

APPENDIX D:

FPRQ Cognitive Interview Instruments for Eligible Center Directors

3/16/12

Instruments included:

- Cognitive Interview Screener
- Cognitive Interview Consent Form
- FPRQ Center Director Survey
- Cognitive Interview Protocol – Center Director Survey
- FPRQ Environmental Checklist
- Cognitive Interview Protocol – Environmental Checklist

**Cognitive Interview Screener
Family-Provider Relationship Quality Measurement Project**

DIRECTORS

1. Can you tell me how you learned about the study?

- Local newspaper/weekly, specify which one _____
- Flyer, specify where _____
- Craigslist
- Program/clinic/center, specify _____
- Child Trends staff announcement
- Other, specify _____

2. Are you 18 years or older

- Yes
- No (**GO TO STOP SCREENER**)

3. How old is (are) the child(ren) in your school/center?

Specify _____

(NOTE: IF ONLY CHILDREN 6 OR OLDER GO TO STOP SCREENER)

Okay, now I have some questions about you.

4. Are you of Hispanic or Latino origin?

- Yes
- No

5. What is your racial background? (**NOTE: Mark one or more.**)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other, specify _____

6. In what country were you born?

- Born in the U.S.
- Born elsewhere (specify _____)

7. What town/city and state do you currently live in?

Specify _____

8. What language do you use in the care setting?

- English only
- English and Spanish
- English and other: _____
- Spanish only
- Other: _____

9. What is *your* language preference?

- English (**PROCEED TO MATRIX**)
- Spanish **
(**NOTE: DURING ROUND 1, PROCEED TO Q 15**)
(**NOTE: DURING ROUNDS 2 OR 3, PROCEED TO MATRIX**)
- Other

10. Are you able and interested in doing an interview in English?

- Yes
- No (**GO TO STOP SCREENER**)

PROCEED TO INTERVIEW SCREENER MATRIX

- Compare respondent’s characteristics with recruitment matrix.
- If prospective participant is eligible and target numbers for characteristics have not been met, proceed and schedule for the interview.
- If target numbers for characteristics have been met, respondent is not eligible. **GO TO STOP SCREENER.**

IF POTENTIAL PARTICIPANT IS ELIGIBLE, SCHEDULE FOR INTERVIEW.

Based on what you have told me, you are eligible for the study.

INTERVIEWER: CHECK INTERVIEWER AVAILABILITY

Which time/day would work best for you?

The interview is going to be held at **[INTERVIEW LOCATION]**. At the end of the interview, you will receive \$50.

Within the next day, we will be mailing/emailing you a reminder letter with the time, date, and location of your interview. The letter/email will also include a copy of the project consent form describing the study, what we will be doing, your rights as a study participant, and other important information. We request that you read the consent form before you attend the interview. We will also review the consent form before we begin the interview and you will have an opportunity to ask any questions or raise any concerns you may have. Can I get your mailing address/email so that I can you send you this?

Street Address:

City:

State:

Zip Code:

Email:

You will also receive a reminder call the day before your interview.

Is the number you provided us the best number to reach you? If not, can I have a phone number where I can reach you?

___ Phone number confirmed

___ New number provided (cell/landline) _____

Thank you for agreeing to participate in this important study. We look forward to meeting you on **[DATE]** at **[TIME]**. Again, the interview will take place at **[INTERVIEW LOCATION]**. The day before the interview you will also receive a reminder call from us. If you have any questions before then, please feel free to call us at (202)553-2900 or toll-free at 1-888-418-4585.

IF NOT SURE WHETHER TO SCHEDULE POTENTIAL PARTICIPANT FOR INTERVIEW:

I need to talk with my supervisor to confirm whether you are eligible to participate in the study.

STOP SCREENER: Thank you. Unfortunately, you are not currently eligible to participate in our study. I'd like to thank you for your interest and time. **[IF PARTICIPANT IS ELIGIBLE, BUT GROUP IS FULL]** If you are interested, we can keep your information and contact you if one of the cognitive interview participants cancels.



**Measurement Development:
Quality of Family-Provider Relationships in Early Care and Education
Early Education/Care Provider Consent Form**

Child Trends is doing a research study with individuals who provide care or education for young children. This is information that we ask you to use in deciding whether or not you want to take part in the study. You will be given a copy of this form to keep for yourself.

1. Goal:

The goal of our study is to develop questions about relationships between parents and those that care for/teach their young children. The questions will be used in national surveys, research studies, and program evaluations.

2. What will you need to do:

If you agree to be part of the study, you will be interviewed for about two hours. During the interview, we will ask you about relationships between parents and those that care for/teach their children. We will ask you to:

- Give us your thoughts about the meanings and wording of questions;
- Talk about how clear the questions are;
- Ask about any problems you think child care providers/teachers may have understanding the questions;
- Give ideas about how to word questions; and
- Talk about aspects of relationships between parents and those who care for/teach their children.

