

APPENDIX F:

FPRQ Cognitive Interview Instruments for Eligible ECE Providers

3/16/12

Instruments included:

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

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

PROVIDERS

A) IF POTENTIAL PARTICIPANT CALLS IN:

Thank you for calling us. Child Trends is conducting a research study on the relationships between parents and those who care for or teach their children, as well as Family Service Workers in Head Start programs. We are in the process of developing a survey about what is important in these relationships, and we will be conducting interviews with providers, teachers, and staff who work with families to help us improve the questions we are working on. We are currently recruiting individuals who provide care for or teach young children, and those who work directly with families.

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 the research study Child Trends is conducting on the relationships between parents and those who care for or teach their children, as well as Family Service Workers in Head Start programs. We are in the process of developing a survey about what is important in these relationships; and we will be conducting interviews with providers and teachers to help us improve the questions we are working on. We are currently recruiting individuals who provide care for or teach young children, and those who work directly with families.

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. What is your job title or role at the place where you provide care/work with families?

-
- **(IF NANNY/BABYSITTER: GO TO STOP SCREENER)**
 - **(IF DIRECTOR: PROCEED TO QUESTION 2)**
 - **(IF TEACHER, CARE PROVIDER, AIDE, OR FAMILY SERVICE WORKER: SKIP TO QUESTION 3)**

2. Is your program a:

- Preschool **(GO TO DIRECTOR QUESTIONNAIRE ON PG. 6)**
- (Early) Head Start **(GO TO DIRECTOR QUESTIONNAIRE ON PG. 6)**
- Child care center **(GO TO DIRECTOR QUESTIONNAIRE ON PG. 6)**
- Home-based/Family-based care center **(PROCEED WITH PROVIDER QUESTIONNAIRE)**

3. 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 _____

4. Are you 18 years or older

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

5. Do you teach, provide care or work directly with families at a:

- Preschool
- (Early) Head Start
 - Are you a Family Service Worker or do you work directly with families at a Head Start?
 - Yes
 - No
- Child care center

Do you:

- Care for one or more children out of your own home or the home of someone else ?
- Help care for the child(ren) of a:
 - Relative, **(GO TO STOP SCREENER)**
 - Friend, or
 - Did you have a relationship with this person before you began caring for their child(ren)?
 - Yes **(GO TO STOP SCREENER)**
 - No
 - Neighbor
 - Did you have a relationship with this person before you began caring for their child(ren)?
 - Yes **(GO TO STOP SCREENER)**
 - No
- None of the above **(GO TO STOP SCREENER)**

6. How old is (are) the child(ren) (in your center/you care for/you teach /of the families you work with)?

Specify _____

(NOTE: IF PROVIDER ONLY CARES FOR CHILDREN 6 OR OLDER GO TO STOP SCREENER)

7. How many hours a week do you provide care for this (these) child(ren)/work with families?

- 1-9 **(GO TO STOP SCREENER)**
- 10-20
- 21-40
- More than 40

8. How long have you been (providing care for children/teaching children/working directly with families of children)?

- Less than a year
- 1-3 years
- More than 3 years

9. What would you say the income is for most of the families you serve? Your best guess is fine.
- Low-income
 - Middle-income
 - High-income
 - Don't know (**PROBE**)

Okay, now I have some questions about you.

10. Are you of Hispanic or Latino origin?

- Yes
- No

11.

- 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 _____

12. In what country were you born?

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

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

Specify _____

14. What language do you use in the care setting?

- English only
- English and Spanish
- English and other: _____
- Spanish only
- Other: _____

15. What is *your* language preference?

- English (**PROCEED TO MATRIX**)
- Spanish**
(**NOTE: DURING ROUND 1, PROCEED TO Q 16**)
(**NOTE: DURING ROUNDS 2 OR 3, PROCEED TO MATRIX**)
- Other

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

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

PROCEED TO INTERVIEW SCREENER MATRIX

- Compare respondent's characteristics with recruitment matrix.
- 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, 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.

