

APPENDIX B:

FPRQ Cognitive Interview Instruments for Eligible Parents

3/16/12

Instruments included:

- Cognitive Interview Screener
- Cognitive Interview Consent Form
- FPRQ Parent Survey
- Cognitive Interview Protocol – Parent Survey
- FPRQ Environmental Checklist
- Cognitive Interview Protocol – Environmental Checklist

**Cognitive Interview Screener
Family-Provider Relationship Quality Measurement Project**

PARENTS

A) IF POTENTIAL PARTICIPANT CALLS IN:

Thank you for calling us. Child Trends is conducting a research study on the relationships between parents of children ages five and younger and those who care for or teach their children. We are in the process of developing a survey about what is important in these relationships; and will be conducting interviews with parents, child care providers, early childhood, and Family Service Workers teachers to help us improve the questions we are working on. We are currently recruiting parents with children ages five or younger who are in child care, attend a Head Start, or attend preschool.

The interview will last approximately 2 hours. As a token of our appreciation, we will give you \$50 at the end of the interview.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will take about 5 minutes. Do you have any questions before I begin?

Just in case we get disconnected, can I get the phone number that you are calling from?

(cell/landline) _____

B) IF RETURNING A CALL:

Hello. My name is [SCREENER'S NAME]. I'm calling from Child Trends. May I speak with [POTENTIAL PARTICIPANT]?

ONCE YOU VERIFY THAT YOU ARE SPEAKING TO THE CORRECT PERSON, PROCEED.

I'm calling about a research study Child Trends is conducting on the relationship between parents with children ages five and younger and those who care for or teach their children. (You left a message with your name and phone number.) We are in the process of developing a survey about what is important in these relationships and will be conducting interviews with parents, child care providers, early childhood teachers, and Family Service Workers to help us improve the questions we are working on. We are currently recruiting parents with children ages five or younger who are in child care, attend a Head Start, or preschool.

The interview will last approximately 2 hours. As a token of our appreciation, we will give you \$50 at the end of the interview.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will take about 5 minutes. Do you have any questions before I begin?

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 private to the extent permitted by law. 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. Can you tell me how you learned about the study?

- Local newspaper/weekly, specify which one _____
- Flyer, specify, where _____
- Craigslist
- Program/clinic/center, specify _____
- Child Trends staff announcement
- Other, specify _____

2. Are you 18 years or older?

- Yes
- No (**GO TO STOP SCREENER**)

3. What was your household's income last year? Your best guess is fine.

- Less than \$15,000
- Less than \$25,000
- Less than \$35,000
- Less than \$45,000
- Less than \$55,000
- More than \$55,000

4. How many children do you have?

specify _____

5. How old is (are) your child(ren)?

- Less than 1 year old
- 1 year old
- 2 years old
- 3 years old
- 4 years old
- 5 years old
- Older than 5 years old

NOTE: If parent does not have a child 5 years old or younger, GO TO STOP SCREENER)

6. Do you have a child (age five or younger) who receives child care, is in a family child care, attends a Head Start or preschool, or is cared for by someone other than a parent, family member or friend on a regular basis? **By regular basis we mean at least 10 hours a week, on average.**

- Yes
- No (**GO TO STOP SCREENER**)

IF MULTIPLE CHILDREN, COLLECT TYPE OF SETTING FOR ALL CHILDREN AGE 5 OR UNDER.

7. How many hours a week does your child receive care?
- 1-9 (**GO TO STOP SCREENER**)
 - 10-20
 - 21-40
 - 41 or more hours
8. Do you pick up or drop off your child at their care setting/school at least half of the time? Or is someone else responsible for that?
- Yes, drop off/pick up
 - Someone else is responsible (**GO TO STOP SCREENER**)
9. Do(es) your child(ren):
- Go to Head Start
 - Go to a preschool
 - Go to a child care center
 - Receive care in your home (**GO TO STOP SCREENER**)
 - Receive care in the home of someone else
 - Other: please explain: _____
10. What is your relationship, if any, to the person who provides care for your child?
- Relative or family member (**GO TO STOP SCREENER**)
 - Friend
 - Did you have a relationship with this person before he/she began caring for your child?
 - Yes (**GO TO STOP SCREENER**)
 - No
 - Neighbor
 - Did you have a relationship with this person before he/she began caring for your child?
 - Yes (**GO TO STOP SCREENER**)
 - No
 - Other: _____
 - Did you have a relationship with this person before he/she began caring for your child?
 - Yes (**GO TO STOP SCREENER**)
 - No
11. Are you of Hispanic or Latino origin?
- Yes
 - No

12. What is your racial background? **(NOTE: Mark one or more.)**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other, specify _____

13. What is your language preference?

- English **(SKIP TO QUESTION 14)**
- Spanish**
(INTERVIEWER NOTE: DURING ROUND 1, PROCEED TO Q 14**)**
(INTERVIEWER NOTE: DURING ROUNDS 2 OR 3, SKIP TO Q 15**)**
- Other

14. Are you able and interested in doing an interview in English?

- Yes
- No **(GO TO STOP SCREENER)**

15. In what country were you born?

- Born in the U.S.
- Born elsewhere (specify _____)

16. What town/city and state do you currently live in?

Specify _____

17. What is the highest level of school completed or the highest degree you have received?

- 8th grade or less
- Some high school but no diploma
- High school diploma or equivalent
- Some college or Associates degree
- Bachelor's degree or higher

PROCEED TO INTERVIEW SCREENER MATRIX

- Compare respondent’s characteristics with recruitment matrix.
 - Choose who the focal child will be. In situations when the parent has multiple children under the age of 5, the focal child will be the youngest child. However, if the youngest child does not qualify because the quota has already been met, choose the child that is needed the most to meet other quotas.
 - If prospective participant is eligible and target numbers for characteristics have not been met, proceed and schedule for the interview.
 - If target numbers for characteristics have been met, or respondent is not eligible. **GO TO STOP SCREENER.**

IF POTENTIAL PARTICIPANT IS ELIGIBLE, SCHEDULE FOR INTERVIEW.

Based on what you have told me, you are eligible for the study and we would like to schedule an interview. The interview will focus on **NAME OF CHILD CHOSEN TO BE TARGET CHILD.**

INTERVIEWER: CHECK INTERVIEWER AVAILABILITY

Which time/day would work best for you?

The interview is going to be held at **[INTERVIEW LOCATION]**. At the end of the interview, you will receive \$50.

Within the next day, we will be mailing/emailing you a reminder letter with the time, date, and location of your interview. The letter/email will also include a copy of the project consent form describing the study, what we will be doing, your rights as a study participant, and other important information. We request that you read the consent form before you attend the interview. We will also review the consent form before we begin the interview and you will have an opportunity to ask any questions or raise any concerns you may have. Can I get your mailing address/email so that I can you send you this?

Street Address:

City:

State:

Zip Code:

Email:

You will also receive a reminder call the day before your interview.

Is the number you provided us the best number to reach you? If not, can I have a phone number where I can reach you?

___ Phone number confirmed
___ New number provided (cell/landline)_____

Thank you for agreeing to participate in this important study. We look forward to meeting you on **[DATE]** at **[TIME]**. Again, the interview will take place at **[INTERVIEW LOCATION]**. The day before the interview you will also receive a reminder call from us. If you have any questions before then, please feel free to call us at (202)553-2900 or toll-free at 1-888-418-4585.

