

OMB Control Number: _____
Expiration Date: _____
Length of time for instrument: 0.25 hours

APPENDIX J:

FPRQ Pilot Test Instruments for Eligible Center Directors

2/1/12

Instruments included:

- Pilot Test Screener
- Pilot Test Consent Form
- FPRQ Center Director Survey
- FPRQ Environmental Checklist

Family and Early Care and Education Provider Relationship Quality Study CENTER DIRECTOR SCREENER

A) IF CONTACTING PARTICIPANT FOR THE FIRST TIME/RETURNING A CALL:

Hello. My name is **[WESTAT STAFF NAME]** and I'm calling from Westat, a research firm located in Rockville, Maryland. May I speak with the program director?

CONNECTED WITH CENTER DIRECTOR

Westat is conducting a research study for the U.S. Department of Health and Human Services about the relationship between parents and their children's early care and education providers. The study is interested in how families and early care and education providers work together to care for and educate children ages 0-5. We are currently recruiting early care and education programs to participate in this study.

1. Is your program:

- A Head Start or Early Head Start program **(GO TO PROGRAM TAB)**
- A pre-school **(GO TO PROGRAM TAB)**
- A child care center **(GO TO PROGRAM TAB)**
- A home-based child care setting **(GO TO HOME-BASED SETTING TAB)**
- Other: _____

CENTER DIRECTOR SCREENER CONTINUED

As the program director, you will be asked to complete a brief survey about your program. The survey will take about 15 minutes to complete. As a token of our appreciation, we will give you a check for \$50.

In order to make sure that your program/center is eligible to participate in the study, I need to ask you a few questions.

Before we start, I want to assure you that your participation is completely voluntary and that your responses will remain confidential. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. How old are the children in your program/center?

- 0-2 YEARS OLD
- 3-5 YEARS OLD
- 6 AND OLDER **ONLY (GO TO INELIGIBLE TAB)**

2. How many children attend your program/center?

- 1
- 2-5
- 5-10
- MORE THAN 10

We are also recruiting individual teachers/childcare providers to complete a survey about their experiences teaching and caring for children. The teacher/ provider survey will take about 30 minutes to complete and, as a token of our appreciation, we will send each provider a check for \$25 after receiving their completed survey by mail. Would you be able to give us the names of providers in your program/center that would be interested in completing the provider survey?

- YES
- NO **(GO TO INELIGIBLE TAB)**

OMB Control Number: _____

Expiration Date: _____

Great! Based on what you have told me, your program is eligible to participate in this study!

Because this study is interested in how parents and early care and education providers work together to teach and care for children, we will also be recruiting parents to complete a similar survey about how they work with their children's providers/teachers. In order to recruit parents, I need your permission to hand out brochures and flyers to parents of children in your program/center.

IF RESPONDENT REFUSES TO PROVIDE THIS INFORMATION TO PARENTS, OR ALLOW US TO POST FLYERS/BROCHURES IN THE CLASSROOMS/NEAR THE CLASSROOMS, GO TO INELIGIBLE TAB. OTHERWISE, CONTINUE.

I would like to set up a time when I could come by and drop off the brochure and study materials, your survey, and your check. It would be best if this were a convenient time for me to also meet the providers/teachers in your program who may also be willing to participate. When I come by to meet you and the providers, I will also bring some brochures and flyers that you can post or give to parents. When would be a good time for me to come by?

SET UP MEETING

DATE: _____

TIME: _____

CONFIRM ADDRESS FOR MEETING

NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

I'll also bring your check for \$50 when I stop by. Can you tell me exactly how your name should appear on the check?

NAME: _____

In case I need to reach you by phone what is the best phone number to reach you?

___ THIS PHONE NUMBER

___ NEW PHONE NUMBER _____

Is there another phone number you can provide me in case I'm unable to reach you at this phone number?

Is there an email address I may use to contact you in case I need to reach you?

EMAIL ADDRESS: _____

OMB Control Number: _____

Expiration Date: _____

Great! I look forward to meeting you on **[DATE]**. Thank you for agreeing to participate in this important study!