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 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
Early Education/Care Provider Consent Form**

Child Trends is doing a research study with individuals who provide care or education for young children. 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 that care for/teach their young 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 child care providers/teachers 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 you work in, your position in that program will not be affected. Also, once we begin, you may end the interview at any time.

and 5:00 p.m. She will be happy to answer your questions.

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.

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

Provider Survey

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

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

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

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONLY ONE BOX]

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

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

I know...

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONE BOX IN EACH ROW]

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

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

How often are you able to do the following?

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONE BOX IN EACH ROW]

| | Never | Rarely | Sometimes | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Families' values, cultures, and beliefs... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parents' ideas..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Information parents share about their children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONE BOX IN EACH ROW]

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

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

Part of my job is to...

[CHECK ONE BOX IN EACH ROW]

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

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Developmental delays in children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Child abuse..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Domestic violence..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Substance abuse..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Depression or mental health issues in parents..... | <input type="checkbox"/> | <input type="checkbox"/> |

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

[CHECK ONLY ONE BOX]

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

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Health screening (medical, dental, vision, hearing, or speech)?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counseling services for children?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counseling services for parents?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Social services such as housing assistance, food stamps, financial aid, or medical care?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Helped families get transportation to and from your program?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offered information about community resources and services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Encouraged families to seek or receive services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Made initial contacts to help families arrange services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Offered information about employment or job training?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| a. Emergency or sick care?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extended hours?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Flexibility to drop off early or pick up late, as needed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Late payment of child care fees?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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

[CHECK ONLY ONE BOX]

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

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

[CHECK ONLY ONE BOX]

- Less than a high school diploma.....
- High school diploma or GED.....
- Some college, no degree.....
- Associate’s degree.....
- Bachelor’s degree.....
- Graduate school degree.....

END: THANK YOU FOR PARTICIPATING IN THIS SURVEY

**FPRQ Cognitive Interview Protocol
Provider Protocol**

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.

INTERVIEWER: 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 their child's early care and education provider or (preschool) teacher. We want to make sure that the questions we develop are easy to understand and make sense for [providers/teachers/Family Service Workers]. I will ask you to answer questions that have been developed by others and ask for your feedback.

I will be asking you to complete the sections of the survey one-by-one. After you complete each section, I will have some follow-up questions. 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 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 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 [teachers/child care providers/Family Service Workers] would use,
- you think other [teachers/child care providers/Family Service Workers] may not understand,
- you don't have the information to answer the question or if you think other [teachers/providers/Family Service Workers] would not be able to answer.

Any questions?

Okay, let get started.

First, we want to make sure that we are using the right words to describe the work you do.

Can you briefly describe the work you do?

What words or terms do you use to describe the work you do?

IF NEEDED: What do you call yourself, or how do you refer to your position?

IF APPROPRIATE: Is this the same as your job title? If not, what is your job title?

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

Are there terms or words you don't like when others use to describe you and the work you do?

INTERVIEWER: USE THE WORDS AND PHRASES THAT THE RESPONDENT USED THROUGHOUT PROBES AND FOLLOW-UP QUESTIONS, AS APPROPRIATE.

IF IN-PERSON INTERVIEW: GIVE R QUESTIONNAIRE PACKET
IF PHONE INTERVIEW: ENSURE R HAS QUESTIONNAIRE PACKET

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

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 I included in the envelope.

Now, I'd like to move to the questionnaire that is included in your packet. Let's start with the 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 you and your early education and child care program. We will also ask about the parents and families of children whose learning and development you support. Some of these questions will be about how you and the families of children in your care communicate and work together.

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

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

[CHECK ONE BOX IN EACH ROW]

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

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 the section you just answered.

PROBES:

[INTRODUCTION]: First, let's take a look at the intro paragraph on the top of page 1. Did you notice and read the introduction?

