ATTACHMENT k

CHILD CARE PARTNER QUESTIONNAIRE

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OMB No.: xxxx-xxxx

Expiration date: xx/xx/xxxx

Child Care Partner Questionnaire

Study of Early Head Start–Child

Care Partnerships

**COMPLETED BY: 1** □Director

 **2** □ Assistant director

 **3** □ Manager/supervisor

 **4** □ Owner

 **5** □ Family child care provider

 6 **□** Other staff (*specify position*): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE COMPLETED:** | | | / | | | / | | | | |

 Month Day Year

|  |
| --- |
| 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 20 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 purpose of this questionnaire is to obtain information about your child care business and the activities you engage in with the partnership grantee or delegate agency to develop partnerships, improve the quality of services, and deliver services to children and families. Your participation will help the Administration for Children and Families (ACF) better understand the experiences of child care providers participating in these partnerships.**
* **You are being asked to complete this survey because of your involvement in a partnership with the grantee agency indicated on the label affixed to the cover page. Throughout this survey, we use the term *partnership grantee* to refer to the entity 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 *partnership slots* to refer to slots available to children through funding from the partnership grant.**
* **This questionnaire should take 20 minutes to complete, and we will send you a $20 gift card as a thank-you for participating. Please complete this form by [DATE], and mail it back to Mathematica in the pre-addressed, stamped envelope included in your packet of materials.**
* **All of the questions can be answered by placing an “×” or a “✓” in the box.**

☒ **or**  🗹 |

|  |
| --- |
| **ABOUT THIS SURVEY** |
| * **The information you provide will remain private. All of the information will be reported for groups; no results will be reported for individuals.**
* **Your participation is voluntary, and completion of the questionnaire signifies your consent. 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.**
* **If you choose not to complete this questionnaire, please check this box □ indicating your refusal. Place the blank questionnaire in the pre-addressed, stamped envelope we included in your packet of materials, and return it along with the others to Mathematica by mail.**
* **If you have any questions about the questionnaire, 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.**

***Thank you for your help!*** |

# **A. about your child care business**

**These first questions are about your child care business.**

A1. Which of the following best describes your child care setting?

 1 □ Child care center

 2 □ Family child care home

A2. 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 total licensed enrollment capacity of your [child care center/family child care home] across all ages?  | | | | | | d □ |
| b. What is the total licensed enrollment capacity of your [child care center/family child care home] for children birth to age 3?  | | | | | | d □ |
| c. Before the partnership began, what was the total licensed enrollment capacity of your [child care center/family child care home] for children birth to age 3?  | | | | | | d □ |
| d. In the past month, what was your actual enrollment across all ages?  | | | | | | d □ |
| e. In the past month, what was your actual enrollment for children birth to age 3?  | | | | | | d □ |
| 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 □ |

A3. What percentage of children enrolled in partnership slots currently receive a child care subsidy? Your best estimate is fine.

| | | | percent

d □ Don’t know

Source: New item

[IF CHILD CARE CENTER]

**A4.** 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

d □ Don’t know

Source: Adapted from the Head Start FY2014 PIR

[IF CHILD CARE CENTER]

A5. What is the total number of child development staff that regularly care for children birth to age 3 in partnership slots?

| | | | CHILD DEVELOPMENT STAFF

d □ Don’t know

Source: Adapted from Baby FACES

[IF FAMILY CHILD CARE HOME]

A6. How many adults in your family child care home regularly work with or provide care to children?

| | | adults

d □ Don’t know

[IF CHILD CARE CENTER]

A7. Thinking about the 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 traiing for CDA).

**IF NONE, PLEASE ENTER 0.**

[IF FAMILY CHILD CARE HOME]

 Thinking about the 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).

