Length of time for instrument: 0.5 hours

APPENDIX L:

FPRQ Pilot Test Instruments for Eligible ECE Providers

2/1/12

Instruments included:

* Pilot Test Screener
* FPRQ ECE Provider Survey
* FPRQ Environmental Checklist

**Family and Early Care and Education Provider Relationship Quality Study CHILDCARE PROVIDER/TEACHER SCREENER**

**MEETING WITH THE RESPONDENT IN PERSON**

Hi, my name is **[INTERVIEWER NAME]. [CENTER DIRECTOR]** recommended I speak with you about participating in a study that Westat is conducting about how families and their children’s teachers or child care providers work together to care for children. As part of this study, we are asking teachers/providers to complete a brief survey about their experiences caring for children ages 0-5.

The survey will take about 30 minutes to complete, and as a token of our appreciation we will send you a check for $25 after receiving your completed survey.

In order to make sure that you are 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, which will be combined with those of others, 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 many hours per week do you provide care for children?
* LESS THAN 15 HOURS **(GO TO INELIGIBLE TAB)**
* 15 HOURS OR MORE HOURS
  + - 1. How many children/families do you provide care for/work with?
* 1
* 2-5
* 5-10
* MORE THAN 10

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

As part of the study, we are also recruiting families to take a brief survey. The survey will take about 30 minutes to complete and we will also give parents $25 for their participation. I would like to ask you to help by providing parents these brochures.

**IF TEACHER/PROVIDER REFUSES TO GIVE PARENTS THE BROCHURES/FLYERS AND REFUSES TO ALLOW YOU TO LEAVE BROCHURES/FLYERS IN THE CARE SETTING FOR PARENTS, GO TO INELIGIBLE TAB.**

* **GIVE TEACHER/PROVIDER THE SURVEY PACKAGE**
* **PROVIDE TEACHER WITH BROCHURES/FLYERS OR SET UP AN AREA IN THE CLASSROOM FOR PARENTS TO TAKE BROCHURES/FLYERS**

**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.

Provider Survey

**In the following pages, we will ask questions about you and your early education and child care program. We will also ask about the parents and families of children whose learning and development you support. Some of these questions will be about how you and the families of children in your care communicate and work together.**

**1. We would like to know how often you communicate with parents about various topics.**

**Since September, how often have you talked to parents about the following regarding *their child*?**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Their child’s experiences in the education and care setting |  |  |  |  |
| b. Their child’s abilities |  |  |  |  |
| c. Their child’s behavior |  |  |  |  |
| d. Problems their child is having in the education and care setting |  |  |  |  |
| e. Problems their child is having at home |  |  |  |  |
| f. Health problems their child has |  |  |  |  |
| g. Goals they have for their child |  |  |  |  |
| h. Their priorities for their child |  |  |  |  |
| i. Their vision for their child’s future |  |  |  |  |
| j. What to expect at each stage of their child’s development |  |  |  |  |

**2. Since September, how often did you talk to parents about the following regarding *themselves*?**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Their relationship with their child |  |  |  |  |
| b. Their parenting styles |  |  |  |  |
| c. Their personal relationships |  |  |  |  |
| d. Their employment status |  |  |  |  |
| e. Their financial situation |  |  |  |  |
| f. Their work or family life |  |  |  |  |

**3. Since September, how often did you talk to parents about the following regarding *the education and care their child receives*?**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Your expectations for their child | |  |  |  |  |
| b. The rules you have for children | |  |  |  |  |
| c. How they feel about the teaching and care you provide their child | |  |  |  |  |

**4. How often do you have difficulty communicating with parents because they speak a different language than you?**

*[CHECK ONLY ONE BOX]*

Never

Rarely

Sometimes

Very often

**5. Listed below are some things families may or may not share with you. Thinking about the children and families you serve, for how many children do you know the following?**

**I know…**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **None** | **Some** | **Most** | **All** |
| a. If children have siblings. |  |  |  |  |
| b. If children have other relatives living in their households |  |  |  |  |
| b. Their families’ household schedules |  |  |  |  |
| c. The marital status of children’s parents |  |  |  |  |
| d. The employment status of children’s parents |  |  |  |  |
| e. Their financial situation |  |  |  |  |
| f. The cultures, values, and beliefs of children’s families |  |  |  |  |
| g. The role that faith and religion play in children’s households |  |  |  |  |
| h. What their families do outside of the education and care setting to encourage their children’s learning |  |  |  |  |
| b. How parents discipline their child |  |  |  |  |