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

INTERVIEWER: IF R DID NOT READ, ASK R TO READ PARAGRAPH

In your own words, what information did this paragraph convey to you?

Did the information in the paragraph apply to you and the work you do?

- Why? Why not?

Let's talk about some of the terms used in this paragraph.

- What does the phrase "early education and child care program" mean to you?
 - Does it apply to you and where you work?
 - Are these the words you would use to describe what you do and where you do it?
 - If not, what would you use?
- What did the phrase "parents and families whose learning and development you support" mean to you?
 - Does it apply to you and the work you do?
 - Is this how you would describe the work you do?
- Did this make you think of families with children in your early education and child care program?

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

GENERAL PROBE:

FOR ALL QUESTIONS: When you were answering this set of questions, were you thinking of all families and children you serve, some, a few, or just one?

PROBES:

[Item 1a]: In your own words, walk me through how you chose your answer for question 1a?

IF NEEDED: What kind of experiences came to mind as you were answering this question?

[Item 1c]: Can you repeat question 1c in your own words: What came to mind when you read “child’s behavior”?

- Does how often you talk to parents about this topic vary?
 - If so, how does it vary?
 - If it varies, can you tell me how you came up with your answer?

[Item 1f]: What kinds of health problems did you think of when you were answering this question? Can you walk me through how you arrived at your answer?

[Item 1g and 1h]: What came to mind when you read “goals” in the item “goals they have for their child”?

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

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

IF NEEDED: Does this differ from “priorities” and “goals?”

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

GENERAL PROBES:

Let's talk some more about how you answered this set of questions. When you were answering these questions, who were you thinking about?

IF NEEDED: Were you thinking about all the parents, or certain parents in particular?

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

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

IF SOMETHING OTHER THAN SEPTEMBER: Can you tell me how you came up with that time frame?

Did the questions in this section apply to you and the work you do with children and families?

Did you have the information to answer the questions?

Okay, now let's move onto the next question. Please read and answer question 2 on page 1. Take as much time as you need and let me know when you are done.

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

[CHECK ONE BOX IN EACH ROW]

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

AFTER RESPONDENT COMPLETES SECTION: Thank you. Like before, I'll ask you some questions about how you answered these items and what the questions meant to you.

PROBES:

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

[Item 2c]: What did the phrase “personal relationships” mean to you in the question 2c?

[Item 2d]: In your own words, what is question 2d asking?

[Item 2e]: What did you think of when answering question 2e?

- How different do you think question 2e is from 2d?

[Item 2f]: Can you walk me through how you answered question 2f? As you do, can you describe what the question meant to you?

GENERAL PROBES:

When you were answering these questions, who were you thinking about?

IF NEEDED: Were you thinking about all the parents, or certain parents?

Are there other things that you talk with parents about that are not included in this list? Are we missing anything?

Did these questions make sense to ask you and the work you do?

Okay, now let's move onto the next question. 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 parents about the following regarding the education and care their child receives?

[CHECK ONE BOX IN EACH ROW]

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

PROBES:

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

IF NO: Did you notice the introduction?

- Can you tell me more about that?

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

- After you read this introduction, did it seem like this set of questions applied to you?
 - Can you tell me more about that?

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

Okay, let’s move onto the next question. Please read and answer question 4 on page 2. Take as much time as you need and let me know when you are done.

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

[CHECK ONLY ONE BOX]

- | | |
|-----------------|--------------------------|
| Never..... | <input type="checkbox"/> |
| Rarely..... | <input type="checkbox"/> |
| Sometimes..... | <input type="checkbox"/> |
| Very often..... | <input type="checkbox"/> |

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 NEEDED: Did you include parents who may speak the same language as you, but not as fluently?

- Can you walk me through how you came up with your answer?

- Would this question have been easier or more difficult to answer if it asked how many parents you have difficulty communicating with because they speak a different language than you?

Now 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 families may or may not share with you. Thinking about the children and families you serve, for how many children do you know the following?