**IF NONE, PLEASE ENTER 0.**

|  |  |  |
| --- | --- | --- |
|  | [CHILD DEVELOPMENT STAFF/ADULTS] | DON’T KNOW |
| a. Graduate/Professional Degree  | | | | | d □ |
| b. Bachelor’s Degree (B.A., B.S.)  | | | | | d □ |
| c. Associate of Arts Degree (A.A., A.A.S.)  | | | | | d □ |
| d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements  | | | | | d □ |
| e. In training for CDA  | | | | | d □ |
| f. High School Diploma/equivalent  | | | | | d □ |

Source: Adapted from Baby FACES

[IF CHILD CARE CENTER]

A8. 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?

 **IF NONE, PLEASE ENTER 0 BELOW AND THEN GO TO ITEM A10**

| | | | CHILD DEVELOPMENT STAFF

d □ Don’t know

A9. Of the child development staff who left your program, did any leave . . .

|  |  |
| --- | --- |
|  | **MARK ONE PER ROW** |
|  | YES | NO | DON’T KNOW |
| a. For a change in careers?  | 1 □ | 0 □ | d □ |
| b. For higher compensation or a better benefits package in the same field?  | 1 □ | 0 □ | d □ |
| c. Because they were fired or laid off?  | 1 □ | 0 □ | d □ |
| d. For maternity leave?  | 1 □ | 0 □ | d □ |
| e. For personal reasons?  | 1 □ | 0 □ | d □ |
| f. For another reason? (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 □ | 0 □ | d □ |

Source: Adapted from Baby FACES

[IF CHILD CARE CENTER]

A10. Since you began receiving funding through the partnership grant, has the director left the program?

 1 □ Yes

 0 □ No

A11. 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

A12. 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?

|  |  |
| --- | --- |
|  | **MARK ONE PER ROW** |
|  | YES | NO | DON’T KNOW |
| a. Sick days  | 1 □ | 0 □ | d □ |
| b. Vacation days  | 1 □ | 0 □ | d □ |
| c. Paid holidays  | 1 □ | 0 □ | d □ |
| d. Health benefits  | 1 □ | 0 □ | d □ |
| e. Retirement benefits  | 1 □ | 0 □ | d □ |
| f. Reduced tuition rates for continuing education  | 1 □ | 0 □ | d □ |
| g. Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 □ | 0 □ | d □ |

Source: National Survey of Early Care and Education

A13. 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 □ |
| b. Tuesday  | | | | : | | | am pm | | | | : | | | am pm | d □ |
| c. Wednesday  | | | | : | | | am pm | | | | : | | | am pm | d □ |
| d. Thursday  | | | | : | | | am pm | | | | : | | | am pm | d □ |
| e. Friday  | | | | : | | | am pm | | | | : | | | am pm | d □ |
| f. Saturday  | | | | : | | | am pm | | | | : | | | am pm | d □ |
| g. Sunday  | | | | : | | | am pm | | | | : | | | am pm | d □ |

Source: National Survey of Early Care and Education

A14. How many weeks per year does your [child care center/family child care home] provide care for children under age 3?

| | | weeks

d □ Don’t know

Source: National Survey of Early Care and Education

A15. Does your [child care center/family child care home] allow parents to use varying hours of care each week?

MARK ONE ONLY

 1 □ Yes, at their convenience

 2 □ Yes, from a set schedule of options

 3 □ Yes, beyond a minimum number of hours

 0 □ No

# **B. partnership development activities**

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

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

B1. How did you learn about the Early Head Start-Child Care Partnership grant opportunity?

MArk all that apply

 1 □ Prior partnership with the grantee to serve children and families

 2 □ Competitive request for proposal (RFP) process

 3 □ Community planning process

 4 □ Discussion initiated by the partnership grantee

 5 □ Discussion initiated by you or your organization

 6 □ Consultation with local planning council

 7 □ Consultation with a local child care resource and referral (CCR&R)

 8 □ Consultation with a state or local quality rating and improvement system (QRIS) administrator

 9 □ Other *(specify)*

Source: New item

B2. When did you learn about the opportunity to partner with the partnership grantee?

