Approaches to Measuring Early Head Start-Child Care Partnerships: Recommendations and Considerations

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September 2015

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September 2015

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OVERVIEW

Research consistently shows an extensive and growing need for high quality, out-of-home child care for infants and toddlers from all families, but particularly for low-income families. To meet both children's developmental needs and parents' workforce needs, government leaders and policymakers have expressed support for early care and education (ECE) partnerships at the point of service delivery to build more seamless care systems and promote quality across settings. These partnerships involve two or more organizations working together to jointly provide ECE services to young children and their families. Organizations can work together by combining funding, resources, materials, and staff to serve additional children, provide comprehensive services, enhance service quality, or provide full-day, full-year ECE. In fiscal year (FY) 2014, the federal government further highlighted this approach by funding an expansion of effective early learning opportunities for children from birth to age 3 through Early Head Start-child care partnerships. The $500 million in new grants will allow new or existing Early Head Start programs to partner with local child care centers and family child care homes serving low-income families with infants and toddlers. Partnership grantees might be existing Early Head Start grantees, agencies that operate family child care networks, child care resource and referral agencies (CCR&R), or states. Partnership grantees work collaboratively with child care centers and family child care providers to deliver full-day, full-year child care and comprehensive services to infants and toddlers and their families.

The Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), awarded a contract to Mathematica Policy Research and its partners to carry out the Study of Early Head Start-Child Care Partnerships. ACF's goal for the study is to understand whether these partnerships provide continuity of care; meet families' needs for child care; and improve outcomes for providers, families, and children. As part of the project, we developed a theory of change that includes four sets of constructs: (1) inputs to the partnerships, (2) partnership activities, (3) short- and long-term outcomes, and (4) organizational and contextual factors that influence the partnerships.[1]

The purpose of this report is to provide a roadmap for measuring all aspects of the partnerships included in the theory of change. We developed the report with a broad range of stakeholders in mind, including researchers, administrators, and practitioners. The recommended measurement approaches will also inform the evaluation design and data collection plan for the Study of Early Head Start–Child Care Partnerships. For each element in the model, we describe the constructs, data elements, data collection methods, and recommended measures, as well as the types of questions that can be answered and how the proposed data collection can inform policy, practice, and research. We conclude with a description of our approach to developing and pre-testing new measures and qualitative data collection protocols.

[1] The term construct refers to a trait or concept in the theory of change that we seek to measure.

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EXECUTIVE SUMMARY

Research consistently shows an extensive and growing need for high quality, out-of-home child care for infants and toddlers from all families, but particularly for low-income families. To meet children's developmental needs and parents' workforce needs, government leaders and policymakers have expressed support for early care and education (ECE) partnerships at the point of service delivery to build more seamless care systems and promote quality across settings. These partnerships involve two or more organizations working together to jointly provide ECE services to young children and their families. Organizations can work together by combining funding, resources, materials, and staff to serve additional children, provide comprehensive services, enhance service quality, or provide full-day, full-year ECE. In fiscal year (FY) 2014, the federal government further highlighted this approach by funding an expansion of effective early learning opportunities for children from birth to age 3 through Early Head Start–child care partnerships. The $500 million in new grants will allow new or existing Early Head Start grantees to partner with local child care centers and family child care homes serving low-income families with infants and toddlers. Partnership grantees might be existing Early Head Start grantees, agencies that operate family child care networks, child care resource and referral agencies (CCR&R), or states. Partnership grantees work collaboratively with child care centers and family child care providers to deliver full-day, full-year child care and comprehensive services to infants and toddlers and their families.

The Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), awarded a contract to Mathematica Policy Research and its partners to carry out the Study of Early Head Start-Child Care Partnerships. ACF's goal for the study is to understand whether these partnerships provide continuity of care; meet families' needs for child care; and improve outcomes for providers, families, and children.

As part of the project we developed a theory of change that includes four sets of constructs: (1) inputs to the partnerships, (2) partnership activities, (3) short- and long-term outcomes, and (4) organizational and contextual factors that influence the partnerships.[2] This document provides a roadmap for measuring all aspects of the partnerships included in the theory of change. These recommended measurement approaches will inform the evaluation design and data collection plan for the Study of Early Head Start–Child Care Partnerships.

KEY FINDINGS

The report describes our suggestions for measures of constructs in each section of the theory of change: inputs, activities, short- and long-term outcomes, and organizational and contextual factors. We describe the constructs, data elements, data collection methods, and recommended measures, as well as the types of questions that can be answered and how the proposed data collection can inform policy, practice, and research. We conclude with a description of our approach to developing and pre-testing new measures and qualitative data collection protocols.

[2] The term construct refers to a trait or concept in the theory of change that we seek to measure.

Measuring Inputs

Collecting data on the inputs to partnerships is important for building the knowledge base about the resources needed to support high quality implementation of partnerships. Items that measure input constructs are largely available from past data collection efforts. However, for some constructs, we did not find appropriate survey items and thus propose new items.

We also recommend several topics for qualitative data collection, such as individual semi-structured interviews or focus groups to explore some inputs in more depth. Document reviews also may help in understanding inputs from ECE systems, such as policies, regulations, and standards that govern partnerships and the communities in which they operate.

Measuring Implementation Activities

We have grouped the activities needed to develop and implement partnerships into four categories: (1) partnership development activities, (2) partnership operation activities, (3) family activities, and (4) activities of other ECE systems that interact with the partnerships. To measure these constructs, we recommend collecting data from a range of respondents through surveys and qualitative interviews and focus groups. The types of respondents include partnership grantee directors and staff who work directly with the child care partners (such as a child care specialist), child care center directors, child care teachers, family child care providers, families, and directors of other ECE systems. We identified survey items from past data collection efforts that can be adapted to measure activity constructs. When we could not identify appropriate survey items, we proposed new items. To supplement survey items, we recommend qualitative interviews and focus groups to explore topics in more depth than is possible in a survey.

Measuring Short- and Long-Term Outcomes

Short-term outcomes for partnerships include enhancing capacity to offer high quality service options, develop strong partnerships, and increase staff professionalism. For families, short-term outcomes include increased access to services, continuity of caregiving for children, and parental involvement in work and children's early learning. For other early childhood systems, expected short-term outcomes include alignment of rules and regulations across funding streams and quality improvement and professional supports. Longer-term outcomes, expected two years or more after formation of a partnership, include sustained partnerships, increased supply of high quality infant and toddler care, improved family and child well-being, and well-aligned early childhood systems.

We recommend using standardized measures and survey times to collect quantitative data for assessing partnership outcomes. We also recommend collecting information on child care supply from QRIS and CCR&Rs operating in the partnership service areas. Many of these topics also could be explored through qualitative data collection on the successes and challenges partnerships faced in achieving outcomes, as well as lessons learned about implementation factors that helped or hindered progress.

Measuring Organizational and Contextual Factors

Partnerships can be shaped by organizational culture and supportive leadership within the grantee and child care partners. Shared goals and mutual respect between partners can influence

the experience of collaboration and keep lines of communication open. In addition, organizations with existing infrastructure for self-assessment and continuous quality improvement may be better prepared to work in partnership toward these goals. Local, state, and national contextual factors can create conditions that are more or less conducive to forming and sustaining successful partnerships. Some partnerships will take place in states with existing QRIS systems or other ongoing quality improvement initiatives. At the national level, all partnerships will take place in the context of the Head Start Designation Renewal System (DRS), which could make some Early Head Start grantees hesitant to partner.[3]

Measures of many organizational and contextual factor constructs are available from past data collection efforts or can be adapted to be appropriate for this study. We did not find existing survey items for a few constructs and thus propose new items to measure them. The primary respondents for surveys include partnership grantee directors, child care center directors and teachers, family child providers, and other partnership staff. We also recommend document reviews to obtain information on quality improvement initiatives that partnerships can access in their states and communities. In addition, qualitative interviews with selected respondents, such as directors of quality initiatives and local CCR&Rs, can yield more in-depth information than can be collected through a survey.

Recommendations for Pretesting Survey Instruments and Qualitative Protocols

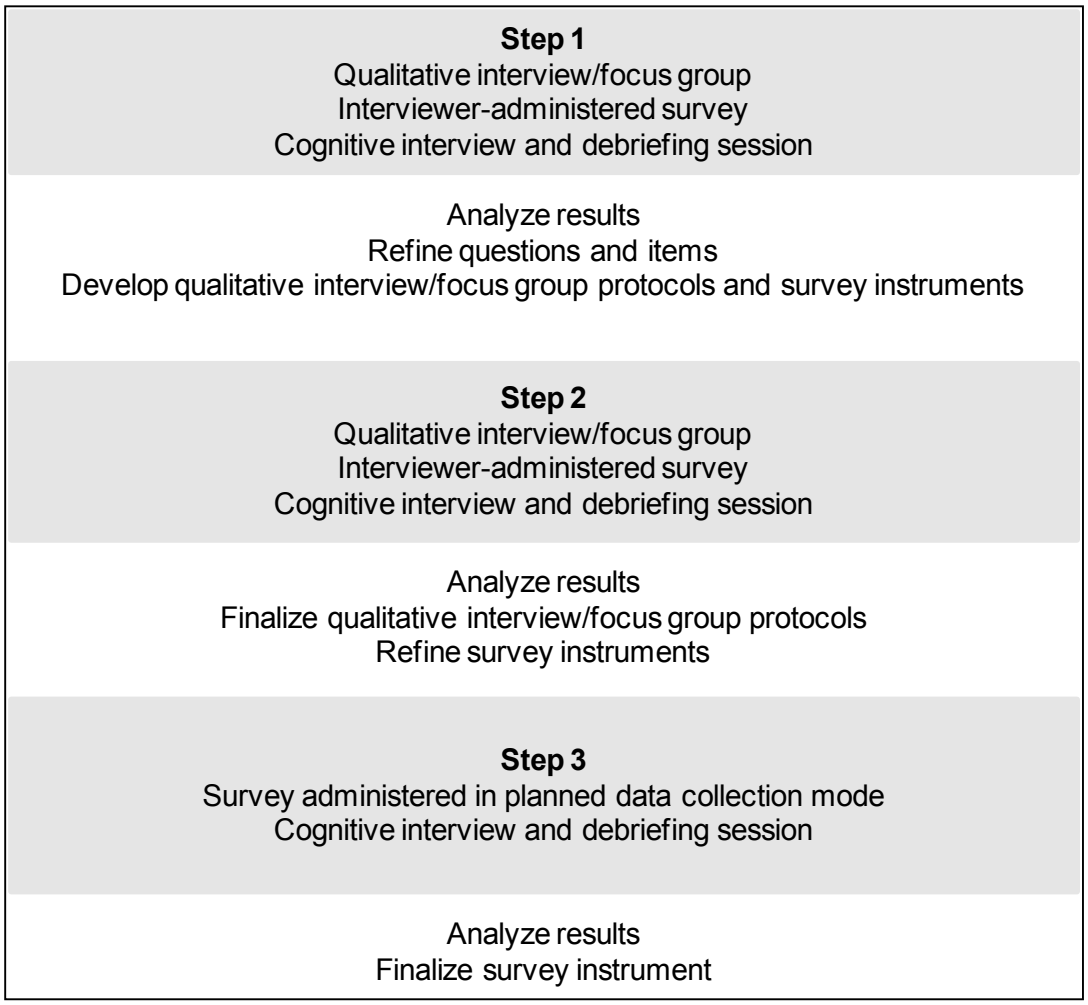
Because not all constructs in the theory of change can be adequately measured using measures drawn from past data collection efforts, we have recommended new items to cover these gaps. We have developed these new items based on findings from the literature review (Del Grosso et al. 2014) whenever possible, and have drawn ideas for phrasing and language from prior research on Early Head Start and child care. Some new items were developed with input from expert consultants. For all new and adapted items, users will have to assess the measures' reliability and validity for their intended purpose. After these decisions have been made, a final step in the measurement development process involves pretesting all new and adapted measures.