**6. Listed below are some things you may or may not have time to do. How often you are able to do the following:**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Help children settle in when they are dropped off? |  |  |  |  |
| b. Help parents say goodbye to their children when they drop them off? |  |  |  |  |
| c. Share information with parents about their children’s day? |  |  |  |  |
| d. Offer parents books and materials to support their children’s learning at home? |  |  |  |  |
| e. Suggest activities for parents and children to do together? |  |  |  |  |

**7. We would like to learn about how you and the families of children in your program work together.**

**How often are you able to do the following?**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Answer parents’ questions when they come up |  |  |  |  |
| b. Work with parents to develop strategies they can use at home to support their child’s learning and development |  |  |  |  |
| c. Set goals with parents for their child |  |  |  |  |
| d. Use parents’ feedback to adjust the care provided to their child |  |  |  |  |
| e. Offer parents feedback about their parenting |  |  |  |  |

**8. When planning activities for children in your program, how often are you able to take into account the following?**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Very often** |
| a. Families’ values, cultures, and beliefs |  |  |  |  |
| b. Parents’ ideas |  |  |  |  |
| c. Information parents share about their children |  |  |  |  |

**9. Please indicate how much you agree or disagree with each of these statements.**

**Sometimes it is hard for me to *support*…**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| a. The goals parents have for their children |  |  |  |  |
| b. The way parents discipline their children |  |  |  |  |
| c. The way parents raise their children |  |  |  |  |
| d. The choices parents make for their children |  |  |  |  |

**10. People work in care and education settings for many reasons. Please indicate how much you agree or disagree with the following statements:**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| a. I teach and care for children because I enjoy it |  |  |  |  |
| b. I see this job as just a paycheck |  |  |  |  |
| c. I teach and care for children because I like being around children |  |  |  |  |
| d. If I could find something else to do to make a living I would |  |  |  |  |

**11. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.**

**Part of my job is to…**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| a. Connect families to services in the community |  |  |  |  |
| b. Provide families with information about community resources and services available |  |  |  |  |
| c. Be available to families outside of normal child care hours |  |  |  |  |
| d. Change the care schedule in response to parents’ work or school schedules |  |  |  |  |
| e. Change activities offered to children in response to families’ feedback |  |  |  |  |
| f. Suggest activities for parents and children to do together |  |  |  |  |
| g. Offer parents advice about childrearing |  |  |  |  |
| h. Learn new ways to teach and care for children |  |  |  |  |

**12. Have you ever received training or coursework on how to recognize signs of…**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a. Developmental delays in children. |  |  |
| b. Child abuse. |  |  |
| c. Domestic violence. |  |  |
| d. Substance abuse. |  |  |
| e. Depression or mental health issues in parents |  |  |

**13. How easy or difficult is it for families to reach you or someone at your program, during the day if they have a question or if a problem comes up?**

*[CHECK ONLY ONE BOX]*

Very difficult

Difficult

Easy

Very easy

**14. Since September, have you or your program provided referrals for the following services:**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| a. Health screening (medical, dental, vision, hearing, or speech)? |  |  |  |
| b. Developmental assessments? |  |  |  |
| c. Counseling services for children? |  |  |  |
| d. Counseling services for parents? |  |  |  |
| e. Social services such as housing assistance, food stamps, financial aid, or medical care? |  |  |  |

**15. Teachers and other early care and education providers sometimes help families find needed services.**

**Since September, have you or your program helped families in any of the following ways:**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| a. Helped families get transportation to and from your program? |  |  |  |
| b. Offered information about community resources and services? |  |  |  |
| c. Encouraged families to seek or receive services? |  |  |  |
| d. Made initial contacts to help families arrange services? |  |  |  |
| e. Offered information about employment or job training? |  |  |  |

**16. Since September, have you or your program offered the following to *any* family of children in your education and care setting?**

*[CHECK ONE BOX IN EACH ROW]*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| a. Emergency or sick care? |  |  |  |
| b. Extended hours? |  |  |  |
| c. Flexibility to drop off early or pick up late, as needed? |  |  |  |
| d. Late payment of child care fees? |  |  |  |

**17. Are you Hispanic, Latino/a, or Spanish origin (Select one or more)**

1. No, not of Hispanic, Latino/a, or Spanish origin……………….
2. Yes, Mexican, Mexican American, Chicano/a…………………
3. Yes, Puerto Rican……………………………………………...
4. Yes, Cuban……………………………………………………….
5. Yes, Another Hispanic, Latino/a or Spanish origin……………….