MARK ONLY ONE

 1 □ Before or during the grant-writing process

 2 □ After the partnership grantee received the award

 d □ Don’t know

Source: New item

B3. How long have you been in partnership with the grantee under this partnership agreement?

MARK ONLY ONE

 1 □ Less than a month

 2 □ 1-3 months

 3 □ 4-6 months

 4 □ 7-12 months

 5 □ More than 12 months

Source: New item

B4. Did you have any experience collaborating with the grantee prior to the partnership grant?

MARK all that apply

 1 □ Yes, a previous partnership to serve Early Head Start/Head Start children and families

 2 □ Yes, part of a community collaborative group

GO TO ITEM B5

 3 □ Yes, participated in joint training

 4 □ yes, other *(specify)*

 0 □ No

 d □ Don’t know

B4a. Prior to this partnership grant, how long did you partner with the partnership grantee to provide services to Early Head Start/Head Start children and families?

 MARK ONLY ONE

 1 □ Less than 1 year

 2 □ 1 to 3 years

 3 □ 4 to 5 years

 4 □ More than 5 years

B4b. 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 the partnership grantee?

 1 □ Yes

 0 □ No

B4c. Regarding the services provided to Early Head Start/Head Start children and families prior to this partnership grant, did the grantee provide you with funds to pay for services provided through the partnership?

 1 □ Yes

 0 □ No

Source: Head Start/Child Care Partnership Study

B5. Do you have a written partnership agreement in place with the partnership grantee?

MARK ONE ONLY

 1 □ Yes

 2 □ Not yet, but the agreement is in process

GO TO ITEM C1

 0 □ No

 d □ Don’t know

Source: Head Start/Child Care Partnership Study

B6. Is the partnership agreement you have in place with the partnership grantee regularly updated?

 1 □ Yes

 0 □ No

GO TO ITEM B8

 d □ Don’t know

B7. How often is the agreement updated?

MARK ONE ONLY

 1 □ Quarterly

 2 □ Twice a year

 3 □ Annually

 4 □ Other *(specify)*

 d □ Don’t know

Source: Head Start/Child Care Partnership Study

B8. How was the partnership agreement in place with the partnership grantee developed?

 1 □ The partnership grantee developed the partnership agreement with no input from my [child care center/family child care home]

 2 □ The partnership grantee developed the partnership agreement and my [child care center/family child care home] provided input

 3 □ The partnership agreement was jointly developed by the partnership grantee and my [child care center/family child care home]

B9. Thinking about the agreement your agency has in place with the partnership grantee, about how many meetings did you have to develop the agreement?

 1 □ None

 2 □ 1

 3 □ 2–3

 4 □ 4–5

 5 □ 6 or more

Source: New item

B10. Which of the following components are included in the agreement you have in place with the partnership grantee?

MARK ALL THAT APPLY

 1 □ A statement of the partnership’s goals

 2 □ The number of children and families to be served in the partnership

 3 □ The number of children to be served in the partnership that receive child care subsidies

 4 □ Information about procedures for recruitment and enrollment

 5 □ Start-up and ongoing procedures for filling partnership slots

 6 □ Eligibility criteria for partnership slots

 7 □ Actions partners will take to meet the goals specified in the agreement

 8 □ Specific roles and responsibilities of partners to comply with the Head Start Program Performance Standards (HSPPS)

 9 □ Enhancements to teacher/staff salaries

10 □ Amount and purpose of the funds to be provided

11 □ Training and technical assistance to be provided by the partnership grantee to child care partners

12 □ Materials and supplies to be provided or arranged by the partnership grantee to child care partners

13 □ A statement of each party’s rights, including the right to terminate the agreement

 d □ Don’t know

Source: New item

B11. Does the agreement specify the amount of funding your [child care center/family child care home] will receive per year from the partnership grantee?

 1 □ Yes

 0 □ No

 d □ Don’t know

Source: New item

B12. Does the agreement specify the amount of funding your [child care center/family child care home] will receive per child per year from the partnership grantee?