3. Risks and Benefits to Participants:

We will not be talking about any sensitive topics so the risks are minimal. However, there is some risk of loss of privacy of the things you tell us. You do not have to answer any questions you do not want to.

There are no costs related to the study other than the time needed to be part of the interview. We cannot be sure that everyone will benefit from being a part of the interview, but talking about this topic with others can be a learning opportunity. And, the results will

help us improve questions about relationships that parents and teachers/caregivers have. To thank you for your time, you will receive \$50 at the end of the interview.

4. Privacy:

Everything you tell us will remain as private as possible. We will combine what you and other tell us. This will help to reduce the chance that anyone can be identified when the study results are described. Only approved study staff will have access to the tape recordings and written notes. The tapes and notes will be kept in a locked file cabinet in a secured office. All computer files will be stored on a secure network.

There are limits to privacy. If someone on the study team feels that keeping information private would result in danger to you or another person, they will have to tell proper agencies to protect you or the other person. The types of information that would not remain private include any reports of the abuse or neglect of a child or any thoughts you may have to hurt yourself or anyone else.

Also, we would like your permission to record your interview so that we do not miss anything you say. We would also like your permission to use specific quotes from your interview in our reports. The quotes will not include any identifying information like names or birth dates. You can still participate in the interview even if you do not give your permission for us to record the interview or for us to use quotes.

5. Voluntary Participation:

Your participation in this study is voluntary. That means that you are free to not

participate in the interview. Nothing bad will happen because you decide not to be in the study and you are not giving up any rights. If you learned about our study through a program you work in, your position in that program will not be affected. Also, once we begin, you may end the interview at any time.

and 5:00 p.m. She will be happy to answer your questions.

If you do not wish to talk to her or you have concerns or complaints, you may contact the Institutional Review Board (IRB), a group that reviewed this study for your protection.

6. Questions:

Please feel free to ask questions now or later. If you have any questions about the study, you may call Dr. Lina Guzman, at Child Trends at 202.572-6006 between 9:00 a.m.

You may contact Kerry Levin, Chair of Westat's IRB at KerryLevin@westat.com, or Sharon Zack, Westat's IRB Administrator at SharonZack@westat.com or at 301-610-8828 and you can write them at: 1600 Research Blvd., Rockville, MD 20850.

Agreement: The researcher and I have read this information together and I have discussed it with her. I have read the study described above and have been given a copy of it. I am 18 years of age or older and I agree to take part in the study.

Signature

Date

I have also read that if someone on the study team feels that keeping information private would result in danger to me or another person, they will have to tell proper agencies to protect me or the other person.

Signature

Date

We would like to tape record the interview so that we can make sure that we don't miss anything you say. We will also be taking notes. Please try not to use any identifying information (such as a full name) once we start recording.

Please know that you can still take part in the study even if you do not wish to be recorded.

Do we have your permission to tape record and transcribe the interview? YES NO

We also would like to use specific quotes from your interview in describing some of our results. However, all identifying information such as names or birthdates would be removed. Your identity will remain private. Please know that you can still participate in the study even if you do not want quotes from your interview used. You will have a chance to change your mind at the end of the interview as well.

Do we have your permission to use specific quotes from your interview in summaries, reports, and presentations of our study findings? YES NO

Signature

Date

Director Survey

In the following pages, we will ask questions about your early education and child care program. We will also ask about the physical environment, the parents and families of children enrolled in your program, and the providers you employ.

1. How many children are enrolled in your program?

_____ children

2. What is the youngest age child that you will accept in your program?

- From birth.....
- 6 months.....
- 1 year.....
- 2 years.....
- 3 years.....

3. What is the oldest age child that you will accept in your program?

- 4 years.....
- 5 years.....
- 6 years.....
- 7 years.....

4. Approximately what percentage of children in your program belongs to each of the following racial/ethnic groups?

[THE COLUMNS SHOULD ADD TO 100%.]

a.) Hispanic/Latino of any race.....	<input type="text"/>
b.) American Indian or Alaska Native, not Hispanic or Latino.....	<input type="text"/>
c.) Asian, not Hispanic or Latino.....	<input type="text"/>
d.) Black or African American, not Hispanic or Latino.....	<input type="text"/>
e.) Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>
.....	<input type="text"/>
f.) White, not Hispanic or Latino.....	<input type="text"/>
g.) Two or more races, not Hispanic or Latino.....	<input type="text"/>
<hr/>	
Total enrollment (sum of a through g).....	<input type="text" value="100%"/>

5. How many primary child care providers or teachers do you employ in your program?

_____providers or teachers

6. How many paraprofessionals or aides do you employ in your program?

_____paraprofessionals or aides

7. About how many children, if any, have their tuition or fees paid for by a federal, state, or local agency?

[CHECK ONLY ONE BOX]

None.....	<input type="checkbox"/>
Fewer than half.....	<input type="checkbox"/>
More than half.....	<input type="checkbox"/>
All of them.....	<input type="checkbox"/>
Refused.....	<input type="checkbox"/>
Don't know.....	<input type="checkbox"/>

8. If you provide information to parents about services that may help them, when do you do so?

[CHECK ALL THAT APPLY]

- After parents bring it up.....
- After a regular check-in with parents.....
- System in place to assess parents' needs.....
- I provide information at some other time.....
- I do not provide information to parents.....

