

ATTACHMENT D
CHILD CARE PARTNER SURVEY

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Child Care Partner Survey

Study of Early Head Start-Child Care Partnerships

This collection of information is voluntary and will be used to learn about the characteristics and implementation of Early Head Start-child care partnerships. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-[XXXX]).

INTRODUCTION

The Office of Planning, Research and Evaluation (OPRE) within the U.S. Department of Health and Human Services in the Administration for Children and Families (ACF) has contracted with Mathematica Policy Research to conduct a descriptive study of the Early Head Start-child care partnership grant initiative. As part of this study, we are surveying all Early Head Start-child care partnership grantees, including delegate agencies to which grantees have delegated all or part of their responsibility for program operations. We are also surveying a subset of their child care partners.

You are being asked to complete this survey because of your involvement in a partnership with [GRANTEE NAME]. This survey will collect information about you and your [child care center/family child care home] and the activities you engage in with the partnership grantee to develop partnerships, improve the quality of services, and deliver services to children and families. Your participation in this survey is important and will help ACF better understand the national landscape of Early Head Start-child care partnerships, including information about the experiences of child care providers participating in these partnerships. The length of this survey is different for different people, but on average it should take no more than 30 minutes. As a thank you, we will send you a \$20 gift card for completing this survey.

Throughout this survey, we use the term *partnership grantee* to refer to the entity that was awarded the Early Head Start-child care partnership grant. Partnership grantees are responsible for ensuring that the partnership meets all grant requirements, including the Head Start Program Performance Standards (HSPPS). We use the term *child care partner* to refer to the local child care centers or family child care providers that the partnership grantee partners with to provide direct early care and education services to children and families. We use the term *partnership slots* to refer to slots available to children through funding from the partnership grant.

Participation in the survey is completely voluntary and you may choose to skip any question you prefer not to answer. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank. Your responses will be kept private and used only for research purposes. They will be combined with the responses of other child care providers and no individual names will be reported. While there are no direct benefits to participants, your participation will help us learn about the characteristics and implementation of Early Head Start-child care partnerships. There are no known risks associated with your participation.

If you have any questions about the survey, or if you prefer to complete the survey by telephone, please contact xxxxx at Mathematica by calling 1-xxx-xxx-xxxx or emailing xxxxxxx@mathematica-mpr.com. If you have questions about your rights as a research participant in this study, you may contact the New England Institutional Review Board (NEIRB) by calling 1-800-232-9570.

By completing the survey and submitting your responses, you are confirming that you understand that the information you provide will be kept private and used only for research purposes. You further understand that your answers will be combined with the responses of other child care providers so that no individuals are identified.

ABOUT YOUR CHILD CARE BUSINESS

The first questions are about your child care business, [PARTNER NAME].

PC1. Which of the following best describes your child care setting?

Select one only

- Child care center..... 1
- Family child care home..... 2

PC2. The next questions are about the capacity of your [child care center/family child care home].

IF NONE, PLEASE ENTER 0.

| | SLOTS | DON'T KNOW |
|--|-------|----------------------------|
| a. What is the <u>total licensed enrollment capacity</u> of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] <u>across all ages</u> ? | | d <input type="checkbox"/> |
| b. What is the <u>total licensed enrollment capacity</u> of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] for children <u>birth to age 3</u> ? | | d <input type="checkbox"/> |
| c. <u>Before the partnership began</u> , what was the total licensed enrollment capacity of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] for children birth to age 3? | | d <input type="checkbox"/> |
| d. In the past month, what was your <u>actual enrollment</u> across <u>all ages</u> ? | | d <input type="checkbox"/> |
| e. In the past month, what was your <u>actual enrollment</u> for children <u>birth to age 3</u> ? | | d <input type="checkbox"/> |
| f. What is the total number of enrollment slots for children birth to age 3 funded through the Early Head Start-child care partnership grant ("partnership slots")? | | d <input type="checkbox"/> |

PC3a. How many children enrolled in partnership slots currently receive a child care subsidy? Your best estimate is fine.

CHILDREN

- Don't know..... D

[IF PC3a = DON'T KNOW]

PC3b. All we need is your best estimate. Can you tell us what percentage of children enrolled in partnership slots currently receive a subsidy?

PERCENT

PC4a. Before the partnership began, how many children birth to age 3 received a child care subsidy? Your best estimate is fine.

CHILDREN

- Don't know..... D

DRAFT

[IF PC4a = DON'T KNOW]

PC4b. All we need is your best estimate. Before the partnership began, can you tell us what percentage of children birth to age 3 received a child care subsidy?

PERCENT

Source: New item

[IF CHILD CARE CENTER]

PC5a. What is the total number of child development staff that regularly care for children birth to age 3 at your child care center? Child development staff include teachers, assistant teachers, and aides.

CHILD DEVELOPMENT STAFF

Source: New item

[IF CHILD CARE CENTER]

PC5b. Before the partnership began, how many child development staff caring for children birth through age 3 had an infant/toddler CDA or credential/degree that meets or exceeds CDA requirements?

CHILD DEVELOPMENT STAFF

Source: New item

[IF CHILD CARE CENTER]

PC5c. How many child development staff currently caring for children birth through age 3 have an infant/toddler CDA or credential/degree that meets or exceeds CDA requirements?

CHILD DEVELOPMENT STAFF

Source: Adapted from the Head Start FY2014 PIR

[IF CHILD CARE CENTER]

PC6. What is the total number of child development staff that regularly care for children birth to age 3 in partnership slots?

CHILD DEVELOPMENT STAFF

Source: Adapted from Baby FACES

[IF FAMILY CHILD CARE HOME]

PC7. How many adults in your family child care home regularly work with or provide care to children?