IF NOT SURE WHETHER TO SCHEDULE POTENTIAL PARTICIPANT FOR INTERVIEW:

I need to talk with my supervisor to confirm whether you are eligible to participate in the study.

STOP SCREENER: Thank you. Unfortunately, you are not currently eligible to participate in our study. I'd like to thank you for your interest and time. **[IF PARTICIPANT IS ELIGIBLE, BUT GROUP IS FULL]** If you are interested, we can keep your information and contact you if one of the cognitive interview participants cancels.



**Measurement Development:
Quality of Family-Provider Relationships in Early Care and Education
Parent Consent Form**

Child Trends is doing a research study with parents of infants, toddlers and preschoolers. This is information that we ask you to use in deciding whether or not you want to take part in the study. You will be given a copy of this form to keep for yourself.

1. Goal:

The goal of our study is to develop questions about relationships between parents and those who care for/teach their children. The questions will be used in national surveys, research studies, and program evaluations.

2. What will you need to do:

If you agree to be part of the study, you will be interviewed for about two hours. During the interview, we will ask you about relationships between parents and those that care for/teach their children. We will ask you to:

- Give us your thoughts about the meanings and wording of questions;
- Talk about how clear the questions are;
- Ask about any problems you think parents may have understanding the questions;
- Give ideas about how to word questions; and
- Talk about aspects of relationships between parents and those who care for/teach their children.

3. Risks and Benefits to Participants:

We will not be talking about any sensitive topics so the risks are minimal. However, there is some risk of loss of privacy of the things you tell us. You do not have to answer any questions you do not want to.

There are no costs related to the study other than the time needed to be part of the interview. We cannot be sure that everyone will benefit from being a part of the interview, but talking about this topic with others can be a learning opportunity. And, the results will help us improve questions about relationships

that parents and teachers/caregivers have. To thank you for your time, you will receive \$50 at the end of the interview.

4. Privacy:

Everything you tell us will remain as private as possible. We will combine what you and other tell us. This will help to reduce the chance that anyone can be identified when the study results are described. Only approved study staff will have access to the tape recordings and written notes. The tapes and notes will be kept in a locked file cabinet in a secured office. All computer files will be stored on a secure network.

There are limits to privacy. If someone on the study team feels that keeping information private would result in danger to you or another person, they will have to tell proper agencies to protect you or the other person. The types of information that would not remain private include any reports of the abuse or neglect of a child or any thoughts you may have to hurt yourself or anyone else.

Also, we would like your permission to record your interview so that we do not miss anything you say. We would also like your permission to use specific quotes from your interview in our reports. The quotes will not include any identifying information like names or birth dates. You can still participate in the interview even if you do not give your permission for us to record the interview or for us to use quotes

5. Voluntary Participation:

Your participation in this study is voluntary. That means that you are free to not participate in the interview. Nothing bad will

happen because you decide not to be in the study and you are not giving up any rights. If you learned about our study through a program your child is in, your child's participation at that program will not be affected. Also, once we begin, you may end the interview at any time.

If you do not wish to talk to her or you have concerns or complaints, you may contact the Institutional Review Board (IRB), a group that reviewed this study for your protection.

6. Questions:

Please feel free to ask questions now or later. If you have any questions about the study, you may call Dr. Lina Guzman, at Child Trends at 202.572-6006 between 9:00 a.m. and 5:00 p.m. She will be happy to answer your questions.

You may contact Kerry Levin, Chair of Westat's IRB at KerryLevin@westat.com, or Sharon Zack, Westat's IRB Administrator at SharonZack@westat.com or at 301-610-8828 and you can write them at: 1600 Research Blvd., Rockville, MD 20850.

Agreement: The researcher and I have read this information together and I have discussed it with her. I have read the study described above and have been given a copy of it. I am 18 years of age or older and I agree to take part in the study.

Signature

Date

I have also read that if someone on the study team feels that keeping information private would result in danger to me or another person, they will have to tell proper agencies to protect me or the other person.

Signature

Date

We would like to tape record the interview so that we can make sure that we don't miss anything you say. We will also be taking notes. Please try not to use any identifying information (such as a full name) once we start recording.

Please know that you can still take part in the study even if you do not wish to be recorded.

Do we have your permission to tape record and transcribe the interview? YES NO

We also would like to use specific quotes from your interview in describing some of our results. However, all identifying information such as names or birthdates would be removed. Your identity will remain private. Please know that you can still participate in the study even if you do not want quotes from your interview used. You will have a chance to change your mind at the end of the interview as well.

Do we have your permission to use specific quotes from your interview in summaries, reports, and presentations of our study findings? YES NO

Signature

Date

Parent Survey

In the following pages, we will ask questions about your child’s care and early education. We will ask about your child’s education and care provider and about your feelings towards that provider. Some of these questions will be about how you and your provider work together to care for your child.

1. We would like to know how often you communicate with THIS provider about various topics.

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

[CHECK 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 behavior..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Problems your child is having in the education and care setting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Problems your child is having at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Health problems your child has..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Goals you have for your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Your priorities for your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Your vision for your child’s future..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What to expect at each stage of your child’s development..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Since September, how often have you talked to your provider about the following regarding *yourself*?

[CHECK ONE BOX IN EACH ROW]

| | Never | Rarely | Sometimes | Very often |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your relationship with your child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your parenting style..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your personal relationships..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your employment status..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your financial situation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your work or family life..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Since September, how often have you talked to your provider about the following regarding the education and care your child receives?

[CHECK 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 your child receives..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. How often do you have difficulty communicating with your provider because he or she speaks a different language than you?

[CHECK ONLY ONE BOX]

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

5. Listed below are some things you may or may not share with your provider.

How comfortable do you feel sharing the following information with your provider?

[CHECK 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 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 employment status..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your financial situation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Your family's culture, values, and beliefs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The role that faith and religion play in your household..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. 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"/> |
| j. How you discipline your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. How often does your provider ask you questions about your child or your family?

[CHECK ONLY ONE BOX]

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

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

[CHECK ONLY ONE BOX]

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

8. Listed below are some things your provider may or may not do.

How often does your provider:

[CHECK 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 and materials to support your child's learning at home?..... | <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"/> |

9. We would like to learn more about how you and your provider work together.

How often does your provider:

[CHECK 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. Set goals with you for your child?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 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"/> |
| d. Offer you feedback about your parenting?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Show interest in what is happening with your family?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 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"/> |
| g. Provide you with opportunities to give feedback on your provider's performance?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Remember personal details about your child or your family when speaking with you?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Contradict you in front of your child.... | <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 provider has increased my confidence in my ability to help my child grow or develop.

[CHECK ONLY ONE BOX]

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

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

My provider has my child's best interests at heart.

[CHECK ONLY ONE BOX]

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

12. We would like to know how flexible your provider is.

How much are the following statements like your provider?

[CHECK 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 provider 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 provider is flexible in response to my work or school schedule..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

[CHECK ONLY ONE BOX]

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

14. We would like to learn more about your provider. Please indicate how much the following words are like your provider.

My provider is...

[CHECK 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. Unreliable..... | <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. Responsive..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Unfriendly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Respectful..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Judgmental..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Available..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

My provider sees this job as just a paycheck.

