

Parent Survey Question 2017 - 2018	Caldwell			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	2	0	1	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	2	0	1	0
I received information to support my child's learning at home.	2	0	1	0
Family literacy activities are available to complete at home.	2	0	1	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	2	0	1	0
I am involved in developing education goals for my child.	2	0	1	0
I am familiar with the School Readiness goals.	2	0	1	0
Staff explained my role as a parent of an Early Head Start or Head Start child	2	0	1	0
I received orientation / information about the program before my child was enrolled.	2	0	1	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	2	0	1	0
The staff is accessible to me when I have questions.	2	0	1	0
I receive monthly meal menus.	2	0	1	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	2	0	1	0
I have opportunities to provide input into classroom activities.	2	0	1	0
The site and classroom has an open and welcoming atmosphere.	2	0	1	0
Family Engagement activities, speakers, and handouts are valuable to me.	2	0	1	0
My skills and interests are utilized in the program.	2	0	1	0
My questions and concerns are handled appropriately.	2	0	1	0
I have learned to better understand and teach my child through the program.	2	0	1	0
The family goal setting process is helpful to my family.	2	0	1	0
Staff encouraged both father and mother participation in the program.	2	0	1	0
Materials and information are sent home to me in my home language.	2	0	1	0
The program has a positive reputation in the community.	2	0	1	0
I am aware of the Policy Council and its purpose.	2	0	1	0
The Policy Council Meeting Minutes are made available to me on the agency website.	2	0	1	0
Total	50	0	25	0

Parent Survey Question 2017 - 2018	Child Care Partners			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	2	0	1	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	2	0	1	0
I received information to support my child's learning at home.	2	0	1	0
Family literacy activities are available to complete at home.	1	1	1	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	2	0	1	0
I am involved in developing education goals for my child.	2	0	1	0
I am familiar with the School Readiness goals.	2	0	1	0
Staff explained my role as a parent of an Early Head Start or Head Start child	2	0	1	0
I received orientation / information about the program before my child was enrolled.	2	0	1	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	2	0	1	0
The staff is accessible to me when I have questions.	2	0	1	0
I receive monthly meal menus.	2	0	1	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	2	0	1	0
I have opportunities to provide input into classroom activities.	2	0	1	0
The site and classroom has an open and welcoming atmosphere.	2	0	1	0
Family Engagement activities, speakers, and handouts are valuable to me.	2	0	1	0
My skills and interests are utilized in the program.	2	0	1	0
My questions and concerns are handled appropriately.	2	0	1	0
I have learned to better understand and teach my child through the program.	2	0	1	0
The family goal setting process is helpful to my family.	2	0	1	0
Staff encouraged both father and mother participation in the program.	2	0	1	0
Materials and information are sent home to me in my home language.	2	0	1	0
The program has a positive reputation in the community.	2	0	1	0
I am aware of the Policy Council and its purpose.	2	0	1	0
The Policy Council Meeting Minutes are made available to me on the agency website.	2	0	0	1
Total	49	1	24	1

Parent Survey Question 2017 - 2018	Christian			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	34	0	19	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	33	1	19	0
I received information to support my child's learning at home.	33	1	19	0
Family literacy activities are available to complete at home.	33	1	19	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	33	1	19	0
I am involved in developing education goals for my child.	32	2	19	0
I am familiar with the School Readiness goals.	33	1	19	0
Staff explained my role as a parent of an Early Head Start or Head Start child	32	2	18	1
I received orientation / information about the program before my child was enrolled.	33	1	19	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	34	0	18	1
The staff is accessible to me when I have questions.	33	1	17	2
I receive monthly meal menus.	31	3	17	2
The staff keeps me informed about my child's physical health & well-being when there are concerns.	34	0	18	1
I have opportunities to provide input into classroom activities.	33	1	17	2
The site and classroom has an open and welcoming atmosphere.	33	1	18	1
Family Engagement activities, speakers, and handouts are valuable to me.	33	1	19	0
My skills and interests are utilized in the program.	32	2	17	2
My questions and concerns are handled appropriately.	33	1	18	1
I have learned to better understand and teach my child through the program.	33	1	18	1
The family goal setting process is helpful to my family.	33	1	17	2
Staff encouraged both father and mother participation in the program.	32	2	18	1
Materials and information are sent home to me in my home language.	33	1	19	0
The program has a positive reputation in the community.	33	1	19	0
I am aware of the Policy Council and its purpose.	33	1	17	2
The Policy Council Meeting Minutes are made available to me on the agency website.	33	1	18	1
Total	822	28	455	20