9. Do you ask parents to provide you feedback about your program?

[CHECK ONLY ONE BOX]

- Yes.....
- No.....

IF NO-GO TO END OF SURVEY

10. How often do you use the feedback you receive from parents to make changes to your program?

[CHECK ONLY ONE BOX]

- Never.....
- Rarely.....
- Often.....
- Very Often.....

END: THANK YOU FOR PARTICIPATING IN THIS SURVEY

Family-Provider Relationship Quality Study: Cognitive Interview Protocol
Center Directors & Home-Based Child Care Directors

Introduction

Hi. My name is _____ (and this is _____. _____ will be taking notes to help us remember what we cover.)

Before we get started, I want to tell you about the study and what we will be doing today.

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

CONSENT TO PARTICPATE OBTAINED:	YES	NO
CONSENT TO RECORD INTERVIEW OBTAINED:	YES	NO

INTERVIEWER: IF NO TO CONSENT TO PARTICIPATE, INTERVIEW CANNOT TAKE PLACE.

INTERVIEWER: IF THE PARTICIPANT IS A FAMILY-BASED PROVIDER AND THE OWNER OF THE FAMILY-BASED PROGRAM AND THE PROVIDER INTERVIEW HAS ALREADY BEEN CONDUCTED AND THE RELEVANT INFORMATION COLLECTED, SKIP SECTIONS OF THE INTRODUCTION AND GO TO THE BOTTOM OF PAGE 3.

INTERVIEWER: Before we get started, I want to go over a few more things.

(As I mentioned earlier,) The goal of our study is to develop questions about the quality of relationships between providers of early care and education for children under the age of 6 and their families. We want to make sure that the questions we develop are easy to understand. In order to learn more about the interactions between parents and teachers/care providers, we would like to talk with [center directors/those who run family child care programs] about their [centers/family child care programs]. I will ask you to answer questions that have been developed by others and ask you for your feedback.

I will ask you to complete sections of the survey one-by-one. After you've completed each section, I will ask follow-up questions. Sometimes, I will ask you what your answer was to a question. Other times, I will ask you why you answered a question the way you did or what a certain term meant to you. Please remember there are no right or wrong answers.

So that we get the most from your help, it is very important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me anytime if:

- a question seems hard to answer,
- the words in the question are hard to understand,
- you have a hard time coming up with an answer,
- the words in the question are not the ones that center directors/those running family child care programs would use,
- you think other center directors/those running family child care programs may not understand,
- you think the questions don't apply to you or make sense to ask of center directors/those running family child care programs, or
- you don't have the information to answer the question.

Any questions?

Okay, let get started.

So that we can better understand your answers, I'd like to ask you a few questions about your job.

There are a lot of terms that people use to describe child care and early education programs. What about you?

IF NEEDED: What terms do you use?

- Are there any others?

IF CENTER DIRECTOR: What terms do you use to refer to the people who work directly with the children and their families?

- Are there any others?
- Would you use the term "providers?"

Now let's talk about your position. Can you give me your job title? What do you call yourself?

Briefly, can you walk me through a typical work day?

IF NEEDED: For example, what does your day look like? What are your main roles and responsibilities?

IF NEEDED: Do you serve in other capacities? For example, do you provide care/teach or work with children?

IF HEAD START: Do you also serve as a Family Service Worker?

IF IN-PERSON INTERVIEW: GIVE R QUESTIONNAIRE PACKET

IF PHONE INTERVIEW: ENSURE R HAS QUESTIONNAIRE PACKET

I'd like you to open the package (as you would if you received it in the mail). Don't answer any questions, just do whatever you would do if you (just) received it in the mail and were opening it in your home or place of business.

IF OVER THE PHONE: As you are doing this, please describe to me what you are doing.
[INTERVIEWER: TAKE NOTES ON WHAT THEY LOOKED AT, READ, OR NOTICED AND THE ORDER IN WHICH THIS WAS DONE.]

IF R SELECTED TO PROVIDE FEEDBACK ON RECRUITMENT MATERIAL: At the end, I will ask you some follow-up questions about the letter and brochures I included in the envelope.

INTERVIEWER: I'd like to move to the questionnaire that is included in your packet. Let's start with page 1. Please read and answer the questions on page 1. Take as much time as you need and let me know when you are done.

In the following pages, we will ask questions about your early education and child care program. We will also ask about the physical environment, the parents and families of children enrolled in your program, and the providers you employ.