[CHECK ONLY ONE BOX]

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

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

I trust that my provider ...

[CHECK ONE BOX IN EACH ROW]

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Can protect my child from harm from others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Can maintain a safe environment for my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Knows how to best care for my child... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

My provider supports...

[CHECK ONE BOX IN EACH ROW]

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The goals I have for my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The way I discipline my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The way I raise my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The choices I make for my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

I feel my provider judges my family because of our...

[CHECK ONE BOX IN EACH ROW]

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Culture, values, and beliefs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Race/ethnicity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Financial situation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

[CHECK ONLY ONE BOX]

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

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

Since September, has your provider helped you or your family in any of the following ways:

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Helped you or your family get transportation to and from your child's education and care program?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offered you or your family information about community resources and services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Encouraged you or your family to seek or receive services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Made initial contacts to help you or your family arrange services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Offered you information about employment or job training?..... | <input type="checkbox"/> | <input type="checkbox"/> |

21. Since September, has your provider given you a referral for any of the following services in the community:

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Health screening (medical, dental, vision, hearing, or speech)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counseling services for children?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counseling services for parents?..... | <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"/> |

22. Since September, has your provider offered you any of the following:

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Emergency or sick care?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extended hours?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Flexibility to drop off early or pick up late, as needed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Flexibility to pay program fees late?..... | <input type="checkbox"/> | <input type="checkbox"/> |

23. On a scale of 0-10, where 0 is the worst you can imagine and 10 is the best you can imagine, how would you describe your relationship with your provider?

[CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP]

| Worst | | | | | | | | | | | Best |
|-------|---|---|---|---|---|---|---|---|---|----|------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

24. Does your program ask for parent feedback about the education and care children receive?
[CHECK ONLY ONE BOX]

- Yes.....
 No..... SKIP TO QUESTION 26

25. As far as you know, how often does your program use your feedback or feedback from other parents to make changes to the education and care children receive?
[CHECK ONLY ONE BOX]

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

26. For how long has your current provider been teaching or caring for your child?

[CHECK ONLY ONE BOX]

- Less than one month.....
- One month.....
- 2-6 months.....
- 7-12 months.....
- More than one year.....

27. What is your child's birth order?

[CHECK ONLY ONE BOX]

- First born.....
- Second born.....
- Third born.....
- Later than third born.....
- Last born.....

28. What is the primary language spoken in your household?

[CHECK ONLY ONE BOX]

- English.....
- Spanish.....
- Some other language.....

Family-Provider Relationship Quality project: Cognitive Interview Protocol
Parent

Introduction

Hi. My name is _____ (and this is _____. _____ will be taking notes to help us remember what we cover.)

Before we get started, I want to tell you about the study and what we will be doing today.

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

| | | |
|---------------------------------------|-----|----|
| CONSENT TO PARTICPATE OBTAINED: | YES | NO |
| CONSENT TO RECORD INTERVIEW OBTAINED: | YES | NO |

INTERVIEWER: IF NO TO CONSENT TO PARTICIPATE, INTERVIEW CANNOT TAKE PLACE.

Before we get started, I want to go over a few things.

The goal of our study is to develop questions about the quality of relationships between parents and those who care for and teach their children under the age of six [**FOR HEAD START PARENTS:** as well as their Family Service Worker.] We want to make sure that the questions we develop are easy to understand and make sense for parents. In the next section, I will give you the questions that have been written by others and ask you for your feedback. In these questions, I'll ask you to report about FOCAL CHILD. Please only answer with respect to FOCAL CHILD. Please think about FOCAL CHILD'S primary care arrangement; that is, the arrangement that he or she spends the most time in.

[**INTERVIEWER:** If no primary arrangement, ask respondent to choose the arrangement to report on.]

I will ask you to complete sections of the survey. After you've completed each section, I will ask follow-up questions. Some of the time, I will ask you how you answered a question. Other times, I will ask you why you answered a question the way you did or what a certain term meant to you. Please remember that there are no right or wrong answers.

So that we get the most from your help, it is very important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me anytime if:

- a question seems hard to answer,
- the words in the question are hard to understand,
- you have a hard time coming up with an answer,
- the words in the question are not the ones that parents would use,
- you think other parents may not understand,
- you don't have the information to answer the question, or
- the question doesn't apply or make sense to ask about your child's care arrangement or program.

Any questions?

Okay, let get started.

First, we want to make sure that we are using the right words to describe your child's care arrangement or preschool setting.

- What words or terms do you use to describe your child's care arrangement or preschool setting?

- Are there any other words or terms that you use?

IF NEEDED: Does your child attend a Head Start?

- What about the person or people who care for or teach your child? How do you refer to them?

- Are there any other words or terms that you use?

- Are there terms that you wouldn't use?

IF HEAD START: Do you have a Family Service Worker?

IF YES: How do you refer to this person?

- How often do you interact with this person?

- What do you and your Family Service Worker interact about?

So that I can better understand the information you provide us, can you tell me about [FOCAL CHILD]'s child care arrangements or educational program.

IF NECESSARY:

- What kind of child care arrangement or educational program is it?

- Who cares for [him/her]?

 - Does he/she have one or more child care providers/teachers in this arrangement/program?

 - Who in your household interacts with the provider/teacher?
 - Does this vary by issue or by provider/teacher?

- Who drops off/picks up [FOCAL CHILD] from child care?

- How much time does [he/she] spend in this care arrangement/program (hours/days per week)?

INTERVIEWER: CONFIRM WHETHER CARE ARRANGEMENT IS SCHOOL/PROGRAM-BASED (E.G., HEAD START, DAY CARE PROGRAM, SCHOOL-BASED PRESCHOOL) OR HOME-BASED (CARE IS PROVIDED FROM PROVIDER'S OR SOMEONE ELSE'S HOME). CONFIRM NUMBER OF PROVIDERS (ONE, TWO, OR MORE PROVIDERS). UNLESS OTHERWISE STATED, PROBES ARE ADMINISTERED TO ALL PARENTS.

INTERVIEWER: USE TERMS PARENT USES FOR PROVIDER/TEACHER AND SETTING THROUGHOUT PROBES AND FOLLOW-UP QUESTIONS.

IF IN-PERSON INTERVIEW: GIVE R QUESTIONNAIRE PACKET

IF PHONE INTERVIEW: ENSURE R HAS QUESTIONNAIRE PACKET

I'd like you to open the package as you would if you just received it in the mail. Don't answer any questions, just do whatever you would do if you received it in the mail and were opening it in your home.

IF OVER THE PHONE: As you are doing this, please describe to me what you are doing.

[INTERVIEWER: TAKE NOTES ON WHAT THEY LOOKED AT, READ, OR NOTICED AND THE ORDER IN WHICH THIS WAS DONE.]

IF R SELECTED TO PROVIDE FEEDBACK ON RECRUITMENT MATERIAL: At the end, I will ask you some follow-up questions about the letter and brochures included in the envelope.

Now, I'd like to move to the questionnaire that is included in your packet. Let's start with the first set of questions on page 1. Please read and answer question 1. Take as much time as you need and let me know when you are done.

In the following pages, we will ask questions about your child’s care and early education. We will ask about your child’s education and care provider and about your feelings towards that provider. Some of these questions will be about how you and your provider work together to care for your child.

1. We would like to know how often you communicate with THIS provider about various topics.

Since September, how often did you talk to your provider about the following regarding *your child*?

