

Assessing the Impact of Child Care Centers on Families

Thank you for providing your views of the ways your child care center supports families like yours. The results of this study will be used to provide feedback to the center so they can build stronger partnerships with families. To get an accurate view of the center, it is important that we hear from everyone. Every parent's view is important.

Considering the child care center facility and operation, how supportive is the center of your family?

Please rate each of the following:

Strong	Adequate	Needs Improvement	Don't Know/ Doesn't Apply	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	makes services easily accessible in terms of operating hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	makes services easily accessible in terms of flexible scheduling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	application forms are easy to use and understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides full information on center policies and procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	has sick child policies that work for your family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	involves parents on an advisory committee regarding policy and program development, implementation, and evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides a drop-off and pick-up area that is convenient, friendly, and attractive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides a private space for staff to talk with you about your child's development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	responds appropriately to injuries that occur at the center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides a safe environment for your child

Considering what happens at the child care center, how supportive is the center of your family?

Please rate each of the following:

Strong	Adequate	Needs Improvement	Don't Know/ Doesn't Apply	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides you with information about what is happening <u>at the center</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides you with information about what is happening <u>in the classroom</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides opportunities for you to be involved in the classroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	keeps in touch with you about your child's development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gives attention to your child's individual needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	works hand-in-hand with you to deal with problems that may arise
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	offers frequent opportunities for parents to interact informally with other parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	involves your immediate and extended family members in supporting your child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	facilitates successful transitions for you and your child (e.g., drop-off and pick-up)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	schedules teachers' time to maximize face-to-face communication with you
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	works with you to schedule mutually agreeable times for non-emergency communication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	makes you feel welcome and comfortable

(Continued on back)

Considering your experience at the child care center, how supportive is the center of different families?

Please rate each of the following:

Strong	Adequate	Needs Improvement	Don't Know/ Doesn't Apply	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	respects families from various backgrounds (e.g., racial, ethnic, religious, cultural, geographic, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	respects my ability as a parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	recognizes the complexity of caring for family members with special needs (e.g., physically or mentally disabled, or chronically ill)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	offers services that provide support to families who need it most (e.g., single-parent families; low-income families; families experiencing adoption, divorce, or incarceration)

There are many things that child care centers can do to support families.

Think about your own family. Please indicate how likely YOU would be to USE each of the following. If your center already has the item, check the column that says "already exists." (Services depend upon the center's resources so strong interest in an item does not imply that it will become available).

Very Likely	Somewhat Likely	Not Very Likely	Already Exists	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent-to-parent support groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drop-in child care (e.g., for older children, during after school hours)

Extended center hours:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evening hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occasional weekend hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended summer hours

Classes offered at the center on:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ways to support children's learning

Written communications (newsletters, fact sheets, etc.) about:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationship skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ways to support children's learning

Opportunities to get involved with the center:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteering in classrooms, for center events, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributing items for classrooms, donation drives, etc.

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Looking beyond what happens at the child care center, how well does the center support your life as a family?

Please rate the following items as "strong," "adequate," or "needs improvement," **OR** if you think an item is not important for the center to provide, check the column "not necessary":

Strong	Adequate	Needs Improvement	Not Necessary	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coordinates with other services that your family uses (e.g., in-school therapies, after school activities, summer programs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	connects your family to other programs and services that support children's healthy development (e.g., recreational activities, religious organizations, food pantries, health care, housing assistance, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides <u>informal</u> opportunities to strengthen parenting skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides <u>formal</u> opportunities to strengthen parenting skills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	offers programs for families on ways you can support your children's learning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides programs to strengthen couple/marital relationships
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	provides opportunities for families to support the center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	recognizes that major family changes such as adoption, divorce, or incarceration require ongoing support
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	builds on informal family ties such as community/neighborhood organizations, religious communities, and parent support groups
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	focuses efforts on preventing family problems before they become a crisis

Are there other ways that the center could help to support your family?

Are there ways that you could help support the center?

Additional comments:

Family Background

To better understand how child care centers support families, it will help us to know what kinds of families have participated in the study. Please provide the following information about your family. Do not include your name on the sheet.

What is your relationship to the child/children in the center?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Foster mother | <input type="checkbox"/> Foster father |
| <input type="checkbox"/> Adoptive mother | <input type="checkbox"/> Adoptive father | <input type="checkbox"/> Adult female friend | <input type="checkbox"/> Adult male friend |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Brother | <input type="checkbox"/> Aunt | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Other | | | |

How many children do you have? _____ What are their ages? _____

How many children do you have in the center? _____

What are the ages of your children in the center? _____

How many children of each gender do you have in the center? _____ Male _____ Female

How long has your child (children) been in the center? _____

Which of the following best describes the primary living arrangements of the child (children) in the center? Child lives with . . .

- | | | |
|--|--|--|
| <input type="checkbox"/> Two parents (biological) | <input type="checkbox"/> With mother only | <input type="checkbox"/> Other (please describe) |
| <input type="checkbox"/> Two parents (adoptive) | <input type="checkbox"/> With father only | _____ |
| <input type="checkbox"/> Mother and stepfather | <input type="checkbox"/> Part of the time with mother, part of the time with father (shared custody) | |
| <input type="checkbox"/> Father and stepmother | <input type="checkbox"/> With a relative (aunt, uncle, grandparent, etc.) | |
| <input type="checkbox"/> With parent and another adult (nonrelative) | <input type="checkbox"/> Group home or foster home | |

What is your age? _____

What is your gender? Female Male

To what racial or ethnic group do you belong?

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White (not Hispanic) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic | |

If you live with a spouse/partner, to what racial or ethnic group does your spouse/partner belong?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Pacific Islander
- White (not Hispanic)
- Other _____

Please indicate the highest level of education you have completed.

- Completed less than 6 years of school
- Completed 7th through 9th grade
- Completed 10th or 11th grade
- High school graduation
- Some college or technical school
- College graduate
- Some graduate study
- Graduate degree
- Other _____

If you live with a spouse/partner, please indicate the highest level of education completed by your spouse/partner.

- Completed less than 6 years of school
- Completed 7th through 9th grade
- Completed 10th or 11th grade
- High school graduation
- Some college or technical school
- College graduate
- Some graduate study
- Graduate degree
- Other _____

Currently, how many hours per week do you usually work for pay? Please include all hours, whether you work for an employer and/or are self-employed.

_____ Hour(s)

If you live with a spouse/partner, how many hours a week is your spouse/partner currently working for pay? Please include all hours, whether he/she works for an employer and/or is self-employed.

_____ Hour(s)

What is your marital status?

- Never married
- Married, never divorced or separated (year of marriage ___)
- Living with a partner, not married
- Married, currently separated
- Married and widowed
- Divorced and not remarried
- Divorced and remarried
- Other _____

Does your child have any special needs? (check all that apply)

- Dietary
- Medications
- Therapy
- Cognitive
- Physical
- Emotional
- Other