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SAMPLE RETURN FROM COVID-19 PARENT SURVEYS

SAMPLE 1

Child's Name _____ DOB _____ Room # _____

As you know there are still many unanswered questions and evolving recommendations from the Center's for Disease Control (CDC). Please feel free to let us know what questions you have at the end of this survey, which will help us as we plan to re-open. There will be a follow up survey once we identify an actual date to re-open.

1. On a scale from 1-10 how comfortable are you having your child/ren return to the Center? (10 being most) _____

2. Are you planning on having your child return to the Center?

Yes, if yes, please specify when you would need care to begin? (Please specify)

If we open in June

If we open in August

If we open in July

If we open in September

No

3. What time would you drop off?

6:30

7:00

7:30

8:00

8:30

9:00

4. What time would you be picking up?

3:00

3:30

4:00

4:30

5:00

5:30

6:00

5. Is your spouse, partner or other family member able to provide care between now and August?

Yes

No

Other (please specify)

6. Is anyone in the household considered to be a front line worker? (e.g. police/fire/hospital worker)

Yes, please specify (relationship to child and position)

No

7. List days of the week you would need care?

5 days

Less than 5 days

Specify days _____

SAMPLE 2

Parent (s) Name & Child/Children's Name _____

Which center does your family attend? _____

When the program reopens will your child/children be returning? And maintain enrollment through the summer? *

- | | |
|--|--|
| <input type="checkbox"/> Yes, at the existing enrollment | <input type="checkbox"/> No, but we are continuing to pay to maintain our child's slot until we are prepared to return |
| <input type="checkbox"/> Yes, at a decreased enrollment | <input type="checkbox"/> My child/children will be returning through June but will drop for the summer months |
| <input type="checkbox"/> Yes, at an increased enrollment schedule | |
| <input type="checkbox"/> No, we will not be returning to the program | |

If you have a school age child (does not matter if they are enrolled in our program's after school program), will you need full day services until outside camps resume? Note: Our program's full day enrollment is based on priorities in this order; staff, existing families already enrolled in our after school program, existing families who are not enrolled in our after school program and new families.

- Yes only until outside camps begin then child will drop for the summer
- Yes and we will need to enroll in the summer camp program
- No we will not need any additional full day afterschool/summer camp services
- N/A

Will your child/ren re-enroll for the September 2020 school year?

- | | |
|---|---|
| <input type="checkbox"/> Yes, at the same enrollment schedule | <input type="checkbox"/> Yes, at a decreased enrollment schedule |
| <input type="checkbox"/> Yes, at an increased enrollment schedule | <input type="checkbox"/> Yes, and we have a new sibling starting during the new school year |
| | <input type="checkbox"/> No |

In order to develop drop off safety procedures please approximate your intended drop off time *

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 7:30-8:00 AM | <input type="checkbox"/> 9:00-9:30 AM |
| <input type="checkbox"/> 8:00-8:30 AM | <input type="checkbox"/> 9:30-10:00 AM |
| <input type="checkbox"/> 8:30-9:00 AM | |

In order to develop pick up safety procedures please approximate your intended pick up time

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 3:00-3:30 PM | <input type="checkbox"/> 5:00-5:30 PM |
| <input type="checkbox"/> 3:30-4:00 PM | <input type="checkbox"/> 5:30-6:00 PM |
| <input type="checkbox"/> 4:00-4:30 PM | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 4:30-5:00 PM | |

The Program's teachers are maintaining contact with families through on-line activities. Please let us know how this is working for your family and what we could be doing to improve those communication activities

The Program has developed additional sanitary procedures to try and minimize the spread of the COVID-19 virus. To make sure that we are including parent input in these procedures are there any specific sanitary procedures that you want to make sure are included into these new procedures?

Has the level of administrative communication with families been adequate? What if anything could we do better to ensure families are updated about ongoing activities - At the administrative level? The robo calls (which has a maximum of 120 seconds) are then followed up immediately with an email, are you receiving these emails and robocalls?

The Program is considering virtual parenting training's which includes some topics such as bedtime routines, managing behaviors etc. This is an opportunity for parents to connect with other the Program's parents and support building a stronger program community. Would you be interested? *

- Yes
- No
- I already attended these trainings
- Unavailable at this time but would be interested at a later day

Any additional information you would like to share?

SAMPLE 3

Parent Name (First and Last) _____

Address _____

Phone Number _____

Email Address _____

Child Name _____

Child's Date of Birth _____

Child 2 Name (if applicable) _____

Child 2's Date of Birth _____

Child 3 Name (if applicable) _____

Child 3's Date of Birth _____

Will your child need care for the summer?

- Yes
- No

What date do you anticipate needing care? _____

What days will your child need care? *

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Does your child's schedule vary week to week? *

- Yes
- No

What time will your child arrive at Begin With Us in the morning? _____

What time will your child get picked up in the afternoon? _____

Does your child have any special needs to be considered at this time? _____

All enrollment paperwork will need to be updated before children return, including Child Health Appraisals and Immunization Histories. If your child's Child Health Appraisal needs updated, you will be receiving it in the mail soon. At a later date, your child's enrollment paperwork will need updated. Select yes to indicate that you have read and understand this. *

- Yes

Do you have any questions at this time?

SAMPLE 4

1. What is your name?
2. What is your child's name?
3. Which School Is your child enrolled in?
4. Are you considered an essential employee?
5. If you are an essential employee, please describe your role?
6. Would you require child care when we re-open on May 6th, 2020?
7. Do you require child care for a sibling?
8. If you answered YES to question #7; what is the child's name and age?
9. Were you receiving any of the following funding services, prior to COVID-19 Closures?
 - PHLPrek
 - Head Start
 - Prek- Counts
 - Infant Toddler Contracted Slots (ITCS)
 - CCW Subsidy
 - Private Pay
10. Preschool children ONLY*** Will you require before care from 7am-8:30am?
11. Preschool Children ONLY*** Will you require after care from 2:30pm-6:00pm?
12. Will you be interested in attending a Zoom meeting to discuss waiver opening of the center and policies that will be in place to prevent exposures to COVID-19?
13. If you answered "Yes" to question #12, please provide us with your email address?