IN PERSON MEETING WITH PROGRAM/CENTER DIRECTOR

Hi, my name is [WESTAT STAFF NAME] and we spoke over the phone about your program participating in this study that Westat is conducting about the relationship between parents and early care and education providers.

- GIVE RESPONDENT THEIR CHECK**
- GIVE RESPONDENT SURVEY PACKAGE**
- OBTAIN SIGNED CONSENT FORM**
- LEAVE RESPONDENT WITH BROCHURES/FLYERS TO BE POSTED IN CARE CENTER**

Is now still a good time for me to meet with the teachers/providers that may also be willing to participate in the study?

HOME-BASED CARE SETTING SCREENER CONTINUED

You will be asked to complete a survey about your care setting and your experiences caring for children. The survey will take about 45 minutes to complete. As a token of our appreciation, we will give you a check for \$50 after receiving your completed survey.

In order to make sure that care setting is eligible to participate in this study, I need to ask you a few questions.

Before we start, I want to assure you that your participation is completely voluntary and that your responses will remain confidential. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. How old are the children you care for?

- 0-2 YEARS OLD
- 3-5 YEARS OLD
- 6 AND OLDER **ONLY (GO TO INELIGIBLE TAB)**

2. How many children do you care for?

- 1
- 2-5
- 5-10
- MORE THAN 10

OMB Control Number: _____

Expiration Date: _____

Great! Based on what you have told me, you are eligible to participate in this study!

We are also recruiting parents to complete a brief survey. In order to recruit parents, we are asking participating care settings to pass out brochures and flyers to parents of children in their care.

I would like to set up a time when I could come by and drop off these brochures and flyers, your survey, and your check. When I come by to meet with you I will also bring some brochures and flyers that you can post or give to parents. When would be a good time for me to come by?

NOTE: IF PROVIDER WANTS TO CHECK WITH PARENTS FIRST BEFORE AGREEING TO PARTICIPATE, ARRANGE A TIME TO CALL BACK

TIME TO CALL BACK:

DATE: _____

TIME: _____

Let's set a tentative date to meet and I will send you some materials about the study, including a brochure, that you can share with parents.

SET UP MEETING

DATE: _____

TIME: _____

CONFIRM ADDRESS FOR MEETING

NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

I'll also bring your check for \$50 when I stop by. Can you tell me exactly how your name should appear on the check?

NAME: _____

In case I need to reach you by phone, what is the best phone number to reach you?

___THIS PHONE NUMBER

___NEW PHONE NUMBER _____

Is there another phone number you can provide me in case I'm unable reach you at this phone number?

Is there an email address I may use to contact you in case I need to reach you?

EMAIL ADDRESS: _____

OMB Control Number: _____

Expiration Date: _____

Great! I look forward to meeting you on **[DATE]**. Thank you for agreeing to participate in this study!

FOR CALL BACKS: Thank you for considering participating in this study! I look forward to talking with you again on DATE _____ .

IN PERSON MEETING WITH HOME-BASED PROGRAM DIRECTOR

Hi, my name is [WESTAT STAFF NAME] and we spoke over the phone about your participating in the study that Westat is conducting about the relationship between parents and their children's teachers or child care providers.

- GIVE RESPONDENT THEIR CHECK**
- GIVE RESPONDENT SURVEY PACKAGE**
- OBTAIN SIGNED CONSENT FORM**
- LEAVE RESPONDENT WITH BROCHURES/FLYERS TO BE POSTED IN CARE SETTING**

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PARTICIPANT IS INELIGIBLE BASED ON ANSWERS PROVIDED

Unfortunately, you are not eligible to participate in our study. I'd like to thank you for your interest and time.

**PROGRAM DIRECTOR REFUSED TO PROVIDE THE NAMES OF TEACHERS OR
REFUSED TO PROVIDE THE INFORMATION TO PARENTS.**

Thank you for your time. Do you know of another program like yours that may want to participate in this study?