[CHECK 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 behavior..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Problems your child is having in the education and care setting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Problems your child is having at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Health problems your child has..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Goals you have for your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Your priorities for your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Your vision for your child’s future..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What to expect at each stage of your child’s development..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AFTER RESPONDENT COMPLETES SECTION: Thank you. As we talked about earlier, I’d like to ask you about how you answered the questions and what the questions meant to you. Before we discuss specific questions I have some general questions about this section.

GENERAL PROBES:

Did you read the introduction at the top of the page?

IF NO: Can you tell me why you didn't read it?

IF YES: In your own words, what information was conveyed to you in the introduction?

- What does the phrase "work together" with your provider/teacher to care for your child mean to you?
 - Is this something you feel applies to you and your provider/teacher?

Please tell me in your own words what the term "provider" means to you.

IF NECESSARY: We want to make sure that we are using terms that parents use to describe the people who provide care and early education to their children. Do you or parents you know use the term "provider"?

- Would you use it to describe your child's teacher/provider?

IF NO: What terms do you or other parents you know use to refer to people who provide care and early education to your children?

Who were you thinking about when answering the questions in this section?

IF ANSWERED ABOUT MULTIPLE PROVIDERS/TEACHERS: When you were answering these questions, did you think about one of your child's providers/teachers or did you think about all of them?

IF HS PARENT WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

IF NO: Can you tell me why not?

- Do these questions make sense to ask about in reference to your Family Service Worker?

IF ANSWERED ABOUT ONE PROVIDER ONLY: How did you decide who you should focus on when answering these questions?

IF ANSWERED ABOUT ONE PROVIDER ONLY: Did you focus on the same provider for all of the questions or did it vary by question?

IF ANSWERED ABOUT ONE PROVIDER ONLY: Would your answers to these questions be different if you were focusing on the other provider?

IF ANSWERED ABOUT MULTIPLE PROVIDERS: Would your answers be different if you were focusing on one provider only?

- How so?

IF ANSWERED ABOUT MULTIPLE PROVIDERS: Did you think about all/some of your child's providers/teachers for *all* the questions or did this vary?

- How so?

In your opinion, who is the best person in your family or household to answer these questions?

- Why is that?

IF NEEDED: Would that be you, or someone else?

Now let's move on to talk about the set of questions in number one. **[ITEMS REPEATED FOR INTERVIEWER'S BENEFIT]**

| | 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 behavior..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Problems your child is having in the education and care setting..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Problems your child is having at home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Health problems your child has..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Goals you have for your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Your priorities for your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Your vision for your child's future..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What to expect at each stage of your child's development..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 1a]: In your own words, walk me through how you chose your answer for the item 1A “talk to your provider about your child’s experiences in the education and care setting.”

IF NEEDED: What kind of experiences came to mind when you answered this question?

[Item 1c]: What is question 1c asking?

- What kinds of behaviors were you thinking about as you answered this question?

[Item 1g and h]: What came to mind when you read “goals” in question 1g?

- How about for “priorities” in question 1h?
- Do “goals” and “priorities” mean similar or different things to you?

[Item 1i]: In your own words, what does “vision for your child’s future” in Question 1i mean to you?

[Item 1j]: In question 1j, what did you think the phrase “stage of your child’s development” was referring to?

GENERAL PROBES:

Let’s talk some more about how you answered this set of questions.

What time period were you thinking of when you answered these questions?

IF ANSWERED “SINCE SEPTEMBER”: Does thinking about the time since September help you remember and answer questions? Or did it not matter?

IF ANSWERED SOMETHING OTHER THAN SEPTEMBER: How did you come up with that time frame?

Did the questions in this section make sense for your child care arrangement or program?

Okay, now let’s move onto the next question. Please read and answer question 2. Take as much time as you need and let me know when you are done.

2. Since September, how often did you talk to your provider about the following regarding *yourself*?

[CHECK ONE BOX IN EACH ROW]

| | Never | Rarely | Sometimes | Very often |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your relationship with your child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your parenting style..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your personal relationships..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your employment status..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your financial situation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your work or family life..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 2b]: What did the phrase “parenting style” mean to you in question 2b?

[Item 2c]: What types of relationships did you think of when you read the phrase “personal relationships” in question 2c?

[Item 2d]: In your own words, what is question 2d, “how often did you talk to your provider about your employment status” asking?

[Item 2f]: Can you walk me through how you answered question 2f about “your work or family life?” What were you thinking of when you answered this question?

GENERAL PROBES: When you were answering these questions, who were you thinking about?

IF ANSWERED ABOUT MULTIPLE PROVIDERS/TEACHERS: Did this vary across questions?

IF YES: How so?

IF HS PARENT WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

IF NO: Can you tell me why not?

- Do these questions make sense to ask about in reference to your Family Service Worker?

How did the questions work as a group? Did it feel like we were asking the same things? Or did they seem different?

Are there other personal things that you talk with your provider/teacher about that are not included in this list? Are we missing anything?

Okay, now let’s move onto the next page. Please read and answer question 3 on page 2. Take as much time as you need and let me know when you are done.

3. Since September, how often did you talk to your provider about the following regarding the education and care your child receives?
 [CHECK 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 your child receives..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Introduction]: Before you answered these questions, did you read the introduction?

IF NO: Did you notice the introduction?

- I wonder why you went straight to the questions. Can you tell me more about that?

IF YES: What did the phrase, “the education and care your child receives” mean to you?

- Did it seem like this set of questions would apply to you?

[Item 3a]: In your own words, what is question 3a, “your provider’s expectations for your child” asking?

IF ANSWERED ABOUT MULTIPLE PROVIDERS: Who were you thinking about when you answered this question?

IF HEAD START PARENT AND HAS FAMILY SERVICE WORKER: Did you include your Family Service Worker when you answered this question?

IF NO: Can you tell me why not?

- Do these questions make sense to ask about in reference to your Family Service Worker?

Okay, now let’s move onto the next question. Please read and answer question 4. Take as much time as you need and let me know when you are done.

4. How often do you have difficulty communicating with your provider because he or she speaks a different language than you?

[CHECK ONLY ONE BOX]

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

PROBES:

[Item 4]: In your own words, what is this question asking?

IF NEEDED: What does the phrase “speak different languages” mean to you?

IF APPROPRIATE: Did you include or think about providers/teachers who speak the same language as you but because either you or him/her do not speak it as fluently you may have trouble communicating?

IF MORE THAN ONE PROVIDER/TEACHER IN SETTING: When you were thinking about this question, who were you thinking about?

IF HS PARENT WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering this question?

IF NO: Can you tell me why not?

- Does this question make sense to ask about in reference to your Family Service Worker?

IF ANSWERED ABOUT JUST ONE PERSON: How did you decide which person to report on?

IF ANSWERED ABOUT MORE THAN ONE PERSON: Can you walk me through how you came up with your answer?

Okay, now let’s move onto the next page. Please read and answer question 5 on page 3. Take as much time as you need and let me know when you are done.

**5. Listed below are some things you may or may not share with your provider.
 How comfortable do you feel sharing the following information with your provider?**

[CHECK 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 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 employment status..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your financial situation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Your family’s cultures, values, and beliefs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The role that faith and religion play in your household..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. 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"/> |
| j. How you discipline your child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Introduction]: Before answering these questions, did you read the introduction?

