



Maui Family Support Services, Inc.

Strengthening Children and Families in Maui County since 1980!

Family & Participant Rights

To be used with Notification of Family Rights, Grievance Process; and Privacy Practices

Administrative Office

& Kupukupu

Child Development Center:

1844 Wili Pa Loop
Wailuku, HI 96793
Phone: (808) 242-0900
Fax: (808)249-2800

Quality Care for Hawaiian Keiki:

95 Mahalani St. Ste 27
Wailuku, HI 96793
Phone: (808)793-2816
Fax: (808) 868-4113

EHS Child Development Center: LAHAINA

15 Ipu Aumakua Lane
Lahaina, HI 96761
Phone: (808) 661-1170
Fax: (808) 661-1198

EHS Child Development Center: WAIALE

67 Waiale Rd
Wailuku, HI 96793
Phone: (808) 242-7849

Hale Hi'ipoi Hana Infant and Toddler Center:

4111 Hana Hwy
P.O. Box 938
Hana, HI 96713
Phone: (808)248-7609

Maui County Early Childhood Resource Center:

2099 Wells Street
Wailuku, HI 96793
Phone: (808) 242-1608
Fax: (808) 270-5556

Moloka'i Office:

107 B Ala Malama Ave
P.O. Box 1658
Kaunakakai, HI 96748
Phone: (808) 553-8114
Fax: (808) 553-8115

Lana'i Office:

730 Lana'i Ave #109
P.O. Box 631043
Lanai City, HI 96763
Phone: (808) 565-7484

Maui Family Support Services, Inc. shall ensure the protection of families'/participant's rights in accordance with Federal and State regulations and Maui Family Support Services Policies. A Maui Family Support Services, Inc. employee has explained, and I understand, the following statements:

- The right of access to a qualified advocate in order to understand exercise and protect your rights.
- The right to file a complaint/grievance with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial manner.
- The right to be informed promptly, in appropriate language that you can understand ,of your rights described in this section.
- The right to a humane service setting that affords reasonable protection from harm, appropriate privacy, and is most convenient for you.
- The right to services under conditions that are free from unlawful discrimination and support your personal liberty. Such liberty will be restricted only as necessary to comply with the law, and judicial orders.
- The right to be provided with a reasonable explanation of all aspects of your services.
- The right to confidentiality of records except when staff are mandated by law to report suspected dependent adult abuse, child abuse and/or neglect; when handling any legal proceedings or when conditions of emergency occur and/or there are threats of homicide or suicide.
- I understand that funding requirements of MFSS programs that I am involved in may require sharing of aggregated service information to such funders, evaluators or researchers. I understand that information provided to these funding sources, evaluators or researchers is generally provided in an aggregated format and specific details on myself or my family are not provided in these reports. This information will generally be shared via monthly, quarterly or yearly reports as requested by said funders.
- The right to have access to your record upon request and in accordance with MFSS policy and procedures.
- The right to submit a written request to change or supplement any portions of your record, that you feel are not accurate, relevant, or complete, according to MFSS policy and procedures.
- The right to select a provider agency and to receive a MFSS referral to another provider agency.
- The right to exercise your rights described in this section without any negative effect on your services and/or treatment
- The right to approve or deny any release of or obtaining of information regarding myself or my family. I have been given an opportunity to review and sign both the Consent to Release and Consent to Obtain and have chosen who I do and do not want MFSS to release to or obtain information from.
- The right to refuse service and to be informed of the possible consequences of such refusal.

Your Participant Rights Advisor is:

Zina Andrade - Administrative Supervisor, (808) 242-0900 ext. 222

FAMILY AND PARTICIPANT RIGHTS UPDATED 6/2022 DL





Maui Family Support Services, Inc.