 1 □ Yes

 0 □ No

 d □ Don’t know

# **C. partnership FUNDING ARRANGEMENTS**

The next questions are about funding arrangements between you and the partnership grantee.

C1. Did you receive start-up funds from the partnership grantee at the beginning of the partnership, in addition to the amount of funding you receive per child?

 1 □ Yes

 0 □ No

GO TO ITEM C2

 d □ Don’t know

C1a. What is the amount of start-up funds you received from the partnership grantee at the beginning of the partnership? Your best estimate is fine.

 **$| | | | | |**

d □ Don’t know

C1b. Have you used the start-up funds received from the partnership grantee for any of the following:

MARK all that apply

 1 □ Administration and overhead

 2 □ Staff training and professional development

 3 □ Materials, supplies, furniture, and equipment

 4 □ Enhanced salaries and/or benefits for staff

 5 □ Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source: New item

C2. How much does your [child care center/family child care home] receive per year from the partnership grantee? Your best estimate is fine.

 **$| | | | | |**

d □ Don’t know

C3. What is the amount of funding per child in a partnership slot received per year from the partnership grantee? Your best estimate is fine.

 **$| | | | | |**

d □ Don’t know

C4. Does your [child care center/family child care home] receive the same amount of funding each month from the partnership grantee?

 1 □ Yes, the same amount

 GO TO ITEM C5

 2 □ No, a varying amount

C4a. What are the reasons your funding from the partnership grantee varies month to month?

MARK all that apply

 1 □ Mix of children’s ages

 2 □ Receipt of subsidies

 3 □ Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5. How much does your [child care center/family child care home] receive per month from the partnership grantee (on average if the monthly amount varies)?

 **$| | | | | |**

d □ Don’t know

Source: New item

C6. Do you receive a payment from the partnership grantee for each partnership slot that is not filled?

MARK one only

 1 □ Yes, until the slot is filled

 2 □ Yes, for a limited period of time

 0 □ No

GO TO ITEM C7

Source: New item

C6a. Is the amount of payment received from the partnership grantee for each slot that is not filled…

MARK one only

 1 □ The same as the amount provided to a filled partnership slot

 2 □ Less than the amount provided to a filled partnership slot

 3 □ Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source: New item

C7. If a child in a partnership slot loses subsidy funding, does your [child care center/family child care home] receive funds from the partnership grantee to offset those funds?

 1 □ Yes, for the entire period of time the child is enrolled

 2 □ Yes, for a limited period of time

 0 □ No

 GO TO ITEM C8

 d □ Don’t know

Source: New item

C7a. Does the amount of funds received from [PARTNERSHIP GRANTEE] offset the lost subsidy funds?

MARK one only

 1 □ The funds completely offset the lost subsidy funds

 2 □ The funds partially offset the lost subsidy funds

 3 □ Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source: New item

C8. 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?

 1 □ Yes

 0 □ No

GO TO ITEM C9

 d □ Don’t know

C8a. What are the other sources of funding received to offset the cost of care for children in partnership slots?

C8a1. On average, how much funding is allocated for this source? Your best estimate is fine.

|  |  |  |
| --- | --- | --- |
|  | C8a. | C8a1. |
|  | FUNDING RECEIVED? | AMOUNT ALLOCATED FOR THIS SOURCE? | DON’T KNOW |
| a. Subsidies paid by state or county government (vouchers/certificates, state contracts)  | 1 □ | **$| | | | | |** | d □ |
| b. Child and Adult Care Food Program funds  | 1 □ | **$| | | | | |** | d □ |
| c. State preschool funding  | 1 □ | **$| | | | | |** | d □ |
| d. Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 □ | **$| | | | | |** | d □ |

Source: New item (adapted)

C9. Aside from start-up funds and funding received for partnership slots, has your [child care center/

 family child care home] received additional funds from the partnership grantee for the following?

