

**Appendix A-3:**  
**Provider/Teacher Survey**

# Family and Early Care and Education Provider Relationship Study



## Teacher and Child Care Provider Survey



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**



## Provider Survey

Thank you for agreeing to participate in the Family and Early Care and Education Provider Relationship Study. The results will help us develop surveys that teachers, child care providers, and policymakers can use to improve children's care and education.

This survey asks 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.

All information obtained from this study will be kept private. The report summarizing the findings will not contain any names or identifying information.

### **Please follow these steps:**

1. Complete the provider survey. It takes approximately 10 minutes.

Please use a black or blue pen to complete this form.

Mark  to indicate your answer.

If you change your answer, mark  on the wrong answer, and mark  to indicate the right answer.

2. Use the self-addressed, postage-paid envelope, to mail the survey back to:

XXXXXX XXXXXX  
Westat  
1600 Research Boulevard  
Rockville, Maryland  
20850-3129

3. As a token of our appreciation for your time and effort, you will receive a check for \$50 within 2-3 weeks of our receipt of your completed questionnaire.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

The office of Management and Budget has approved the data collection under OMB #XXXX-XXXX. OPRE is authorized to conduct this study under Section 649 of the Head Start Act, as amended by the Improving Head Start for School Readiness Act of 2007, codified at 42 United States Code (U.S.C.) 9844.

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

[MARK 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 general 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. Goals parents have for their child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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 have you talked to parents about the following regarding *themselves*?**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Their personal relationship with a spouse or partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their employment status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their financial situation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their parenting styles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Since September, how often have you talked to parents about the following regarding *the education and care their children receive*?**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your expectations for the children in your care .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The rules you have for children in your care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How they feel about the education and care you provide .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

[MARK 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 and their families do you know the following?**

**I know...**

[MARK 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 adult relatives living in their households.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their parents' schedules .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The marital status of children's parents ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The employment status of children's parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their financial situation .....	<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. Their cultures and values .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 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"/>
j. How parents discipline their child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Changes happening at home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Health issues their children have such as food allergies or asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Since September how often have you been able to do the following?**

*[MARK 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. Share information with parents about their children's day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer parents books and materials on parenting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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?**

*[MARK 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. Offer parents ideas or suggestions about parenting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide parents the opportunity to give feedback about your performance.....	<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?**

*[MARK ONE BOX IN EACH ROW.]*

	Never	Rarely	Sometimes	Very often
a. Information parents share about their children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Families' values and cultures.....	<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.**

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Sometimes it is hard for me to support the way parents raise their children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sometimes it is hard for me to support the way parents discipline their children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sometimes it is hard for me to support the goals parents have 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:**

[MARK 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 <i>just</i> 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...**

*[MARK ONE BOX IN EACH ROW.]*

	Strongly disagree	Disagree	Agree	Strongly agree
a. Help families get services available in the community .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer parents information about community events such as fairs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Respond to issues or questions outside of normal 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. Learn new ways to teach and care for children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Change activities offered to children in response to families' feedback .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Talk to parents about how they raise their children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. In the last ten years, have you received training or coursework on how to recognize signs of:**

*[MARK ONE BOX IN EACH ROW.]*

	Yes	No
a. Developmental delays in children.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Child abuse and neglect.....	<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"/>
f. Hunger.....	<input type="checkbox"/>	<input type="checkbox"/>

**13. If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?**

*[MARK ONLY ONE BOX.]*

- Very difficult.....
- Difficult.....
- Easy.....
- Very easy.....



**14. Since September, have you personally helped families in any of the following ways:**

*[MARK ONE BOX IN EACH ROW.]*

	Yes	No
a. Encouraged families to seek or receive services? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Made appointments or arrangements for families to receive services they need? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Helped families find services they need? .....	<input type="checkbox"/>	<input type="checkbox"/>

**15. Are you of Hispanic or Latino origin?**

*[MARK ONLY ONE BOX.]*

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

**16. What is your race?**

*[MARK ALL THAT APPLY.]*

- White.....
- Black or African American.....
- American Indian or Alaska Native.....
- Asian Indian.....
- Chinese.....
- Filipino.....
- Japanese.....
- Korean.....
- Vietnamese.....
- Other Asian.....
- Native Hawaiian.....
- Guamanian or Chamorro.....
- Samoan.....
- Other Pacific Islander.....

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

*[MARK ONLY ONE BOX.]*

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

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

*[MARK 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 COMPLETING THIS SURVEY**