ADULTS

[IF FAMILY CHILD CARE HOME]

PC7a. Before the partnership began, how many adult staff in your family child care home who provide care to children had a CDA or credential/degree that meets or exceeds CDA requirements?

ADULTS

[IF CHILD CARE CENTER]

PC8. Thinking about the [FILL FROM PC6] child development staff that regularly care for children birth to age 3 in partnership slots, please enter the number who hold each degree level. If a staff member holds more than one degree, please count only the highest one. For example, if a staff member has a high school degree and is in training for a CDA, please count them under option e (in training for CDA).

STAFF

- a. Graduate/Professional Degree
- b. Bachelor's Degree (B.A., B.S.)
- c. Associate of Arts Degree (A.A., A.A.S.)
- d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements
- e. In training for CDA
- f. High School Diploma/Equivalent

[IF FAMILY CHILD CARE HOME]

PC9. Thinking about the [FILL FROM PC7] adults that regularly work with or provide care to children, please enter the number who hold each degree level. If an adult holds more than one degree, please count only the highest one. For example, if someone has a high school degree and is in training for a CDA, please count them under option e (in training for CDA).

STAFF

- a. Graduate/Professional Degree
- b. Bachelor's Degree (B.A., B.S.)
- c. Associate of Arts Degree (A.A., A.A.S.)
- d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements
- e. In training for CDA
- f. High School Diploma/Equivalent

Source: Adapted from Baby FACES
[IF CHILD CARE CENTER]

PC10. Thinking about the child development staff who serve children in partnership slots, how many have left your program since you began receiving funding through the partnership grant?

CHILD DEVELOPMENT STAFF

[IF PC10 DOES NOT EQUAL 0]

Of the [FILL FROM PC10] child development staff who left your program, did any leave . . .

MARK ONE PER ROW

| | YES | NO |
|--|-------------------------|-------------------------|
| a. For a change in careers? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. For higher compensation or a better benefits package in the same field? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Because they were fired or laid off? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. For maternity leave? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. For personal reasons? | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. For another reason? (specify) | 1 <input type="radio"/> | 0 <input type="radio"/> |

Source: Adapted from Baby FACES
[IF CHILD CARE CENTER]

PC11. Since you began receiving funding through the partnership grant, has the director left the program?

- Yes..... 1
- No..... 0

PC12a. Before the partnership award, what was the average annual salary of [child development staff caring for children birth through age 3/family child care providers] at your [center/child care home]? If staff is paid hourly, please give your best estimate of annual salary. For staff that work part-time, please use their annual full-time equivalent.

AVERAGE ANNUAL SALARY

PC12b. What is the current average annual salary of [child development staff caring for children birth through age 3/family child care providers] at your [center/child care home]? If staff is paid hourly, please give your best estimate of annual salary. For staff that work part-time, please use their annual full-time equivalent.

AVERAGE ANNUAL SALARY

PC13a. Before the partnership award, which of the following benefits were provided to [child development staff caring for children birth through age 3/family child care providers] at your [center/child care home]?

Select all that apply

- Sick days..... 1
- Vacation days..... 2
- Paid holidays..... 3
- Health benefits..... 4
- Retirement benefits..... 5
- Reduced tuition rates for continuing education..... 6
- None..... 7
- Other (specify)..... 99

PC13b. Which of the following benefits are currently provided to [child development staff caring for children birth through age 3/family child care providers] at your [center/child care home] through the partnership grant?

Select all that apply

- Sick days..... 1
- Vacation days..... 2
- Paid holidays..... 3
- Health benefits..... 4
- Retirement benefits..... 5
- Reduced tuition rates for continuing education..... 6
- None..... 7
- Other (specify)..... 99

Source: National Survey of Early Care and Education

PC14. Please provide the hours that your [child care center/family child care home] was open for children last week, beginning with last Monday.

IF NONE, PLEASE ENTER 0.

| | START TIME | END TIME | DON'T KNOW |
|-------------------|--------------------|--------------------|----------------------------|
| a. Monday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |
| b. Tuesday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |
| c. Wednesday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |
| d. Thursday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |
| e. Friday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |
| f. Saturday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |
| g. Sunday..... | _ _ : _ _ AM PM | _ _ : _ _ AM PM | d <input type="checkbox"/> |

PC15. Thinking about before the partnership began, which statement best describes how the hours your [child care center/family child care home] was open for children compares to now?

Select one only

- My [child care center/family child care home] was open for children more hours per week before the partnership began.....1
- My [child care center/family child care home] was open for children fewer hours per week before the partnership began.....2
- There has been no change to the hours per week my [child care center/family child care home] is open for children.....3

Source: National Survey of Early Care and Education

PC16. How many weeks per year does your [child care center/family child care home] provide care for children under age 3?

WEEKS

PC17. Thinking about before the partnership began, which statement best describes how the weeks per year your [child care center/family child care home] provided care for children under age 3 compares to now.

Select one only

- My [child care center/family child care home] provided care for children under age 3 more weeks per year before the partnership began.....1
- My [child care center/family child care home] provided care for children under age 3 fewer weeks per year before the partnership began.....2
- There has been no change to the weeks per year my [child care center/family child care home] provides care for children under age 3.....3

Source: National Survey of Early Care and Education

PC18. Does your [child care center/family child care home] allow parents to use varying hours of care each week?

Select one only

- Yes, at their convenience.....1
- Yes, from a set schedule of options.....2
- Yes, beyond a minimum number of hours.....3
- No.....0

PARTNERSHIP DEVELOPMENT ACTIVITIES

Now, we would like to learn about how you got involved in the partnership with [PARTNERSHIP GRANTEE] and the development and content of your partnership agreement.