IF YES-RECORD INFORMATION FOR THE OTHER PROGRAM

NAME OF DIRECTOR: _____

NAME OF PROGRAM: _____

PHONE NUMBER: _____

ADDRESS: _____

IF PROGRAM DIRECTOR DOES NOT KNOW ANOTHER PROGRAM.

Okay, thank you for taking the time to speak with me. I greatly appreciate it. Goodbye.

CONSENT FORM

Westat is conducting a study called the Family-Provider Relationship Quality Study for the U.S. Department of Health and Human Services. The goal of the study is to develop a measure of relationships between parents and those that care for and teach their children. We are asking you to fill out a survey which will ask questions about your child care program. We are also asking your permission to recruit providers and parents from within your program to participate.

- Your survey should take about 20 minutes to complete. Those for parents and providers will take about 30 minutes to complete.
- Participation is completely voluntary. You may stop at any time, and you do not have to answer any questions you do not wish to answer.
- All information obtained from this study will be treated as confidential and will only be seen by people authorized to work on this project. The report summarizing the findings will not contain any names or identifying information.
- As part of this study you will be asked to allow the study's representative to post flyers and talk with and recruit providers to participate.
- You will receive a check for \$50 as a token of our appreciation for completing the survey and allowing the study to recruit providers and parents.

If you agree to participate in the study, please sign the following statement:

I have read this consent form and understand the proposed project.

I have consented to participate in this study.

Signature

Date

Printed Name

Director Survey

In the following pages, we will ask questions about your early education and child care program. We will also ask about the physical environment, the parents and families of children enrolled in your program, and the providers you employ.

1. How many children are enrolled in your program?

_____ children

2. What is the youngest age child that you will accept in your program?

- From birth.....
- 6 months.....
- 1 year.....
- 2 years.....
- 3 years.....

3. What is the oldest age child that you will accept in your program?

- 4 years.....
- 5 years.....
- 6 years.....
- 7 years.....

4. Approximately what percentage of children in your program belongs to each of the following racial/ethnic groups?

[THE COLUMNS SHOULD ADD TO 100%.]

a.) Hispanic/Latino of any race.....	<input type="text"/>
b.) American Indian or Alaska Native, not Hispanic or Latino.....	<input type="text"/>
c.) Asian, not Hispanic or Latino.....	<input type="text"/>
d.) Black or African American, not Hispanic or Latino.....	<input type="text"/>
e.) Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>
f.) White, not Hispanic or Latino.....	<input type="text"/>
g.) Two or more races, not Hispanic or Latino.....	<input type="text"/>
<hr/>	
Total enrollment (sum of a through g).....	<input type="text" value="100%"/>

5. How many primary child care providers or teachers do you employ in your program?

_____ providers or teachers

6. How many paraprofessionals or aides do you employ in your program?

_____ paraprofessionals or aides

7. About how many children, if any, have their tuition or fees paid for by a federal, state, or local agency?

[CHECK ONLY ONE BOX]

None.....	<input type="checkbox"/>
Fewer than half.....	<input type="checkbox"/>
More than half.....	<input type="checkbox"/>
All of them.....	<input type="checkbox"/>
Refused.....	<input type="checkbox"/>
Don't know.....	<input type="checkbox"/>

8. If you provide information to parents about services that may help them, when do you do so?

[CHECK ALL THAT APPLY]

- After parents bring it up.....
- After a regular check-in with parents.....
- System in place to assess parents' needs.....
- I provide information at some other time.....
- I do not provide information to parents.....

9. Do you ask parents to provide you feedback about your program?

[CHECK ONLY ONE BOX]

- Yes.....
- No.....

IF NO-GO TO END OF SURVEY

10. How often do you use the feedback you receive from parents to make changes to your program?

[CHECK ONLY ONE BOX]

- Never.....
- Rarely.....
- Often.....
- Very Often.....

END: THANK YOU FOR PARTICIPATING IN THIS SURVEY

ENVIRONMENTAL CHECKLIST

SECTION 1: This booklet contains some questions about your program’s physical environment, as well as some questions about information and services your program may offer parents of children in their care. This checklist will help us get to know your program better. The items in this section apply to *early care and education programs, including centers, Head Start, and family child care programs*. Please check “yes” or “no” for each item. Section 1 continues on the back. Please complete all of Section 1 and then complete Section 2 if it applies to your program type.