Parent Survey Question 2017 - 2018	Crittenden	
	HS	
	Yes	No
My child enjoys going to Head Start or Early Head Start.	5	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	5	0
I received information to support my child's learning at home.	5	0
Family literacy activities are available to complete at home.	5	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	5	0
I am involved in developing education goals for my child.	5	0
I am familiar with the School Readiness goals.	5	0
Staff explained my role as a parent of an Early Head Start or Head Start child	5	0
I received orientation / information about the program before my child was enrolled.	5	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	5	0
The staff is accessible to me when I have questions.	5	0
I receive monthly meal menus.	5	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	5	0
I have opportunities to provide input into classroom activities.	5	0
The site and classroom has an open and welcoming atmosphere.	5	0
Family Engagement activities, speakers, and handouts are valuable to me.	5	0
My skills and interests are utilized in the program.	5	0
My questions and concerns are handled appropriately.	5	0
I have learned to better understand and teach my child through the program.	4	1
The family goal setting process is helpful to my family.	5	0
Staff encouraged both father and mother participation in the program.	5	0
Materials and information are sent home to me in my home language.	5	0
The program has a positive reputation in the community.	5	0
I am aware of the Policy Council and its purpose.	5	0
The Policy Council Meeting Minutes are made available to me on the agency website.	5	0
Total	124	1

Parent Survey Question 2017 - 2018	Daviness			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	172	1	77	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	171	2	77	0
I received information to support my child's learning at home.	168	5	76	1
Family literacy activities are available to complete at home.	170	3	76	1
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	172	1	77	0
I am involved in developing education goals for my child.	172	1	77	0
I am familiar with the School Readiness goals.	165	8	75	2
Staff explained my role as a parent of an Early Head Start or Head Start child	167	6	77	0
I received orientation / information about the program before my child was enrolled.	170	3	76	1
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	170	3	77	0
The staff is accessible to me when I have questions.	173	0	76	1
I receive monthly meal menus.	120	53	66	11
The staff keeps me informed about my child's physical health & well-being when there are concerns.	172	1	77	0
I have opportunities to provide input into classroom activities.	163	10	72	5
The site and classroom has an open and welcoming atmosphere.	173	0	77	0
Family Engagement activities, speakers, and handouts are valuable to me.	169	4	77	0
My skills and interests are utilized in the program.	153	20	69	8
My questions and concerns are handled appropriately.	168	5	77	0
I have learned to better understand and teach my child through the program.	171	2	74	3
The family goal setting process is helpful to my family.	167	6	73	4
Staff encouraged both father and mother participation in the program.	168	5	75	2
Materials and information are sent home to me in my home language.	169	4	77	0
The program has a positive reputation in the community.	173	0	77	0
I am aware of the Policy Council and its purpose.	154	19	74	3
The Policy Council Meeting Minutes are made available to me on the agency website.	154	19	73	4
Total	4144	181	1879	46

Parent Survey Question 2017 - 2018	Hancock			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	5	0	1	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	5	0	1	0
I received information to support my child's learning at home.	5	0	1	0
Family literacy activities are available to complete at home.	5	0	1	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	5	0	1	0
I am involved in developing education goals for my child.	5	0	1	0
I am familiar with the School Readiness goals.	5	0	1	0
Staff explained my role as a parent of an Early Head Start or Head Start child	5	0	1	0
I received orientation / information about the program before my child was enrolled.	5	0	1	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	5	0	1	0
The staff is accessible to me when I have questions.	5	0	1	0
I receive monthly meal menus.	5	0	1	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	5	0	1	0
I have opportunities to provide input into classroom activities.	5	0	1	0
The site and classroom has an open and welcoming atmosphere.	5	0	1	0
Family Engagement activities, speakers, and handouts are valuable to me.	5	0	1	0
My skills and interests are utilized in the program.	5	0	0	1
My questions and concerns are handled appropriately.	5	0	1	0
I have learned to better understand and teach my child through the program.	5	0	1	0
The family goal setting process is helpful to my family.	5	0	1	0
Staff encouraged both father and mother participation in the program.	5	0	0	1
Materials and information are sent home to me in my home language.	5	0	1	0
The program has a positive reputation in the community.	5	0	1	0
I am aware of the Policy Council and its purpose.	5	0	1	0
The Policy Council Meeting Minutes are made available to me on the agency website.	5	0	1	0
Total	125	0	23	2