Source: Adapted from the Head Start/Child Care Partnership Study

PD1. How did you learn about the Early Head Start-Child Care Partnership grant opportunity?

Select all that apply

- Prior partnership with the grantee to serve children and families.....1
- Competitive request for proposal (RFP) process.....2
- Community planning process.....3
- Discussion initiated by [PARTNERSHIP GRANTEE].....4
- Discussion initiated by you or your organization.....5
- Consultation with local planning council.....6
- Consultation with a local child care resource and referral (CCR&R).....7
- Consultation with a state or local quality rating and improvement system (QRIS) administrator.....8
- Other (*specify*).....99

Source: New item

PD1a. When did you learn about the opportunity to partner with [PARTNERSHIP GRANTEE] on the partnership grant?

Select one only

- Before or during the grant writing process.....1
- After the partnership grantee received the award.....2

Source: New item

PD2. Did you have any experience collaborating with [PARTNERSHIP GRANTEE] prior to the partnership grant?

Select all that apply

- Yes, a previous partnership to serve Early Head Start/Head Start children and families1
- Yes, part of a community collaborative group.....2
- Yes, participated in joint training.....3
- Yes, other (*specify*).....99
- No.....0

[IF PD2 = 1]

PD2a. Prior to this partnership grant, how long did you partner with [PARTNERSHIP GRANTEE] to provide services to Early Head Start/Head Start children and families?

Select one only

- Less than 1 year..... 1
- 1 to 3 years..... 2
- 4 to 5 years..... 3
- More than 5 years..... 4

[IF PD2 = 1]

PD2b. Regarding the services provided to Early Head Start/Head Start children and families prior to this partnership grant, did you have a formal partnership agreement with [PARTNERSHIP GRANTEE]?

- Yes..... 1
- No..... 0

[IF PD2 = 1]

PD2c. Did the grantee provide you with funds to pay for services provided through the partnership?

- Yes..... 1
- No..... 0

Source: Adapted from the Evaluation of the Early Learning Initiative

PD3. Aside from [PARTNERSHIP GRANTEE], do you collaborate with other child care providers in your community? For example, do you work together with service providers in the community to hold trainings for staff, share information about clients, develop program materials, share costs, or coordinate referrals?

- Yes..... 1
- No..... 0

Source: Adapted from the Head Start/Child Care Partnership Study, Child Care Partnership Questionnaire; I PIECE Study, Early Childhood Education Management Survey

PD4. What factors motivated you to participate in the partnership grant?

Select all that apply

- Improve the quality of infant toddler care and education.....1
- Increase families' access to full-day, full-year care.....2
- Better meet families' child care needs (such as location, hours of care, type of care).....3
- Increase families' access to comprehensive services.....4
- Increase continuity of care for children.....5
- Gain access to new funding and other resources.....6
- Use resources more efficiently.....7
- Link to other early care and education resources in the community.....8
- Improve access to training for staff.....9
- Improve staff compensation.....10
- Improve staff credentialing.....11
- Improve curriculum.....12

[IF AT LEAST 2 OPTIONS IN PD4 ARE SELECTED]

PD4a. Below are the factors you identified as motivating you to participate in the partnership grant. Please rank these factors in the order of importance, with 1 being the biggest motivator.

PROGRAMMER:

INSERT TABLE THAT LISTS ALL ITEMS = YES FROM PD4, TABLE SHOULD HAVE A FUNCTION THAT ALLOWS FOR RANK ORDERING OF ITEMS, WITH 1 BEING OF HIGHEST PRIORITY AND N OF LOWEST PRIORITY.

Source: Head Start/Child Care Partnership Study

PD5. Do you have a written partnership agreement in place with [PARTNERSHIP GRANTEE]?

Select one only

- Yes, an agreement is in place..... 1
- Not yet, but the agreement is in process..... 2
- No..... 0

[IF PD5 = 1]

Source: Head Start/Child Care Partnership Study

PD5a. How was the partnership agreement in place with [PARTNERSHIP GRANTEE] developed?

Select one only

- [PARTNERSHIP GRANTEE] developed the partnership agreement with no input from my [child care center/family child care home]..... 1
- [PARTNERSHIP GRANTEE] developed the partnership agreement and my [child care center/family child care home] provided input..... 2
- The partnership agreement was jointly developed by [PARTNERSHIP GRANTEE] and my [child care center/family child care home]..... 3

[IF PD5 = 1]

Source: New item

PD6. Which of the following components are included in the agreement you have in place with [PARTNERSHIP GRANTEE]?

Select all that apply

- A statement of the partnership's goals..... 1
- The number of children and families to be served in the partnership..... 2
- The number of children to be served in the partnership that receive child care subsidies..... 3
- Information about procedures for recruitment and enrollment..... 4
- Start-up and ongoing procedures for filling partnership slots..... 5
- Eligibility criteria for partnership slots..... 6
- Actions partners will take to meet the goals specified in the agreement..... 7
- Specific roles and responsibilities of partners to comply with the Head Start Program Performance Standards (HSPPS)..... 8
- Enhancements to teacher/staff salaries..... 9
- Amount and purpose of the funds to be provided..... 10
- Training and technical assistance to be provided or arranged by the partnership grantee to child care partners..... 11
- Materials and supplies to be provided by the partnership grantee to child care partners..... 12
- A statement of each party's rights, including the right to terminate the agreement..... 13

[IF PD6 = 10]
Source: New item

PD6a. Does the agreement specify the amount of funding your [child care center/family child care home] will receive per year from [PARTNERSHIP GRANTEE]?

- Yes..... 1
- No..... 0

[IF PD6 = 10]
Source: New item

PD6b. Does the agreement specify the amount of funding your [child care center/family child care home] will receive per child per year from [PARTNERSHIP GRANTEE]?