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Participant Grievance Process

If any questions or concerns arise during the delivery of services, please share your concerns with our agency. Below is the process for sharing your concerns:

- A. Please share your concerns with your home visitor, child’s teacher, or group facilitator. They will work with you to find a resolution
- B. If you have addressed your concerns with one of the above and/or do not feel comfortable addressing your concerns with them, please contact their immediate supervisor.
- C. If you have not been successful in resolving your concerns with his/her supervisor, please contact the Participants Rights Advisor listed below.
- D. You may be asked to put your concerns in writing, or recording. You may ask for help in doing so if needed.
- E. Within five working days of receiving the written or recorded grievance, the Participant Rights Advisor shall contact you to discuss the grievance. All efforts will be made to reach a mutually satisfactory resolution and the resolution will be documented. If a satisfactory resolution can be identified and implemented, no further action will be taken. If not, the following steps shall be taken.
- F. The Participant Rights Advisor will appoint two mediators (staff members who have not been connected with your family previously) to meet with you and review the information.
- G. During this meeting you have the right to bring to the meeting any relevant person who can shed light on, or support your concerns.
- H. Within the next five working days, the mediators shall review all relevant materials and set up any further interviews with you.
- I. Within 30 days of the meeting, the mediators shall forward a written report to the Participant Rights Advisor, with a summary of the grievance and their recommendations.
- J. Within five working days of receiving the report from the mediators, the Participant Rights Advisor shall:
 1. Review the information with the CEO;
 2. After studying all the relevant material in conjunction with the mediator’s report, the CEO and Participant Rights Advisor will come to a final decision about the grievance; and
 3. The Participant Rights Advisor will meet with you to inform you of the decision and work with you to plan for future services including any further appeal, right, or recourse.

Participant Rights Advisor: Zina Andrade 808-242-0900

PARTICIPANT GRIEVANCE PROCESS REVISED 6/2022 DL





Maui Family Support Services is committed to protecting your health information. This notice describes how health information about you may be used or disclosed, and how you can get access to this information. It explains your rights to privacy of your health information as required by the 1996 Healthy Insurance Portability and Accountability Act (HIPAA).

Understanding Your Health Information

Each time a Family Facilitator from Maui Family Support Services (MFSS) visits you, a record of this visit is made. This record contains information you provide about your health, past and current family information, social, economic, educational and other information. It also contains child developmental screens and results, immunization and health care provider information, medical insurance coverage, and an Individual Family Support Plan (IFSP)/Family Partnership Agreement (FPA) for ongoing services. This record serves as:



- A plan for how to best serve your family;
- A way of measuring progress of family goals;
- A way for the many professionals who service you and your family to work together for smooth service delivery;
- Legal document describing the service you received;
- A tool which we can use to improve the services we provide and the outcomes we achieve with you;
- A source of information for public health officials charged with improving the health of the nation; and
- A way you or MedQUEST can verify that services billed were actually provided for infants and toddlers with special needs or for children receiving medically fragile case management services from public health nursing.

- Provide you with notice as to our legal duties and privacy practices related to information we collect and maintain about you;
- Follow the terms of this notice;
- Tell you if we are unable to agree to your requested written restriction as to the use or disclosure of your health information; and
- Allow reasonable requests you make to share information by different means or different places.

Maui Family Support Services has the right to change our *Notice of Privacy Practice* and to make new rules for all the protected health information we keep. Should our rules change, we will mail a notice to the address you have given us.

With your authorization, we will share and/or use health and service information:

- To verify MedQUEST/Medicaid enrollment.
- With your pediatrician, well-baby clinic, and/or chosen hospital/medical facility on child health, safety, nutrition and immunizations for your child(ren).
- With the Department of Human Services (DHS) based on needs of your family, and for program evaluation.
- With Women, Infant, and Children (WIC) based on needs of your family.
- On medically fragile children with DOH Public Health Nurses for coordination of services.
- With DOH Early Identification Services for coordination of services involving developmentally delayed children.
- With Imua Rehab based on needs of your child(ren)s growth and development.
- Required for moving from one Healthy Start/Early Head Start site/agency to another.



Understanding what is in your record and how your information is used helps you to:

Make sure it is correct; better understand who, what, when, where and why others may access your health information, and make better decisions about sharing your information with others.

You Have the Right to:

- Set limits on the uses of your information or determine who can look at your information;
- Ask for and receive a paper copy of this Notice;
- Ask to look over and copy your record;
- Ask, in writing, to change your record saying the reason for the change, or to add information (Original documents may not be erased);
- Ask for a listing of allowed sharing of your information, except for routine purposes of treatment, payment, operations and disclosures required by law;
- Ask that your information be shared with you in a different way or at a different place; and,
- Change your mind about allowing use or sharing of your information except to the extent that action has already been taken.