**18. What is your race? (Select one or more)**

1. White…………………………………………………………….
2. Black or African American……………………………………..
3. American Indian or Alaska Native……………………………..
4. Asian Indian ………………………………………………………
5. Chinese…………………………………………………………...
6. Filipino……………………………………………………………
7. Japanese …………………………………………………………..
8. Korean……………………………………………………………
9. Vietnamese……………………………………………………….
10. Other Asian……………………………………………………….
11. Native Hawaiian………………………………………………….
12. Guamanian or Chamorro…………………………………………
13. Samoan …………………………………………………………..
14. Other Pacific Islander…………………………………………….

**19. Do you have a Child Development Associate (CDA) credential?**

*[CHECK ONLY ONE BOX]*

Yes

No

**20. What is the highest level of education you have completed?**

*[CHECK ONLY ONE BOX]*

Less than a high school diploma

High school diploma or GED

Some college, no degree

Associate’s degree

Bachelor’s degree

Graduate school degree

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 |  |  |
| 2. The program greets family members and children at arrival and departure |  |  |
| 3. There is easy access for drop-off and pick-up of children |  |  |
| 4. There is a space for parents to talk to each other |  |  |
| 5. There is adult-sized furniture that is available for parents’ use |  |  |
| 6. The program offers a variety of opportunities for parent involvement, including: |  |  |
| a. Volunteering in program/care activities |  |  |
| b. Observing children in the program |  |  |
| c. Bringing in materials such as arts and crafts or snacks for snack time |  |  |
| d. Parent meetings |  |  |
| e. Parent workshops |  |  |
| f. Parent conferences |  |  |
| 7. Parents are invited to shape the planning of the program |  |  |
| 8. The program has suggestion boxes and/or surveys for family members to evaluate the program |  |  |
| 9. The program extends specific invitations to fathers or other male members of the family to participate in program activities |  |  |
| 10. The program offers special man-to-man activities for fathers or other male members of the family |  |  |
| 11. Parents have telephone and e-mail access to providers |  |  |
| 12. Families’ preferences for communication are maintained in a family record |  |  |
| 13. Providers use the following methods to communicate with families: |  |  |
| a. Face-to-face at drop-off and pick-up |  |  |
| b. Telephone |  |  |
| c. Email |  |  |
| d. Texting |  |  |
| e. Written notes |  |  |
| f. Website |  |  |
| g. Newsletter |  |  |
| h. Calendar |  |  |
| i. Bulletin boards |  |  |
| j. Parent- teacher conferences |  |  |
| k. Parent meetings |  |  |
| 14. Written information and materials are available in all languages spoken by the families |  |  |
| 15. Written information and materials are available at the appropriate literacy level |  |  |
| 16. The program provides a variety of information about community services |  |  |
| 17. The program provides parenting information in a variety of ways |  |  |
| 18. The program provides opportunities for families to get together |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |  | |  | | |
| b. Substance abuse services |  | |  | | |
| c. Tax credits, child care subsidies or vouchers, or employer child care benefits |  | |  | | |
| d. Housing assistance |  | |  | | |
| e. Energy or fuel assistance |  | |  | | |
| f. Community events |  | |  | | |
| g. Developmental screening services |  | |  | | |
| h. Immigration services, legal services, or social services |  | |  | | |
| i. Adult education, GED classes, ESL classes, or continuing education |  | |  | | |
| j. Employment opportunities |  | |  | | |
| k. Food pantries |  | |  | | |
| l. Domestic violence programs |  | |  | | |
| m. Homeless services |  | |  | | |
| 20. The program provides opportunities for family-to-family interaction through: |  |  | |
| a. Field trips |  |  | |
| b. Family picnics |  |  | |
| c. Family events |  |  | |
| 21. The program provides parenting information through: |  |  | | | |
| a. Parenting workshops |  |  | | | |
| b. Parenting classes |  |  | | | |
| c. Bulletin boards |  |  | | | |
| d. Newsletters |  |  | | | |
| e. Resource library with books, videos |  |  | | | |
| f. Tip sheets |  |  | | | |

**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 |  |  |
| 2. Signs and/or directions for locating classrooms and other spaces are posted in the center in languages parents understand |  |  |
| 3 The program has a formal advisory committee |  |  |
| 4. The program offers the following opportunities for parents: |  |  |
| 1. Formal opportunities for parents to learn about how children develop |  |  |
| 1. Opportunities to learn about good nutrition for their children |  |  |
| 1. Opportunities to help parents with their own adult literacy goals |  |  |
| 1. Peer mentoring/support opportunities |  |  |
| 5. The program helps families to: |  |  |
| 1. Find information and educational materials that are easy for them to understand |  |  |
| 1. Understand how to access community services for their children |  |  |
| 1. Advocate for services they need |  |  |
| 1. Use their own skills and resources to solve problems they have with their child |  |  |