- Yes..... 1
- No..... 0

PARTNERSHIP FUNDING ARRANGEMENTS

The next questions are about funding arrangements between you and [PARTNERSHIP GRANTEE].

PF1. Did you receive start-up funds from [PARTNERSHIP GRANTEE] at the beginning of the partnership, in addition to the amount of funding you receive per child?

- Yes..... 1
- No..... 0

[IF PF1 = YES]

PF1a. What is the amount of start-up funds you received from [PARTNERSHIP GRANTEE] at the beginning of the partnership? Your best estimate is fine.

START-UP FUNDS RECEIVED

[IF PF1 = YES]

PF1b. Have you used the start-up funds received from [PARTNERSHIP GRANTEE] for any of the following:

Select all that apply

- Administration and overhead..... 1
- Staff training and professional development..... 2
- Materials, supplies, furniture, and equipment..... 3
- Enhanced salaries and/or benefits for staff..... 4
- Other (*specify*)..... 99

Source: New item

PF2. How much does your [child care center/family child care home] receive per year from [PARTNERSHIP GRANTEE]? Your best estimate is fine.

PER YEAR

PF3. What is the amount of funding per child in a partnership slot received per year from [PARTNERSHIP GRANTEE]? Your best estimate is fine.

PER YEAR

PF4. Does your [child care center/family child care home] receive the same amount of funding each month from [PARTNERSHIP GRANTEE]?

- The same amount each month..... 1
- A varying amount each month..... 2

[IF PF4 = 2]

PF4a. What are the reasons your funding from [PARTNERSHIP GRANTEE] varies from month to month?

Select all that apply

- Mix of children's ages..... 1
- Receipt of subsidies..... 2
- Other (specify)..... 99

PF4b. How much does your [child care center/family child care home] receive per month from [PARTNERSHIP GRANTEE] (on average if the monthly amount varies)?

PER MONTH

Source: New item

PF5. Do you receive a payment from [PARTNERSHIP GRANTEE] for each partnership slot that is not filled?

Select one only

- Yes, until the slot is filled..... 1
- Yes, for a limited period of time..... 2
- No..... 0

[IF PF5 = 1, 2]

Source: New item

PF5a. Is the amount of payment received from [PARTNERSHIP GRANTEE] for each slot that is not filled...

Select one only

- The same as the amount provided to a filled partnership slot..... 1
- Less than the amount provided to a filled partnership slot..... 2
- Other (specify)..... 99

Source: New item

PF6. If a child in a partnership slot loses subsidy funding, does your [child care center/family child care home] receive funds from [PARTNERSHIP GRANTEE] to offset those funds?

- Yes, for the entire period of time the child is enrolled..... 1
- Yes, for a limited period of time..... 2
- No..... 0

[IF PF6 = 1, 2]

Source: New item

PF6a. Does the amount of funds received from [PARTNERSHIP GRANTEE] offset the lost subsidy funds?

Select one only

- The funds completely offset the lost subsidy funds..... 1
- The funds partially offset the lost subsidy funds..... 2
- Other (specify)..... 99

Source: New item

PF7. Does your [child care center/family child care home] receive additional funds from any other source to offset the cost of care for children in partnership slots?

- Yes..... 1
- No..... 0

[IF PF7 = YES]:

PF7a. What are the other sources of funding?

Select all that apply

- Subsidies paid by state or county government (vouchers/certificates, state contracts)..... 1
- Child and Adult Care Food Program funds..... 2
- State preschool funding..... 3
- Other funds (*specify*)..... 99

[FOR EACH ITEM PF7A = YES]:

PF7a1. On average, how much funding is allocated for this source each month? Your best estimate is fine.

DOLLARS ALLOCATED

Source: New item (adapted)

PF8. Aside from start-up funds and funding received for partnership slots, has your [child care center/family child care home] received additional funds from [PARTNERSHIP GRANTEE] for the following?

Select all that apply

- Administration and overhead..... 1
- Staff training and professional development..... 2
- Funds for materials, supplies, furniture, and equipment (do not count items that the partnership grantee purchased on your behalf)..... 3
- Enhanced salaries and/or benefits for staff..... 4
- No additional funds have been received..... 0
- Other (*specify*)..... 99

[FOR EACH ITEM PF8 = YES]

PF8a. How much funding do you receive for this purpose?

DOLLARS

QUALITY IMPROVEMENT ACTIVITIES

The next several questions ask about the quality improvement activities you have access to through the partnership with [PARTNERSHIP GRANTEE] to support the delivery of high quality infant and toddler child care.

Source: Adapted from the Head Start/Child Care Partnership Study

QI1. In your partnership, do you have any written documents that specify what your [child care center/family child care home] needs to do to meet the Head Start Program Performance Standards (HSPPS)?

- Yes..... 1
- No..... 0

[IF QI1 = YES]

QI1a. Was this document developed with input from both [PARTNERSHIP GRANTEE] and your [child care center/family child care home]?

- Yes..... 1
- No..... 0

Source: New item

QI2a. Have you received guidance on Child Care and Development Fund (CCDF)/subsidy rules?

- Yes..... 1
- No..... 0

[IF QI2a = YES]

QI2a1. What topics did the guidance cover?

Select all that apply

- Eligibility..... 1
- Documentation or record keeping..... 2
- Reimbursement..... 3
- Co-payments..... 4
- Attendance policies..... 5
- Other (*specify*)..... 99

Source: Adapted from qualitative interview questions from the Study of Community Strategies for Infant-Toddler Care

QI2b. Have you received guidance on implementing the HSPPS?

- Yes..... 1
- No..... 0

[IF Q12b = YES]

Q12b1. What kind of guidance did you receive?