Maui Family Support Services will:

- Maintain the privacy of your information.
- Provide you with this *Notice of Privacy Practice* information in your native language if necessary.

HIPAA Compliance
Effective 04/14/03

- With Baby S.A.F.E. based on needs of your family and community referrals.
- For regular service operations, service improvement and continuous quality improvement.

Other Uses or Disclosures:

- Notification: Maui Family Support Services may use or disclose information about your location and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.
- Communication with Family: Agency staff may disclose to those you identified in your consent to release information form.
- Research: We may disclose health information to researchers upon review and approval from the Institutional Review Board, with established protocols to ensure the privacy of your information.
- Public Health: As required by law, we may disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.
- Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a court order and/or valid subpoena.

For More Information or to Report a Problem:

There are no repercussions for asking for additional information or filing a complaint.

If you believe that your privacy rights have been violated, you can file a complaint with the Director of Program Services, Maui Family Support Services 1844 Wili Pa Loop #200 Wailuku Hawaii 96793 Phone: 242-0900 OR Secretary of Health and Human Services, Hubert H. Humphrey Building 200 Independence Avenue S.W. Washington DC 20201

HIPAA Compliance
Effective 04/14/03

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Maui Family Support Services, Inc.

Strengthening Children and Families in Maui County since 1980!

Consent to Participate in MFSS Services Notification of Family Rights, Grievance Process and Privacy Practices

To be signed when provided with Family and Participant Rights,
Grievance Procedure; and HIPAA Brochure

**Administrative Office
& Kupukupu
Child Development Center:**
1844 Wili Pa Loop
Wailuku, HI 96793
Phone: (808) 242-0900
Fax: (808)249-2800

**Quality Care for
Hawaiian Keiki:**
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Phone: (808) 661-1170
Fax: (808) 661-1198

**EHS Child Development Center:
WAIALE**
67 Waiale Rd
Wailuku, HI 96793
Phone: (808) 242-7849

**Hale Hi'ipoi
Hana Infant and
Toddler Center:**
4111 Hana Hwy
P.O. Box 938
Hana, HI 96713
Phone: (808)248-7609

**Maui County
Early Childhood
Resource Center:**
2099 Wells Street
Wailuku, HI 96793
Phone: (808) 242-1608
Fax: (808) 270-5556

Moloka'i Office:
107 B Ala Malama Ave
P.O. Box 1658
Kaunakakai, HI 96748
Phone: (808) 553-8114
Fax: (808) 553-8115

Lana'i Office:
730 Lana'i Ave #109
P.O. Box 631043
Lanai City, HI 96763
Phone: (808) 565-7484

I/We _____ am/are interested in receiving services from Maui Family Support Services, Inc. I/We understand that participation in any Maui Family Support Services program is voluntary.

By signing this form I/we verify that a MFSS Staff Person has provided me/us with the Family Rights Document, Grievance Process; and HIPAA Brochure and that I/we have read them and/or have had my/our rights explained to me/us in a language that I/we can understand.

I/We understand that my/our signature(s) indicate that I/we understand my/our rights as a participant in Maui Family Support Services program(s). I/We understand that my/our consent will expire when services are terminated or when I/we withdraw from services and that my/our consent can be withdrawn at any time by notification to program staff. I/We received a copy of these rights and understand that should I/we have any concerns I/we can contact the Participant Rights Advisor at 808-242-0900.

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Witnessed By	Witness Signature	Date

CONSENT TO PARTICIPATE IN MFSS SERVICES REVISED 6/2022 DL





Maui Family Support Services, Inc.

Strengthening Children and Families in Maui County since 1980!