1. How many children are enrolled in your program?

_____children

2. What is the youngest age child that you will accept in your program?

- From birth.....
- 6 months.....
- 1 year.....
- 2 years.....
- 3 years.....

3. What is the oldest age child that you will accept in your program?

- 4 years.....
- 5 years.....
- 6 years.....
- 7 years.....

PROBES:

[Introduction]: I'd like to start with the introductory statement at the top of the page. First, did you notice and read the statement?

IF NO: Can you tell me why you skipped this statement/did not read it?

IF YES: In your own words, what information, if any, was conveyed to you the introduction?

- What did you interpret the introduction to say to you about what kinds of questions we were going to be asking?
- When you read the introduction, did it seem to apply to you and your program/care setting?
- What did the phrase "physical environment" mean to you when you read the introduction?

[Item 1]: First please tell me how you answered the question “How many children are enrolled in your program?”

- Did you include children enrolled part-time or that attend on a non-regular basis?

IF HOME-BASED PROVIDER: Is the term “program” one that you would use to describe the location where you provide care and early education/child care?

IF NO: What term would you use? Is this a term that family child care providers use?

[Item 2]: How did you choose your answer to the question “What is the youngest age child that you will accept in your program?”

IF NEEDED: Is this a policy you have? Or, is this based on how old the children you currently have are? Or, something else?

IF HOME-BASED: Are your practices or policies dependent on the age of the child or the needs of the family you provide care for? That is, would you care for younger or older children if you had a slot available and a family with an older or younger child needed care?

Okay, now let’s move onto the next section. Please read and answer question 4 on page 2. Take as much time as you need and let me know when you are done.

4. Approximately what percentage of children in your program belongs to each of the following racial/ethnic groups?

[THE COLUMNS SHOULD ADD TO 100%.]

a.) Hispanic/Latino of any race.....	<input type="text"/>
b.) American Indian or Alaska Native, not Hispanic or Latino.....	<input type="text"/>
c.) Asian, not Hispanic or Latino.....	<input type="text"/>
d.) Black or African American, not Hispanic or Latino.....	<input type="text"/>
e.) Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>
f.) White, not Hispanic or Latino.....	<input type="text"/>
g.) Two or more races, not Hispanic or Latino.....	<input type="text"/>
<hr/>	
Total enrollment (sum of a through g).....	<input type="text" value="100%"/>

PROBES:

[Item 4] Walk me through how you answered question 4.

- Did you find it easy or difficult to report a percentage?
- Would it have been easier or more difficult to list the number of children in each racial/ethnic group instead of the percentage?
- Did you have any trouble assigning children to a category?
 - IF YES:** Can you tell me about that?
 - IF NEEDED:** Were any of the categories unclear?
- What information are you basing your answer on? Enrollment data, your general sense, or something else?
 - IF NEEDED:** Is this information that you collect, or talk with parents about?
- Do you feel you have the information needed to answer this question?
 - IF NO:** Who would be the best person to report this?

- How confident are you in the numbers you reported?

Okay, now let's move onto the next section. Please read and answer questions 5 and 6 on page 2. Take as much time as you need and let me know when you are done.

5. How many primary child care providers or teachers do you employ in your program?

_____providers or teachers

6 . How many paraprofessionals or aides do you employ in your program?

_____paraprofessionals or aides

PROBES:

[Item 5] What did the phrases “primary child care providers or teachers” mean to you in question 5? That is, who did you include when answering this question?

IF NEEDED: Are there any other employees in your program that you did not count in your answer?

IF SO: What are their responsibilities and titles?

[Item 6] What did the phrases “paraprofessionals or aides” mean to you in question 6?

IF NEEDED: That is, who did you include when answering this question?

IF NEEDED: Are these terms that you would use?

IF NO: What terms or phrases would you use?

GENERAL PROBES:

Do these questions make sense for your program/care setting?

Okay, now let’s move onto the next section. Please read and answer questions 7 on page 2. Take as much time as you need and let me know when you are done.

7. About how many children, if any, have their tuition or fees paid for by a federal, state, or local agency?

[CHECK ONLY ONE BOX]

- None.....
- Fewer than half.....
- More than half.....
- All of them.....
- Refused.....
- Don't know.....

PROBES:

[Item 7] Walk me through how you chose your answers to the question “About how many children, if any, have their tuition or fees paid for by a federal, state, or local agency?”

IF NEEDED: What came to mind when you read “federal, state, or local agency”? How did you decide on your answer? Is this based on information you collect at the program level or your general sense, or something else?

- Do you feel you have the information needed to answer this question?

IF NO: Who would be the best person to report this?

Okay, now let's move onto the next section. Please read and answer question 8 on page 3. Take as much time as you need and let me know when you are done.