We recommend an iterative pretesting process to ensure that (1) survey items and qualitative interview and focus group questions are understandable and use language familiar to respondents, (2) survey items and qualitative interview and focus group questions are understood by and function similarly for diverse respondents, (3) qualitative interview and focus group questions elicit fully elaborated responses, and (4) response categories for survey items are adequate to capture typical responses (Figure 1). The pretest also will inform the best order of

[3] The Head Start DRS, established in 2011, is a system for grantee renewals that determines whether each existing grantee is providing services of sufficient quality to qualify for a five-year grant renewal. The DRS builds on the existing triennial monitoring visits that ensure compliance with the HSPPS, but it also requires annual audits of budget and fiscal management, as well as an assessment of preschool center-based classroom quality using the Classroom Assessment Scoring System (CLASS). At this time, Early Head Start programs are not observed with a measure like the CLASS as part of the triennial monitoring system, but this could change over the life of the Study of Early Head Start–Child Care Partnerships.

questions and items within the larger data collection protocol or instrument and will provide an estimate of how long data collection will take. Using the results from the pretest, survey instruments and qualitative interview and focus group protocols can be finalized and used in data collection.

Figure 1. Iterative approach to pretesting



Conclusions

This report provides recommended measurement approaches for Early Head Start-child care partnerships that will facilitate data collection that can begin to fill the knowledge gap about these partnerships. We developed this report with a broad range of stakeholders in mind, including researchers, administrators, and practitioners. Our aim was to provide a roadmap to data collection and to learning how to implement high quality partnerships that produce positive outcomes for children, families, partnerships, and communities.

I. INTRODUCTION

Research consistently shows an extensive and growing need for high quality, out-of-home child care for infants and toddlers from all families, but particularly for low-income families. To meet children's developmental needs and parents' workforce needs, government leaders and policymakers have expressed support for early care and education (ECE) partnerships at the point of service delivery to build more seamless care systems and promote quality across settings. These partnerships involve two or more organizations working together to jointly provide ECE services to young children and their families. Organizations can work together by combining funding, resources, materials, and staff to serve additional children, provide comprehensive services, enhance service quality, or provide full-day, full-year ECE. In fiscal year (FY) 2014, the federal government further highlighted this approach by funding an expansion of effective early learning opportunities for children from birth to age 3 through Early Head Start–child care partnerships. The $500 million in new grants will allow new or existing Early Head Start grantees to partner with local child care centers and family child care homes serving low-income families with infants and toddlers. Partnership grantees might be existing Early Head Start grantees, agencies that operate family child care networks, child care resource and referral agencies (CCR&R), or states. Partnership grantees work collaboratively with child care centers and family child care providers to deliver full-day, full-year child care and comprehensive services to infants and toddlers and their families.

In fall 2013, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS), awarded a contract to Mathematica Policy Research to carry out the Study of Early Head Start–Child Care Partnerships. The project team also includes Dr. Margaret Burchinal of the University of North Carolina at Chapel Hill as a subcontractor, as well as Dr. Diane Horm of the University of Oklahoma at Tulsa and Dr. Jessica Sowa of the University of Colorado Denver as consultants. The study is intended to fill a knowledge gap about the state of the field of Early Head Start–child care partnerships and identify models or features of ECE partnerships serving infants and toddlers. ACF's goal for the study is to understand whether these partnerships provide continuity of care; meet families' needs for child care; and improve outcomes for providers, families, and children. The study includes the following key activities:

- A review of the literature to summarize the current knowledge base about Early Head Start–child care partnerships
- Development of a theory-of-change model to articulate relations among key features, characteristics, and expected outcomes of partnerships
- Development of a measurement framework
- Design of an evaluation of Early Head Start–child care partnerships
- An evaluation of Early Head Start-child care partnerships (pending available funding)

Findings from our literature review show that the research base on Early Head Start–child care partnerships is sparse (Del Grosso et al. 2014). We identified only 23 studies that included information on ECE partnerships serving infants and toddlers and their families, and only 10 that focused specifically on Early Head Start–child care partnerships (Del Grosso et al. 2014).

We found that more research is needed on implementation of these partnerships—in particular, partnerships between Early Head Start and family child care providers—as well as on outcomes for children, families, partnerships, and communities. In addition, most studies reported findings from the perspective of the Early Head Start grantee; more research is needed to better understand child care providers' perspectives and experiences with the partnerships.

This set of recommended measurement approaches for Early Head Start–child care partnerships provides options for data collection that can begin to fill the knowledge gap. This document provides a roadmap for measuring all aspects of the partnerships—including inputs, activities, and outcomes—included in the theory of change developed for the Study of Early Head Start–Child Care Partnerships (Appendix A). In particular, these recommended measurement approaches will inform the evaluation design and data collection plan for the Study of Early Head Start–Child Care Partnerships. In addition, we have developed the recommendations to be useful to a broad range of stakeholders—including researchers, administrators, and practitioners—to support data collection on the partnerships. In the chapters that follow, we identify data elements, data collection methods, possible respondents, and possible measures that could be used to collect information on the partnerships.[4, 5] In the rest of this chapter, we describe our methodology for developing the recommendations and the organization of this report.

A. Methodology for developing the measurement approaches

We developed a theory of change for Early Head Start–child care partnerships based on findings from the literature review and input from a panel of experts (Appendix A). The theory of change visually depicts how a broad range of partnership grantees, child care providers, families, and other early care and education systems could work together in a coordinated manner to provide high quality, comprehensive services to low-income infants and toddlers and their families. The theory of change includes four sets of constructs: (1) inputs to the partnerships, (2) partnership activities, (3) short- and long-term outcomes, and (4) organizational and contextual factors that influence the partnerships.[6] We used these constructs from the theory of change as the basis for potential measurement approaches.

As a first step in developing the potential measurement approaches, we identified constructs from the theory of change that are fully captured by measures developed for past data collection efforts and can be used in future data collections. These include the Head Start Program Information Report (FY2014 PIR), Early Head Start Family and Child Experiences Survey (Baby FACES) data collection instruments (2009-2011), and FY2014 Early Head Start monitoring visit protocols (Appendix B, Table B.1). The PIR provides annual data on the services provided by Head Start and Early Head Start grantees and the characteristics of the staff, children, and families involved in those programs. The information is used for biennial reports to Congress as required by the Head Start Act. Baby FACES was a longitudinal descriptive study of

[4] The term data element refers to a measureable component of a construct.

[5] Data collection method refers to a strategy for gathering information about the measures such as a survey, qualitative interview, focus group, or document review.

[6] The term construct refers to a trait or concept in the theory of change that we seek to measure.

Early Head Start designed to collect data on a nationally representative sample of Early Head Start programs. Within programs, the study enrolled two cohorts in spring 2009: (1) expectant mothers or those with a child younger than 2 months old, and (2) families in which the child was approximately 1 year old. The study followed children and their parents annually through their time in the program or until the children turned 3 years old. The Office of Head Start (OHS) conducts on-site monitoring visits of all Early Head Start grantees on a three-year cycle.

We then examined the remaining constructs for which measures could not be adopted from past data collection efforts. We identified potential measurement approaches for assessing implementation and outcomes of partnerships. In particular, we aimed to develop measurement approaches that incorporate the perspectives of child care providers, a gap identified in the literature review. To identify data elements, data collection methods, possible respondents, and possible measures, we reviewed data collection instruments from relevant national data collection efforts and studies of ECE partnerships identified in the literature review (Table I.1 and Appendix C, Tables C.1 to C.10). We identified specific standardized assessments and individual survey items that could be used or modified to collect data on Early Head Start–child care partnerships.[7, 8]

We used the following criteria in selecting the standardized assessments and survey items we identified:

- Evidence of strong psychometric properties for standardized scales and assessments
- Evidence of use in an early childhood program context, preferably in a partnership context
- Appropriate for children, families, and staff from diverse backgrounds
- Used in previous national or large-scale data collection efforts
- Recommended by our panel of experts

Throughout the report, when multiple standardized assessments or survey items of a single construct exist, we discuss the relative merits of each measure and then recommend the measure that is the best fit for the construct.[9] In most cases, the measures we did not recommend were not a good fit for partnerships. For some constructs, we recommend including multiple data collection methods, including surveys and qualitative data collection, or multiple respondents to capture a range of perspectives on the topic, especially the perspectives of child care providers.[10] When we could not identify appropriate measures from past data collection efforts, we proposed new measures, based on findings from the literature review when possible.

[7] Standardized assessments are assessments that use a uniform or standard set of procedures for administration and scoring.

[8] Survey item refers to a single survey question.

[9] A measure is a means of assessing each data element such as a standardized assessment, survey item, or qualitative interview or focus group topic.

[10] Qualitative data collection means a topic discussed during a semi-structured interview with an individual or a group discussion.

Table I.1. Overview of studies and instruments reviewed for the report

Study	Instruments reviewed for this report	Respondents	Samples
Early Head Start Family and Child Experiences Survey (Baby FACES; Vogel et al. 2011)	Parent Interview 2009 and 2010; Program Director Interview 2009 and 2011; Program Director Self-Administered Questionnaire 2009	Early Head Start parent; Early Head Start program directors	National sample of 89 Early Head Start programs
Evaluation of the Early Learning Initiative, Baseline Implementation Study (Del Grosso et al. 2008; Paulsell et al. 2008)	Survey of Early Learning Initiative Community Service Providers	Community service providers	26 community service providers in White Center and 31 in East Yakima, Washington
Evaluation of the Early Learning Initiative, Seeds to Success Modified Field Test (Boller et al. 2010)	Self-administered questionnaires for center directors and lead and assistant teachers	Child care center directors and lead and assistant teachers	52 family child care providers and 14 child care centers in White Center and East Yakima, Washington
Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II (Bromer et al. 2013)	Family Child Care Specialist Pre-Program Survey; Participating Supervisor Baseline Telephone Interview	Agency specialists (quality improvement providers) who work with home-based child care providers	Eight agency specialists from six agencies in Chicago and 10 home-based providers who received services from the specialists
Head Start/Child Care Partnership Study (Schilder et al. 2009)	Child Care Partner Questionnaire; Family Child Care Partner Questionnaire; Head Start Partnership Questionnaire	Head Start program staff, child care center directors, family child care providers, classrooms, children	Random sample of 63 child care centers and 135 family child care homes in Ohio
Investigation of Partnerships in Early Childhood Education (I-PIECE; Sandfort et al. 2001; Selden et al. 2006)	Early Childhood Education Management Survey	Early childhood education program managers	20 early childhood collaborations in New York and Virginia
National Survey of Early Care and Education (National Survey of Early Care and Education Project Team 2013)	Center-based provider questionnaire; home-based provider questionnaire; household questionnaire	Households with children under 13, home-based providers, center-based providers, center-based provider workforce employees	Nationally representative samples of (1) 11,629 households with children under 13; (2) 3,934 home-based providers, plus 2,052 unlisted home-based providers; (3) 8,265 center-based providers; and (4) 5,556 center-based provider workforce employees