Quality Care for Hawaiian Keiki

Child Care Subsidy Program Parent/Guardian Agreement Form

1. I/we understand that the Quality Care for Hawaiian Keiki (QCHK) Child Care Subsidy Program will provide assistance for childcare while I/we work or attend school/training for at least 20 hours per week.
2. I/we understand that if one or both of us are not working or in school for at least 20 hours per week at the time of this agreement, I/we will sign a provisional agreement given as a deadline to find/start work/school/training. We understand that failing to meet this deadline may result in loss of assistance.
3. I/we understand that the amount of assistance will be provided as specified in the Determination Notice.
4. I/we understand that I/we am/are responsible for any remaining balance (identified as the Parent Portion/Copay) of the monthly tuition payment, and understand that all subsidy payments are made by check from Maui Family Support Services, Inc. directly to the child care provider.
5. I/we will notify the QCHK program immediately should there be any changes in my/our hours, wages, or place of employment or school. I/we will complete the Change Request form and provide requested documentation.
6. I/we agree to have my/our child attend the designated child care as identified in my/our application. I/we understand that attendance will be monitored and if my/our child's attendance becomes irregular at any time, assistance from the QCHK program may end. I/we will notify QCHK of changes to attendance and complete the Change Request form if there is a change to my child's care schedule.
7. I/we will inform QCHK if I/we make any changes in my/our child's care (such as change of provider or change in days or hours of attendance), **AT LEAST 30 DAYS PRIOR TO SUCH CHANGE**. I/we understand that last minute changes may not be accommodated.
8. I/we will inform my provider **30 DAYS BEFORE REMOVING THE CHILD FROM THEIR CARE**. I/we understand that if I/we fail to provide my/our current provider with 30 day notice QCHK may still make a payment to them and payment to my/our new provider may be delayed.
9. I/we have reported to QCHK any funds I/we currently receive from other child care subsidy programs. I/we agree to inform QCHK of any changes in the amount of assistance received from other programs and to do my/our part to keep my/our case active with these programs as long as I/we am/are eligible.
10. I/we understand that I/we cannot have QCHK as well as Child Care Connection or Preschool Open Doors subsidy assistance for the same child at the same child care provider.

Parent/Guardian Name(s) (Print): _____

Parent Signature(s): _____ Date: _____

QCHK Staff Signature: _____ Date: _____

REVISED 7.2022 DL





Maui Family Support Services, Inc.

Strengthening Children and Families in Maui County since 1980!

ALL FAMILIES MUST SIGN CONSENT TO COMMUNICATE WITH THE STATE OF HAWAII, DEPARTMENT OF HUMAN SERVICES, CHILD CARE CONNECTION HAWAII -CHILD CARE SUBSIDY PROGRAM TO AVOID OVERPAYMENT

PARTICIPANT CONSENT TO OBTAIN AND RELEASE CONFIDENTIAL INFORMATION

I/We, _____, the _____
(Name of Participant, Parent or Legal Guardian) (Relationship)

of _____ authorize
(Name of Dependent, Parent or Legal Guardian / DOB)

Maui Family Support Services, Inc, 1844 Wili Pa Loop, Wailuku, HI 96793 to obtain/release information acquired on our family from/to: **STATE OF HAWAII, DEPARTMENT OF HUMAN SERVICES/CHILD CARE CONNECTION HAWAII**
(Name/Organization/Address/Phone Number)

I/We also grant permission to: **STATE OF HAWAII, DEPARTMENT OF HUMAN SERVICES/CHILD CARE CONNECTION HAWAII**
(Name/Organization/Address/Phone Number)

to disclose information to the **STAFF & PROGRAMS** of Maui Family Support Services, Inc., 1844 Wili Pa Loop Wailuku, HI 96793

This authorization is limited to specifically obtaining the following information:

Such disclosure of information is required for the following purpose(s):

Unless earlier revoked, this consent shall terminate on: one (1) year from date signed
(Date or condition upon which consent expires)

All information obtained by Maui Family Support Services will remain confidential. **I/We have been advised and understand that Maui Family Support Services is a mandated reporter for Child Abuse and Neglect and Dependent Adult Abuse.** Information will be shared with Maui Family Support Services, Inc. staff, on a need to know basis.

I/We acknowledge that a copy of this signed consent form is available upon request.

The purpose of this form is to coordinate and facilitate service planning for the above named Participant. I understand that my records are protected under federal and state regulations governing confidentiality and may not be disclosed without my written consent. This consent is to remain in effect until withdrawn at my/our request, or for one year from this date, whichever comes first. It can be withdrawn by me/us at any time.