Select all that apply

- Training.....1
- Written materials.....2
- Classroom observation and feedback.....3
- On-site coaching.....4
- Other (*specify*).....99

Source: New item

Q13. How would you rate your [child care center's/family child care home's] implementation of the HSPPS?

Select one only

- My [child care center/family child care home] met the HSPPS prior to participating in the partnership grant.....1
- My [child care center/family child care home] currently meets the HSPPS.....2
- My [child care center/family child care home] already meets most of the HSPPS, and we are striving toward meeting all standards.....3
- I think it will be difficult for my [child care center/family child care home] to meet the HSPPS, but we are striving to meet as many standards as possible.....4
- I think it will be difficult for my [child care center/family child care home] to meet the HSPPS and, as a result, we are not attempting to meet all standards.....5

Source: Adapted from the Head Start/Child Care Partnership Study

Q14. Please indicate whether someone from the [PARTNERSHIP GRANTEE] conducted any of the following activities at your [child care center/family child care home] since being awarded the partnership grant:

Select all that apply

- Observes [staff/providers] to assess their practice.....1
- Meets with [staff/providers] to provide feedback regarding their teaching practices.....2
- Meets with [staff/providers] to discuss how to link the curriculum to children's developmental needs.....3
- Discusses with [staff/providers] strategies to ensure teaching practice is developmentally appropriate.....4
- Discusses with [staff/providers] strategies to ensure a rich curriculum.....5
- Discusses with [staff/providers] strategies to ensure developmentally appropriate emotional and behavioral support.....6
- Reviews [staffs'/providers'] lesson plans.....7
- Reviews program data to see how the [child care center/family child care home] is doing with respect to specific goals or objectives.....8
- [IF CHILD CARE CENTER] Meets with director of this child care center.....9

Source: Adapted from the Head Start/Child Care Partnership Study

Q15. Does [PARTNERSHIP GRANTEE] let you use the partnership funds for whatever purposes you think are necessary, or are the funds earmarked for specific purposes?

Select one only

- Whatever we think necessary..... 1
- Earmarked for specific purposes..... 2

Source: Adapted from the Head Start/Child Care Partnership Study

Q16. Separate from funds received from [PARTNERSHIP GRANTEE], has the grantee directly provided the following equipment and supplies for your [child care center/family child care home]?

Select all that apply

- Bookshelves..... 1
- Playground or other outdoor equipment..... 2
- Tables and chairs..... 3
- Cribs and/or changing tables..... 4
- Paper or other office supplies..... 5
- Curriculum materials..... 6
- Screening or assessment materials..... 7
- Art supplies..... 8
- Toys and/or materials for pretend play..... 9
- Books..... 10
- Information technology (such as a computer, internet access, or program management software)..... 11
- Other (*specify*)..... 99

Source: Adapted from the Head Start/Child Care Partnership Study

Q17a. Prior to the partnership grant, which of the following professional development opportunities did you or staff from your [child care center/family child care home] engage in?

Select all that apply

- Workshops..... 1
- One-on-one training..... 2
- Coaching, mentoring, or consultation..... 3
- On-line training..... 4
- Other (*specify*)..... 99

Source: Adapted from the Head Start/Child Care Partnership Study

Q17b. Since the start of your involvement in the partnership grant, did [PARTNERSHIP GRANTEE] provide the following professional development opportunities to you or staff from your [child care center/family child care home]?

Select all that apply

- Workshops at the partnership grantee..... 1
- [IF CHILD CARE CENTER] Workshops at the child care center.....2
- One-on-one training..... 3
- Coaching, mentoring, or consultation.....4
- On-line training..... 5
- Other (*specify*)..... 99

Source: New item

Q18. Under this partnership grant, does [PARTNERSHIP GRANTEE] provide you or your staff with opportunities to obtain any of the following?

Select all that apply

- Child Development Associate (CDA)..... 1
- State-awarded certification, credential, or licensure that meets or exceeds CDA requirements..... 2
- Associate of Arts (A.A., A.A.S.) degree..... 3
- Bachelor's (B.A., B.S.) degree..... 4

Q19. Through the partnership, do you receive funding for staff from your [child care center/family child care home] to have release time to participate in training? This can include paying for substitutes while you or other staff are participating in a training.

- Yes..... 1
- No..... 0

Source: National Survey of Early Care and Education

Q10. Does your [child care center/family child care home] have an overall quality rating (for example, based on standards associated with accreditation, tiered reimbursement or some other quality rating system)? A quality rating reflects standards above and beyond those required for licensing.

- Yes..... 1
- No..... 0

[IF Q10 = YES]

Q10a. What agency or group provided your quality rating?

Select all that apply

- National Association for the Education of Young Children.....1
- National Association for Family Child Care.....2
- State or local child care quality rating and improvement system (QRIS).....3
- Local child care resource and referral (CCR&R).....4
- State or local child care agency.....5
- Other (*specify*).....99

Source: New item

Q11. For each of the following, please indicate whether you have accessed training or technical assistance about this topic. You might have accessed training and technical assistance through the National Center on Early Head Start Child Care Partnerships (NCEHS-CCP), or from another source. Examples of other sources include national centers funded by the Office of Child Care (OCC) and/or the Office of Head Start (OHS); and consultation with regional specialists, child care resource and referral agencies, or state quality rating and improvement system administrators.

[FOR EACH RESPONSE = YES]:

Q11a. Did you access training and technical assistance from NCEHS-CCP, or from some other source?

| | Q11. | Q11a. Information accessed from... | |
|---|-------------------------|------------------------------------|----------------------------|
| | | MARK ALL THAT APPLY | |
| | | NCEHS-CCP | OTHER SOURCE |
| a. Establishing partnership agreements | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Sustaining effective relationships with partners | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Understanding Child Care and Development Fund (CCDF)/subsidy rules | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Learning strategies for meeting HSPPS | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Coordination of resources | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Other (<i>specify</i>) | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

SERVICES FOR CHILDREN AND FAMILIES

Next, we would like to learn about how you work with [PARTNERSHIP GRANTEE] to provide services to children and families who are enrolled in partnership slots.