Table I.1 (continued)

Study	Instruments reviewed for this report	Respondents	Samples
Study of Child Care Choices for Low-Income Working Families (Chaudry et al. 2011)	Family Study Interview One Protocol; Family Study Interview Two Protocol	Families drawn from the sample of families surveyed for the Annie E. Casey Foundation's Making Connections initiative	86 families (43 in Providence, Rhode Island, and 43 in Seattle-White Center, Washington)
Study of Community Strategies for Infant-Toddler Care (Paulsell et al. 2003)	Child care resource and referral agency director interview guide; state child care administrator interview guide; local child care administrator interview guide; child care coordinators interview guide	Child care resource and referral agency directors; state and local child care administrators; child care coordinators	Early childhood education agency administrators and staff at the state and local levels from 4 communities El Paso County, Colorado; Kansas City, Kansas; Sedalia, Missouri; and Buncombe County, North Carolina
Survey of Early Head Start Programs (Vogel et al. 2006)	Survey of Early Head Start programs	Early Head Start program directors	748 Early Head Start programs nationwide

B. Organization of the report

The rest of this report describes potential approaches to measuring the constructs in the theory of change. Chapters II through V provide our suggestions for measures of constructs in each section of the theory of change: inputs, activities, short- and long-term outcomes, and organizational and contextual factors. In each of these chapters, we describe the constructs, data elements, data collection methods, and recommended measures, as well as the types of questions that can be answered and how the proposed data collection can inform policy, practice, and research. We conclude the report with Chapter VI, which describes our approach to developing and pre-testing new measures and qualitative data collection protocols. We present the theory of change in Appendix A and constructs for which measures can be adopted from previous data collection efforts in Appendix B. Appendix C contains brief descriptions of the relevant national data collection efforts and studies of early childhood partnerships that we reviewed to identify measures and instruments. Appendixes D through G contain potential survey items.

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II. MEASURING INPUTS TO PARTNERSHIPS

This chapter describes approaches for measuring inputs to the development and implementation of partnerships. Partnership grantees and their child care partners, as well as enrolled families and ECE systems at the national, state, and local levels, provide important inputs that shape the partnerships. The partnership grantee is the entity awarded the Early Head Start-Child Care Partnership grant. In this role, they are responsible for ensuring that the partnership meets all grant requirements, including the Head Start Program Performance Standards (HSPPS). The entity may be an existing Early Head Start grantee or a new grantee, such as an entity that operates a family child care network, a CCR&R, or a state agency. Child care partners are local child care centers or family child care providers that partner with new or existing Early Head Start grantees to provide direct early care and education services to children and their families. Families play an important role in shaping the partnerships by expressing their child care needs and preferences and their motivation to participate in partnerships. Although not direct participants, other ECE systems at the national, state, and local levels influence partnerships through policies and standards and by contributing funding, quality improvement supports, and professional development opportunities to partnerships.

Collecting data on the inputs to partnerships is important for building the knowledge base about the resources needed to support high quality implementations. For example, understanding the attitudes and prior experiences of each entity in the partnership can support practice guidance on how to begin the partnership exploration and development process and help each better understand the other's perspective. Evaluators can use information on staff qualifications and credentials to learn which types of staff may be more effective at partnership formation and implementation, as well as typical training and technical assistance needs of new partnerships. Understanding parents' motivations and preferences can help partnerships tailor their services to meet families' needs and their recruitment messages to attract eligible families to enroll in partnerships. Learning about the variation in contributions of ECE systems across states and communities can help determine which kinds of resources and contexts may be well suited to partnerships (for example, states with QRIS systems or states implementing Race to the Top-Early Learning Challenge [RTT-ELC] grants).

A. Overview of proposed methods and sources

In the rest of this chapter, we identify input constructs from the theory of change for which we identified measures from past data collection efforts that could be used in future data collections, constructs for which we recommend adapting measures, and constructs for which we propose new survey items, as well qualitative interview or focus group topics and structured reviews of documents and policies (Table II.1). The perspectives of multiple partners are needed, especially for capturing information on the attitudes, prior experiences, and motivations of partnership staff and families. Types of respondents include partnership grantee directors, child care center directors, child care center teachers, family child care providers, and parents.

Input constructs for which measures from past data collection efforts are available. Data collection instruments developed for Baby FACES (2009-2011) and the FY2014 PIR include quantitative, survey-based items on several input constructs in the theory of change about partnership grantees and family characteristics. (Appendix B lists relevant survey items from

these data collection efforts.) Such inputs from partnership grantees include grantee type, prior service delivery experience, size, and knowledge of and linkages to child care providers in the community. In addition, Baby FACES instruments (2009-2011) include items on funding, one of the input constructs for early childhood systems (Appendix B).

Recommended adapted and new survey items for measuring input constructs. Whenever possible, we identified survey items from past data collection efforts that can be adapted to measure input constructs. These survey items are drawn from the Early Learning Initiative Evaluation (Del Grosso et al. 2008; Paulsell et al. 2008); the Evaluation of the Erikson Institute Family Child Care Specialist Training Program (Bromer et al. 2013); the Head Start/Child Care Partnership Study (Schilder et al. 2009); the Investigation of Partnerships in Early Childhood Education (I-PIECE; Sandfort et al. 2001; Selden et al. 2006); the National Survey of Early Care and Education (National Survey of Early Care and Education Project Team 2013); and the Study of Child Care Choices of Low-Income Working Families (Chaudry et al. 2011). For some constructs, we did not find appropriate survey items and thus propose new items. All recommended survey items are listed in tables in Appendix D.

Recommended qualitative measures of input constructs. We also recommend several topics for qualitative data collection, such as individual semi-structured interviews or focus groups to explore some inputs in more depth. In particular, qualitative data collection with a subset of partnership staff and parents may be useful to learn more about attitudes and motivations for participating in partnerships. Interviews and focus groups also may help in understanding the availability, accessibility, and perceived usefulness of quality improvement supports and professional development opportunities available to the partnerships. Throughout this chapter, we discuss potential discussion topics for semi-structured interviews and focus groups. Document reviews also may help in understanding inputs from ECE systems, such as policies, regulations, and standards that govern partnerships and the communities in which they operate.

In the sections that follow, we propose strategies for measuring input constructs in the theory of change for which measures from past data collection efforts are not available. Specifically, we propose strategies for measuring inputs from partnership grantees and child care partners, families, and other ECE systems.

Table II.1. Proposed measurement strategies for input constructs

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection
Partnership grantees				
Partnership grantee type and prior service delivery experience	X			
Size	X			
Motivation to partner and readiness to change		X		
Attitudes toward and experience with collaboration		X	X	X
Knowledge and linkages to community child care providers	X			
Qualified staff to provide quality improvement support to child care providers		X		
Child care partners				
Provider type (family child care or center), size, and regulatory status			X	
Hours of operation	X			
Age range of children served; ability to care for sibling groups		X		
Provider experience and staff credentials		X		
Motivation to partner and readiness to change		X		
Attitudes toward and experience with collaboration		X	X	X
Openness to complying with the HSPPS			X	
Participation in QRIS or other quality improvement initiatives		X		
Families				
Socioeconomic and demographic characteristics	X			
Child care needs and preferences			X	
Motivation to participate in partnership services				X
Eligibility for CCDF subsidies		X		

Table II.1 (continued)

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection
Other early childhood systems				
Policies, regulations, and standards (HSPPS, child care licensing, QRIS, other state initiatives)				X
Funding (EHS grant funds, CCDF subsidies, other sources)	X			
Quality improvement supports (Head Start and OCC training and technical assistance, QRIS, CCDF quality set-aside, accreditation, other initiatives)				X
Professional development (community colleges and other institutions of higher education)				X

CCDF = Child Care and Development Fund; HSPPS = Head Start Program Performance Standards; OCC = Office of Child Care; QRIS = quality improvement and rating system.

B. Measuring inputs from partnership grantees and child care partners

Partnership grantees and child care partners bring to the partnerships the motivation of leaders and staff to form partnerships, as well as differing levels of readiness to change activities and procedures to accommodate the needs of new partners and new ways of serving children and families through partnerships. Readiness to change refers to the internal and external resources available to support individuals and organizations in changing their behaviors (Peterson 2013). Motivation and readiness to change may be influenced by staff attitudes toward and prior experience with collaboration. In addition, partnership grantees contribute staff to work directly with child care partners and provide support for meeting the HSPPS. Depending on availability of resources in thepartnership's state and community, some child care partners might participate in a QRIS or another quality improvement initiative.

Motivation to form partnerships. We found survey items about ECE providers' motivations for forming partnerships in the Head Start Partnership Questionnaire of the Head Start/Child Care Partnership Study and the Early Childhood Education Management Survey of I-PIECE (Sandfort et al. 2001; Selden et al. 2006). These items ask respondents to select from a list their top five objectives in launching the partnership. We adapted these items based on findings from the literature review about early care and education providers' motivations to partner (Appendix D, Table D.1). We also modified the items to ask respondents to rate the importance of each objective on a scale of 1 to 5, rather than selecting the top five objectives.

Readiness to change. To measure the readiness to change of leaders and staff involved in partnership, we recommend the *Stage of Change Scale for Early Education and Care 2.0* (Peterson et al. 2010). This seven item scale assesses several dimensions of early childhood

professionals' readiness to change on a five-point scale rated from "I don't plan to make any changes" to "I'm making sure I don't go back to my old ways." The dimensions rated are (1) intention to change, (2) awareness of the need to change, (3) seeking information about making a change, (4) effects of change on children, (5) overcoming obstacles to change, (6) social support for change, and (7) professional identity. The scale can be used as a self-report form for staff or as a rating of other staff's readiness to change. This scale was used with family child care providers and coaches as part of the Partners in Family Child Care Study (Peterson and Weber 2011) and demonstrated strong internal consistency reliability (0.95). It was also used with family child care specialists for the Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II (Bromer et al. 2013).

Attitudes toward and experience with collaboration. We did not identify survey items about experience with and attitudes toward collaboration, and we found only limited findings from studies of early childhood partnerships in our literature review. Therefore, we propose new items to capture information on prior experiences with early childhood partnerships, including types of partners, whether written partnership agreements were developed, whether the partnerships have ended, and reasons for ending the partnerships (Appendix D, Table D.2). We also propose asking about experiences with other types of collaborative relationships with other service providers. Gathering data on these topics through semi-structured interviews with partnership staff would be helpful for more fully understanding partners' motivations to partner and prior experiences and attitudes about collaboration (Box II.1).