(Signature of Participant, Parent or Legal Guardian)

Date

(Signature of Participant, Parent or Legal Guardian)

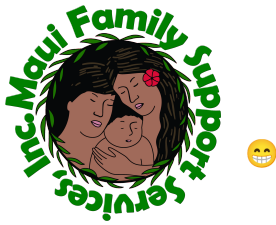
Date

(Witness/Employee's Signature)

Date



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Early Literacy Project Family Literacy Survey - 1

Program/worker Name: _____ Date: _____

Adult Name : _____ Relation to child: _____
(person completing this form) (ex: mother, father, grandparent, auntie, foster parent, child care provider, etc.)

Child's Name: _____ Child's Date of Birth: _____

Is the child named receiving services from IMUA Family Services? No Yes

Does this child's family receive TANF or SNAP? No Yes

This child family's home language(s) if NOT English: _____

Is this child in or have ever been in foster care (placed by Child Welfare Services)? No Yes

You are being asked to complete this survey to help us understand how to best support early literacy efforts in our community. We will use this information for program improvement. Any information shared or reported will be aggregated, not individual, and all individual information will be kept confidential.

By signing below and completing this survey, you are giving us permission to use this information as stated above. We appreciate your time and effort to complete this as accurately as possible. Completing this survey will take about 5 minutes to complete.

Your signature: _____

If you have questions about this survey, please contact Traci Robello, MFSS Early Literacy Coordinator at (808) 242-0900 or traci@mfss.org.

Section 1: Your (parent/adult) reading (circle one answer statement)

1. Did your parents read to you as a child? If so, how often?

Never Less than one time a week 1-3 times a week 4-6 times a week Every day

2. Did you read for enjoyment as a child? No Yes

3. How often do you NOW read for enjoyment?

Never Less than one time a week 1-3 times a week 4-6 times a week Every day

Section 2: Reading to your child (circle one answer per question)

4. Approximately how many picture books do you have in your home for your child's use?

0-2 books 3-10 books 11-20 books 21-40 books more than 40 books

5. How often does your child ask to be read to?

NA child less than 9 months hardly ever once or twice a month once or twice a week almost daily

6. How often does your child look at books by himself /herself?

NA child less than 9 months hardly ever once or twice a month once or twice a week almost daily



Early Literacy Project Family Literacy Survey - 1

7. How often do you go to the library with your child?

NA child less than 9 months hardly ever once or twice a month once or twice a week almost daily

8. How often do you or another family member read a picture book with your child?

hardly ever once or twice a month once or twice a week almost daily

9. At what age did you or another family member begin to read to your child?

0-6 months 6-12 months 12 months to 1 ½ years 1 ½ years to 2 years later than 2nd birthday

10. How many minutes did you or another family member read to your child yesterday?

0 minutes 1-10 minutes 11-20 minutes more than 20 minutes

11. How many minutes per day do you spend reading, not counting time-spent reading with your child?

hardly ever 2-15 minutes 16-30 minutes 31-60 minutes more than an hour

12. How much do you enjoy reading to your child?

not at all some moderately very much

13. I ask my child a lot of questions when we read.

Never Sometimes Most of the time All the time

14. When we read, we talk about the pictures as much as we read the story.

Never Sometimes Most of the time All the time

15. How many books have you received from the Early Literacy Partner program?

(ex: Early Head Start, Healthy Families America)

0-5 books 5-10 books 10-20 books 20+books

16. How often do you verbally tell your child stories without books? Oral storytelling can be in any language.

(Ex. Stories of family members, family or cultural histories, naming stories, etc.)

Never Less than one time a week 1-3 times a week 4-6 times a week Every day

17. How often do you sing songs (in any language) to your child?

Never Less than one time a week 1-3 times a week 4-6 times a week Every day

Section 3: What are your (parent/adult) BELIEFS about reading to your child? (circle one answer statement)