Source: Adapted from Baby FACES

FS1. What are the primary ways you recruit families for partnership slots?

Select all that apply

- Referrals from the partnership grantee.....1
- Referrals from community agencies/partner.....2
- Referrals from a Child Care Resource and Referral (CCR&R) agency.....3
- Word of mouth.....4
- Outreach efforts your staff make in the community.....5
- Local advertising, such as flyers, newspaper ads, or radio spots.....6
- No need to recruit.....7
- Other (*specify*).....99

Source: Adapted from Baby FACES

FS2a. Prior to your involvement in the partnership grant, did your [child care center/family child care home] have a waiting list for infant/toddler slots?

- Yes.....1
- No.....0

FS2b. Does your [child care center/family child care home] currently have...

Select one only

- A waiting list for partnership slots only.....1
- A waiting list for infant/toddler slots but not for partnership slots.....2
- A waiting list for partnership slots and infant/toddler slots that are not funded through the partnership.....3
- No waiting list.....0

Source: Adapted from Baby FACES

FS3. Prior to your involvement in the partnership grant, did you have a formal system to prioritize enrollment based on family risks or needs?

- Yes.....1
- No.....0

[IF FS3 = YES]

FS3a. What factors were considered in prioritizing enrollment?

Select all that apply

- Parent/guardian employment.....1
- Child Care and Development Fund (CCDF) eligibility.....2
- Child Care and Development Fund (CCDF) receipt.....3
- Child special needs.....4
- Number of children in the family.....5
- Teen mother.....6
- Single parent.....7
- Dual-Language Learners.....8
- Welfare/TANF.....9
- Mental health.....10
- Family violence.....11
- Substance use.....12
- Homelessness.....13
- Other (*specify*).....99

[IF FS3 = YES AND AT LEAST 2 OPTIONS ARE SELECTED]

FS3b. Below are the factors you identified as being considered for prioritizing enrollment prior to the partnership grant. Please rank these factors in the order in which they were prioritized, with 1 being of highest priority.

PROGRAMMER:

INSERT TABLE THAT LISTS ALL ITEMS = YES FROM FS3A, TABLE SHOULD HAVE A FUNCTION THAT ALLOWS FOR RANK ORDERING OF ITEMS, WITH 1 BEING OF HIGHEST PRIORITY AND N OF LOWEST PRIORITY.

Source: Adapted from Baby FACES

FS4. Do you currently have a formal system to prioritize enrollment into the partnership based on family risks or needs?

- Yes.....1
- No.....0

[IF FS4 = YES]

FS4a. What factors are considered in prioritizing enrollment?

Select all that apply

- Parent/guardian employment.....1
- Child Care and Development Fund (CCDF) eligibility.....2
- Child Care and Development Fund (CCDF) receipt.....3

- Child special needs.....4
- Number of children in the family.....5
- Teen mother.....6
- Single parent.....7
- Dual-Language Learners.....8
- Welfare/TANF.....9
- Mental health.....10
- Family violence.....11
- Substance use.....12
- Homelessness.....13
- Other (*specify*).....99

[IF FS4 = YES AND AT LEAST 2 OPTIONS ARE SELECTED]

FS4b. Below are the factors you identified for prioritizing enrollment into the partnership. Please rank these factors in the order in which they are prioritized, with 1 being of highest priority.

PROGRAMMER:

INSERT TABLE THAT LISTS ALL ITEMS = YES FROM FS4A, TABLE SHOULD HAVE A FUNCTION THAT ALLOWS FOR RANK ORDERING OF ITEMS, WITH 1 BEING OF HIGHEST PRIORITY AND N OF LOWEST PRIORITY.

Source: Adapted from Head Start/Child Care Partnership Study & Baby FACES

FS5a. Did you offer any of the following services to children before the partnership award? These services could have been offered directly by your agency, or by a community partner.

Source: Adapted from Head Start/Child Care Partnership Study & Baby FACES

FS5b. Do you currently offer this service to children enrolled in partnership slots and to other children birth to age 3 who are enrolled in care as well? These services can be provided by your agency, by the partnership grantee, or by a community partner.

[FOR EACH SERVICE OFFERED]

FS5b1. Who is responsible for providing this service?

| FS5a. | FS5b. Currently offered to... | | FS5b1. Service provided by... | | | |
|---|---|---|----------------------------------|--|---------------------------------------|---|
| | SERVICE OFFERED TO CHILDREN PRIOR TO AWARD? | MARK ALL THAT APPLY | | MARK ALL THAT APPLY | | |
| | | CHILDREN ENROLLED IN PARTNERSHIP SLOTS? | OTHER CHILDREN ENROLLED IN CARE? | DIRECTLY BY PARTNERSHIP GRANTEE STAFF? | DIRECTLY BY CHILD CARE PARTNER STAFF? | REFERRALS TO A COMMUNITY PARTNER OR AGENCY? |
| a. Vision screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Hearing screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Dental screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Mental health observation/assessment | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. Developmental screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. Speech screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. Nutritional screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. Lead screening | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. Medical referrals | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. Dental referrals | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| k. Mental health referrals | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. Social service referrals | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. Physical therapy | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. Speech therapy | 1 <input type="radio"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

Source: Adapted from Baby FACES

FS6a. Did you offer any of the following services to families before the partnership award? These services could have been offered directly by your agency, or by a community partner.