At this center/Head Start/family child care program:		Yes	No
1.	Parents and families members are allowed to visit at any time.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	The program greets family members and children at arrival and departure.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	There is easy access for drop-off and pick-up of children.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	There is a space for parents to talk to each other.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	There is adult-sized furniture that is available for parents’ use.....	<input type="checkbox"/>	<input type="checkbox"/>
6.	The program offers a variety of opportunities for parent involvement, including:		
	a. Volunteering in program/care activities.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Observing children in the program.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bringing in materials such as arts and crafts or snacks for snack time.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Parent workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Parent conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
7.	Parents are invited to shape the planning of the program.....	<input type="checkbox"/>	<input type="checkbox"/>
8.	The program has suggestion boxes and/or surveys for family members to evaluate the program.....	<input type="checkbox"/>	<input type="checkbox"/>
9.	The program extends specific invitations to fathers or other male members of the family to participate in program activities.....	<input type="checkbox"/>	<input type="checkbox"/>
10.	The program offers special man-to-man activities for fathers or other male members of the family.....	<input type="checkbox"/>	<input type="checkbox"/>
11.	Parents have telephone and e-mail access to providers.....	<input type="checkbox"/>	<input type="checkbox"/>
12.	Families’ preferences for communication are maintained in a family record.....	<input type="checkbox"/>	<input type="checkbox"/>
13.	Providers use the following methods to communicate with families:		
	a. Face-to-face at drop-off and pick-up.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Telephone.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Email.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Texting.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Written notes.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Website.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Newsletter.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Calendar.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Parent- teacher conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
14.	Written information and materials are available in all languages spoken by the families.....	<input type="checkbox"/>	<input type="checkbox"/>
15.	Written information and materials are available at the appropriate literacy level.....	<input type="checkbox"/>	<input type="checkbox"/>
16.	The program provides a variety of information about community services.....	<input type="checkbox"/>	<input type="checkbox"/>
17.	The program provides parenting information in a variety of ways.....	<input type="checkbox"/>	<input type="checkbox"/>
18.	The program provides opportunities for families to get together.....	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1, continued

At this center/Head Start/family child care program:		Yes	No
19.	The program gives information to families about:		
	a. General health and mental health services in their community.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Substance abuse services.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Tax credits, child care subsidies or vouchers, or employer child care benefits.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Housing assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Energy or fuel assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community events.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Developmental screening services.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Immigration services, legal services, or social services.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Adult education, GED classes, ESL classes, or continuing education.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Employment opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Food pantries.....	<input type="checkbox"/>	<input type="checkbox"/>
	l. Domestic violence programs.....	<input type="checkbox"/>	<input type="checkbox"/>
	m. Homeless services.....	<input type="checkbox"/>	<input type="checkbox"/>
20.	The program provides opportunities for family-to-family interaction through:		
	a. Field trips.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Family picnics.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Family events.....	<input type="checkbox"/>	<input type="checkbox"/>
21.	The program provides parenting information through:		
	a. Parenting workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Parenting classes.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Resource library with books, videos.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Tip sheets.....	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: FOR CENTER AND HEAD START PROGRAMS ONLY

Please check “yes” or “no” for each item.

At this center/Head Start program:		Yes	No
1.	The program has a reception area.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	Signs and/or directions for locating classrooms and other spaces are posted in the center in languages parents understand.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	The program has a formal advisory committee.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	The program offers the following opportunities for parents:		
	a. Formal opportunities for parents to learn about how children develop.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Opportunities to learn about good nutrition for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Opportunities to help parents with their own adult literacy goals.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Peer mentoring/support opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	The program helps families to:		
	a. Find information and educational materials that are easy for them to understand.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Understand how to access community services for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Advocate for services they need.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Use their own skills and resources to solve problems they have with their child.....	<input type="checkbox"/>	<input type="checkbox"/>