C9a. If so, how much funding do you receive for this purpose?

|  |  |  |
| --- | --- | --- |
|  | C9. | C9a. |
|  | RECEIVED FUNDS FROM GRANTEE? | AMOUNT FUNDING RECEIVED FROM GRANTEE? | DON’T KNOW |
| a. Administration and overhead  | 1 □ | **$| | | | | |** | d □ |
| b. Staff training and professional development  | 1 □ | **$| | | | | |** | d □ |
| c. Funds for materials, supplies, furniture, and equipment (do not count items the partnership grantee purchased on your behalf)  | 1 □ | **$| | | | | |** | d □ |
| d. Enhanced salaries and/or benefits for staff  | 1 □ | **$| | | | | |** | d □ |
| e. Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 □ | **$| | | | | |** | d □ |

# **D. quality improvement activities**

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

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

D1. In your partnership, do you have any written documents that specify what your [child care center/family child care home] to do to meet the Head Start Program Performance Standards (HSPPS)?

 1 □ Yes

 0 □ No

GO TO ITEM D2a

 d □ Don’t know

D1a. Was this document developed with input from both the partnership grantee and your [child care center/family child care home]?

 1 □ Yes

 0 □ No

 d □ Don’t know

Source: New item

D2a. Have you received guidance on Child Care and Development Fund (CCDF)/subsidy rules?

 1 □ Yes

 0 □ No

GO TO ITEM D2b

 d □ Don’t know

D2a1. What topics did the guidance cover?

MARK all that apply

1 □ Eligibility

2 □ Documentation or record keeping

3 □ Reimbursement

4 □ Co-payments

5 □ Attendance policies

6 □ Other *(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

D2b. Have you received guidance on implementing the Head Start Program Performance Standards (HSPPS)?

 1 □ Yes

 0 □ No

GO TO ITEM D3

 d □ Don’t know

D2b1. What kind of guidance did you receive?

MARK ALL THAT APPLY

 1 □ Training

 2 □ Written materials

 3 □ Classroom observation and feedback

 4 □ On-site coaching

 5 □ Other *(specify)*

 d □ Don’t know

Source: New item

D3. How would you rate your [child care center’s/family child care home’s] implementation of the HSPPS?

MARK ONE ONLY

 1 □ My [child care center/family child care home] met the HSPPS prior to participating in the partnership grant

 2 □ My [child care center/family child care home] currently meets the HSPPS

 3 □ My [child care center/family child care home] already meets most of the HSPPS, and we are striving toward meeting all standards

 4 □ 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

 5 □ 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

 d □ Don’t know

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

D4. Please indicate whether someone from the partnership grantee conducted any of the following activities at your [child care center/family child care home] in the past year:

MARK ALL THAT APPLY

 1 □ Observes [staff/providers] to assess their practice

 2 □ Meets with [staff/providers] to provide feedback regarding their teaching practices

 3 □ Meets with [staff/providers] to discuss how to link the curriculum to children’s developmental needs

 4 □ Discusses with [staff/providers] strategies to ensure teaching practice is developmentally appropriate

 5 □ Discusses with [staff/providers] strategies to ensure a communication- and early literacy-rich curriculum

 6 □ Discusses with [staff/providers] strategies to ensure developmentally appropriate emotional and behavioral support

 7 □ Reviews [staffs’/providers’] lesson plans

 8 □ Reviews program data to see how the [staff/providers] is doing with respect to specific goals or objectives

 9 □ [if child care center only] Meets with director of this child care center

 d □ Don’t know

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

D5. Does the partnership grantee let you use the partnership funds for whatever purposes you think are necessary, or are the funds earmarked for specific purposes?

MARK ONE ONLY

 1 □ Whatever we think necessary

 2 □ Earmarked for specific purposes

 d □ Don’t know

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

D6. Separate from funds received from the partnership grantee, has the grantee directly provided the following equipment and supplies for your [child care center/family child care home]?