8. If you provide information to parents about services that may help them, when do you do so?

[CHECK ALL THAT APPLY]

- After parents bring it up.....
- After a regular check-in with parents.....
- System in place to assess parents' needs.....
- I provide information at some other time.....
- I do not provide information to parents.....

PROBES:

[Item 8]: In your own words, can you repeat question 8, “If you provide information to parents about services that may help them, when do you do so?”

Okay, now let's move onto the next section. Please read and answer questions 9 and 10 on page 3. Take as much time as you need and let me know when you are done.

9. Do you ask parents to provide you feedback about your program?

[CHECK ONLY ONE BOX]

- Yes.....
- No.....

IF NO-GO TO END OF SURVEY

10. How often do you use the feedback you receive from parents to make changes to your program?

[CHECK ONLY ONE BOX]

- Never.....
- Rarely.....
- Often.....
- Very Often.....

PROBES:

[Item 9]: What was your answer to question 9?

- Did you notice and read the instructions at the end of question 9?

IF NO: I wonder why you didn't notice these. Can you tell me more about that?

- What did the word "feedback" mean to you in question 9?

[Item 10]: Can you walk me through how you arrived at your answer to question 10?

- Does how often you make changes vary by the topic or issue that parents provide feedback on?

IF YES: How did you arrive at your answer?

GENERAL PROBE:

Last, did the questions in this booklet make sense for your center/program/care setting?

END: THANK YOU FOR PARTICIPATING IN THIS SURVEY

ENVIRONMENTAL CHECKLIST

SECTION 1: This booklet contains some questions about your program’s physical environment, as well as some questions about information and services your program may offer parents of children in their care. This checklist will help us get to know your program better. The items in this section apply to *early care and education programs, including centers, Head Start, and family child care programs*. Please check “yes” or “no” for each item. Section 1 continues on the back. Please complete all of Section 1 and then complete Section 2 if it applies to your program type.

At this center/Head Start/family child care program:		Yes	No
1.	Parents and families members are allowed to visit at any time.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	The program greets family members and children at arrival and departure.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	There is easy access for drop-off and pick-up of children.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	There is a space for parents to talk to each other.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	There is adult-sized furniture that is available for parents’ use.....	<input type="checkbox"/>	<input type="checkbox"/>
6.	The program offers a variety of opportunities for parent involvement, including:		
	a. Volunteering in program/care activities.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Observing children in the program.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bringing in materials such as arts and crafts or snacks for snack time.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Parent workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Parent conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
7.	Parents are invited to shape the planning of the program.....	<input type="checkbox"/>	<input type="checkbox"/>
8.	The program has suggestion boxes and/or surveys for family members to evaluate the program.....	<input type="checkbox"/>	<input type="checkbox"/>
9.	The program extends specific invitations to fathers or other male members of the family to participate in program activities.....	<input type="checkbox"/>	<input type="checkbox"/>
10.	The program offers special man-to-man activities for fathers or other male members of the family.....	<input type="checkbox"/>	<input type="checkbox"/>
11.	Parents have telephone and e-mail access to providers.....	<input type="checkbox"/>	<input type="checkbox"/>
12.	Families’ preferences for communication are maintained in a family record.....	<input type="checkbox"/>	<input type="checkbox"/>
13.	Providers use the following methods to communicate with families:		
	a. Face-to-face at drop-off and pick-up.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Telephone.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Email.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Texting.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Written notes.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Website.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Newsletter.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Calendar.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Parent- teacher conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
14.	Written information and materials are available in all languages spoken by the families.....	<input type="checkbox"/>	<input type="checkbox"/>
15.	Written information and materials are available at the appropriate literacy level.....	<input type="checkbox"/>	<input type="checkbox"/>
16.	The program provides a variety of information about community services.....	<input type="checkbox"/>	<input type="checkbox"/>
17.	The program provides parenting information in a variety of ways.....	<input type="checkbox"/>	<input type="checkbox"/>
18.	The program provides opportunities for families to get together.....	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1, continued

At this center/Head Start/family child care program:		Yes	No
19.	The program gives information to families about:		
	a. General health and mental health services in their community.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Substance abuse services.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Tax credits, child care subsidies or vouchers, or employer child care benefits.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Housing assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Energy or fuel assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community events.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Developmental screening services.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Immigration services, legal services, or social services.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Adult education, GED classes, ESL classes, or continuing education.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Employment opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Food pantries.....	<input type="checkbox"/>	<input type="checkbox"/>
	l. Domestic violence programs.....	<input type="checkbox"/>	<input type="checkbox"/>
	m. Homeless services.....	<input type="checkbox"/>	<input type="checkbox"/>
20.	The program provides opportunities for family-to-family interaction through:		
	a. Field trips.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Family picnics.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Family events.....	<input type="checkbox"/>	<input type="checkbox"/>
21.	The program provides parenting information through:		
	a. Parenting workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Parenting classes.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Resource library with books, videos.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Tip sheets.....	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: FOR CENTER AND HEAD START PROGRAMS ONLY

Please check “yes” or “no” for each item.

