

ATTACHMENT F  
PARENT FOCUS GROUP GUIDE

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# Parent Focus Group Guide

## 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 90 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]).

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Introduction: *Thank you very much for agreeing to participate in this discussion. Your participation is very important to the study. My name is \_\_\_\_\_ and I work for Mathematica Policy Research, an independent social policy research firm.*

*We are conducting a study for the Office of Planning, Research and Evaluation at the Administration for Children and Families within the U.S. Department of Health and Human Services to learn about the Early Head Start–child care partnership initiative and how agencies involved in the partnerships work together. We want to talk to families with children who are served through the partnerships to learn about the services they and their children have received, and their experiences with those services (including the things they have liked and disliked). Participation in this discussion is voluntary, and you can choose to not answer a question if you wish. Being part of this discussion will not affect the services you or your children receive through the partnership, and your responses will be kept private. We will not share your comments today with other individuals involved in the partnership, and we ask that you not share any of the discussion you’ve heard here today with others outside of this group. Our report will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name. Today’s discussion will last about 90 minutes. As a token of appreciation for participating, we will offer you a \$20 gift card.*

*Also, you should know that the questions I will be asking today have been approved by the federal Office of Management and Budget or OMB. We’re not allowed to ask you these questions and you don’t have to answer them unless there is a valid OMB control number. For the questions asked as part of today’s discussion, the OMB control number is xxxx-xxxx and it expires xx/xx/xxxx. If you have any comments about any aspect of our discussion, you may contact [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-[XXXX]).*

1. How did you hear about [PARTNERSHIP NAME]?

Probes:

- Was it advertised in some way? How?
- Mentioned by someone you know? Who?
- What was appealing to you about [PARTNERSHIP NAME]?

2. Why did you decide to enroll your child in [PARTNERSHIP NAME]? What was the most important reason?

Probes:

- Cost, quality, location, hours of child care?
- Availability of other services for your child and family?

3. Tell me about your child care needs and preferences. What are you looking for in a child care arrangement?

Probes:

- Did you need care for multiple children? If yes, what are their ages?
- When do you need care? Is your work schedule the same every week, or does it change?
- Do you have transportation to get to child care? Do you need care in a specific neighborhood?
- Do you prefer a child care center or a family child care home?
- Do you have preferences related to diet or use of the child's home language? Other preferences?

4. Please tell me about the process of choosing your child care arrangement.

Probes:

- Did staff ask you about your child care preferences? Need for specific hours of care?
- Did you receive a list of child care providers?
- Were you able to visit child care providers before selecting one?
- Did [PARTNERSHIP] staff provide help in selecting your arrangement?
- Did you get the information you needed to choose an arrangement? If not, what did you want to know?

5. How satisfied are you with your current child care arrangement? What do you like about it, and what could be improved?

6. How well has [PARTNERSHIP NAME] been able to meet your child care needs?

Probes:

- Do you have care during the hours you need?
- Is your child care arrangement conveniently located?
- Does the child care arrangement accommodate your other children? Meet other needs and preferences you have?
- Do you use other arrangements to supplement the child care provided through [PARTNERSHIP]? If so, what are those arrangements? How many hours per week?

7. If your current arrangement does not meet your needs, is [PARTNERSHIP NAME] helping you find another arrangement? If so, what are they doing to help you?

8. Do you use, have you used, or have you considered using subsidies to pay for child care at [PARTNERSHIP NAME]? By subsidies, we mean financial assistance from state welfare or other agencies to help eligible families pay for child care. If so, have staff from [PARTNERSHIP NAME] helped you with the process of applying for or using child care subsidies?

9. Do you have any suggestions for improving the process of selecting a child care arrangement through [PARTNERSHIP NAME]?
10. Have you received other services through [PARTNERSHIP NAME]? If so, what are they and how helpful have they been?

Probes:

- Help finding a doctor for your child or other family members?
  - Screening and assessments for your child?
  - Help to set and work on goals for your child, yourself, or other family members?
  - Information about how to help your child learn and grow?
  - Opportunities to participate your child's classroom?
  - Opportunities to participate in a parent committee or policy council?
  - Other services for your family?
11. What have you enjoyed most about being enrolled in [PARTNERSHIP NAME]? What could be improved?