Box II.1. Proposed topics for qualitative data collection to measure attitudes towards and experience with collaboration

- Types of prior collaborations and partnerships
- Experience developing collaborative agreements
- Experiences participating in collaborations and partnerships
- Communication with collaborators and partnerships
- Perceptions about the about the extent of mutual respect among partners
- Benefits of collaborations and partnerships
- Challenges of collaborations and partnerships
- Lessons learned from the partnerships

To learn about attitudes toward collaboration that might influence the partnerships, we propose the Working Together Survey, a widely used 20-item scale to assess the quality of that collaboration (Chrislip and Larson 1994). It includes five subscales: (1) context of collaboration, (2) structure of collaboration, (3) members of collaboration, (4) process of collaboration, and (5) result of collaboration. Respondents would be asked to answer the questions in reference to the most recent early childhood partnership in which they participated. This scale was used to assess collaboration quality among partners for the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment project (EBHV; Boller at al. 2014) and demonstrated strong internal consistency reliability (0.96). In the EBHV study, scores on the Working Together Survey were

positively associated with achieving the initiative's goals of implementation with fidelity, scale-up, and sustainability (Boller et al. 2014).

Qualifications of staff to provide quality improvement support. To collect data on the qualifications of quality improvement staff, we recommend items drawn from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program, Family Child Care Specialist Pre-Program Survey Phase II (Bromer et al. 2013). The items gather information on the credentials and prior experience and training of quality improvement staff. We revised some items slightly to make the questions applicable to quality improvement staff working with both family child care homes and center care centers (Appendix D, Table D.3).

Child care partner type, size, and regulatory status. We recommend a series of new survey items to capture data about child care partner characteristics, including type (family child care or center), size, and regulatory status (Appendix D, Table D.4).

Age range of children served by child care partners and ability to care for sibling groups. To collect data on the age range of children served by child care partners, as well as their ability to care for sibling groups, we recommend collecting data on child care partners' cumulative enrollment by child age (Appendix D, Table D.5). To develop this item we revised an item included in the FY2014 PIR.

Child care partner experience and staff credentials. The FY2014 PIR includes items to collect data about staff credentials. We revised these items for use in other surveys by expanding them so that grantees report data on staff credentials by child care partner rather than at the grantee level. The revised items are presented in Appendix D, Table D.6.

Openness to complying with the HSPPS. We did not identify survey items designed to collect data on child care partners' openness to complying with the HSPPS. For this construct, we propose four new staff survey items. To develop items, we drew on qualitative interview questions used for the Study of Community Strategies for Infant-Toddler Care (Paulsell et al. 2003; Appendix D, Table D.7). In addition, the Stage of Change Scale for Early Education and Care 2.0 discussed previously could be used to measure this construct; questions about readiness to change could be asked with reference to the HSPPS.

Participation in QRIS or other quality improvement initiatives. To collect data about child care partners' participation in QRIS and other quality improvement initiatives, we recommend survey items drawn from two studies: (1) the National Survey of Early Care and Education (National Survey of Early Care and Education Project Team 2013), and (2) the Head Start/Child Care Partnership Study (Schilder et al. 2009). The items collect data on whether providers have a quality rating, as well as the types of support available to them through the agency that provided their quality rating (Appendix D, Table D.8). We adapted survey items from the Child Care/Head Start Partnership Study about the resources available to available to them through their partnerships with Head Start.

C. Measuring inputs from families

Families play an important role in the partnerships. Families have a range of characteristics, child care needs, and preferences. For example, depending on their employment or

training/education schedules and availability of transportation, families may need care in specific geographic areas and during specific hours of operation. Some families might need child care providers that can accommodate older siblings in addition to the child enrolled in the partnership, or providers that can accommodate children's special needs. In addition, some families might seek child care arrangements that foster their home language and culture. Families may need to be motivated to participate in Early Head Start and child care services.

Child care needs and preferences. To gather data on families' child care needs and preferences, we developed new items aimed at understanding parental work hours and child care needs, as well as their preferences for their child's care arrangement (Appendix D, Table D.9). To develop the items, we drew on qualitative interview questions from the Study of Child Care Choices of Low-Income Working Families (Chaudry et al. 2011).

Motivation to participate in partnership. To understand families' motivation to participate in partnership services, we recommend gathering data through semi-structured interviews or focus groups with parents and primary caregivers. Qualitative interviews and focus groups provide an opportunity to ask parents why they chose to participate in the partnerships. For example, we might ask whether they were seeking child care that met certain standards of quality, as well as access to comprehensive services offered through Early Head Start, and why these services were important to them. Although it may be possible to develop survey items about parents' motivation, more in-depth discussion may be needed to understand these issues.

Eligibility for Child Care and Development Fund (CCDF) subsidies. To gather information about the sources of payment for care, including whether care was paid for by CCDF subsidies, we recommend using items from the National Survey of Early Care and Education, Household Questionnaire (National Survey of Early Care and Education Project Team 2013; Appendix D, Table D.10).

D. Measuring inputs from other early childhood systems

Although they are not direct participants, other early childhood systems at the national, state, and local levels play a crucial role in the partnerships. OHS establishes policies and standards (such as the HSPPS) with which the partnerships may need to comply. The Office of Child Care (OCC) establishes and oversees the implementation of child care policies and provides guidance to states, tribes, and territories that administer CCDF funds. States establish rules about child care licensing and subsidy eligibility. In addition, many systems offer quality improvement supports. These systems include OHS and OCC training and technical assistance networks, state and local QRIS, supports from CCR&Rs, and accreditation programs. Other key partners include community colleges and other institutions of higher education that provide courses and degree programs to prepare infant and toddler service providers to meet requirements for specific credentials in the HSPPS, local or state QRIS, and other child care regulations.

To collect information on these inputs, we recommend conducting document reviews as a first step to learn as much as possible about each system's policies, standards, regulations, and supports offered. At the national level, documents include the HSPPS, the Head Start Act, and program instructions and information memoranda published by OHS and OCC. Applicable state-level documents will vary by state but should include the following types of information:

- Child care licensing rules and regulations
- Child care subsidy eligibility rules, regulations, and reimbursement rates
- CCDF plans that document how states, territories, and tribes plan to use the funds, including a description of the grantee's child care services and all services available to eligible families
- Quality performance reports that describe the use of CCDF quality set-aside funds and progress toward improving the quality of child care
- QRIS guidelines and standards in states with QRIS
- RTT-ELC grant program applications and progress reports in states awarded RTT-ELC grants

In addition, semi-structured interviews may be needed to fill in gaps in the information available about state-level inputs (Box II.2). The primary types of respondents may include CCDF administrators, child care licensing administrators, QRIS managers, Head Start Collaboration Office leads, and CCR&R state network representatives. We also recommend gathering information on state and local quality improvement and professional development resources during semi-structured interviews with partnership grantee directors, child care center directors, and family child care providers to learn about their experiences accessing these resources.

Box II.2. Proposed topics for qualitative data collection to measure availability of quality improvement supports and professional development opportunities

- Availability of quality improvement supports from CCR&Rs, QRIS, or other state or community quality initiatives
- Accessibility of quality improvement supports
- Process of obtaining quality improvement supports
- Cost of quality improvement supports
- Availability and sources of funding to support quality improvement
- Perceived usefulness of quality improvement supports
- Challenges with accessing quality improvement supports
- Benefits of accessing quality improvement supports
- Availability of professional development from community colleges and other institutions of higher education
- Accessibility of professional development
- Process of obtaining professional development
- Cost of professional development
- Availability and sources of funding to support professional development
- Perceived usefulness of professional development
- Challenges with participating in professional development
- Benefits of participating in professional development

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III. MEASURING IMPLEMENTATION ACTIVITIES

This chapter describes measurement approaches for the activities that need to occur to develop and implement the partnerships. The activities that organizations undertake to develop and implement partnerships may include combining funding, resources, materials, and staff. The partnerships may be formed to allow the organizations to serve additional children, provide comprehensive services, enhance service quality, and/or provide full-day, full-year ECE. For example, partnerships may support quality of care by offering opportunities to increase providers' credentials, enhancing the environment by providing materials and supplies, and providing technical assistance, mentoring, professional development, or training to staff. Many of these activities are conducted by the partnership, but families and other ECE systems at the national, state, and local levels also play important roles. We have grouped the activity constructs into four categories: (1) partnership development activities, (2) partnership operation activities, (3) family activities, and (4) activities of other ECE systems that interact with the partnerships.

Measuring all of the types of activities that partnerships implement, as well as how they implement them, is critical in building the knowledge base on how partnerships operate and the features or components of partnerships that show promise for supporting positive outcomes. The recommended measurement approaches for assessing activities can be used by researchers designing studies and study components aimed at understanding partnership implementation. Furthermore, they can be used to collect data to inform policy and practice by providing guidance for partnerships on practices, identifying types of technical assistance needed to support partnerships, and serving as a framework for monitoring implementation activities. For example, the data collected can inform guidance on (1) development of partnership agreements, including the content of agreements; (2) models for providing comprehensive services through partnerships; (3) strategies for monitoring partnership quality; and (4) models for meeting HSPPS through partnerships.

Our literature review did not provide guidance on any one model of ECE partnerships or features of partnerships that are likely to be the most successful. The literature did, however, provide information on the activities involved in developing and operating partnerships, and these are reflected in the constructs in this chapter. Models of ECE partnerships varied on several features, including the funding arrangements, roles of the partners, and systems for supporting high quality service. Partnerships operated in states and local communities that varied in their available supports for partnerships and potential barriers to them.

A. Proposed methods and sources

To measure the activity constructs, we recommend collecting data from a range of respondents through surveys and qualitative interviews and focus groups. The types of respondents include partnership grantee directors and staff who work directly with the child care partners (such as a child care specialist), child care center directors, child care teachers, family child care providers, families, and directors of other ECE systems. Throughout this chapter, we describe survey items that could be modified for multiple respondents. In particular, many of the items listed would require modification for surveys of family child care providers to ensure that the unique characteristics of home-based care settings are captured. Unlike the inputs discussed

in Chapter II, we recommended new or modified survey items for all activity constructs included in the theory of change. Therefore, we discuss each in this chapter (Table III.1). Although some constructs could be measured using items from the instruments developed for Baby FACES (2009-2011), we proposed additions or modifications to those items to ensure they capture data relevant to Early Head Start–child care partnerships.

Recommended adapted and new survey items for measuring activity constructs. Whenever possible, we identified survey items from past data collection efforts that can be adapted to measure activity constructs. These survey items are drawn from the Early Learning Initiative Evaluation (Del Grosso et al. 2008; Paulsell et al. 2008); the Evaluation of the Erikson Institute Family Child Care Specialist Training Program (Bromer et al. 2013); the Head Start/Child Care Partnership Study (Schilder et al. 2009); the National Survey of Early Care and Education (National Survey of Early Care and Education Project Team 2013); the Study of Child Care Choices of Low-Income Working Families (Chaudry et al. 2011); and the Survey of Early Head Start Programs (Vogel et al. 2006). Although these instruments were a useful source of information, we modified many of the items identified to (1) make them more specific to partnership, including children and families enrolled in partnership slots; (2) address the roles of the partners, including the entities responsible for implementing activities; and (3) reflect that child care partners may include both child care centers and family child care homes. When we could not identify appropriate survey items, we proposed new items. As in Chapter II, to inform both the new items and the modifications, we drew on findings from the literature review about the range of activities and individuals involved in implementing partnerships. All recommended survey items are listed in tables in Appendix E.

