

Appendix A-4:
Parent Survey about Providers/Teachers

Family and Early Care and Education Provider Relationship Study



Parent Survey About Teachers and Child Care Providers



ADMINISTRATION FOR
CHILDREN & FAMILIES



Parent 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 your child's care and early education. This survey is about your child's main child care provider or teacher. Please only think about this person when answering the following questions.

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 parent 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:

XXXXX 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 \$25 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 your child care provider or teacher about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child's experiences in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your vision for your child's future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Since September, how often have you talked to your child care provider or teacher about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your provider's expectations for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The rules your provider has for children in his or her care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How you feel about the care and education your child receives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often do you have difficulty communicating with your child care provider or teacher because he or she has a strong accent or speaks a different language than you?

[MARK ONLY ONE BOX.]

- Never
- Rarely
- Sometimes
- Very often.....

4. How comfortable do you feel sharing the following information with your child care provider or teacher?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Problems your child is having at home ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Health issues your child has such as food allergies or asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often does your child care provider or teacher ask about your family?

[MARK ONLY ONE BOX.]

- Never
- Rarely
- Sometimes
- Very often.....

6. If you had a problem with your child care provider or teacher, how comfortable would you feel talking to him or her about it?

[MARK ONLY ONE BOX.]

- Very uncomfortable.....
- Uncomfortable.....
- Comfortable.....
- Very comfortable.....

7. How often does your child care provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Help you say goodbye to your child when you drop him or her off?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share information with you about your child's day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer you books or materials on parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often does your child care provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Work with you to develop strategies you can use at home to support your child's learning and development?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Listen to your ideas about ways to change or improve the education and care your child receives?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer you ideas or suggestions about parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to give feedback on your provider's performance? .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Remember personal details about your family when speaking with you?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Contradict you in front of your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How much are the following statements like your child care provider or teacher?

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. My child care provider or teacher uses my feedback to adjust the education and care provided to my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child care provider or teacher is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How much do you agree or disagree with the following statement?

My child care provider or teacher is open to learning new ways to teach and care for children.

[MARK ONLY ONE BOX.]

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

11. Please indicate how much the following words are like your childcare provider or teacher.

My child care provider or teacher is...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dependable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How strongly do you agree or disagree with the following statement?

My child care provider or teacher sees this job as *just* a paycheck.

[MARK ONLY ONE BOX.]

- Strongly disagree
- Disagree
- Agree.....
- Strongly agree

13. How strongly do you agree or disagree with the following statements?

I trust that my child care provider or teacher ...

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Can maintain a safe environment for my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Has my child's best interest at heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How strongly do you agree or disagree with the following statements?

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My child care provider or teacher judges my family because of our faith and religion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child care provider or teacher judges my family because of our culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child care provider or teacher judges my family because of our race/ethnicity...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child care provider or teacher judges my family because of our financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How easy or difficult is it for you to reach your child care provider or teacher during the day if you have a question or if a problem comes up?

[MARK ONLY ONE BOX.]

- Very difficult
- Difficult
- Easy
- Very easy

16. On a scale of 1-5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your child care provider or teacher?

[MARK THE BOX NEXT TO THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP.]

Worst			Best
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>			

17. For how long has your current child care provider or teacher been teaching or caring for this child?

[MARK ONLY ONE BOX.]

- Less than 6 months
- 6 months-less than 1 year
- 1 year-less than 2 years
- 2 years or more

18. What language do you most speak at home?

[MARK ONLY ONE BOX.]

- English
- Spanish
- English and Spanish equally
- English and another language equally
- Other language

19. Thinking about all of your children, how many child care providers have you ever worked with?

[MARK ONLY ONE BOX.]

- 1
- 2-3
- 4-5
- More than 5

20. 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

21. 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