I know...

[CHECK ONE BOX IN EACH ROW]

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

PROBES:

[Introduction]: Before you were answered 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: What did the phrase, “the children and families you serve” mean to you?

IF YES: In your own words, can you repeat the introduction?

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

- Is this something that parents discuss with providers/teachers/Family Service Workers?
- Is this something that you think is important for providers/teachers/FSWs to ask about?

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

- Did you include parents’ work schedules?

[Item 5f]: What did the phrase “the cultures, values, and beliefs of children’s families” in question 5f mean to you?

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

IF DIFFERENT: How did you arrive at your answer?

GENERAL PROBES:

IF PROVIDER/TEACHER: When answering this set of questions, were you thinking about all the children in your program/classroom/you care for, some of them, a few, or was it something else?

IF FSW: When answering this set of questions, were you thinking about all of the families you work with, some of them, a few, or was it something else?

IF APPROPRIATE: Would your answers have changed if you were thinking about all the children/families?

- Did you include any families of children who might only come to after care, or only come part-time?

How confident are you in your answers to this set of questions?

Does your knowledge about the children and families you serve vary by topic?

- Were there any topics that you knew less about?

Were there any topics you knew more about?

Were there any questions that you felt you didn't have the information to answer?

Did these questions make sense to ask of you and the work you do?

Okay, now let's move onto the next question. Please read and answer question 6 on page 3. Take as much time as you need and let me know when you are done.

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

[CHECK ONE BOX IN EACH ROW]

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

PROBES

[Item 6a]: In your own words, what does the phrase “settle in” mean in the question 6a?

- Is this something that makes sense for the type of work you do?

[Item 6b]: What did the phrase “help parents say goodbye to their children” mean to you in the question 6b?

- Is this something that makes sense for the type of work you do?

[Item 6c]: How often would you need to share information with parents about their children’s day for you to answer “very often” to this question?

[Item 6d]: Taking a look at question 6d, what kind of “materials” came to mind when you answered this question?

- Can you walk me through how you answered this question?

GENERAL PROBES:

When you were answering these questions what time frame were you thinking about? For example, this week, last month, or so forth.

- Did the time frame you were thinking about vary across questions?
 - Can you tell me more about that?

When you were answering these questions, were you thinking about all the children and families in your program/classroom/you serve, or one child or family in particular?

IF ANSWERING ABOUT JUST ONE CHILD/FAMILY: How did you decide which child or family you were thinking about?

IF ANSWERING ABOUT MORE THAN ONE CHILD/FAMILY: Can you walk me through how you came up with your answer?

Did these questions apply to you and your position?

- Can you tell me more about that?

Okay, now let's move onto the next question. 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. We would like to learn about how you and the families of children in your program work together.

How often are you able to do the following?

[CHECK ONE BOX IN EACH ROW]

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

GENERAL PROBE:

I have some questions about this whole set of questions.

First, what period of time were you thinking about when you answered these questions?

- Would your answers have changed if you were thinking of a shorter time period? What about a longer time period?

When you were answering these questions, who were you thinking about?

IF NEEDED: Were you thinking about any parents or families in particular, all the parents or families of children in your program/classroom/you serve, or was it something else?

IF APPROPRIATE: Did the questions asked in this section apply to you and the work you do with children and families?

IF NEEDED: Which questions didn't apply?

- Can you tell me more about that?

PROBES:

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

IF NO: Can you tell me why you skipped straight to the questions?

IF YES: What information, if any, did the introduction convey to you?

➤ Based on the introduction, did it seem like this set of questions applied to you?

IF NO: Can you tell me why you don't think these questions applied to you?

➤ What does it mean to “work together” with the families of children in your program?

○ Does this apply to you and the work you do?

[Item 7b]: What does it mean to “work with parents to develop strategies to support their child’s learning and development”?

➤ 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 7c]: What answer did you select for 7c? And how many times would you say that you've set goals with parents for their child since **[TIME PERIOD R MENTIONED ABOVE]**?