Recommended qualitative measures of activity constructs. To supplement survey items, we recommend qualitative interviews and focus groups to explore topics in more depth than is possible in a survey. For example, we propose survey items to capture information on partnerships' approaches to providing quality improvement support and supplemental materials. Taken together, the items present a picture of the support, materials, and supplies partnerships provide to child care partners, as well as information on what child care center directors and teachers and family child care providers report receiving through partnerships. Qualitative interviews provide an opportunity to further explore whether child care partners and teaching staff are satisfied with the support received, and whether they use the supports provided (and if not why not), as well as the respondents' perspectives about the successes and challenges of the supports that the partnerships offer. Throughout this chapter, we list potential discussion topics for qualitative interviews and focus groups.

In the sections that follow, we propose strategies for measuring activity constructs implemented by partnerships, families, and other ECE systems.

B. Measuring activities implemented by partnership grantees and child care partners

As noted in Chapter I, the emerging literature on ECE partnerships provides only limited information on how the partnerships are developed and implemented. More research is needed to better understand the models commonly implemented, as well as models or components of models that show promise for supporting positive outcomes. This section describes the

Table III.1. Proposed measurement strategies for activities constructs

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection
Partnership development				
Partnership grantees actively recruit partners, and child care providers express interest in partnering		X	X	X
Discuss and clarify partnership expectations and develop partnership agreements, including funding arrangements		X	X	X
Partnership operation				
Asses strengths and needs of each partner		X	X	X
Develop QI plans to achieve HSPPS compliance		X		X
Assess partnership quality				
Monitor implementation of QI plans and HSPPS compliance		X	X	X
Provide direct QI support and supplemental materials		X	X	X
Provide training and support to staff working in the partnership		X		X
Seek other QI opportunities		X		
Facilitate networking among infant-toddler service providers		X	X	X
Recruit and enroll families		X		
Implement family partnership agreements; provide families with comprehensive services and referrals		X		X
Provide flexible, high quality child care that meets families' needs		X		
Regular communication to ensure and facilitate continuity of care and smooth transitions for children		X	X	X
Families				
Enroll in the partnership		X	X	
Enroll in child care subsidies, if feasible		X	X	
Communicate child care needs and preferences and select child care arrangements		X	X	X

Table III.1 (continued)

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection
Families (cont'd)				
Develop and implement family partnership agreements		X	X	
Maintain communication with partnership for continuity of care and smooth transitions for children			X	X
Other early childhood systems				
Identify rule misalignment challenges and consider rule accommodations to support partnerships			X	X
Coordinate with partners to provide QI and professional development			X	X

HSPPS = Head Start Program Performance Standards; QI = quality improvement.

measurement strategies we propose for learning how partnerships are developed and implemented.

1. Measuring partnership development activities

The partnership development activities described in the theory of change include how partnership grantees recruit partners, how child care providers express their interest in partnering, and how the partners come together to develop partnership agreements. Partnership grantees may advertise the partnership initiative and actively recruit child care providers in the community. Child care providers may start to explore a partnership by contacting partnership grantees. Jointly, the partners need to discuss and clarify partnership expectations, including such issues as numbers of children served, funding arrangements, expectations for compliance with the HSPPS, and supports available to the child care provider from the partnership. When expectations are clarified, partnerships need to develop partnership agreements, such as contracts or MOUs, that clearly document the agreements reached to ensure a common understanding about the terms of the partnership and financial arrangements.

Recruit partners. To measure how partners are recruited, we propose modified items from the Head Start/Child Care Partnership Study, as well as new items recommended by expert consultant Dr. Jessica Sowa (Appendix E, Table E.1). The first item asks whether the two entities have prior experience collaborating with each other (such as through participation in a collaborative group, a former service delivery partnership, or joint training activities). Prior experience collaborating with each other may facilitate a smooth start to the new partnership and increase trust. The other new item asks when the discussions about the partnership began: before or during the grant-writing process, or after the partnership grantee received the grant award. This may indicate how involved both entities were in conceptualizing and shaping the partnership and the roles and responsibilities of each partner. In addition, we recommend collecting qualitative data from partnership grantee directors, child care center directors, and

family child care providers about the successes and challenges of the recruitment process, reasons some child care providers chose not to enter into partnerships, and reasons existing partners chose to form partnerships.

Discuss and clarify partnership expectations and develop partnership agreements. To measure how partnership grantees and child care partners discuss and clarify partnership expectations and develop partnership agreements, we propose survey items for partnership grantee directors, child care center directors, and family child care providers (Appendix E, Table E.2). We also recommend a number of new items on the funding arrangements for the partnerships. If feasible, information should be collected from both the grantee and child care partners to fully understand how partnership agreements were developed. Most of the proposed survey items are drawn from Head Start director and child care partner survey instruments used for the Head Start/Child Care Partnership Study. We also considered items on partnership agreement used in Baby FACES (2009-2011) instruments, but the items were not designed to collect sufficiently detailed information about the process for developing agreements or their content.

As feasible, we recommend two additional types of data collection on developing the partnership agreement. First, in addition to survey questions about the process for developing the agreement, an alternative to survey questions about the content of the agreement would be to obtain copies of the agreements and code the content according to main topics covered. Second, collecting qualitative data on these topics to more fully understand partners' experiences may help us better understand the partnership formation process (Box III.1). For example, during qualitative interviews with partnership grantee directors, child care center directors, and family

Box III.1. Proposed topics for qualitative data collection on partnership development

- Partnership expectations at the start of the partnership
- Information included in partnership agreements
- Funding arrangements included in partnership agreements, including how much funding is allocated to child care providers and partnership grantees for (1) care, (2) comprehensive services, (3) quality improvement, and (4) administrative requirements
- Process used to determine how to allocate funds, including how much funding to provide per child
- Perceptions of the adequacy of funding across organizations and how concerns about inadequacies are addressed
- Whether agreement addresses rules for vacancy in partnership slots, including waiting periods for slots to be filled and compensation provided for vacant slots
- Experience of working with the other partner to development agreement
- Communication during the development period
- Process for addressing concerns and making revisions to partnership agreements and funding arrangements
- Conflicts about the partnership agreement and funding arrangements and how they were resolved
- Extent to which each partner felt included in shaping partnership terms and funding arrangements
- Challenges of the agreement development process
- Lessons learned about developing partnership agreements

child care providers, partners could describe in more detail how they worked together on developing partnership agreements, the process for asking questions and making revisions, and the extent to which each partner felt included in shaping the partnership terms and services to be provided. In addition, we recommend collecting more detailed data through qualitative interviews on funding arrangements for the partnerships, the role of each partner in determining funding allocation, how funds are allocated across organizations and across partnership activities, and the successes and challenges of allocating funds to support partnerships.

2. Measuring partnership operation activities to assess, monitor, and support quality

After agreements are in place, partnership grantees and child care partners need to work together to implement them. We have grouped activity constructs presented in the theory of change into two categories: (1) activities to assess, support, and monitor quality improvement; and (2) activities to deliver comprehensive services to children and families. Activities to assess, support, and monitor quality improvement include assessing each entity's strengths and needs and developing quality improvement plans tailored to the role of each entity to support compliance with the HSPPS, as well as assessing the quality of their partnership. Based on identified needs, partnerships may develop quality improvement plans and monitor the implementation of the plans and compliance with the HSPPS. In addition, partnership grantees and child care partners may engage in joint quality improvement activities to support the partnership in achieving HSPPS compliance.

Assess strengths and needs of each partner, develop quality improvement plans, and monitor implementation of quality improvement plans and HSPPS compliance. To measure these activities, we recommend modified versions survey items drawn from the Survey of Early Head Start Programs, Baby FACES (2009-2011), the Head Start/Child Care Partnership Study and the Evaluation of the Erikson Institute Family Child Care Training Program (Appendix E, Table E.3; Appendix E, Table E.4; Appendix E., Table E.5). For example, we adapted an item from the Head Start/Child Care Partnership Study that asked about activities Head Start staff may engage in with child care staff. We recommend separating out monitoring activities from quality support activities and revising response categories based on information learned from the literature review about the monitoring activities and support activities partnerships engaged in. To measure how partnerships assess the strengths and needs of each partner, we recommend an additional new item that asks about the parties responsible for conducting assessments. Similarly, we recommend a new item to collect data on the parties responsible for monitoring. To gather additional information on how these activities were implemented, we recommend conducting qualitative interviews with partnership grantee directors, child care center directors, family child care providers, center teachers, and staff responsible for delivering quality improvement (Box III.2). Topics that can be explored through qualitative interviews include respondents' views about how implementation of the activities went, the successes and challenges faced, and the lessons learned. In addition, we recommend topics that focus on the extent to which respondents felt included in assessing needs and developing quality improvement plans.

Assess partnership quality. We did not find appropriate survey items about how ECE partners assess the quality of their relationships. Therefore, in consultation with our expert consultant, Dr. Jessica Sowa, we propose two new items (Appendix E, Table E.6). The first item asks whether the partnership assesses the quality of partner relationships through various means,

Box III.2. Proposed topics for qualitative data collection on partnership operations

Assess strengths and needs

- Process used to assess strengths and needs of each entity
- Role of grantees and child care partners in assessing strengths and needs
- Extent to which each entity/staff member felt included in the process
- Process for addressing differences in perceived needs
- Types of needs and strengths identified
- Successes and challenges of process used to assess needs and strengths; strategies to address challenges
- Lessons learned about process used to assess needs and strengths

Develop quality improvement plans to achieve HSPPS compliance

- Process of developing quality improvement plans, including how information from needs assessment was used
- Role of grantees and child care partners in developing quality improvement plans
- Extent to which each entity/staff member felt included in the process
- Types of information included in quality improvement plans
- Successes and challenges of process used to develop quality improvement plans; strategies to address challenges
- Lessons learned about process used to develop quality improvement plans

Monitor implementation of quality improvement plans and HSPPS compliance

- Process used to monitor implementation of quality improvement plans and HSPPS compliance
- Role of grantees and child care partners in monitoring implementation of quality improvement plans and HSPPS compliance
- Extent to which grantees and child care partners felt that monitoring findings reflects needs and strengths
- Processes for addressing concerns/disagreements about monitoring findings
- Findings from monitoring processes
- How information from monitoring is used by partnerships, including how it is used to inform quality improvement plans
- Successes and challenges of process used to monitor implementation of quality improvement plans and HSPPS compliance; strategies to address challenges
- Lessons learned about process used to monitor implementation of quality improvement plans and HSPPS compliance

including regular meetings. The second asks about the frequency of these assessment activities. In addition, we propose a new item about the individuals primarily responsible for monitoring the implementation of quality improvement plans and HSPPS compliance. The response categories were informed by the literature review, which provided guidance on the types of staff typically responsible for monitoring in previous partnerships. We also recommend administering the Process Quality Rating Scale (Hicks and Larson, n.d.), a widely used 20 item scale of collaboration processes that has been previously used in a study of Early Childhood Councils in Colorado and communities implementing Nurse Family Partnership (Chien et al. 2013).[11] To supplement the information collected through survey items, we recommend collecting qualitative data from partnership grantee directors, child care center directors, family child care providers, center teachers, and staff responsible for delivering quality improvement (Box III.3).

