have been more helpful during the closure, or helped in another way.

Na

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**Q24**

Do you have access to Personal Protective Equipment to keep your family safe?

Masks	<b>YES</b>
Gloves	<b>YES</b>
Disinfectant solution	<b>YES</b>
Hand sanitizer	<b>YES</b>

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**Q25**

Do you have any other general comments, questions, or suggestions?

No

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