Parent Survey Question 2017 - 2018	Henderson			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	15	0	5	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	15	0	5	0
I received information to support my child's learning at home.	15	0	4	1
Family literacy activities are available to complete at home.	15	0	4	1
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	15	0	5	0
I am involved in developing education goals for my child.	15	0	5	0
I am familiar with the School Readiness goals.	15	0	5	0
Staff explained my role as a parent of an Early Head Start or Head Start child	15	0	5	0
I received orientation / information about the program before my child was enrolled.	15	0	5	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	15	0	5	0
The staff is accessible to me when I have questions.	15	0	5	0
I receive monthly meal menus.	12	3	5	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	15	0	5	0
I have opportunities to provide input into classroom activities.	15	0	5	0
The site and classroom has an open and welcoming atmosphere.	15	0	5	0
Family Engagement activities, speakers, and handouts are valuable to me.	15	0	5	0
My skills and interests are utilized in the program.	15	0	4	1
My questions and concerns are handled appropriately.	15	0	5	0
I have learned to better understand and teach my child through the program.	15	0	5	0
The family goal setting process is helpful to my family.	15	0	5	0
Staff encouraged both father and mother participation in the program.	14	1	5	0
Materials and information are sent home to me in my home language.	15	0	5	0
The program has a positive reputation in the community.	15	0	5	0
I am aware of the Policy Council and its purpose.	15	0	5	0
The Policy Council Meeting Minutes are made available to me on the agency website.	15	0	5	0
Total	371	4	122	3

Parent Survey Question 2017 - 2018	Hopkins			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	10	0	14	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	10	0	12	2
I received information to support my child's learning at home.	10	0	14	0
Family literacy activities are available to complete at home.	10	0	14	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	10	0	12	2
I am involved in developing education goals for my child.	10	0	14	0
I am familiar with the School Readiness goals.	10	0	13	1
Staff explained my role as a parent of an Early Head Start or Head Start child	10	0	14	0
I received orientation / information about the program before my child was enrolled.	10	0	14	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	10	0	14	0
The staff is accessible to me when I have questions.	10	0	14	0
I receive monthly meal menus.	10	0	12	2
The staff keeps me informed about my child's physical health & well-being when there are concerns.	10	0	14	0
I have opportunities to provide input into classroom activities.	10	0	12	2
The site and classroom has an open and welcoming atmosphere.	10	0	12	2
Family Engagement activities, speakers, and handouts are valuable to me.	10	0	13	1
My skills and interests are utilized in the program.	10	0	11	3
My questions and concerns are handled appropriately.	10	0	12	2
I have learned to better understand and teach my child through the program.	10	0	11	3
The family goal setting process is helpful to my family.	10	0	14	0
Staff encouraged both father and mother participation in the program.	10	0	11	3
Materials and information are sent home to me in my home language.	10	0	14	0
The program has a positive reputation in the community.	10	0	13	1
I am aware of the Policy Council and its purpose.	10	0	14	0
The Policy Council Meeting Minutes are made available to me on the agency website.	10	0	13	1
Total	250	0	325	25

