

ATTACHMENT H
CHILD CARE CENTER TEACHER FOCUS GROUP GUIDE

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Child Care Center Teacher 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. Among others, we want to talk to child care center teachers about their involvement in the partnerships and their experiences related to receiving quality improvement supports and implementing services for families. 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 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 (including the directors of the child care centers where you work), 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. **Introductions:** Please tell us which child care center you work for, how many years you have been providing care to children, and how long you have worked in your current job.
2. **Thinking about the time since [PARTNERSHIP] began,** describe the types of training you have received.

Probes:

- What topics have you received training on?
- How helpful was the training you received for your day-to-day work with children?
- Who provided the training? Where was it provided?
- Did you receive release time from your job to attend the training?
- How does the amount and type of training compare to any training you received before [PARTNERSHIP] started?

3. Overall, how well has the training you received met your training needs?

Probes:

- In what areas would you like to receive more training?
- Are there any barriers to accessing the training you need (release time, cost, and availability)?

4. Please describe any other support you have received to help you in your work with children.

Probes:

- Meetings with a supervisor?
- Support from a coach or mentor?
- Observation and feedback on your teaching and caregiving?
- Assessment and feedback on your classroom materials, room arrangement, or daily schedule?

5. How helpful have these supports been? Are there other supports you think would be helpful?

6. Now let's discuss your experiences working in [PARTNERSHIP]. How, if at all, did your job change after [PARTNERSHIP] began.

Probes:

- Did you change classroom activities or routines? Use a different curriculum?
- Did your classroom size or teacher-child ratio change?
- Did you provide different services to children (such as conducting assessments)?
- Did you implement a new curriculum or change the way you implement a curriculum you were using (such as using it to individualize content and services for children)?
- Did you provide different services to families (such as referrals or information about their child's development)?

7. Tell me about the ways you work with families.

Probes:

- Do you work with families to develop family partnership agreements or plans?
- Are you responsible for helping families set or work on goals?
- Do you have conferences with parents or visit families at home?
- Do you provide referrals or other services?
- Did you do these kinds of activities before [PARTNERSHIP] began?

8. Tell me about your interactions with staff from [PARTNERSHIP GRANTEE]?

Probes:

- How often do you communicate with staff from [PARTNERSHIP GRANTEE]? What kinds of topics do you talk about?

- Do you share the same goals?
 - What makes communication easy or challenging? Are staff accessible? Are systems in place to facilitate communication?
9. Do you interact with staff from other child care centers or family child homes participating in [PARTNERSHIP]? If yes, how often?
- Probes:
- How do you interact? In meetings? At meetings or events? In person? By phone?
 - What topics are discussed? Needs of individual children and families? Quality improvement? Grant issues?
10. In your opinion, what has been most valuable aspect of being part of [PARTNERSHIP]? What do you like most about the [PARTNERSHIP]?
11. What have been the greatest challenges of being part of [PARTNERSHIP]? What, if anything, makes your work difficult?
12. How satisfied are you with your center's involvement in [PARTNERSHIP] and why? Would you recommend [PARTNERSHIP] to other centers like yours? Why or why not?