18. As a parent, I play an important role in my child's development.

Strongly Disagree Disagree Agree Strongly Agree

19. There is little I can do to help my child get ready to do well in school.

Strongly Disagree Disagree Agree Strongly Agree

20. My child learns many important things from me.

Strongly Disagree Disagree Agree Strongly Agree



Early Literacy Project Family Literacy Survey - 1

- | | | | | |
|--|-------------------|----------|-------|----------------|
| 21. I would like to help my child learn, but I don't know how. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 22. I am my child's most important teacher. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 23. Schools are responsible for teaching children, not parents. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 24. When my child goes to school, the teacher will teach my child everything my child needs to know so I don't need to worry. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 25. Children do better in school when their parents also teach them things at home. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 26. Children learn new words, colors, names, etc., from books. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 27. Reading helps children be better talkers and better listeners. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 28. My child knows the names of many things he or she has seen in books. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 29. When we read, I want my child to help me tell the story. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 30. I ask my child a lot of questions when we read. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 31. When we read, I want my child to ask questions about the book. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 32. When we read we talk about the pictures as much as we read the story. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 33. Even if I would like to, I'm just too busy and too tired to read to my child. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 34. I don't read to my child because we have nothing to read. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 35. I don't read to my child because there is no room and no quiet place in the house. | Strongly Disagree | Disagree | Agree | Strongly Agree |
| 36. I don't read to my child because I have other, more important things to do as a parent. | Strongly Disagree | Disagree | Agree | Strongly Agree |

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JULY 2022 QCHK ENROLLMENT SURVEY & FAMILY CULTURE QUESTIONNAIRE

1. FAMILY NAME

Name

2. Date

Date / Time

Date

3. How would you describe the Eligibility Screening process? (When you completed the online Eligibility Screen)

- The Eligibility Screen was easy to complete
- I had some difficulty with the Eligibility Screen
- I had to call the program for help to complete the Eligibility Screen

Do you have any feedback on how we can make the Eligibility Screen easier?

4. Please share with us what you thought about the process of completing the application and turning in your paperwork.

- The application process and paperwork were easy to complete and turn in
- I had some difficulty with the application process and paperwork and had to ask questions
- The application process was very confusing

Do you have any feedback on how we can make the application process easier?

5. Please share with us what you thought about the determination process - After submitting all of your documents....

- It took less than two weeks to find out how much I was eligible to receive
- It took more than two weeks to find out how much i was eligible to receive
- It took more than one month to find out how much I was eligible to receive
- I was placed on the waitlist

Do you have any other feedback on the determination process?

6. Were you advised in your Determination Notice what QCHK will pay and what your parent copayment is?

- Yes
- No

7. Do you feel that we allowed you to have a choice in the provider that you selected?

- Yes, I was allowed to select a provider of my choice
- No, I was not able to select a provider of my choice

8. During this enrollment was the Tips for Choosing Quality Child Care handout provided to you?

- Yes
- No

9. Overall, how satisfied are you with the QCHK services you have received so far?

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

10. How likely are you to recommend the QCHK program to another family?

- I would definitely recommend the program to another family
- I would not recommend the program to another family

11. Do you have any other thoughts, suggestions or feedback that we can use to make our program better?

12. WHAT ETHNIC GROUP/RACE DO YOU IDENTIFY WITH?

- NATIVE HAWAIIAN
- OTHER PACIFIC ISLANDER
- NATIVE AMERICAN/ALASKA NATIVE
- AFRICAN AMERICAN/BLACK
- CAUCASIAN/WHITE
- ASIAN
- HISPANIC/LATINO?

13. WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?

14. WHAT OTHER LANGUAGES ARE SPOKEN IN YOUR HOME?

15. ARE THERE TRADITIONS THAT YOU WERE RAISED WITH THAT YOU WOULD LIKE TO PASS ON TO YOUR CHILD/REN?

- Yes
- No

IF YES, PLEASE EXPLAIN

16. ARE THERE ANY BOOKS THAT YOU READ TO YOUR CHILD/REN THAT ARE IN OTHER LANGUAGES?

- Yes
- No

IF YES, WHAT OTHER LANGUAGES?

17. DO YOU SING TO YOUR CHILD/REN IN OTHER LANGUAGES?

Yes

No

IF YES, WHAT OTHER LANGUAGES?

18. DO YOU INCORPORATE THE HAWAIIAN CULTURE INTO YOUR FAMILY?

Yes

No

IF YES, PLEASE EXPLAIN HOW

19. IF GIVEN THE OPPORTUNITY WOULD YOU LIKE TO LEARN AN ACTIVITY THAT YOU COULD EASILY DO WITH YOUR CHILD/REN THAT INCORPORATES THE HAWAIIAN CULTURE?

Yes

No