


ATTACHMENT J  
PARTNERSHIP GRANTEE AND DELEGATE AGENCY  
DIRECTOR QUESTIONNAIRE

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OMB No.: xxxx-xxxx  
Expiration date: xx/xx/xxxx

**MATHEMATICA**  
**Policy Research**

**AFFIX LABEL HERE**

 Please answer all questions about the child care partner who is named on this label

# Partnership Grantee and Delegate Agency Director Questionnaire

## Study of Early Head Start-Child Care Partnerships

- COMPLETED BY:**
- 1  Partnership grantee director
  - 2  Delegate agency director
  - 3  Other agency 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 8 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]).

- The purpose of this questionnaire is to obtain information about your agency's relationship with each of the child care providers you partner with, including the activities you engage in to develop and maintain the partnership and improve the quality of services.
- Throughout this survey, we use the term *child care partner* to refer to the local child care centers or family child care providers your agency partners with to provide direct early care and education services to children and families.
- This form should be completed by the grantee or delegate agency director or other agency staff who work with the partner that is indicated on the label affixed to the cover page.
- This questionnaire should take about 8 minutes to complete. Your agency will be asked to complete one about each of your child care partners. Please complete these forms by [DATE], and mail them back to Mathematica in the pre-addressed, stamped envelope included in your packet of materials. You may also give the envelope to the Mathematica representative who will be visiting your agency.
- All of the questions can be answered by placing an "x" 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 xxxxxxxx@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!*

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

**1. How did you recruit this child care provider for this partnership grant?**

**SELECT ALL THAT APPLY**

- 1  Prior partnership with the child care provider to serve children and families
- 2  Competitive request for proposal (RFP) process
- 3  Community planning process
- 4  Discussion initiated by you or your organization
- 5  Discussion initiated by this child care provider
- 6  Consultation with local planning council
- 7  Consultation with Child Care Resource and Referral (CCR&R)
- 8  Consultation with child care quality rating and improvement (QRIS) administrators
- 9  Conducted quality observations
- 10  Other (*specify*)  
\_\_\_\_\_
- d  Don't know

Source: New item

**2. When did you recruit this child care partner for this partnership grant?**

**SELECT ONLY ONE**

- 1  Before or during the grant-writing process
- 2  After partnership grant was awarded
- d  Don't know

Source: New item

**3. How long have you been in partnership with this child care partner on this partnership grant?**

**SELECT ONLY ONE**

- 1  Less than a month
- 2  1-3 months
- 3  4-6 months
- 4  7-12 months
- 5  More than 12 months
- d  Don't know

Source: New item

**4. Do you have any experience collaborating with this child care partner prior to this partnership grant?**

**SELECT 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
- 3  Yes, participated in joint training
- 4  Yes, other (*specify*) \_\_\_\_\_
- 0  No
- d  Don't know

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

**5. Please indicate the extent to which you agree or disagree with the following statements about this partner:**

SELECT ONE RESPONSE PER ROW

	NOT SURE	DISAGRE E	NEUTRAL	SOMEWHAT AGREE	AGREE	DON'T KNOW
a. Individuals in the partnership demonstrate mutual respect for each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. I feel my organization is a full partner with this partner.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. I feel my voice is heard in the partnership.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. I feel I can pick up the phone and call this partner .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. This partner and I have similar goals for our work together.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
f. I feel that this partner respects my organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
g. I feel this partner does not really view my organization as a partner.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>

Source: Head Start/Child Care Partnership Study

**6. Do you have a written partnership agreement in place with this partner?**

- 1  Yes
- 2  Not yet, but the agreement is in process
- 0  No
- d  Don't know

Source: Head Start/Child Care Partnership Study

**7. Is the partnership agreement you have in place with this partner regularly updated?**

- 1  Yes
- 0  No
- d  Don't know

Source: New item

**8. How often is the agreement updated?**

**SELECT ONLY ONE**

- 1  Quarterly
- 2  Twice a year
- 3  Annually
- 4  Other (*specify*)  
\_\_\_\_\_
- d  Don't know

Source: Head Start/Child Care Partnership Study

**9. How was the partnership agreement in place with this child care partner developed?**

**SELECT ONE ONLY**

- 1  My agency developed the partnership agreement with no input from this child care partner
- 2  My agency developed the partnership agreement and this child care partner provided input
- 3  The partnership agreement was jointly developed by my agency and this child care partner
- 4  The partnership agreement was jointly developed by my agency and a committee of child care partners

Source: New item

**10. Thinking about the agreement you have in place with this partner, about how many meetings did you have to develop the agreement?**

**SELECT ONLY ONE**

- 1  None
- 2  1
- 3  2-3
- 4  4-5
- 5  6 or more

d  Don't know

Source: New item

**11. Of the following activities, which do you currently have in place to support quality relationships with this child care partner?**

Source: New item

**11a. How often do you engage in this activity?**

	Q11.		Q11a. FOR ALL "YES" RESPONSES IN Q11: How often do you engage in this activity?					
	SELECT ONLY ONE PER ROW		SELECT ONLY ONE PER ROW					
	YES	NO	ANNUALLY	TWICE A YEAR	QUARTERLY	AS NEEDED	OTHER (SPECIFY)	DON'T KNOW
a. Hold regular meetings with lead staff.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> _____	d <input type="checkbox"/>
b. Participate in discussions with frontline staff.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> _____	d <input type="checkbox"/>
c. Conduct staff surveys	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> _____	d <input type="checkbox"/>
d. Review the partnership agreement.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> _____	d <input type="checkbox"/>
e. Other (specify)..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/> _____	d <input type="checkbox"/>

Source: Adapted from the Survey of Early Head Start Programs

**12. Have you ever determined that improvements at this child care partner setting were needed?**

- 1  Yes
- 0  No
- d  Don't know

Source: Adapted from the Survey of Early Head Start Programs

**13. The last time you determined that improvements were needed, what steps did you take?**

**SELECT ALL THAT APPLY**

- 1  Developed written improvement plan
- 2  Scheduled follow-up monitoring visit
- 3  Provided staff training
- 4  Obtained technical assistance
- 5  Terminated partnership
- 6  Other (specify)  
\_\_\_\_\_



d  Don't know

***Thank you for taking the time to complete this survey!***