[Item 7d]: What came to mind when you read the question, "use parents' feedback to adjust the care provided to their child?"

- Have parents shared ideas about ways to change or improve the care you provide?

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

[Item 7e]: What answer did you select for 7e? And how many times would you say that you've have offered parents feedback about their parenting since **[TIME PERIOD R MENTIONED ABOVE]**?

Okay, now let's move onto the next question. Please read and answer question 8 on page 4. Take as much time as you need and let me know when you are done.

8. When planning activities for children in your education and care setting program, how often are you able to take into account the following?
[CHECK ONE BOX IN EACH ROW]

| | Never | Rarely | Sometimes | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Families' values, cultures, and beliefs... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parents' ideas..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Information parents share about their children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Introduction]: Before you answered 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: What information, if any, did the introduction convey to you?

GENERAL PROBES:

Did this set of questions apply to you?

IF NO: How did you answer the questions?

- Can you tell me why you don't think these questions applied to you?

When you were answering this set of questions, were you thinking about your planning activities in general, specific activities, did it vary across questions, or was it something else?

IF VARIES: Can you tell me how you arrived at your answer?

Okay, now let's move onto the next question. 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. Please indicate how much you agree or disagree with each of these statements. Sometimes it is hard for me to support...

[CHECK ONE BOX IN EACH ROW]

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

PROBES:

[Introduction]: Before you answered this set of questions, did you read the introduction?

- In your own words, can you repeat the information in this introduction statement?

IF APPROPRIATE: What does it mean to support parents in these ways?

- Are there other words to describe when a provider/teacher provides support?

[Item 9c]: What did the phrase, “the way parents raise their children” in question 9c mean to you?

- Can you walk me through how you answered this question?

GENERAL PROBES:

Thinking about the questions in this section, how can a provider/teacher/Family Service Worker support these types of things?

Looking at all four of these questions, are these things that you know about for all the families and children in your care/program/that you serve?

IF NO TO ANY or SOME: Walk me through how you came up with your answer to that question.

Okay, now let's move onto the next question. Please read and answer question 10 on page 5. Take as much time as you need and let me know when you are done.

10. People work in care and education settings for many reasons. Please indicate how much you agree or disagree with the following statements:
[CHECK ONE BOX IN EACH ROW]

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

PROBES:

[Item 10b]: What did the phrase “see the job as just a paycheck” mean to you in question 10b?

- Can you please walk me through how you arrived at your answer?

GENERAL PROBES:

Did this set of questions apply to you and the kind of work you do?

IF NO: Can you tell me how you answered?

Are there other reasons for why people work in care and education settings that should be added?

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

Part of my job is to...

[CHECK ONE BOX IN EACH ROW]

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

PROBES:

[Item 11a]: What answer did you choose for 11a? Can you tell me, in your own words, what it means to “connect families to services in the community?”

IF NEEDED: What types of services were you thinking about?

- Are 11a and 11b the same or different? How so?

[Item 11c]: Looking at question 11c, what does it mean to “be available to families outside of normal childcare hours?”

[Item 11d]: What do you think the phrase “care schedule” means in the question 11d?

- Do you have the ability in your job to change the care schedule, or is that determined by someone else?

GENERAL PROBES:

Are there other things that you consider part of your job that we didn't ask about?

Did these questions apply to the work you do?

IF NO: Can you tell me how you answered the questions?

Okay, now let's move onto the next question. Please read and answer question 12 on page 6. Take as much time as you need and let me know when you are done.

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Developmental delays in children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Child abuse..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Domestic violence..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Substance abuse..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Depression or mental health issues in parents..... | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Introduction]: What “training or coursework” were you thinking about when you answered these questions?

What time frame were you thinking about when you answered this question?

IF NEEDED: When did you participate in the trainings that you were thinking about?