Source: Adapted from Baby FACES

FS6b. Do you currently offer this service to families of children enrolled in partnership slots and to other families of children birth to age 3 who are enrolled in care as well? These services can be provided by your agency, by the partnership grantee, or by a community partner.

[FOR EACH SERVICE OFFERED]

FS6c. Who is responsible for providing this service?

| FS6a. | FS6b. Currently offered to... | | FS6c. Service provided by... | | | |
|---|---|---|----------------------------------|--|---------------------------------------|---|
| | SERVICE OFFERED TO FAMILIES PRIOR TO AWARD? | MARK ALL THAT APPLY | | MARK ALL THAT APPLY | | |
| | | FAMILIES ENROLLED IN PARTNERSHIP SLOTS? | OTHER FAMILIES ENROLLED IN CARE? | DIRECTLY BY PARTNERSHIP GRANTEE STAFF? | DIRECTLY BY CHILD CARE PARTNER STAFF? | REFERRALS TO A COMMUNITY PARTNER OR AGENCY? |
| a. Pediatrician services | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Adult health care | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Prenatal care/OB GYN | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Transportation assistance | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. Disability services for parents | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. Emergency assistance | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. Employment assistance | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. Education or job training | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. Services for drug or alcohol abuse | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. Legal assistance | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| k. Housing assistance | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. Financial counseling | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. Family literacy services | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. Services for dual-language learners | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| o. Dental care | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| p. Mental health screenings | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| q. Mental health assessments | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| r. Therapy | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| s. Care coordination | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| t. Staff consultation or follow-up with families about results of screenings or | 1 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

| FS6a. | FS6b. Currently offered to... | | FS6c. Service provided by... | | |
|---|---|----------------------------------|--|---------------------------------------|---|
| | MARK ALL THAT APPLY | | MARK ALL THAT APPLY | | |
| SERVICE OFFERED TO FAMILIES PRIOR TO AWARD? | FAMILIES ENROLLED IN PARTNERSHIP SLOTS? | OTHER FAMILIES ENROLLED IN CARE? | DIRECTLY BY PARTNERSHIP GRANTEE STAFF? | DIRECTLY BY CHILD CARE PARTNER STAFF? | REFERRALS TO A COMMUNITY PARTNER OR AGENCY? |
| u. Some other service (specify) assessments | 1 <input type="radio"/> | 2 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

Source: New item

FS7. Prior to your involvement in the partnership grant, did your [child care center/family child care home] develop Individual Family Partnership Agreements (or something similar)?

- Yes.....1
- No.....0

Source: Adapted from Baby FACES

FS8a. For which families do you offer Individual Family Partnership Agreements (IFPAs)?

Select all that apply

- Families enrolled in partnership slots1
- Other families enrolled in care.....2

Source: New item

FS8b. Who is primarily responsible for developing IFPAs with families?

Select one only

- Partnership grantee staff.....1
- Child care partner staff.....2
- Other (specify).....99

Source: New item

FS9a. Did you offer home visits to children and families before the partnership award?

- Yes.....1
- No.....0

Source: Adapted from Head Start/Child Care Partnership Study

FS9b. For which families are home visits currently offered?

Select all that apply

- Families enrolled in partnership slots1
- Other families enrolled in care.....2
- Home visits are not offered to enrolled families0

Source: New item
[IF FS9B = 1,2]

FS9b1. Who is primarily responsible for conducting home visits?

Select one only

- Partnership grantee staff..... 1
- Child care partner staff..... 2
- Other (*specify*)..... 99

DRAFT

FS10a. Prior to your involvement in the partnership grant, did staff from your [child care center/family child care home] meet regularly to discuss services for individual children and families?

- Yes..... 1
- No..... 0

Source: Adapted from the Evaluation of the Early Learning Initiative

FS10b. Do you or someone from your [child care center/family child care home] meet regularly with someone from [PARTNERSHIP GRANTEE] to discuss services for individual children and families?

- Yes..... 1
- No..... 0

Source: New item
[IF FS10b = YES]

FS10b1. What is discussed during these meetings?

Select all that apply

- Family service plans..... 1
- Child assessment result..... 2
- Classroom lesson plans..... 3
- Transition plans..... 4
- Communication with parents..... 5
- Coordination with early intervention or other service providers..... 6
- Other child care arrangements children are in..... 7
- Transportation for children..... 8
- Child or family needs or barriers..... 9
- Other (*specify*)..... 99

Source: Adapted from the Evaluation of the Early Learning Initiative
[IF FS10b = YES]

FS10b2. How often do these meetings about services for individual children and families take place?

Select one only

- Every day or almost every day..... 1
- Every week or almost every week..... 2
- Once or twice a month..... 3
- Less than once a month..... 4

FS11. Were you implementing any specific infant/toddler curriculum before the partnership award?

- Yes..... 1
- No..... 0

Source: Adapted from Baby FACES 2009 Director Interview
[IF FS11 = YES]

FS11a. Please indicate the infant/toddler curriculum/curricula you were implementing before the partnership award.

Select all that apply

- Agency-created curriculum..... 1
- Assessment, Evaluation and Programming System (AEPS).....2
- Beautiful Beginnings..... 3
- Creative Curriculum.....4
- Early Learning Accomplishments Profile..... 5
- Emotional Beginnings..... 6
- Games to Play with Babies..... 7
- Games to Play with Toddlers..... 8
- Hawaii Early Learning Profile (HELP)..... 9
- High/Scope..... 10
- Learning Activities for Infants..... 11
- Montessori..... 12
- Ones and Twos..... 13
- Partners as Primary Caregivers..... 14
- Partners in Learning..... 15
- Playtime Learning Games for Young Children..... 16
- Resources for Infant Educators..... 17
- Talking to Your Baby..... 18
- The Anti-Bias Curriculum..... 19
- Program for Infant-Toddler Care..... 20
- Other curriculum (*describe*)..... 99

FS12. Since the start of your involvement in the partnership grant, have you been implementing any specific infant/toddler curricula?