IF NO: Did you notice the introduction?

- Can you tell me what made you skip straight to the questions?

IF YES: Can you tell me what the introduction is saying?

[Item 5b]: In your own words, what is question 5b, “if you have other relatives living in your household” getting at?

- Is this something that you or other parents you know discuss with providers/teachers?

[Item 5c]: What types of things came to mind when you read the phrase “household schedule?”

IF NEEDED: Did you include work schedules when you were answering this question?

[Item 5g]: What did the phrase “your family’s culture, values, and beliefs” in question 5g mean to you?

- Do “culture, values, and beliefs” mean similar or different things to you?

IF DIFFERENT: How did you arrive at your answer?

[Item 5h]: In your own words, tell me what “the role that faith and religion play in my family” meant to you.

IF REPORTS RELIGION/FAITH NOT IMPORTANT: Can you walk me through how you chose your answer?

[Item 5i]: What was the question 5i getting at?

- Did this question apply to you and your care setting/educational program?

GENERAL PROBES:

Now, I'd like to ask some more general questions about this section.

Did these questions make sense for your particular arrangement/situation?

- Did you have the information needed to answer these questions?

Are there other things you share with your provider that we didn't ask about?

- Can you give me some examples?

IF HEAD START WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

- Why? Why not?
- Do these questions make sense to ask of your Family Service Worker?

Okay, now let's move onto the next question. Please read and answer question 6. Take as much time as you need and let me know when you are done.

6. How often does your provider ask you questions about your child or your family?
[CHECK ONLY ONE BOX]

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

PROBES:

[Item 6]: When you read and answered question 6, what types of questions came to mind?

IF R HAS MULTIPLE PROVIDERS/TEACHERS: Who were you thinking about when you answered this question?

IF ANSWERED ABOUT JUST ONE PERSON: How did you decide which person to report on?

IF ANSWERED ABOUT MORE THAN ONE PERSON: Can you walk me through how you came up with your answer?

IF HS PARENT WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering this question?

IF NO: Can you tell me why not?

- Does this question make sense to ask about in reference to your Family Service Worker?

Okay, now let's move onto the next page. Please read and answer question 7 on page 4. Take as much time as you need and let me know when you are done.

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

[CHECK ONLY ONE BOX]

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

PROBES:

[Item 7]: What kinds of problems came to mind as you were answering this question?

IF R HAS MULTIPLE PROVIDERS/TEACHERS: Were you thinking about one provider/teacher or all the providers/teachers in your child’s care arrangement/program?

IF ANSWERED ABOUT JUST ONE PERSON: How did you decide which person to report on?

IF ANSWERED ABOUT MORE THAN ONE PERSON: Can you walk me through how you came up with your answer?

IF HS PARENT WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering this question?

IF NO: Can you tell me why not?

- Does this question make sense to ask about in reference to your Family Service Worker?

Okay, now let’s move onto the next question. Please read and answer question 8. Take as much time as you need and let me know when you are done.

8. Listed below are some things your provider may or may not do.

How often does your provider:

[CHECK 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 and materials to support your child's learning at home?..... | <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"/> |

PROBES:

[Item 8a]: What did the phrase “help you say goodbye to your child” mean to you in question 8a?

[Item 8c]: When you answered question 8c, what kind of “materials” came to mind?

GENERAL PROBES:

IF APPROPRIATE: How often would your provider need to share information with you about your child's day for you to answer "very often" to the question "How often does your provider share information with you about your child's day?"

IF APPROPRIATE: And how often would they need to suggest activities for you to do together for you to answer "very often" to the question "How often does your provider suggest activities for you and your child to do together?"

IF R HAS MULTIPLE PROVIDERS/TEACHERS: When you were answering these questions, were you thinking about all the providers/teachers in your child's program/classroom, or one provider/teacher in particular?

IF ANSWERED ABOUT JUST ONE PERSON: How did you decide which person to respond about?

IF ANSWERED ABOUT MORE THAN ONE PERSON: Can you walk me through how you came up with your answer?

IF HEAD START WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

➤ Do these questions make sense to ask about your Family Service Worker?

Okay, now let's move onto the next page. Please read and answer question 9 on page 5. Take as much time as you need and let me know when you are done.

**9. We would like to learn more about how you and your provider work together.
 How often does your provider:**

[CHECK 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. Set goals with you for your child?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 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"/> |
| d. Offer you feedback about your parenting?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Show interest in what is happening with your family?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 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"/> |
| g. Provide you with opportunities to give feedback on your provider's performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Remember personal details about your child or your family when speaking with you?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Contradict you in front of your child.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL PROBES:

What period of time were you thinking about when you answered these questions?

- Would it have been easier or more difficult to answer if you were thinking of a shorter time period? A longer time period?

PROBES:

[Introduction]: What does the phrase “how you and your provider work together” in the introduction to this set of questions mean to you?

[Item 9a]: What does it mean for a provider to “work with you to develop strategies to support your child’s learning”?

- In this question, did “learning” and “development” mean similar or different things to you?

IF DIFFERENT: Can you walk me through how you selected your answer?

[Item 9c]: What came to mind when you read question 9c: “listen to your ideas about ways to change or improve the care your child receives?”

- Have you shared ideas about ways to change or improve the care you child receives with your provider?

IF NO: Can you walk me through how you chose your answer?

[Item 9f]: Can you walk me through how you answered question 9f?

IF NEEDED: Were you thinking of specific instances?

[Item 9h]: What does the phrase “personal details” in question 9h mean to you?

- Have you shared this type of information with your provider?

IF NO: Can you walk me through how you came up with your answer?

Okay, now let’s move onto the question. Please read and answer question 10. Take as much time as you need and let me know when you are done.

10. **How much do you agree or disagree with the following statement?
My provider has increased my confidence in my ability to help my child grow or develop.**

[CHECK ONLY ONE BOX]

| | |
|------------------------|--------------------------|
| Strongly disagree..... | <input type="checkbox"/> |
| Disagree..... | <input type="checkbox"/> |
| Agree..... | <input type="checkbox"/> |
| Strongly agree..... | <input type="checkbox"/> |

PROBES:

[Item 10]: In your own words, what is the statement “my provider has increased my confidence in my ability to help my child grow or develop” getting at?

- Please tell me your answer for question 10 and walk me through how you answered this question.

Okay, now let’s move onto the next page. Please read and answer question 11 on page 6. Take as much time as you need and let me know when you are done.

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

My provider has my child's best interests at heart.

[CHECK ONLY ONE BOX]

- | | |
|------------------------|--------------------------|
| Strongly disagree..... | <input type="checkbox"/> |
| Disagree..... | <input type="checkbox"/> |
| Agree..... | <input type="checkbox"/> |
| Strongly agree..... | <input type="checkbox"/> |

[Item 11]: What does the phrase “best interest at heart” mean in question 11?

IF HEAD START WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

- Do these questions make sense to ask about your Family Service Worker?

Okay, now let's move onto the question. Please read and answer question 12. Take as much time as you need and let me know when you are done.

**12. We would like to know how flexible your provider is.
 How much are the following statements like your provider?**

[CHECK 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 provider 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 provider is flexible in response to my work or school schedule..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 12a]: Have you offered your provider feedback about his or her care of your child?