Box III.3. Proposed topics for qualitative data collection on assessing partnership quality

- Process used to assess partnership quality
- Role of grantees and child care partners in assessing partnership quality and extent to which entities/staff members felt included in the process
- Findings from partnership quality assessment
- How information from partnership quality assessment was used
- Successes and challenges of process used to assess partnership quality; strategies to address challenges
- Lessons learned about process used to assess partnership quality

Provide quality improvement support and supplemental materials and direct training and support to staff working in partnerships. We adapted items from the Head Start/Child Care Partnership Study to collect data on support, materials, and supplies provided to child care partners through the partnerships (Appendix E, Table E.7; Appendix E, Table E.8; Appendix E, Table E.9). To collect data on the direct training and support provided to grantee and child care partner staff working in partnerships, we adapted items from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program and the Head Start/Child Care Partnership Study. From the Evaluation of the Erikson Institute Family Child Care Specialist Training Program, we adapted items about the experiences and qualifications of staff that provide quality improvement support. We recommend collecting these data directly from quality improvement support staff. From the Head Start/Child Care Partnership Study, we identified items that focus on the types of training, coaching and consultation, and professional development offered to classroom teachers and family child care providers, including how often and when they were offered. In addition, we recommend collecting qualitative data on how training and supplemental material needs were identified, the approaches used to determine allocations of materials, approaches to delivering training, the extent to which child care partners could access training and supports and how well they felt they met their needs, as well as the successes, challenges, and lessons learned related to delivering direct training, materials, and other supports (Box III.4). We recommend collecting data from partnership grantee and center

[11] Information about the psychometric properties of the scale is not publicly available.

directors, center teachers and family child care providers that receive the supports, as well as quality improvement staff that deliver the supports.

Facilitate networking among infant-toddler service providers. To collect data on whether partnerships facilitate networking among partnership grantee staff, center-based teachers, and family child care providers, we adapted questions from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program (see Appendix E, Table E.10). We recommend new items to collect data on how frequently the networking events are offered. Qualitative data on the extent to which grantee staff, child care center directors, center teachers, and family child care providers participate in the networking events, as well as the barriers they face to participating, can be used to supplement information collected through survey items (Box III.5).

Box III.4. Proposed topics for qualitative data collection on training and support for staff working in partnerships

- Process used to identify training and support needs among staff working in partnerships
- Approach to delivering training and support
- Process for accessing available state and local training and support resources for staff
- Costs of providing training and support
- Extent to which grantee staff and child care partners were able to participate in training and supports
- Barriers to participating in training and supports
- Extent to which grantee staff and child care partners felt as though trainings and supports met their needs
- Additional training and supports needed
- Successes and challenges of approach used to deliver direct quality improvement support and supplemental materials to grantee staff and child care partners; strategies to address challenges
- Lessons learned about delivering direct quality improvement support and supplemental materials to grantee staff and child care partners

Box III.5. Proposed topics for qualitative data collection on networking among infant-toddler service providers

- Approach to networking, including organizations involved in planning and hosting networking events and opportunities
- Extent to which grantee staff and child care partners participate in networking events and opportunities
- Barriers to participating in networking events and opportunities
- Extent to which grantee staff and child care partners felt as though networking events and opportunities were valuable or beneficial
- Successes and challenges of approach used to facilitate networking events and opportunities; strategies to address challenges
- Lessons learned about facilitating networking events and opportunities

3. Measuring partnership operation activities to deliver child care and comprehensive services to children and families

Constructs related to delivering child care and comprehensive services include recruiting and enrolling families, providing care that meets families' needs and preferences, and delivering comprehensive services. Partnerships also may need to facilitate continuity of care across settings and transitions between settings throughout the day.

Recruit and enroll families. To gather data on how partnerships recruit and enroll families into services, we adapted four items from the Baby FACES program director self-administered questionnaire 2009 (Appendix E, Table E.11). The items focus on the primary ways partnerships recruit families in partnership slots and how they handle families on a waiting list, if they maintain one. We recommend collecting data on these items from the partnership grantee director and child care partners.

Provide flexible, high quality care that meets families' needs. We recommend surveying child care center directors and family child care providers to learn about the hours they provide care for families, as well as their policies related to letting parents use services on schedules that vary from week to week (see Appendix E, Table E.12). We adapted these items from the National Survey of Early Care and Education center-based provider questionnaire. We also recommend items designed to collect data on how partnerships assess families' child care needs and preferences and match them to child care providers. To gather this information, we developed new items by drawing on findings summarized in the Child Care Decision-Making Literature Review (Forry et al. 2013) and reviewing qualitative interview protocols used in the Study of the Child Care Choices of Low-Income Working Families.

Implement family partnership agreements and provide families with comprehensive services and referrals. We adapted survey items from the Baby FACES program director questionnaire 2009 to collect data on the process used to develop family partnership agreements and offer support services to families (Appendix E, Table E.13). We recommend collecting these items from partnership grantee directors and child care partners to learn about their roles in the implementation of these services. We adapted items from the Head Start/Child Care Partnership Study to collect data on the health, nutrition, social, and other services offered to children and the organizations responsible for delivering these services. In addition to the items we recommend on approaches to providing comprehensive services to children, we also considered items about these topics included in the Baby FACES program director interview. However, the survey items from the Head Start/Child Care Partnership Study were better suited to collecting information on the services offered to children. To supplement survey items, we recommend collecting qualitative data from partnership grantee directors, child care center directors, family child care providers, and child care center teachers about the implementation approach to deliver comprehensive services to families and children (Box III.6).

Box III.6. Proposed topics for qualitative data collection on implementing family partnership agreements

- Staff responsible for implementing family partnership agreements
- Process used for developing and updating family partnership agreements
- Approach to delivering comprehensive services to children and families, including staff responsible for delivering services
- Barriers to implementing family partnership agreements and providing families with comprehensive services and referrals
- Successes and challenges of approach used to implement family partnership agreements and provide comprehensive services; strategies to address challenges
- Lessons learned about implementing family partnership agreements and providing comprehensive services

Engage in regular communication to facilitate continuity of care and smooth transitions for children. To learn how partnership staff communicate to ensure continuity of care across settings, we proposed survey items about whether partnership staff meet regularly to discuss specific children and families, the topics discussed, and frequency of the meetings (see Appendix E, Table E.14). We obtained some of these items from a survey of community service providers conducted for the Early Learning Initiative Evaluation. We did not find survey items about topics covered during these meetings, so we propose a new item. We also propose new items to collect information on how partnerships facilitate continuity of care and transitions across settings. In addition, we recommend collecting qualitative data on the successes of and barriers to communication and facilitation of continuity of care and smooth transitions for children (Box III.7). We recommend collecting qualitative data from partnership grantee directors, child care center directors, family child care providers, and child care center teachers.

Box III.7. Proposed topics for qualitative data collection on facilitating continuity of care and smooth transitions for children

- Approach to regular communication, including staff involved, frequency, and topics discussed
- Barriers to engaging in regular communication
- Successes and challenges of approach used to communicate regularly about children
- Lessons learned about engaging in regular communication
- Processes in place to facilitate continuity of care and transitions between settings for children
- Organizations/staff members responsible for implementing processes
- Barriers to facilitating continuity of care and transitions between settings
- Successes and challenges of approach used to facilitate continuity of care and transitions between settings
- Lessons learned about facilitating continuity of care and transitions between settings

Alternatively, the new measures developed as part of the Family and Provider/Teacher Relationship Quality (FPTRQ) project could be used to replace or supplement the items proposed (Porter et al. 2012). The FPTRQ measures are designed to assess provider or teacher knowledge, attitudes, and practices, as well as environmental features that facilitate strong family and provider or teacher partnerships. The director measure includes 57 items including questions

about how the program supports family and provider/teacher relationships, such as the ways in which the program communicates with parents, information about services they provide to parents, and services the program offers parents such as sick care or extended hours. The provider/teacher measure asks respondents general questions about how they work with all parents of children in their care, such as how easy or difficult it is for parents to reach them during the day and how often parents share information about their home life with the provider. The provider/teacher measure includes 64 items. The measures have not been widely used, but have performed well in field tests (with Cronbach's alphas of the provider/teacher measure ranging from 0.63 to 0.91 across subscales; Kim et al. 2014).

C. Measuring partnership-related activities implemented by families

The activity constructs that families implement to participate in partnerships include enrolling in the partnership and the child care subsidy program if feasible; communicating their child care needs and preferences to the partnerships and selecting a child care arrangement; and maintaining regular and open communication with partnership staff to facilitate continuity of care and smooth transitions across settings for children.

Enroll in the partnership and child care subsides. In addition to enrolling in the partnership, grantees may encourage families to participate in CCDF and receive child care subsidies if feasible.[12] We drew on survey items from the Baby FACES 2009 parent interview and the National Survey of Early Care and Education household survey to collect data on when families enrolled in the partnership, the types of services they are enrolled in, and whether they receive child care subsidies through CCDF or any other form of reimbursement for child care (Appendix E, Table E.15).

Communicate child care needs and preferences and select child care arrangements. To gather data on families' child care needs and preferences and to learn how families select child care arrangements, we propose new survey items (see Appendix E, Table E.16). To inform the development of items about communicating child care needs and preferences and selecting child care arrangements, we reviewed findings summarized in the Child Care Decision-Making Literature Review (Forry et al. 2013) and reviewed qualitative interview protocols used in a Study of the Child Care Choices of Low-Income Working Families. In addition, we recommend supplementing survey items about this construct with qualitative data collection through interviews or focus groups. Qualitative data collection methods provide an opportunity to gain more detailed information on how parents make decisions about child care arrangements and whether and how the partnership accommodates their child care needs and preferences when identifying child care arrangements (Box III.8).

[12] Partnerships cannot require families to enroll in the child care subsidy program. Partnership grantees are required to ensure that at least 25 percent of enrolled children have a child care subsidy at any given time, but the same child does not need to have a subsidy over time. A range of circumstances may create barriers that prevent families from accessing a child care subsidy, but that circumstance should not prevent them from participating in and benefitting from the partnership.

Box III.8. Proposed topics for qualitative data collection on child care needs and preferences and selecting child care arrangements

- Ways families learned about the partnership
- Reasons families chose to enroll in the partnership
- Supports provided by partnerships in selecting child care settings for children
- Families' child care preferences and needs
- Extent to which families felt that partnerships accommodated their child care preferences and needs
- Successes and challenges of the process to select child care arrangements

Develop and implement family partnership agreements. To collect data on the role of families in developing and implementing family partnership agreements, we adapted two items from the Baby FACES 2010 parent interview and developed additional items to collect data on which staff work with families on their agreements (see Appendix E, Table E.17).

Maintain communication with partnership staff to ensure continuity of care and smooth transitions for children. To measure this construct, we developed new items about the topics families discuss during meetings with partnership staff, who they meet with, and how frequently they meet (see Appendix E, Table E.18). As discussed earlier, the FPTRQ measures, specifically the parent survey and the family service worker parent survey, may be considered as a potential replacement or supplement to the items recommended in Appendix E, Table E.18. The parent measure includes 75 items and asks general questions about how they work with their child's lead provider or teacher (not aides or assistant teachers), such as how easy or difficult it is to reach their provider/teacher during the day and how comfortable they feel talking to their provider/teacher about various topics. The family service worker parent measure is for parents to complete about the Head Start/Early Head Start staff member who serves their family. It asks respondents questions about how they work with their family service worker, such as how often their family service worker remembers personal details about their family and how comfortable they feel sharing information about certain topics with their family service worker. The measures have performed well in field tests (with Cronbach's alphas on the parent measure subscales ranging from 0.74 to 0.97; Kim et al. 2014).