At this center/Head Start program:		Yes	No
1.	The program has a reception area.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	Signs and/or directions for locating classrooms and other spaces are posted in the center in languages parents understand.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	The program has a formal advisory committee.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	The program offers the following opportunities for parents:		
	a. Formal opportunities for parents to learn about how children develop.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Opportunities to learn about good nutrition for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Opportunities to help parents with their own adult literacy goals.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Peer mentoring/support opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	The program helps families to:		
	a. Find information and educational materials that are easy for them to understand.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Understand how to access community services for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Advocate for services they need.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Use their own skills and resources to solve problems they have with their child.....	<input type="checkbox"/>	<input type="checkbox"/>

FPRQ Cognitive Interview Protocol

Environmental Checklist

Introduction

INTERVIEWER: IF R HAS ALREADY BEEN ADMINISTERED ANOTHER QUESTIONNAIRE, SKIP TO TOP OF PAGE 2.

Hi. My name is _____ (and this is _____. _____ will be taking notes to help us remember what we cover.)

Before we get started, I want to tell you about the study and what we will be doing today.

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

CONSENT TO PARTICPATE OBTAINED:	YES	NO
CONSENT TO RECORD INTERVIEW OBTAINED:	YES	NO
CONSENT TO USE QUOTES OBTAINED:	YES	NO

INTERVIEWER: IF NO TO CONSENT TO PARTICIPATE, INTERVIEW CANNOT TAKE PLACE.

Now I'd like to move to the [2nd/3rd] survey in your packet.

As you know, the goal of our study is to develop easy-to-understand questions about the quality of relationships between child care providers/teachers and the families of the children they serve. As a part of that, we are interested in learning more about the physical environment of the early care and education setting that you work in/your child participates in. We will also be asking about services that THE PROGRAM/CARE SETTING/YOU may offer.

(As in the previous surveys) I will ask you to complete sections one-by-one and after you've completed each section, I will ask follow-up questions.

READ ONLY IF NECESSARY: Some of the time, I will ask you what your answer was to a question. Other times, I will ask you why you answered a question the way you did or what a certain term meant to you. Please remember that there are no right or wrong answers.

So that we get the most from your help, it is very important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me anytime if:

- a question seems hard to answer,
- the words in the question are hard to understand,
- you have a hard time coming up with an answer,
- you don't have the information to answer the question, or
- the words in the question are not the ones that PARENTS/PROVIDERS/TEACHERS would use.

Do you have any questions about this?

Okay, let get started.

INTERVIEWER: PLEASE USE TERMS USED BY R TO REFER TO CARE/EDUCATION SETTING AND PROVIDER/TEACHER IN PROBES AND FOLLOW-UP QUESTIONS, AS APPROPRIATE.

ENVIRONMENTAL CHECKLIST

I'd like to start by asking you to turn to the first page, read and answer questions 1 to 5. Please let me know when you are done.

SECTION 1: This booklet contains some questions about your program's physical environment, as well as some questions about information and services your program may offer parents of children in their care. This checklist will help us get to know your program better. The items in this section apply to *all early care and education programs, including centers, Head Start, and family child care programs*. Please check "yes" or "no" for each item. Section 1 continues on the back. Please complete all of Section 1 and then complete Section 2 if it applies to your program type.

At this center/Head Start/family child care program:		Yes	No
1.	Parents and family members are allowed to visit at any time.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	The program greets family members and children at arrival and departure.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	There is easy access for drop-off and pick-up of children.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	There is a space for parents to talk to each other.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	There is adult-sized furniture that is available for parents' use.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Introduction]: Before you answered these questions, did you read the introduction at the top of the page?

IF NO: Did you notice the introduction?

- I wonder why you went straight to the questions, tell me more about that.

IF YES: When you read the phrase, "all early care and education programs, including centers, Head Start, and family child care programs" did you think this included YOUR PROGRAM/THE PROGRAM YOUR CHILD IS IN?

IF YES: After you read this introduction, did it seem like this booklet would apply to you?

IF NO: Can you tell me why you did not think this booklet would apply to you?

[Item 1]: Can you walk me through how you came up with your answer to question 1, "parents and family members are allowed to visit at any time?"

[Item 2]: Can you describe how you figured out your answer to question 2?

IF YES: Who at your care setting/program greets family members?

[Item 3]: What did you answer for question 3: “There is easy access for drop-off and pick-up of children?”

➤ Can you describe in your own words what “easy access” means to you?

[Item 4]: What did the phrase, “space for parents to talk to each other” mean to you in question 4?

➤ Did you think about spaces that parents congregate in (like hallways or outside of classrooms) irrespective of whether it is meant for parents?

Now I’d like you to read and answer question 6 and let me know when you are done.

