

OMB Control Number: _____

Expiration Date: _____

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

2. 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**

OMB Control Number: _____

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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.

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their child’s abilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their child’s behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Problems their child is having in the education and care setting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Problems their child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health problems their child has.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Goals they have for their child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Their priorities for their child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Their vision for their child’s future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What to expect at each stage of their child’s development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their parenting styles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their personal relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their employment status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their work or family life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The rules you have for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How they feel about the teaching and care you provide their child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If children have other relatives living in their households.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their families' household schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The marital status of children's parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The employment status of children's parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The cultures, values, and beliefs of children's families.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The role that faith and religion play in children's households.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What their families do outside of the education and care setting to encourage their children's learning...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How parents discipline their child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help parents say goodbye to their children when they drop them off?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Share information with parents about their children's day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer parents books and materials to support their children's learning at home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Suggest activities for parents and children to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with parents to develop strategies they can use at home to support their child's learning and development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set goals with parents for their child. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use parents' feedback to adjust the care provided to their child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Offer parents feedback about their parenting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parents' ideas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information parents share about their children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The way parents discipline their children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The way parents raise their children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The choices parents make for their children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I see this job as just a paycheck.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I teach and care for children because I like being around children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I could find something else to do to make a living I would.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide families with information about community resources and services available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Be available to families outside of normal child care hours.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Change the care schedule in response to parents' work or school schedules.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Change activities offered to children in response to families' feedback.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Suggest activities for parents and children to do together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Offer parents advice about childrearing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Learn new ways to teach and care for children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Child abuse.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Domestic violence.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Substance abuse.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Depression or mental health issues in parents.....	<input type="checkbox"/>	<input type="checkbox"/>

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)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental assessments?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counseling services for children?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling services for parents?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Social services such as housing assistance, food stamps, financial aid, or medical care?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered information about community resources and services?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraged families to seek or receive services?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made initial contacts to help families arrange services?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Offered information about employment or job training?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Extended hours?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Flexibility to drop off early or pick up late, as needed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Late payment of child care fees?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- a. No, not of Hispanic, Latino/a, or Spanish origin.....
- b. Yes, Mexican, Mexican American, Chicano/a.....
- c. Yes, Puerto Rican.....
- d. Yes, Cuban.....
- e. Yes, Another Hispanic, Latino/a or Spanish origin.....

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

- a. White.....
- b. Black or African American.....
- c. American Indian or Alaska Native.....
- d. Asian Indian.....
- e. Chinese.....
- f. Filipino.....
- g. Japanese.....
- h. Korean.....
- i. Vietnamese.....
- j. Other Asian.....
- k. Native Hawaiian.....
- l. Guamanian or Chamorro.....
- m. Samoan.....
- n. 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.....	<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"/>