MARK ALL THAT APPLY

 1 □ Bookshelves

 2 □ Playground or other outdoor equipment

 3 □ Tables and chairs

 4 □ Cribs and/or changing tables

 5 □ Paper or other office supplies

 6 □ Curriculum materials

 7 □ Screening or assessment materials

 8 □ Art supplies

 9 □ Toys and/or materials for pretend play

10 □ Books

11 □ Information technology (such as a computer, internet access, program management software)

12 □ Other *(specify)*

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

D7. During the past year, did the partnership grantee provide the following professional development opportunities to you or staff from your [child care center/family child care home]?

MARK ALL THAT APPLY

 1 □ Workshops at the partnership grantee

 2 □ [IF CHILD CARE CENTER] Workshops at the child care center

 3 □ One-on-one training

 4 □ Coaching, mentoring, or consultation

 5 □ Other *(specify)*

 d □ Don’t know

Source: New item

**D8. Under this partnership grant, does the partnership grantee provide you or your staff with opportunities to obtain any of the following?**

MARK ALL THAT APPLY

 1 □ Child Development Associate (CDA)

 2 □ State-awarded certification, credential, or licensure that meets or exceeds CDA requirements

 3 □ Associate of Arts (A.A., A.A.S.) degree

 4 □ Bachelor’s (B.A., B.S.) degree

D9. **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.

 1 □ Yes

 0 □ No

 d □ Don’t know

Source: National Survey of Early Care and Education

D10. 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.

 1 □ Yes

 0 □ No

GO TO ITEM D11

 d □ Don’t know

D10a. What agency or group provided your quality rating?

MARK ALL THAT APPLY

 1 □ National Association for the Education of Young Children

 2 □ National Association for Family Child Care

 3 □ State or local child care quality rating and improvement system (QRIS)

 4 □ Local child care resource and referral agency (CCR&R)

 5 □ State or local child care agency

 6 □ Other *(specify)*

 d □ Don’t know

Source: New item

**D11. 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.**

**D11a. For each of the following that you accessed, did you get training and technical assistance from NCEHS-CCP or from some other source?**

|  | D11. | D11a. Information accessed from… |
| --- | --- | --- |
|  | ACCESSED TRAINING AND TECHNICAL ASSISTANCE FOR… | MARK ALL THAT APPLY |
|  | NCEHS-CCP | OTHER SOURCE |
| a. Establishing partnership agreements | 1 🔾 | 1 🞏 | 2 🞏 |
| b. Sustaining effective relationships with partners | 1 🔾 | 1 🞏 | 2 🞏 |
| c. Understanding Child Care and Development Fund (CCDF)/subsidy rules | 1 🔾 | 1 🞏 | 2 🞏 |
| d. Learning strategies for meeting HSPPS | 1 🔾 | 1 🞏 | 2 🞏 |
| e. Coordination of resources | 1 🔾 | 1 🞏 | 2 🞏 |
| f. Other *(specify)* | 1 🔾 | 1 🞏 | 2 🞏 |

# **E. services for children and families**

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

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

E1. For each of the services below, please indicate whether 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 commnuity partner.

E1a. Who is responsible for providing this service?

|  |  |  |
| --- | --- | --- |
|  | E1.Currently offered to… | E1a. Service provided by… |
|  | MARK ALL THAT APPLY | MARK ALL THAT APPLY |
|  | CHILDREN ENROLLED IN PARTNERSHIP SLOTS | OTHER CHILDREN ENROLLED IN CARE | PROVIDED DIRECTLY BY PARTNERSHIP GRANTEE STAFF | PROVIDED DIRECTLY BY CHILD CARE PARTNER STAFF | REFERRALS TO A COMMUNITY PARTNER OR AGENCY | DON’T KNOW |
| a. Vision screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| b. Hearing screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| c. Dental screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| d. Mental health observation/assessment  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| e. Developmental screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| f. Speech screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| g. Nutritional screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| h. Lead screening  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| i. Medical referrals  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| j. Dental referrals  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| k. Mental health referrals  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| l. Social service referrals  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| m. Physical therapy  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| n. Speech therapy  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |

Source: Adapted from Baby FACES

**E2. For which families do you offer Individual Family Partnership Agreements (IFPAs)?**

MARK all that apply

 1 □ Families enrolled in partnership slots

 2 □ Other families enrolled in care

Source: New item

E2a. Who is primarily responsible for developing an IFPA with families?