IF NO: Can you walk me through how you answered this question?

IF YES: How do you know if your provider uses your feedback to adjust the care provided to your child?

[Item 12b]: What does it mean for a provider to be “flexible” in response to your work or school schedule?

- Does this apply to your experiences with your child’s early care and education program?

IF NO: Walk me through how you answered this question.

Okay, now let’s move onto the next question. Please read and answer question 13. Take as much time as you need and let me know when you are done.

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

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

[CHECK ONLY ONE BOX]

- | | |
|------------------------|--------------------------|
| Strongly disagree..... | <input type="checkbox"/> |
| Disagree..... | <input type="checkbox"/> |
| Agree..... | <input type="checkbox"/> |
| Strongly agree..... | <input type="checkbox"/> |

PROBES

[Item 13]: What does it mean to be “open to learning new ways to teach and care for children”?

- Do you feel you have the information you need to answer this question?

IF NO: Can you walk me through how you answered this question?

IF HEAD START WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

- Do these questions make sense to ask about your Family Service Worker?

Okay, now let’s move onto the next page. Please read and answer question 14 on page 7. Take as much time as you need and let me know when you are done.

14. We would like to learn more about your provider. Please indicate how much the following words are like your provider.

My provider is...

[CHECK 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. Unreliable..... | <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. Responsive..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Unfriendly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Respectful..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Judgmental..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Available..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 14d]: What does it mean for a provider to be “flexible?”

[Item 14k]: What things came to mind when you read the word “judgmental?”

[Item 14l]: What does it mean for a provider to be “available?”

GENERAL PROBES:

When you were reading this set of questions, were you thinking about how your provider behaves towards you, towards your child, or both?

- **IF CHILD:** Would your answers have been different if you were thinking about how your provider behaves towards you or other parents?
- How so?

IF R HAS MULTIPLE PROVIDERS/TEACHERS: When you were answering these questions, were you thinking about all the providers/teachers in your child's program/classroom, or one provider/teacher in particular?

IF ANSWERED ABOUT JUST ONE PERSON: How did you decide which person you were thinking about?

IF ANSWERED ABOUT MORE THAN ONE PERSON: Can you walk me through how you came up with your answer?

IF HS PARENT WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

- IF NO:** Can you tell me why not?
 - Do these questions make sense to ask about in reference to your Family Service Worker?

Looking at the list of characteristics in this question, are there other descriptions or characteristics of your provider/teacher/Family Service Worker that we did not ask you about, but you think are important?

[ITEMS REPEATED FOR INTERVIEWER’S BENEFIT]

| | 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. Unreliable..... | <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. Responsive..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Unfriendly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Respectful..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Judgmental..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Available..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Okay, now let’s move onto the next question. Please read and answer question 15. Take as much time as you need and let me know when you are done.

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

My provider sees this job as just a paycheck.

[CHECK ONLY ONE BOX]

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

PROBES:

[Item 15]: Can you walk me through how you selected your answer?

Okay, now let's move onto the next page. Please read and answer question 16 on page 8. Take as much time as you need and let me know when you are done.

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

I trust that my provider ...

[CHECK ONE BOX IN EACH ROW]

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. can protect my child from harm from others..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. can maintain a safe environment for my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. knows how to best care for my child.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 16a]: Describe what came to mind when you read “can protect my child from harm from others” in question 16a?

- What did the phrase “from others” mean to you?

[Item 16b]: What did the phrase “safe environment” in question 16b mean to you?

[Item 16c]: Describe in your own words what the statement “my provider knows how to best care for my child” in question 16c meant to you.

- Can you talk me through how you selected your answer?

IF HEAD START WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

IF NO: Can you tell me why not?

- Do these questions make sense to ask about in reference to your Family Service Worker?

Okay, now let's move onto the next question. Please read and answer question 17. Take as much time as you need and let me know when you are done.

**17. How strongly do you agree or disagree with the following statements?
 My provider supports...**

[CHECK ONE BOX IN EACH ROW]

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. the goals I have for my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. the way I discipline my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. the way I raise my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. the choices I make for my child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 17c]: What did the phrase, “the way I raise my child” in question 17c mean to you?

GENERAL PROBES:

Now, I’d like to talk with you about this question, number 17, more generally.

How can your provider/teacher show he/she supports the things listed here in question 17?

- Thinking about these questions you just answered, were there any that your provider/teacher may not have information about because you *have* not or *chose* not to share it with him/her (your goals, how you discipline, etc.)?

IF YES TO ANY: Please walk me through how you came up with your answer to that question.

- Did any of the questions seem too similar or were they different enough?

Okay, now let’s move onto the next question. Please read and answer question 18. Take as much time as you need and let me know when you are done.

**18. How strongly do you agree or disagree with the following statements?
I feel my provider judges my family because of our...**

[CHECK ONE BOX IN EACH ROW]

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. culture, values, and beliefs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. race/ethnicity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. financial situation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 18c]: What did the phrase “financial situation” in question 18c mean to you?

- Can you walk me through how you selected your answer?

Okay, now let’s move onto the next page. Please read and answer question 19 on page 9. Take as much time as you need and let me know when you are done.

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

[CHECK ONLY ONE BOX]

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

Okay, now let's move onto the next question. Please read and answer question 20. Take as much time as you need and let me know when you are done.

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

Since September, has your provider helped you or your family in any of the following ways:

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Helped you or your family get transportation to and from your child's education and care program?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offered you or your family information about community resources and services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Encouraged you or your family to seek or receive services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Made initial contacts to help you or your family arrange services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Offered you information about employment or job training?..... | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Introduction]: Before answering Question 20, did you read the introduction?

IF NO: Did you notice the introduction?

- Can you tell me what made you skip straight to the questions?

IF YES: Did you notice the phrase, "Since September?"

IF YES: How did this work as a time frame? Would a shorter or longer time period have made it easier or more difficult to answer these questions?

IF NO: What time frame were you thinking of when you answered these questions?

Did you answer "NO" to any of these items?

- Can you walk me through how you selected that as your answer?

IF NEEDED: Was it that you did not need assistance, or that you needed this assistance, but your provider did not offer it?

Looking over these questions, are there services that you think your provider is or should be offering but are not included here?

- How do you define "services"?

IF HEAD START WITH FAMILY SERVICE WORKER: Did you include your Family Service Worker when answering these questions?

IF NO: Can you tell me why not?

- Do these questions make sense to ask about in reference to your Family Service Worker?

[Item 20c]: What came to mind when you answered the question: “Encouraged you or your family to seek or receive services?”

[Item 20d]: What does it mean for a provider to “make initial contacts” in the question, “made initial contacts to help you or your family arrange services”?

Okay, now let’s move onto the next question. Please read and answer question 21. Take as much time as you need and let me know when you are done.

21. Since September, has your provider given you a referral for any of the following services in the community:

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Health screening (medical, dental, vision, hearing, or speech)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counseling services for children?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counseling services for parents?..... | <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"/> |

PROBES:

[Item 21]: In your own words, please describe what question 21 is asking about.

IF NEEDED: What came to mind when you read the phrase, “given you a referral?”

Did you answer “NO” to any of these items?

- Can you walk me through how you selected that as your answer?

IF NEEDED: Was it that you did not need a referral, or that you needed one, but your provider did not offer it?