6.	The program offers a variety of opportunities for parent involvement, including:		
a.	Volunteering in program/care activities.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Observing children in the program.....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Bringing in materials such as arts and crafts or snacks for snack time.....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
e.	Parent workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
f.	Parent conferences.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 6b]: Can you repeat question 6b in your own words?

[Items 6d, 6e, and 6f]: What is the difference, if any, between a “parent meeting”, a “parent workshop”, and a “parent conference” in questions d, e, and f?

IF PARENT: Do you know if your child’s program offers these opportunities for parents?

IF NO: Can you walk me through how you answered these questions?

GENERAL PROBES:

➤ Did these questions apply to your program or child care setting?

IF NO: Why not?

➤ Does your program/setting provide other types of opportunities for parent involvement that are not captured here?

o **IF YES:** What are they?

➤ Did you feel you have the information to answer these questions?

IF CENTER DIRECTOR OR CENTER PROVIDER: Who at your program/school is the best person to answer these questions?

- Are there other individuals who could answer these questions?

Now I'd like you to read and answer questions 7 through 12 and let me know when you are done.

7.	Parents are invited to shape the planning of the program.....	<input type="checkbox"/>	<input type="checkbox"/>
8.	The program has suggestion boxes and/or surveys for family members to evaluate the program.....	<input type="checkbox"/>	<input type="checkbox"/>
9.	The program extends specific invitations to fathers or other male members of the family to participate in program activities.....	<input type="checkbox"/>	<input type="checkbox"/>
10.	The program offers special man-to-man activities for fathers or other male members of the family.....	<input type="checkbox"/>	<input type="checkbox"/>
11.	Parents have telephone and e-mail access to providers.....	<input type="checkbox"/>	<input type="checkbox"/>
12.	Families' preferences for communication are maintained in a family record.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 7]: Can you repeat question 7 in your own words? What is this question asking?

IF NEEDED: What does the phrase “shape the planning” in this question mean to you?

IF APPROPRIATE: How are parents invited to shape the planning of the program?

IF PARENT: [Item 9]: Do you know if your [child’s] program/care setting specifically invites men or fathers to participate?

IF DON’T KNOW: Can you walk me through how you came up with your answer to this question?

➤ Does this question make sense to ask of your care arrangement/child’s program?

[Item 12]: In your own words, what was the statement, “Families preferences for communication are maintained in a family record” in question 12 asking about?

IF PROVIDER: Do you or your program note families’ communication preferences?

IF NO: Can you walk me through how you answered this question?

IF PARENT: Have you given this information to your child’s program?

➤ Do you know if this is something that your child’s program keeps on record?

Now I’d like you to read and answer question 13 and let me know when you are done.

13. Providers use the following methods to communicate with families:
- a. Face-to-face at drop-off and pick-up.....
 - b. Telephone.....
 - c. Email.....
 - d. Texting.....
 - e. Written notes.....
 - f. Website.....
 - g. Newsletter.....
 - h. Calendar.....
 - i. Bulletin boards.....
 - j. Parent-teacher conferences.....
 - k. Parent meetings.....

PROBES:

[Item 13]: Who came to mind when you read the word “providers” in question 13?

IF NEEDED: Were you thinking about one person in particular, or more than one person?

IF PARENT: When you were answering these questions, were you thinking about ways your child’s provider has communicated with you specifically, and/or about ways that he/she may communicate with other parents?

IF YES: What ways were those? Tell me more about that?

➤ Have you used any other ways to communicate that are not listed here?

Now I’d like you to read and answer questions 14 through 18 and let me know when you are done.

14.	Written information and materials are available in all languages spoken by the families.....	<input type="checkbox"/>	<input type="checkbox"/>
15.	Written information and materials are available at the appropriate literacy level.....	<input type="checkbox"/>	<input type="checkbox"/>
16.	The program provides a variety of information about community services.....	<input type="checkbox"/>	<input type="checkbox"/>
17.	The program provides parenting information in a variety of ways.....	<input type="checkbox"/>	<input type="checkbox"/>
18.	The program provides opportunities for families to get together.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 14]: What did you interpret question 14 to be asking you?

- Did you feel like you have the needed information to answer this question?
- Did you think this question was asking about materials for THE CHILDREN IN YOUR CLASSROOM/YOUR CHILD, or materials for parents?

[Item 15]: What does the phrase “the appropriate literacy level” mean to you in question 15?

- Did you think this question was asking about materials for THE CHILDREN IN YOUR CLASSROOM/YOUR CHILD, or materials for parents?

[Item 16] What kinds of “community services” were you thinking about when you answered question 16?

[Item 17] What does the phrase “parenting information” mean to you?

IF NECESSARY: We’re trying to ask about information and advice a program may provide about parenting and raising children. What words would you use to capture this idea?

[Item 18] What does this question mean to you? What does it mean for families to “get together”?

Is this something that you think applies to your type of early care and education setting?