MARK ONE ONLY

 1 □ Partnership grantee staff

 2 □ Child care partner staff

 3 □ Other *(specify)*

 d □ Don’t know

Source: Adapted from Head Start/Child Care Partnership Study

E3. For which familes are home visits currently offered?

MARK ALL THAT APPLY

 1 □ Families enrolled in partnership slots

 2 □ Other families enrolled in care

 3 □ We do not offer home visits

GO TO ITEM E4

 d □ Don’t know

Source: New item

E3a. Who is primarily responsible for conducting home visits?

MARK ONE ONLY

 1 □ Partnership grantee staff

 2 □ Child care partner staff

 3 □ Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 d □ Don’t know

Source: Adapted from Baby FACES

E4. For each of the services below, please indicate whether 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 commnuity partner.

E4a. Who is responsible for providing this service?

|  |  |  |
| --- | --- | --- |
|  | E4.Currently offered to… | E4a.Service provided by… |
|  | MARK ALL THAT APPLY | MARK ALL THAT APPLY |
|  | FAMILIES ENROLLED IN PARTNERSHIP SLOTS | OTHER FAMILIES ENROLLED IN CARE | PROVIDED DIRECTLY BY PARTNERSHIP GRANTEE STAFF | PROVIDED DIRECTLY BY CHILD CARE PARTNER STAFF | REFERRALS TO A COMMUNITY PARTNER OR AGENCY | DON’T KNOW |
| a. Pediatrician services  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| b. Adult health care  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| c. Prenatal care/OB GYN  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| d. Transportation assistance  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| e. Disability services for parents  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| f. Emergency assistance  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| g. Employment assistance  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| h. Education or job training  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| i. Services for drug or alcohol abuse  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| j. Legal assistance  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| k. Housing assistance  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| l. Financial counseling  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| m. Family literacy services  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| n. Services for dual-language learners  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| o. Dental care  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| p. Mental health screenings  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| q. Mental health assessments  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| r. Therapy  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| s. Care coordination  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| t. Staff consultation or follow-up with families about results of screenings or assessments  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
| u. Some other service (specify)  | 1 □ | 2 □ | 1 □ | 2 □ | 3 □ | d □ |
|   |  |  |  |  |  |  |  |

Source: Adapted from the Evaluation of the Early Learning Initiative

E5. Do you or someone from your [child care center/family child care home] meet regularly with someone from the partnership grantee agency to discuss services for individual children and families?

 1 □ Yes

 0 □ No

GO TO ITEM E6

 d □ Don’t know

Source: New item

E5a. What is discussed during these meetings?

MARK ALL THAT APPLY

 1 □ Family service plans

 2 □ Child assessment result

 3 □ Classroom lesson plans

 4 □ Transition plans

 5 □ Communication with parents

 6 □ Coordination with early intervention or other service providers

 7 □ Other child care arrangements children are in

 8 □ Transportation for children

 9 □ Child or family needs or barriers

10 □ Other *(specify)*

 d □ Don’t know

Source: Adapted from the Evaluation of the Early Learning Initiative

E5b. How often do these meetings take place?

MARK ONE ONLY

 1 □ Every day or almost every day

 2 □ Every week or almost every week

 3 □ Once or twice a month

 4 □ Less than once a month

 d □ Don’t know

E6. Since the start of your involvement in the partnership grant, have you been implementing any specific infant/toddler curriculum?

 1 □ Yes

 0 □ No GO TO ITEM F1

Source: Adapted from Baby FACES 2009 Director Interview

E6a. What curriculum/curricula does your program currently use?