Parent Survey Question 2017 - 2018	Livingston			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	4	0	7	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	4	0	7	0
I received information to support my child's learning at home.	4	0	7	0
Family literacy activities are available to complete at home.	4	0	7	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	4	0	7	0
I am involved in developing education goals for my child.	4	0	7	0
I am familiar with the School Readiness goals.	4	0	7	0
Staff explained my role as a parent of an Early Head Start or Head Start child	4	0	7	0
I received orientation / information about the program before my child was enrolled.	4	0	7	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	4	0	7	0
The staff is accessible to me when I have questions.	4	0	7	0
I receive monthly meal menus.	4	0	7	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	4	0	7	0
I have opportunities to provide input into classroom activities.	4	0	7	0
The site and classroom has an open and welcoming atmosphere.	4	0	7	0
Family Engagement activities, speakers, and handouts are valuable to me.	4	0	7	0
My skills and interests are utilized in the program.	3	1	7	0
My questions and concerns are handled appropriately.	4	0	7	0
I have learned to better understand and teach my child through the program.	4	0	7	0
The family goal setting process is helpful to my family.	4	0	7	0
Staff encouraged both father and mother participation in the program.	4	0	7	0
Materials and information are sent home to me in my home language.	4	0	7	0
The program has a positive reputation in the community.	4	0	7	0
I am aware of the Policy Council and its purpose.	4	0	7	0
The Policy Council Meeting Minutes are made available to me on the agency website.	4	0	7	0
Total	99	1	175	0

Parent Survey Question 2017 - 2018	Lyon			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	4	0	6	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	3	1	5	1
I received information to support my child's learning at home.	4	0	6	0
Family literacy activities are available to complete at home.	4	0	5	1
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	4	0	6	0
I am involved in developing education goals for my child.	4	0	6	0
I am familiar with the School Readiness goals.	4	0	6	0
Staff explained my role as a parent of an Early Head Start or Head Start child	4	0	6	0
I received orientation / information about the program before my child was enrolled.	4	0	6	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	4	0	6	0
The staff is accessible to me when I have questions.	4	0	6	0
I receive monthly meal menus.	4	0	5	1
The staff keeps me informed about my child's physical health & well-being when there are concerns.	4	0	6	0
I have opportunities to provide input into classroom activities.	4	0	6	0
The site and classroom has an open and welcoming atmosphere.	4	0	6	0
Family Engagement activities, speakers, and handouts are valuable to me.	4	0	5	1
My skills and interests are utilized in the program.	3	1	6	0
My questions and concerns are handled appropriately.	4	0	6	0
I have learned to better understand and teach my child through the program.	4	0	6	0
The family goal setting process is helpful to my family.	4	0	6	0
Staff encouraged both father and mother participation in the program.	4	0	6	0
Materials and information are sent home to me in my home language.	4	0	6	0
The program has a positive reputation in the community.	4	0	6	0
I am aware of the Policy Council and its purpose.	4	0	6	0
The Policy Council Meeting Minutes are made available to me on the agency website.	3	1	6	0
Total	97	3	146	4

Parent Survey Question 2017 - 2018	McLean			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	9	0	7	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	9	0	7	0
I received information to support my child's learning at home.	9	0	7	0
Family literacy activities are available to complete at home.	9	0	7	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	9	0	7	0
I am involved in developing education goals for my child.	9	0	7	0
I am familiar with the School Readiness goals.	9	0	7	0
Staff explained my role as a parent of an Early Head Start or Head Start child	9	0	7	0
I received orientation / information about the program before my child was enrolled.	9	0	7	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	8	1	7	0
The staff is accessible to me when I have questions.	9	0	7	0
I receive monthly meal menus.	8	1	6	1
The staff keeps me informed about my child's physical health & well-being when there are concerns.	9	0	7	0
I have opportunities to provide input into classroom activities.	9	0	7	0
The site and classroom has an open and welcoming atmosphere.	9	0	7	0
Family Engagement activities, speakers, and handouts are valuable to me.	9	0	7	0
My skills and interests are utilized in the program.	9	0	7	0
My questions and concerns are handled appropriately.	9	0	7	0
I have learned to better understand and teach my child through the program.	9	0	7	0
The family goal setting process is helpful to my family.	9	0	7	0
Staff encouraged both father and mother participation in the program.	9	0	7	0
Materials and information are sent home to me in my home language.	9	0	7	0
The program has a positive reputation in the community.	9	0	7	0
I am aware of the Policy Council and its purpose.	9	0	7	0
The Policy Council Meeting Minutes are made available to me on the agency website.	8	1	7	0
Total	222	3	174	1