Okay, now let’s move onto the next page. Please read and answer questions 13 and 14 on page 7. Take as much time as you need and let me know when you are done.

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

[CHECK ONLY ONE BOX]

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

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Health screening (medical, dental, vision, hearing, or speech)?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counseling services for children?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counseling services for parents?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Social services such as housing assistance, food stamps, financial aid, or medical care?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item13]: Can you walk me through how you answered item 13?

[Item 14]: In your own words, please describe what this set of questions in item 14 is asking about.

IF NEEDED: What came to mind when you read the phrase, “provided 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 no one needed this assistance, or that you or your program does not offer a referral for it?

- Are there other types of service that you think you or your program should offer referrals for?

- Does this set of questions seem relevant to you and the work you do?

- Did you have the information you needed to answer this question?

- Is there someone else at your program who you think would be more likely to have that information?
 - **IF YES:** Who is that person (job title), and why do you think they would be more likely to have the information?

Okay, now let’s move onto the next question. Please read and answer question 15 on page 7. Take as much time as you need and let me know when you are done.

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

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| a. Helped families get transportation to and from your program?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offered information about community resources and services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Encouraged families to seek or receive services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Made initial contacts to help families arrange services?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Offered information about employment or job training?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

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

IF NO: 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 to answer the question? Would a shorter or longer time period make the question easier or more difficult to answer?

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

- In your own words, what was this set of questions asking about? Are these questions different from the ones that we asked about in the question before (**Question 14**)?
- Does it make sense to ask these questions about “you or your program”?
- Are these things that you have done, your program has done, or both? Or, does it depend on the question?
- Did you answer “NO” to any of these items?

IF ANSWERED NO TO ANY ITEMS: Can you walk me through how you selected that as your answer?

IF NEEDED: Was it that no one needed this assistance, or that you or your program does not offer a referral for it, or something else?

[Item 15c]: What types of things came to mind when you answered the question, “encouraged families to seek or receive services?”

What did the word “services” mean to you?

[Item 15d]: What does it mean to “make initial contacts” in the question 15d?

GENERAL PROBE:

Did these questions make sense for your position and the work you do?

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

[CHECK ONE BOX IN EACH ROW]

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| a. Emergency or sick care?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extended hours?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Flexibility to drop off early or pick up late, as needed?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Late payment of child care fees?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBES:

[Item 16d]: In your own words, what does it mean to offer “late payment of child care fees?”

GENERAL PROBE:

Looking over this set of questions, do you personally have the ability in your job to offer these things, or is that determined by someone else?

Okay, now let’s move onto the next questions. Please read and answer questions 17-19 on page 8. Take as much time as you need and let me know when you are done.

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

- f. No, not of Hispanic, Latino/a, or Spanish origin.....
- g. Yes, Mexican, Mexican American, Chicano/a.....
- h. Yes, Puerto Rican.....
- i. Yes, Cuban.....
- j. Yes, Another Hispanic, Latino/a or Spanish origin.....

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

- o. White.....
- p. Black or African American.....
- q. American Indian or Alaska Native.....
- r. Asian Indian
- s. Chinese.....
- t. Filipino.....
- u. Japanese
- v. Korean.....
- w. Vietnamese.....
- x. Other Asian.....
- y. Native Hawaiian.....
- z. Guamanian or Chamorro.....
- aa. Samoan.....
- bb. Other Pacific Islander.....

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

[CHECK ONLY ONE BOX]

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

PROBES:

[Item 19]: What was your answer for question 19?

- Are you familiar with a CDA credential?
 - Is this the term you use to refer to it?

Okay, now let's move onto the last page. Please read and answer question 20 on page 9. Take as much time as you need and let me know when you are done.

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

[CHECK ONLY ONE BOX]

- Less than a high school diploma.....
- High school diploma or GED.....
- Some college, no degree.....
- Associate’s degree.....
- Bachelor’s degree.....
- Graduate school degree.....