Are there other types of service that you think your provider *should* or *does* offer referrals for that we did not ask about?

Do these questions seem relevant for you and your child education/care arrangement?

IF HS PARENT WITH FAMILY SERVICE WORKER: Who were you thinking about when you answered these questions?

- Did you include your Family Service Worker when answering these questions?

IF NO: Can you tell me why not?

- Do these questions make sense to ask about in reference to your Family Service Worker?

Okay, now let’s move onto the next page. Please read and answer question 22 on page 10. Take as much time as you need and let me know when you are done.

22. Since September, has your provider offered you any of the following:

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Emergency or sick care?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extended hours?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Flexibility to drop off early or pick up late, as needed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Flexibility to pay program fees late?..... | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

First, does question 22 seem relevant for you and your child education/care arrangement?

[Item 22d]: Describe in your own words what it means to offer “flexibility to pay program fees late.”

- Does this apply to your situation?

Okay, now let’s move onto the next questions. Please read and answer questions 23-25. Take as much time as you need and let me know when you are done.

23. On a scale of 0-10, where 0 is the worst you can imagine and 10 is the best you can imagine, how would you describe your relationship with your provider?

[CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP]

| | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|---|----|------|
| Worst | | | | | | | | | | | Best |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

24. Does your program ask for parent feedback about the education and care children receive?
[CHECK ONLY ONE BOX]

Yes.....

No..... SKIP TO QUESTION 26

25. As far as you know, how often does your program use your feedback or feedback from other parents to make changes to the education and care children receive?
[CHECK ONLY ONE BOX]

Never.....

Rarely.....

Often.....

Very often.....

PROBES:

[Item 23] Please describe what the word “relationship” meant to you in item 23.

- Is this a word that you would use to describe your interactions with your child’s teacher/provider?
- Are there other words you would use?

[Item 23] Looking at item 23, can you describe what a relationship that is a “0” looks like?

- What about a relationship that is a “5”?
- How about a “10”?

[Item 24]: What was your answer to question 24?

- Did you notice and read the instructions at the end of question 24?

IF NO: I wonder why you didn't notice these. Can you tell me more about that?

- What did the word "feedback" mean to you in question 24?

[Item 25]: Can you walk me through how you arrived at your answer to question 25?

- As far as you know, has the program made changes to the education and care children receive?

IF YES: How did you become aware of these changes?

IF NO: Do you know whether there are systems in place to inform parents of these kind of changes?

Okay, now let's move onto the next page. Please read and answer questions 26- 28 on page 11. Take as much time as you need and let me know when you are done.

26. For how long has your current provider been teaching or caring for your child?

[CHECK ONLY ONE BOX]

- Less than one month.....
- One month.....
- 2-6 months.....
- 7-12 months.....
- More than one year.....

27. What is your child's birth order?

[CHECK ONLY ONE BOX]

- First born.....
- Second born.....
- Third born.....
- Later than third born.....
- Last born.....

28. What is the primary language spoken in your household?

[CHECK ONLY ONE BOX]

- English.....
- Spanish.....
- Some other language.....

PROBES:

[Item 27] When you were answering these questions, what did you think the question, “what is your child’s birth order” was asking you?

- Does your [FOCAL CHILD] have any siblings that are not your own children?

IF YES: Can you walk me through how you answered the question?

[Item 27] IF MORE THAN ONE CHILD: Can you tell me your children’s names from oldest to youngest?

[Item 28] Is there a primary language spoken in your household? If not, how did you answer this question?

GENERAL PROBES:

Before we end, are there any other aspects about the relationship between parents and those that care for/teach their children under the age of six that we should have asked about, but didn't?

As we were going through these questions, were there any questions that didn't seem to apply to you, times when the response options didn't match how you wanted to answer, questions that didn't make sense to you, or questions that you wanted to comment on that we didn't already talk about?

Is there anything else you would like to share about how the questions worked for you or whether you found the questions to be relevant to your experiences?

Thank you for your participation 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"/> |

FPRQ Cognitive Interview Protocol

Environmental Checklist

Introduction

INTERVIEWER: IF R HAS ALREADY BEEN ADMINISTERED ANOTHER QUESTIONNAIRE, SKIP TO TOP OF PAGE 2.

Hi. My name is _____ (and this is _____. _____ will be taking notes to help us remember what we cover.)

Before we get started, I want to tell you about the study and what we will be doing today.

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

| | | |
|---------------------------------------|-----|----|
| CONSENT TO PARTICPATE OBTAINED: | YES | NO |
| CONSENT TO RECORD INTERVIEW OBTAINED: | YES | NO |
| CONSENT TO USE QUOTES OBTAINED: | YES | NO |

INTERVIEWER: IF NO TO CONSENT TO PARTICIPATE, INTERVIEW CANNOT TAKE PLACE.

Now I'd like to move to the [2nd/3rd] survey in your packet.

As you know, the goal of our study is to develop easy-to-understand questions about the quality of relationships between child care providers/teachers and the families of the children they serve. As a part of that, we are interested in learning more about the physical environment of the early care and education setting that you work in/your child participates in. We will also be asking about services that THE PROGRAM/CARE SETTING/YOU may offer.

(As in the previous surveys) I will ask you to complete sections one-by-one and after you've completed each section, I will ask follow-up questions.

READ ONLY IF NECESSARY: Some of the time, I will ask you what your answer was to a question. Other times, I will ask you why you answered a question the way you did or what a certain term meant to you. Please remember that there are no right or wrong answers.

So that we get the most from your help, it is very important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me anytime if:

- a question seems hard to answer,
- the words in the question are hard to understand,
- you have a hard time coming up with an answer,
- you don't have the information to answer the question, or
- the words in the question are not the ones that PARENTS/PROVIDERS/TEACHERS would use.

Do you have any questions about this?

Okay, let get started.

INTERVIEWER: PLEASE USE TERMS USED BY R TO REFER TO CARE/EDUCATION SETTING AND PROVIDER/TEACHER IN PROBES AND FOLLOW-UP QUESTIONS, AS APPROPRIATE.

ENVIRONMENTAL CHECKLIST

I'd like to start by asking you to turn to the first page, read and answer questions 1 to 5. Please let me know when you are done.

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 *all 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 family 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"/> |

PROBES:

[Introduction]: Before you answered these questions, did you read the introduction at the top of the page?

IF NO: Did you notice the introduction?

- I wonder why you went straight to the questions, tell me more about that.

IF YES: When you read the phrase, "all early care and education programs, including centers, Head Start, and family child care programs" did you think this included YOUR PROGRAM/THE PROGRAM YOUR CHILD IS IN?

IF YES: After you read this introduction, did it seem like this booklet would apply to you?

IF NO: Can you tell me why you did not think this booklet would apply to you?

[Item 1]: Can you walk me through how you came up with your answer to question 1, "parents and family members are allowed to visit at any time?"

[Item 2]: Can you describe how you figured out your answer to question 2?

IF YES: Who at your care setting/program greets family members?

[Item 3]: What did you answer for question 3: “There is easy access for drop-off and pick-up of children?”

➤ Can you describe in your own words what “easy access” means to you?

[Item 4]: What did the phrase, “space for parents to talk to each other” mean to you in question 4?

➤ Did you think about spaces that parents congregate in (like hallways or outside of classrooms) irrespective of whether it is meant for parents?