In addition, qualitative interviews or focus groups would facilitate collecting data on the processes involved in how parents communicate with partnership staff, including the frequency of communication, the topics discussed, and the challenges they face.

D. Measuring partnership-related activities implemented by other early childhood systems

To support partnerships, other national, state, and local ECE systems may consider rule accommodations to better align rules across systems, such as changes to the subsidy redetermination schedule, which can create challenges for partnerships. They may also need to address perceived differences or misunderstandings about policies, regulations, and standards. Understanding whether policy barriers are real or perceived differences could help shed light on how to address these issues. For example, if policy barriers or misalignments are

misunderstandings, it may be more advantageous to focus efforts on better communication. Alternatively, if perceived policy barriers or misalignments are real it may be best to focus efforts on directly addressing or changing the federal or state policies, if possible. Partnerships also may coordinate with community colleges and other institutions of higher education to provide quality improvement supports and professional development opportunities to support all staff involved in the partnerships in obtaining the credentials needed to comply with requirements, such as the HSPPS and state and local QRIS.

In Appendix E, Table E.19 and Appendix E, Table E.20, we propose survey items for partnership grantee directors, child care center directors, and family child care providers that collect data on the activities they are involved in related to identifying rule accommodations and coordinating with national, state, and local stakeholders to build the infrastructure to support partnerships. One item seeks to understand whether partnership grantee directors, child care directors, and family child care providers describe misalignments in policies, regulations, and standards as real or perceived differences. We recommend conducting qualitative interviews with these respondents to understand how state and local policies influence the partnerships, including the challenges posed and types of supports available (Box III.9).

To collect information on these activities from state and local systems partners, we recommend conducting qualitative interviews (see Box III.9). The primary types of respondents may include CCDF administrators, child care licensing administrators, QRIS managers (if applicable), Head Start Collaboration Office leads, CCR&R state network representatives (if applicable), and representatives from local-level CCR&R agencies, colleges and universities, and other quality improvement initiatives.

Box III.9. Proposed topics for qualitative data collection on partnership related activities implemented by other ECE systems

Identify rule misalignment challenges and consider accommodations to support partnerships

- Processes involved in identifying barriers to partnerships resulting from policy misalignment, including both real and perceived differences
- Processes involved in addressing barriers
- Individuals/organizations involved in efforts to identify and address barriers
- Role of partnerships in efforts to identify and address barriers
- Successes and challenges of efforts to address barriers
- Lessons learned about efforts to address barriers and policy misalignment

Coordinate with partnerships to provide quality improvement and professional development

- Efforts to coordinate quality improvement and professional development services
- Individuals/organizations involved in coordination efforts
- Role of partnerships in coordination efforts
- Successes and challenges of coordination efforts
- Lessons learned about efforts to coordinate quality improvement and professional development services

IV. MEASURING SHORT- AND LONG-TERM OUTCOMES

In this chapter, we describe recommended approaches for measuring short- and long-term outcomes of partnership. As depicted in the theory of change (Appendix A), short-term outcomes for partnerships, families, and other early childhood systems are expected within two years of initiating a partnership. Short-term outcomes for partnerships include enhancing capacity to offer high quality service options, develop strong partnerships, and increase staff professionalism. For families, short-term outcomes include increased access to services, continuity of caregiving for children, and parental involvement in work and children's early learning. For other early childhood systems, expected short-term outcomes include alignment of rules and regulations across funding streams and quality improvement and professional supports. Longer-term outcomes, expected two years or longer after formation of a partnership, include sustained partnerships, increased supply of high quality infant and toddler care, improved family and child well-being, and well-aligned early childhood systems.

Collecting data on outcomes can answer questions to support continuous improvement and build the knowledge base about these partnerships. For example, outcome data can help partnerships assess their progress toward goals and identify areas where more work is needed. Technical assistance providers can use outcome data to target resources to partnerships with specific needs, as well as to gauge technical assistance needs in a state, in a region, or nationally. For example, outcome data might show that partnerships need more support to develop staff competencies for developing collaborative partnerships. Outcome data also can be used in an evaluation to assess the effectiveness of partnerships in achieving specific outcomes for children, families, staff, and communities, both in the short term and over time.

A. Proposed methods and sources

The rest of this chapter describes our recommended approach to collecting data on partnership outcomes. We identify constructs for which measures can be adopted from prior data collection efforts, items that can be adapted, new items when we cannot identify existing items, and quality measures needed to measure outcomes (Table IV.1).

Short- and long-term outcomes for which measures can be adopted from previous data collection efforts. Several short- and long-term outcomes included in the theory of change overlap with measures developed or selected for Baby FACES (2009-2011). Short-term outcomes measured through these efforts are improved quality of infant-toddler care and compliance with the HSPPS, increased professionalism and staff credentials, parents more likely to be employed or in school, and parents more involved in children's early learning. Long-term outcomes are improved family well-being and improved child well-being and school readiness. We recommend using the set of measures used in Baby FACES (2009-2011) to measure these constructs (Appendix B).

Recommended adapted and new survey items for measuring short- and long-term outcome constructs. Whenever possible, we identified survey items and standardized measures that can be adapted to measure outcome constructs. These items are drawn primarily from Baby FACES (Vogel et al. 2011), the Head Start/Child Care Partnership Study (Schilder et al. 2009), and the National Survey of Early Care and Education (National Survey of Early Care and

Education Project Team 2013). For some constructs, we did not find existing survey items and thus propose new items. The survey items are presented in Appendix F.

Table IV.1. Proposed measurement strategies for outcomes constructs

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection/document reviews
Partnerships: short-term outcomes				
Enhanced capacity to offer high quality service options that meet families' needs		X		
Organizational leadership that values and supports Early Head Start–child care partnerships		X		
Staff attitudes that value each partner's contribution to the partnership		X		
Improved staff competencies to develop mutually respectful and collaborative partnerships, provide effective QI support, and provide developmentally appropriate infant-toddler care			X	
Improved quality of infant-toddler care and compliance with the HSPPS	X			
Caregiver stress related to the HSPPS		X		
Inequities across classrooms and level of staff support			X	
Reduced isolation; increased membership in professional networks of infant-toddler service providers			X	
Increased professionalism and staff credentials	X			
Increased financial stability for partners			X	

Table IV.1 (continued)

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection/document reviews
Families: short-term outcomes				
Stable access to high quality care and comprehensive services that meet families' needs		X		
Continuity of caregiving across settings where children receive care			X	
Parents more likely to be employed or in school	X			
Parents more involved in children's early learning	X			
Other early childhood systems: short-term outcomes				
Rule accommodations are implemented as needed to align requirements and stabilize funding.			X	X
QI and professional development supports are aligned to address needs of the partnerships.			X	X
Long-term outcomes				
Sustained, mutually respectful, and collaborative Early Head Start–child care partnerships in place		X		X
Increased community supply of high quality infant-toddler care				X
Improved family well-being	X			
Improved child well-being and school readiness	X			
Well-aligned infant-toddler policies, regulations, and QI supports at the national, state, and local levels			X	

Recommended qualitative measures of short- and long-term outcome constructs. We recommend collecting information on child care supply from QRIS and CCR&Rs operating in the partnership service areas. In this report, we categorize review of this information and documents or websites that report it as qualitative. Otherwise, we recommend using standardized measures and survey times to collect quantitative data for assessing partnership outcomes. Many of these topics also could be explored through qualitative data collection on the successes and challenges partnerships faced in achieving outcomes, as well as lessons learned about implementation factors that helped or hindered progress. Such topics are discussed in Chapter III, so we do not repeat them here.

In the sections that follow, we propose approaches to measuring the short- and long-term outcome constructs described in the theory of change and not already captured by existing data collection instruments. In particular, we describe strategies for measuring the outcomes of partnerships, families, other ECE systems, and communities.

B. Measuring short-term outcomes for partnerships

Partnerships can offer a wide range of high quality service options to families, with more flexibility to meet their needs for full-day, full-year ECE and comprehensive services than either partner could on its own. Within two years, partnerships are expected to have organizational leadership that values and supports the partnerships and staff who value the contributions of their respective partners. In addition, staff are expected to demonstrate enhanced competencies to develop mutually respectful and collaborative partnerships, provide effective quality improvement support, and provide developmentally appropriate infant-toddler care. Partnerships are also expected to reduce the isolation of infant-toddler service providers and offer them expanded professional support. The financial arrangements of the partnership agreement may strengthen the financial stability of the child care partners.

Our expert panel also identified two unintended consequences that might occur during the first two years of partnership operations. First, child care teachers and family child care providers may experience increased stress due to requirements to comply with the HSPPS. Second, inequities across child care center classrooms and staff may develop between classrooms with and without partnership enrollment slots as additional resources, materials, and training are provided to ensure that classrooms with partnership slots comply with the HSPPS. Such inequities may lead to poor staff morale among teachers who are not receiving additional resources and supports.

Enhanced capacity to offer high quality service options that meet families' needs. This construct is related to an activities construct about how partnerships provide flexible, high quality care that meets families' needs. To measure this construct, we recommend building on recommended survey items proposed to assess the related activity construct discussed in Chapter III. Specifically, we recommend asking similar questions about service options and capacity, operating schedule, and flexibility of child care arrangements available through the partnership (Appendix F, Table F.1). Respondents include partnership grantee directors, child care center directors, and family child care providers. For each topic, respondents are asked if the current status was the same or different before the partnership. For example, with regard to operating schedules, respondents would be asked, "Is this the same number of days, more days,

or fewer days than before the partnership?" These retrospective questions allow for assessment of changes in capacity and flexibility after the partnership began. Chapter III also includes questions about how the partnership assesses families' child care needs and preferences. To assess the extent to which partnerships are providing care options that meet families' needs, we propose asking parents similar questions (Appendix F, Table F.1).

Organizational leadership that values and supports the partnerships. To measure the extent to which organizational leadership values and supports the partnerships, we recommend the Implementation Climate Scale developed by Panzano and colleagues as part of the Innovation, Diffusion, and Adoption Research Project (Panzano and Roth 2006; Panzano et al. 2012). This nine-item scale assesses the organizational and leadership climate for implementing innovations on eight dimensions: (1) leadership support, (2) goal clarity, (3) dedicated resources, (4) opportunities to express doubt, (5) training and technical assistance, (6) rewards and reinforcement, (7) removal of obstacles, and (8) performance monitoring. For example, with regard to removal of obstacles, the item reads, "Top administrators minimize obstacles and barriers to implementing [PARTNERSHIP NAME] at this organization." The scale has been used in studies of health and mental health innovations and demonstrated internal consistency reliability of 0.87 (Panzano et al. 2012). In addition, it has been selected for use in a staff survey for the Regional Partnership Grants Cross-Site Evaluation sponsored by the Children's Bureau within ACF. This scale could be used in surveys of different levels of partnership staff, including directors, specialists who provide quality improvement support, child care teachers, and family child care providers.

Staff attitudes that value each partner's contribution to the partnership. We identified two strategies for measuring staff attitudes about the value of each partner's contribution to the partnership. First, we recommend adapting a survey item used in the Head Start/Child Care Partnership Project so that the same items can be used with partnership grantee and child care partner staff (Appendix F, Table F.2). We recommend using this item with partnership grantee directors, child care center directors, child care center teachers, family child care providers, and other partnership staff (such as specialists who provide quality improvement support). Staff attitudes about their partners can also be assessed by administering the Working Together Survey described in Chapter II (Chrislip and Larson 1994). We also recommend administering this scale to partnership staff at multiple levels, including directors, teaching staff, family child care providers, and quality improvement staff.