GENERAL PROBES:

Before we end, are there any other aspects about the relationship between parents and those that care for/teach their children 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, that didn’t make sense to you, or that you wanted to comment on that we didn’t already talk about?

In general, did these questions make sense for you and the work you do with families and children?

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 participating in this survey!

ENVIRONMENTAL CHECKLIST

SECTION 1: This booklet contains some questions about your program’s physical environment, as well as some questions about information and services your program may offer parents of children in their care. This checklist will help us get to know your program better. The items in this section apply to *early care and education programs, including centers, Head Start, and family child care programs*. Please check “yes” or “no” for each item. Section 1 continues on the back. Please complete all of Section 1 and then complete Section 2 if it applies to your program type.

| At this center/Head Start/family child care program: | | Yes | No |
|---|---|--------------------------|--------------------------|
| 1. | Parents and families members are allowed to visit at any time..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | The program greets family members and children at arrival and departure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | There is easy access for drop-off and pick-up of children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | There is a space for parents to talk to each other..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | There is adult-sized furniture that is available for parents’ use..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | The program offers a variety of opportunities for parent involvement, including: | | |
| | a. Volunteering in program/care activities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Observing children in the program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Bringing in materials such as arts and crafts or snacks for snack time..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Parent meetings..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Parent workshops..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Parent conferences..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Parents are invited to shape the planning of the program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | The program has suggestion boxes and/or surveys for family members to evaluate the program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | The program extends specific invitations to fathers or other male members of the family to participate in program activities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | The program offers special man-to-man activities for fathers or other male members of the family..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Parents have telephone and e-mail access to providers..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Families’ preferences for communication are maintained in a family record..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Providers use the following methods to communicate with families: | | |
| | a. Face-to-face at drop-off and pick-up..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Telephone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Email..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Texting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Written notes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Website..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | g. Newsletter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | h. Calendar..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | i. Bulletin boards..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | j. Parent- teacher conferences..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | k. Parent meetings..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Written information and materials are available in all languages spoken by the families..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Written information and materials are available at the appropriate literacy level..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | The program provides a variety of information about community services..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | The program provides parenting information in a variety of ways..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | The program provides opportunities for families to get together..... | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 1, continued

| At this center/Head Start/family child care program: | | Yes | No |
|---|--|--------------------------|--------------------------|
| 19. | The program gives information to families about: | | |
| | a. General health and mental health services in their community..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Substance abuse services..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Tax credits, child care subsidies or vouchers, or employer child care benefits..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Housing assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Energy or fuel assistance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Community events..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | g. Developmental screening services..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | h. Immigration services, legal services, or social services..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | i. Adult education, GED classes, ESL classes, or continuing education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | j. Employment opportunities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | k. Food pantries..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | l. Domestic violence programs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | m. Homeless services..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | The program provides opportunities for family-to-family interaction through: | | |
| | a. Field trips..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Family picnics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Family events..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | The program provides parenting information through: | | |
| | a. Parenting workshops..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Parenting classes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Bulletin boards..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Newsletters..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. Resource library with books, videos..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | f. Tip sheets..... | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 2: FOR CENTER AND HEAD START PROGRAMS ONLY

Please check “yes” or “no” for each item.

| At this center/Head Start program: | | Yes | No |
|---|--|--------------------------|--------------------------|
| 1. | The program has a reception area..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Signs and/or directions for locating classrooms and other spaces are posted in the center in languages parents understand..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | The program has a formal advisory committee..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | The program offers the following opportunities for parents: | | |
| | a. Formal opportunities for parents to learn about how children develop..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Opportunities to learn about good nutrition for their children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Opportunities to help parents with their own adult literacy goals..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Peer mentoring/support opportunities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | The program helps families to: | | |
| | a. Find information and educational materials that are easy for them to understand..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Understand how to access community services for their children..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Advocate for services they need..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. Use their own skills and resources to solve problems they have with their child..... | <input type="checkbox"/> | <input type="checkbox"/> |

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!