 MARK ALL THAT APPLY

 1 □ Agency-created curriculum

 2 □ Assessment, Evaluation and Programming System (AEPS)

 3 □ Beautiful Beginnings

 4 □ Creative Curriculum

 5 □ Early Learning Accomplishments Profile

 6 □ Emotional Beginnings

 7 □ Games to Play with Babies

 8 □ Games to Play with Toddlers

 9 □ Hawaii Early Learning Profile (HELP)

 10 □ High/Scope

 11 □ Learning Activities for Infants

 12 □ Montessori

 13 □ Ones and Twos

 14 □ Partners as Primary Caregivers

 15 □ Partners in Learning

 16 □ Playtime Learning Games for Young Children

 17 □ Resources for Infant Educators

 18 □ Talking to Your Baby

 19 □ The Anti-Bias Curriculum

 20 □ Program for Infant-Toddler Care

 21 □ Other curriculum *(Please describe)*

# **F. partnership quality**

Next, we would like your opinion about how your partnership with the partnership grantee is going so far.

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

F1. Please indicate the degree to which you agree or disagree with the following statements:

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NOT SURE | DISAGREE | NEUTRAL | SOMEWHAT AGREE | AGREE | DON’T KNOW |
| a. Individuals in the partnership demonstrate mutual respect for each other.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| b. I feel my child care business is a full partner with the partnership grantee.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| c. I feel my voice is heard in the partnership.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| d. I feel I can pick up the phone and call the partnership grantee.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| e. The partnership grantee and I have similar goals for our work together.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| f. I feel that the partnership grantee respects my child care business.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| g. I feel the partnership grantee does not really view my child care business as a partner.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |

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

F2. These next questions are about the progress the grant director from the partnership grantee agency 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.

 The director …

|  |  |
| --- | --- |
|  | SELECT ONE RESPONSE PER ROW |
|  | NOT AT ALL | SLIGHT EXTENT | MODERATE EXTENT | GREAT EXTENT | TO A VERY GREAT EXTENT | DON’T KNOW |
| a. Has developed a plan to facilitate implementation of the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| b. Has removed obstacles to the implementation of the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| c. Has established clear department standards for the implementation of the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| d. Is knowledgeable about the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| e. Is able to answer staff’s questions about the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| f. Knows what he/she talking about when it comes to the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| g. Recognizes and appreciates child care partner staff efforts toward successful implementation of the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| h. Supports child care partner staff efforts to learn more about the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| i. Supports child care partner staff efforts to deliver services through the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| j. Perseveres through the ups and downs of implementing the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| k. Carries on through the challenges of implementing the partnerships.  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| l. Reacts to critical issues regarding the implementation of the partnerships by openly and effectively addressing the problem(s).  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |

# **G. education and experience**

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

G1. Are you a…

select your primary role

 1 □ Director?

 2 □ Assistant director?

 3 □ Manager/supervisor?

 4 □ Owner?

 5 □ Family child care provider?

 6 □ Other? *(specify)*

G2. What is the highest level of education that you have completed?

MARK ONE ONLY

 1 □ High school diploma or GED certificate

 GO TO ITEM G4

 2 □ Some technical/vocational school, but no diploma

 3 □ Technical/vocational diploma

 4 □ Some college courses, but no degree GO TO ITEM G4

 5 □ Associate of Arts degree (A.A., A.A.S.)

 6 □ Bachelor’s degree (B.A., B.S.)

 7 □ Master’s degree (M.A., M.S.)

 8 □ Doctorate degree (Ph.D., Ed.D.)

 9 □ Professional degree after Bachelor’s degree

10 □ Other *(specify)*

G3. In what field did you obtain your highest degree?

MARK ONE ONLY

 1 □ Child development or developmental psychology

 2 □ Early childhood education

 3 □ Elementary education

 4 □ Special education

 5 □ Other *(specify)*

G4. Including this year, how many years have you been working with infants and/or toddlers?

| | | years

G5. Including this year, how many years have you been in your current position?

| | | years

*Thank you for taking the time to complete 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.

NAME

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STREET 2

CITY

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