Parent Survey Question 2017 - 2018	Muhlenberg			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	12	1	12	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	13	0	12	0
I received information to support my child's learning at home.	13	0	12	0
Family literacy activities are available to complete at home.	13	0	12	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	13	0	12	0
I am involved in developing education goals for my child.	13	0	12	0
I am familiar with the School Readiness goals.	13	0	11	1
Staff explained my role as a parent of an Early Head Start or Head Start child	13	0	12	0
I received orientation / information about the program before my child was enrolled.	13	0	12	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	13	0	12	0
The staff is accessible to me when I have questions.	13	0	12	0
I receive monthly meal menus.	11	2	7	5
The staff keeps me informed about my child's physical health & well-being when there are concerns.	13	0	12	0
I have opportunities to provide input into classroom activities.	13	0	12	0
The site and classroom has an open and welcoming atmosphere.	13	0	12	0
Family Engagement activities, speakers, and handouts are valuable to me.	13	0	12	0
My skills and interests are utilized in the program.	12	1	12	0
My questions and concerns are handled appropriately.	13	0	12	0
I have learned to better understand and teach my child through the program.	13	0	12	0
The family goal setting process is helpful to my family.	12	1	12	0
Staff encouraged both father and mother participation in the program.	11	2	12	0
Materials and information are sent home to me in my home language.	13	0	12	0
The program has a positive reputation in the community.	13	0	12	0
I am aware of the Policy Council and its purpose.	12	1	12	0
The Policy Council Meeting Minutes are made available to me on the agency website.	11	2	11	1
Total	315	10	293	7

Parent Survey Question 2017 - 2018	Ohio			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	38	0	20	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	36	2	20	0
I received information to support my child's learning at home.	37	1	20	0
Family literacy activities are available to complete at home.	37	1	20	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	38	0	20	0
I am involved in developing education goals for my child.	38	0	20	0
I am familiar with the School Readiness goals.	38	0	19	1
Staff explained my role as a parent of an Early Head Start or Head Start child	35	3	19	1
I received orientation / information about the program before my child was enrolled.	38	0	20	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	38	0	20	0
The staff is accessible to me when I have questions.	38	0	20	0
I receive monthly meal menus.	30	8	18	2
The staff keeps me informed about my child's physical health & well-being when there are concerns.	38	0	20	0
I have opportunities to provide input into classroom activities.	36	2	20	0
The site and classroom has an open and welcoming atmosphere.	38	0	20	0
Family Engagement activities, speakers, and handouts are valuable to me.	36	2	20	0
My skills and interests are utilized in the program.	36	2	18	2
My questions and concerns are handled appropriately.	38	0	20	0
I have learned to better understand and teach my child through the program.	38	0	19	1
The family goal setting process is helpful to my family.	38	0	19	1
Staff encouraged both father and mother participation in the program.	36	2	20	0
Materials and information are sent home to me in my home language.	35	3	20	0
The program has a positive reputation in the community.	38	0	20	0
I am aware of the Policy Council and its purpose.	33	5	19	1
The Policy Council Meeting Minutes are made available to me on the agency website.	35	3	20	0
Total	916	34	491	9

Parent Survey Question 2017 - 2018	Trigg			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	2	0	10	1
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	2	0	11	0
I received information to support my child's learning at home.	2	0	11	0
Family literacy activities are available to complete at home.	2	0	11	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	2	0	11	0
I am involved in developing education goals for my child.	2	0	11	0
I am familiar with the School Readiness goals.	2	0	11	0
Staff explained my role as a parent of an Early Head Start or Head Start child	2	0	10	1
I received orientation / information about the program before my child was enrolled.	2	0	11	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	2	0	11	0
The staff is accessible to me when I have questions.	2	0	11	0
I receive monthly meal menus.	2	0	10	1
The staff keeps me informed about my child's physical health & well-being when there are concerns.	2	0	11	0
I have opportunities to provide input into classroom activities.	2	0	11	0
The site and classroom has an open and welcoming atmosphere.	2	0	11	0
Family Engagement activities, speakers, and handouts are valuable to me.	2	0	10	1
My skills and interests are utilized in the program.	2	0	11	0
My questions and concerns are handled appropriately.	2	0	11	0
I have learned to better understand and teach my child through the program.	1	1	10	1
The family goal setting process is helpful to my family.	2	0	10	1
Staff encouraged both father and mother participation in the program.	2	0	11	0
Materials and information are sent home to me in my home language.	2	0	11	0
The program has a positive reputation in the community.	1	1	11	0
I am aware of the Policy Council and its purpose.	2	0	11	0
The Policy Council Meeting Minutes are made available to me on the agency website.	2	0	11	0
Total	48	2	269	6