Now I’d like you to read and answer question 6 and let me know when you are done.

| | | | |
|----|--|--------------------------|--------------------------|
| 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"/> |

PROBES:

[Item 6b]: Can you repeat question 6b in your own words?

[Items 6d, 6e, and 6f]: What is the difference, if any, between a “parent meeting”, a “parent workshop”, and a “parent conference” in questions d, e, and f?

IF PARENT: Do you know if your child’s program offers these opportunities for parents?

IF NO: Can you walk me through how you answered these questions?

GENERAL PROBES:

➤ Did these questions apply to your program or child care setting?

IF NO: Why not?

➤ Does your program/setting provide other types of opportunities for parent involvement that are not captured here?

o **IF YES:** What are they?

➤ Did you feel you have the information to answer these questions?

IF CENTER DIRECTOR OR CENTER PROVIDER: Who at your program/school is the best person to answer these questions?

- Are there other individuals who could answer these questions?

Now I'd like you to read and answer questions 7 through 12 and let me know when you are done.

| | | | |
|-----|---|--------------------------|--------------------------|
| 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"/> |

PROBES:

[Item 7]: Can you repeat question 7 in your own words? What is this question asking?

IF NEEDED: What does the phrase “shape the planning” in this question mean to you?

IF APPROPRIATE: How are parents invited to shape the planning of the program?

IF PARENT: [Item 9]: Do you know if your [child’s] program/care setting specifically invites men or fathers to participate?

IF DON’T KNOW: Can you walk me through how you came up with your answer to this question?

➤ Does this question make sense to ask of your care arrangement/child’s program?

[Item 12]: In your own words, what was the statement, “Families preferences for communication are maintained in a family record” in question 12 asking about?

IF PROVIDER: Do you or your program note families’ communication preferences?

IF NO: Can you walk me through how you answered this question?

IF PARENT: Have you given this information to your child’s program?

➤ Do you know if this is something that your child’s program keeps on record?

Now I’d like you to read and answer question 13 and let me know when you are done.

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"/> |

PROBES:

[Item 13]: Who came to mind when you read the word “providers” in question 13?

IF NEEDED: Were you thinking about one person in particular, or more than one person?

IF PARENT: When you were answering these questions, were you thinking about ways your child’s provider has communicated with you specifically, and/or about ways that he/she may communicate with other parents?

IF YES: What ways were those? Tell me more about that?

- Have you used any other ways to communicate that are not listed here?

Now I’d like you to read and answer questions 14 through 18 and let me know when you are done.

| | | | |
|-----|--|--------------------------|--------------------------|
| 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"/> |

PROBES:

[Item 14]: What did you interpret question 14 to be asking you?

- Did you feel like you have the needed information to answer this question?
- Did you think this question was asking about materials for THE CHILDREN IN YOUR CLASSROOM/YOUR CHILD, or materials for parents?

[Item 15]: What does the phrase “the appropriate literacy level” mean to you in question 15?

- Did you think this question was asking about materials for THE CHILDREN IN YOUR CLASSROOM/YOUR CHILD, or materials for parents?

[Item 16] What kinds of “community services” were you thinking about when you answered question 16?

[Item 17] What does the phrase “parenting information” mean to you?

IF NECESSARY: We’re trying to ask about information and advice a program may provide about parenting and raising children. What words would you use to capture this idea?

[Item 18] What does this question mean to you? What does it mean for families to “get together”?

Is this something that you think applies to your type of early care and education setting?

GENERAL PROBES

Do these questions make sense to ask about your (child's) care setting/program?

- **IF NO:** Can you tell me more about that?

Now I'd like you to read and answer question 19 and let me know when you are done.

| 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"/> |

PROBES:

[Item 19]: How confident do you feel in your answers to these questions?

- Do these questions make sense to ask of parents?

- Do you feel you had the information needed to answer these questions?

- Were there any items that you were unsure about whether the program/your care setting provides that type of information to families?

IF SO: Walk me through how you chose your answer?

- Did these questions make sense to ask about your (child’s) program/care setting?

Now I’d like you to read and answer questions 20 and 21 and let me know when you are done.

| | | | |
|-----|--|--------------------------|--------------------------|
| 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"/> |

PROBES:

[Item 20]: What did the phrase “family-to-family interaction” mean to you in the question 20?

- Is this different or the same as “opportunities for families to get together” in question 18?

[Item 20c]: What came to mind when you read the phrase, “family events” in question 20c?

IF NEEDED: How is this different, if at all, from field trips or family picnics?

[Item 21a and b]: What is the difference, if any, between “parenting workshops” and “parenting classes?”

[Item 21f]: In your own words, what is question 21f, “the program provides information through tip sheets” asking?

IF NEEDED: What do you think of when you hear the phrase “tip sheet?”

GENERAL PROBES:

- Did you feel you had the information to answer these questions?

- Does it make sense to ask these questions about your (child’s) program/care setting?

Okay, please move onto section 2. Take as much time as you need and let me know when you are done.

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"/> |

GENERAL PROBE:

Did you answer the questions in Section 2?

IF NOT CENTER OR HEAD START: Did you notice and read the instructions right after the words “Section 2?”

IF NO: Can you tell me why you skipped over these instructions?

Does it make sense to ask these questions about your (child’s) program/care setting?

INTERVIEWER: IF NOT CENTER OR HEAD START: GO TO PAGE 15 AND ADMINISTER GENERAL PROBES

PROBES:

[Item 1]: What came to mind when you read “reception area” in question 1?

[Item 2]: Walk me through how you answered question 2.

- Are the signs and/or directions you responded about in languages parents can understand? How do you know this?

[Item 3]: In your own words, what is a “formal advisory committee”?

- How confident are you in your answer to this question?

| | | | |
|----|---|--------------------------|--------------------------|
| 4. | The program offers the following opportunities for parents: | | |
| | e. Formal opportunities for parents to learn about how children develop..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Opportunities to learn about good nutrition for their children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | g. Opportunities to help parents with their own adult literacy goals..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | h. Peer mentoring/support opportunities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | The program helps families to: | | |
| | e. Find information and educational materials that are easy for them to understand..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Understand how to access community services for their children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | g. Advocate for services they need..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | h. Use their own skills and resources to solve problems they have with their child..... | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 4a]: Please describe in your own words what question 4a is asking about.

- What kinds of things came to mind when you read the word “opportunities?”

IF NEEDED: What is a “formal opportunity?” How is this different from an informal opportunity?

[Item 4d]: What came to mind when you read the phrase “peer mentoring/support opportunities” in question 4d?

[Item 5]: Do you feel like you know whether your program helps families in the ways listed in question 5?

IF NO: Can you walk me through how you answered these questions?

[Item 5c]: What does it mean to help families “advocate for services they need”?

GENERAL PROBES:

- Finally, thinking about the questions in this booklet, did you feel the questions applied to you?

IF NO: Tell me more. Which ones didn't apply? Did you feel you had information needed to answer the questions?

- Did the questions apply to your (child's) childcare and early education program?

- Did you feel that you had the information you needed to answer these questions?
 - Is there someone in YOUR PROGRAM/CARE SETTING who would be better to ask these questions of?

- Were there any questions that were unclear, you didn't have the information to answer, or didn't seem to apply to your PROGRAM/CARE SETTING that we didn't talk about already?

Thank you for participating in our survey!