GENERAL PROBES

Do these questions make sense to ask about your (child's) care setting/program?

- **IF NO:** Can you tell me more about that?

Now I'd like you to read and answer question 19 and let me know when you are done.

At this center/Head Start/family child care program:		Yes	No
19.	The program gives information to families about:		
	a. General health and mental health services in their community.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Substance abuse services.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Tax credits, child care subsidies or vouchers, or employer child care benefits.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Housing assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Energy or fuel assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community events.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Developmental screening services.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Immigration services, legal services, or social services.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Adult education, GED classes, ESL classes, or continuing education.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Employment opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Food pantries.....	<input type="checkbox"/>	<input type="checkbox"/>
	l. Domestic violence programs.....	<input type="checkbox"/>	<input type="checkbox"/>
	m. Homeless services.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 19]: How confident do you feel in your answers to these questions?

- Do these questions make sense to ask of parents?

- Do you feel you had the information needed to answer these questions?

- Were there any items that you were unsure about whether the program/your care setting provides that type of information to families?

IF SO: Walk me through how you chose your answer?

- Did these questions make sense to ask about your (child's) program/care setting?

Now I'd like you to read and answer questions 20 and 21 and let me know when you are done.

20.	The program provides opportunities for family-to-family interaction through:		
	a. Field trips.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Family picnics.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Family events.....	<input type="checkbox"/>	<input type="checkbox"/>
21.	The program provides parenting information through:		
	a. Parenting workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Parenting classes.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Resource library with books, videos.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Tip sheets.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 20]: What did the phrase “family-to-family interaction” mean to you in the question 20?

➤ Is this different or the same as “opportunities for families to get together” in question 18?

[Item 20c]: What came to mind when you read the phrase, “family events” in question 20c?

IF NEEDED: How is this different, if at all, from field trips or family picnics?

[Item 21a and b]: What is the difference, if any, between “parenting workshops” and “parenting classes?”

[Item 21f]: In your own words, what is question 21f, “the program provides information through tip sheets” asking?

IF NEEDED: What do you think of when you hear the phrase “tip sheet?”

GENERAL PROBES:

➤ Did you feel you had the information to answer these questions?

➤ Does it make sense to ask these questions about your (child’s) program/care setting?

Okay, please move onto section 2. Take as much time as you need and let me know when you are done.

SECTION 2: FOR CENTER AND HEAD START PROGRAMS ONLY

Please check “yes” or “no” for each item.

At this center/Head Start program:		Yes	No
1.	The program has a reception area.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	Signs and/or directions for locating classrooms and other spaces are posted in the center in languages parents understand.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	The program has a formal advisory committee.....	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBE:

Did you answer the questions in Section 2?

IF NOT CENTER OR HEAD START: Did you notice and read the instructions right after the words “Section 2?”

IF NO: Can you tell me why you skipped over these instructions?

Does it make sense to ask these questions about your (child’s) program/care setting?

INTERVIEWER: IF NOT CENTER OR HEAD START: GO TO PAGE 15 AND ADMINISTER GENERAL PROBES

PROBES:

[Item 1]: What came to mind when you read “reception area” in question 1?

[Item 2]: Walk me through how you answered question 2.

- Are the signs and/or directions you responded about in languages parents can understand? How do you know this?

[Item 3]: In your own words, what is a “formal advisory committee”?

- How confident are you in your answer to this question?

4.	The program offers the following opportunities for parents:		
	e. Formal opportunities for parents to learn about how children develop.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Opportunities to learn about good nutrition for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Opportunities to help parents with their own adult literacy goals.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Peer mentoring/support opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	The program helps families to:		
	e. Find information and educational materials that are easy for them to understand.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Understand how to access community services for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Advocate for services they need.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Use their own skills and resources to solve problems they have with their child.....	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 4a]: Please describe in your own words what question 4a is asking about.

- What kinds of things came to mind when you read the word “opportunities?”

IF NEEDED: What is a “formal opportunity?” How is this different from an informal opportunity?

[Item 4d]: What came to mind when you read the phrase “peer mentoring/support opportunities” in question 4d?

[Item 5]: Do you feel like you know whether your program helps families in the ways listed in question 5?

IF NO: Can you walk me through how you answered these questions?

[Item 5c]: What does it mean to help families “advocate for services they need”?

GENERAL PROBES:

- Finally, thinking about the questions in this booklet, did you feel the questions applied to you?

IF NO: Tell me more. Which ones didn't apply? Did you feel you had information needed to answer the questions?

- Did the questions apply to your (child's) childcare and early education program?

- Did you feel that you had the information you needed to answer these questions?
 - Is there someone in YOUR PROGRAM/CARE SETTING who would be better to ask these questions of?

- Were there any questions that were unclear, you didn't have the information to answer, or didn't seem to apply to your PROGRAM/CARE SETTING that we didn't talk about already?

Thank you for participating in our survey!