- Yes..... 1
- No..... 0

Source: Adapted from Baby FACES 2009 Director Interview
[IF FS12 = YES]

FS12a. What curriculum/curricula does your program currently use?

Select all that apply

- Agency-created curriculum..... 1
- Assessment, Evaluation and Programming System (AEPS).....2
- Beautiful Beginnings..... 3
- Creative Curriculum.....4
- Early Learning Accomplishments Profile..... 5
- Emotional Beginnings..... 6
- Games to Play with Babies..... 7
- Games to Play with Toddlers.....8
- Hawaii Early Learning Profile (HELP).....9
- High/Scope..... 10
- Learning Activities for Infants.....11
- Montessori..... 12
- Ones and Twos..... 13
- Partners as Primary Caregivers..... 14
- Partners in Learning..... 15
- Playtime Learning Games for Young Children..... 16
- Resources for Infant Educators..... 17
- Talking to Your Baby..... 18
- The Anti-Bias Curriculum..... 19
- Program for Infant-Toddler Care.....20
- Other curriculum (Please describe)..... 99

PARTNERSHIP QUALITY

Next, we would like your opinion about how your partnership with [PARTNERSHIP GRANTEE] is going so far.

Source: Adapted from the Head Start/Child Care Partnership Study

PQ1. Please indicate the degree to which you agree or disagree with the following statements:

SELECT ONE ONLY

| | NOT SUR E | DISAGRE E | NEUTRA L | SOMEWHA T AGREE | AGRE E |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Individuals in the partnership demonstrate mutual respect for each other. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. I feel my [child care center/family child care home] is a full partner with [PARTNERSHIP GRANTEE]. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. I feel my voice is heard in the partnership. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. I feel I can pick up the phone and call [PARTNERSHIP GRANTEE]. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. [PARTNERSHIP GRANTEE] and I have similar goals for our work together. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. I feel that [PARTNERSHIP GRANTEE] respects my [child care center/family child care home]. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. I feel [PARTNERSHIP GRANTEE] does not really view my [child care center/family child care home] as a partner. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

Source: Implementation Leadership Scale (ILS; Aarons, Ehrhart, and Farahnak 2014)

PQ2. These next questions are about the progress the director from [PARTNERSHIP GRANTEE] has made leading the implementation of partnerships with your [child care center/family child care home]. Please indicate the extent to which you agree with each statement.

SELECT ONE ONLY

| | NOT AT ALL | SLIGHT EXTENT | MODERATE EXTENT | GREAT EXTENT | TO A VERY GREAT EXTENT |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. The director from [PARTNERSHIP GRANTEE] has developed a plan to facilitate implementation of the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. The director from [PARTNERSHIP GRANTEE] has removed obstacles to the implementation of the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. The director from [PARTNERSHIP GRANTEE] has established clear department standards for the implementation of the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. The director from [PARTNERSHIP GRANTEE] is knowledgeable about the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. The director from [PARTNERSHIP GRANTEE] is able to answer staff's questions about the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. The director from [PARTNERSHIP GRANTEE] knows what he/she talking about when it comes to the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. The director from [PARTNERSHIP GRANTEE] recognizes and appreciates child care partner staff efforts toward successful implementation of the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| h. The director from [PARTNERSHIP GRANTEE] supports child care partner staff efforts to learn more about the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| i. The director from [PARTNERSHIP GRANTEE] supports child care partner staff efforts to deliver services through the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| j. The director from [PARTNERSHIP GRANTEE] perseveres through the ups and downs of implementing the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| k. The director from [PARTNERSHIP GRANTEE] carries on through the challenges of implementing the partnerships. | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| l. The director from [PARTNERSHIP GRANTEE] reacts to critical issues regarding the implementation of the partnerships by openly and effectively addressing the problem(s). | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

EDUCATION AND EXPERIENCE

In this final section, we would like to learn about your educational background and your experience working in early childhood settings.

PE1. Are you a...

Select your primary role

- Director?..... 1
- Assistant director?..... 2
- Manager/supervisor..... 3
- Owner..... 4
- Family child care provider?..... 5
- Other (specify)..... 99

PE2. What is the highest level of education that you have completed?

Select one only

- High school diploma or GED certificate..... 1
- Some technical/vocational school, but no diploma..... 2
- Technical/vocational diploma..... 3
- Some college courses, but no degree..... 4
- Associate of Arts degree (A.A., A.A.S.)..... 5
- Bachelor's degree (B.A., B.S.)..... 6
- Master's degree (M.A., M.S.)..... 7
- Doctorate degree (Ph.D., Ed.D.)..... 8
- Professional degree after Bachelor's degree..... 9
- Other (specify)..... 99

[IF PE2 = 3, 5-9, 99]

PE3. In what field did you obtain your highest degree?

Select one only

- Child development or developmental psychology..... 1
- Early childhood education..... 2
- Elementary education..... 3
- Special education..... 4
- Other (specify)..... 99

PE4. Including this year, how many years have you been working with infants and/or toddlers?

YEARS

PE5. Including this year, how many years have you been in your current position?

YEARS

END OF SURVEY

Thank you for your participation in this survey. Please provide the mailing address to where we should send your thank-you gift card. You will receive it in about 2 weeks.

Street Address 1:

Street Address 2:

City:

State:

Zip:

Thank you for completing the Child Care Partner Survey!

Please click the “Submit survey” button in the lower right hand corner to submit your completed survey.