Parent Survey Question 2017 - 2018	Union			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	27	1	17	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	28	0	17	0
I received information to support my child's learning at home.	28	0	17	0
Family literacy activities are available to complete at home.	28	0	17	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	27	1	17	0
I am involved in developing education goals for my child.	26	2	17	0
I am familiar with the School Readiness goals.	27	1	17	0
Staff explained my role as a parent of an Early Head Start or Head Start child	28	0	17	0
I received orientation / information about the program before my child was enrolled.	28	0	17	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	27	1	17	0
The staff is accessible to me when I have questions.	28	0	17	0
I receive monthly meal menus.	21	7	16	1
The staff keeps me informed about my child's physical health & well-being when there are concerns.	27	1	17	0
I have opportunities to provide input into classroom activities.	27	1	17	0
The site and classroom has an open and welcoming atmosphere.	27	1	17	0
Family Engagement activities, speakers, and handouts are valuable to me.	27	1	17	0
My skills and interests are utilized in the program.	26	2	17	0
My questions and concerns are handled appropriately.	28	0	17	0
I have learned to better understand and teach my child through the program.	27	1	17	0
The family goal setting process is helpful to my family.	27	1	17	0
Staff encouraged both father and mother participation in the program.	28	0	17	0
Materials and information are sent home to me in my home language.	27	1	17	0
The program has a positive reputation in the community.	28	0	17	0
I am aware of the Policy Council and its purpose.	26	2	15	2
The Policy Council Meeting Minutes are made available to me on the agency website.	25	3	17	0
Total	673	27	422	3

Parent Survey Question 2017 - 2018	Webster			
	HS		EHS	
	Yes	No	Yes	No
My child enjoys going to Head Start or Early Head Start.	31	0	14	0
My child will be prepared for the next step (<i>Ex: Early Head Start to Head Start or Head Start to Kindergarten</i>)	31	0	14	0
I received information to support my child's learning at home.	30	1	14	0
Family literacy activities are available to complete at home.	30	1	14	0
My child's teacher provided classroom learning experiences for my child based on interests and learning needs.	31	0	13	1
I am involved in developing education goals for my child.	31	0	14	0
I am familiar with the School Readiness goals.	31	0	14	0
Staff explained my role as a parent of an Early Head Start or Head Start child	31	0	14	0
I received orientation / information about the program before my child was enrolled.	31	0	14	0
Health screening results were clearly explained to me (<i>vision, Hearing, etc</i>)	31	0	14	0
The staff is accessible to me when I have questions.	30	1	14	0
I receive monthly meal menus.	31	0	14	0
The staff keeps me informed about my child's physical health & well-being when there are concerns.	30	1	14	0
I have opportunities to provide input into classroom activities.	30	1	13	1
The site and classroom has an open and welcoming atmosphere.	31	0	14	0
Family Engagement activities, speakers, and handouts are valuable to me.	31	0	14	0
My skills and interests are utilized in the program.	30	1	13	1
My questions and concerns are handled appropriately.	31	0	14	0
I have learned to better understand and teach my child through the program.	31	0	14	0
The family goal setting process is helpful to my family.	31	0	14	0
Staff encouraged both father and mother participation in the program.	31	0	14	0
Materials and information are sent home to me in my home language.	31	0	14	0
The program has a positive reputation in the community.	31	0	14	0
I am aware of the Policy Council and its purpose.	30	1	14	0
The Policy Council Meeting Minutes are made available to me on the agency website.	31	0	14	0
Total	768	7	347	3