Improved staff competencies to develop partnerships, provide quality improvement support, and provide infant-toddler care. We did not find survey items or standardized measures to assess staff competencies in partnership development, providing quality improvement support, and providing infant and toddler care. We created a new item, to be administered to partnership grantee staff, child care center teachers, and family child care providers. This item includes a self-assessment of competencies to partner collaboratively and an assessment of the support received from other partnership staff (Appendix F, Table F.3).

Reduced isolation and increased membership in professional networks. The partnerships may reduce family child care provider feelings of isolation and increase the likelihood that they participate in networks that focus on networking and making connections with other providers. Center-based teachers may experience the same changes, especially if they

work in a small center where they are the only infant-toddler teacher. One forthcoming measure, the Supporting Environment Quality Underlying Adult Learning (SEQUAL; Whitebook et al. 2014), may include items that could be adapted to assess what the authors term the "learning community." We recommend that, when the SEQUAL is available, it be reviewed for how well it assesses this construct. We propose new items that focus on isolation and networks and whether anything has changed since the start of the partnership (Appendix F, Table F.4).

Increased financial stability for child care partners. To measure this construct, we propose new items about the financial arrangements of the partnership, such as whether the child care center or family child care home receives a specific amount of funding per month, whether payment is contingent on slots being filled, other costs covered by the partnership, and the percentage of children who receive child care subsidies (Appendix F, Table F.5). Respondents are child care center directors and family child care providers. We also recommend that respondents report whether the partnership has increased, decreased, or not affected the financial stability of their child care program or business. The forthcoming SEQUAL measure contains a construct called economic well-being that includes items on pay and job duties (Whitebook et al. 2014). The format of these items may be easily adapted for data collection about the partnerships, including ratings of whether family child care providers and child care center teachers can depend on being paid for their work both during regular working hours and outside of them. Because details about the items are not yet available, we did not include this potential measure in the measures table.

Caregiver stress related to meeting the HSPPS.[13] The changes required to meet the HSPPS may add stress to the lives of directors, center teachers, and family child care providers. The lack of control can be a proxy for stress. The Job Control Subscale of the Child Care Worker Job Stress Inventory (Curbow et al. 2000) measures how much in control staff feel about many key aspects of their work. Using its format, we developed three questions that focus on the control staff have relative to the HSPPS, and we also include the full subscale (Appendix F, Table F.6).

Inequities across classrooms and levels of support available to staff.[14] Depending on how partnership slots are allocated across classrooms, partnerships can create inequities in child care centers. For example, classrooms could have different ratios and group sizes and teachers with different kinds of credentials, depending on whether partnership children are present. To identify potential inequities, we have developed survey items for child care center directors about potential differences in resources available for infant and toddler classrooms and teachers (Appendix F, Table F.7).

C. Measuring short-term outcomes for families

Through partnerships, families gain access to high quality care and comprehensive services designed to meet their needs. Regular communication among partners and caregivers can lead to

[13] This construct does not appear in the theory of change.

[14] This construct does not appear in the theory of change.

greater continuity of caregiving and successful transitions across home and out-of-home care settings.

Stable access to high quality care and comprehensive services that meets families' needs. To assess stable access to high quality child care, we recommend using the same items proposed earlier for assessing partnerships' capacity to match families with child care arrangements that meet their needs (Appendix F, Table F.8). To assess the stability of arrangements, we recommend two new items to collect information on the number of child care arrangements their child has been in through the partnership and, if more than one, the reason for changing arrangements (Appendix F, Table F.8). We recommend items used in the Baby FACES 2010 parent interview to assess families' access to comprehensive services that are well aligned with families' needs (Appendix F, Table F.8). These items collect information on the types of services and resources parents or members of their household have received from the partnership (including services identified as part of the child's individual education plan [IEP] or individual family service plan [IFSP]); whether the partnership has helped facilitate evaluations by a health care professional for child developmental problems or concerns; and whether the partnership has helped connect children and families to needed services based on such evaluations.

Continuity of caregiving across settings where children receive care. To measure the continuity of caregiving across the child's home and care setting, we recommend using items presented in Chapter III to assess the extent to which parents meet with partnership staff to discuss services their children are receiving, transitions to other settings, and coordination with other service providers. In addition, we recommend items that ask about caregiving preferences, such feeding and diapering schedules and use of a pacifier or comfort object (Appendix F, Table F.9).

D. Measuring short-term outcomes for other early childhood systems

Partnerships provide an opportunity for key players in the systems that contribute to ECE services for infants and toddlers to examine misalignment of policies, standards, and regulations and move toward increased alignment. Professional development and quality improvement supports are aligned to help staff involved in the partnership obtain needed training and credentials.

Rule accommodations are implemented as needed to align requirements and stabilize funding. Building on items recommended in Chapter III to measure activities related to rule misalignment, we recommend two new items to collect information on whether rules, regulations, and standards have been aligned, and whether those changes are exceptions made for partnerships or changes that apply to all ECE providers (Appendix F, Table F.10). Examples include alignment of eligibility rules between Early Head Start and CCDF and standards for the HSPPS and QRIS.

Quality improvement and professional development supports are aligned to address needs of the partnerships. We also recommend building on items proposed in Chapter III to measure activities related to coordinating quality improvement and professional development supports to assess alignment of these services with the needs of the partnerships. Specifically, we recommend asking partnership grantee directors, child care center directors, and family child

care providers whether specific types of quality improvement and professional development providers offer services to help partnerships achieve the HSPPS (Appendix F, Table F.10).

E. Measuring long-term outcomes

Implementation research indicates that it takes at least two years to achieve full implementation of a new innovation (Metz and Bartley 2012). Therefore, long-term outcomes in the theory of change are expected two or more years after partnership development.

Sustained, mutually respectful and collaborative partnerships in place. This outcome encompasses the quality of the partnership processes and relationships, as well as the duration of the partnerships. Rather than proposing new data collection for this construct, we suggest repeated collection of standardized measures already recommended in Chapter II: the Process Quality Rating Scale (Hicks and Larson n.d.) and the Working Together Survey (Chrislip and Larson 1994). In addition to assessing whether partnerships are sustained, information on their duration can be collected by asking partnership grantee directors, child care center directors, and family child care providers, or by reviewing partnership agreements.

Increased community supply of high quality infant-toddler care. We recommend two data collection strategies to measure increases in the supply of high quality infant and toddler care. First, we recommend collecting information on the supply of infant and toddler slots in licensed family child care and child care centers from the community's CCR&R when the partnership begins and at annual intervals thereafter. We also recommend collecting any information the CCR&R can provide on the quality of care available in these settings. Second, if there is a QRIS in the partnership service area, we recommend collecting the number of family child care providers and child care centers in the community offering infant and toddler care, as well as the number of slots offered through each type of care, by QRIS rating level. These data should be obtained from QRIS administrators when the partnership begins and again at annual intervals to assess changes in the supply and quality of infant and toddler care over time. The usefulness of QRIS data for assessing the supply of quality infant and toddler care will depending on the proportion of child care providers in the service area participating in the QRIS.

Well-aligned infant and toddler policies, regulations, and quality improvement supports. To measure this construct, we recommend repeated administration of the items in Appendix F, Table F.10 about alignment regulations and policies, as well as quality improvement and professional development supports.

V. MEASURING ORGANIZATIONAL AND CONTEXTUAL FACTORS

This chapter describes measurement approaches for organizational and contextual factors that can influence partnership development, implementation, and outcomes. Partnerships can be shaped by organizational culture and supportive leadership within the grantee and child care partners. Shared goals and mutual respect between partners can influence the experience of collaboration and keep lines of communication open. In addition, organizations with existing infrastructure for self-assessment and continuous quality improvement may be better prepared to work in partnership toward these goals. Local, state, and national contextual factors can create conditions that are more or less conducive to forming and sustaining successful partnerships. For example, if a community has few licensed child care providers that offer care for infants and toddlers, new providers might need to be recruited, developed, and encouraged to enter into partnerships. Some partnerships will take place in states with existing QRIS systems or other ongoing quality improvement initiatives. At the national level, all partnerships will take place in the context of the Head Start Designation Renewal System (DRS), which could make some Early Head Start grantees hesitant to partner.[15]

Collecting data on these organizational and contextual factors is important for understanding the organizational factors that can best support partnerships, as well as the contexts in which they can be successfully implemented and sustained. OHS, OCC, and partnerships may find this information useful in assessing the readiness of partnership grantees and child care providers to enter into partnerships. For technical assistance providers, such information may provide a roadmap for working with grantees and communities to develop partnerships and prepare to implement them. In addition, identifying the organizational and contextual factors in which partnerships operate may help explain variation in the partnership models implemented, the quality of services provided, and outcomes for children, families, staff, and communities.

A. Proposed methods and sources

This chapter identifies organizational and contextual factor constructs measured in past data collection efforts and provides recommendations for collecting data on the other constructs through surveys, document reviews, and qualitative interviews and focus groups (Table V.1). Primary respondents for surveys include partnership grantee directors, child care center directors and teachers, family child providers, and other partnership staff.

Organizational and contextual factor constructs for which measures can be adopted from prior data collection efforts. Baby FACES (2009-2011) instruments and the FY2014 PIR include measures of on one organizational factor construct: years of operation and staff stability

[15] The Head Start DRS, established in 2011, is a system for grantee renewals that determines whether each existing grantee is providing services of sufficient quality to qualify for a five-year grant renewal. The DRS builds on the existing triennial monitoring visits that ensure compliance with the HSPPS, but it also requires annual audits of budget and fiscal management, as well as an assessment of preschool center-based classroom quality using the Classroom Assessment Scoring System (CLASS). At this time, Early Head Start programs are not observed with a measure like the CLASS as part of the triennial monitoring system, but this could change over the life of the Study of Early Head Start–Child Care Partnerships.

(Appendix B). As recommended in Chapter II, the FY2014 PIR items can be adapted for future surveys.

Table V.1. Proposed measurement strategies for organizational and contextual factors

Construct	Recommend measure from past data collection	Recommend measure adapted from existing survey item	Recommend new survey item	Recommend qualitative data collection/ document reviews
Organizational factors				
Years of operation and staff stability	X			
Organizational culture and leadership promoting the partnerships		X		
Shared goals, relationship quality, and mutual respect between partners		X	X	
Support for continuous quality improvement				X
Contextual factors				
Local: type and supply of infant-toddler child care for low-income families				X
State: supports for quality improvement (for example, QRIS, CCDF quality dollars); policy environment				X
National: initiatives such as Head State DRS, President's Early Learning Initiative, RTT-ELC				X

Recommended adapted and new survey items for measuring organizational and contextual factor constructs. We adapted survey items used during in previous data collection efforts to measure organizational factor constructs. These survey items are drawn from Baby FACES (Vogel et al. 2011); the Head Start/Child Care Partnership Study (Schilder et al. 2009); I-PIECE (Sandfort et al. 2001; Selden et al. 2006); the Seeds to Success Evaluation (Boller et al. 2010); and the Survey of Early Head Start Programs (Vogel et al. 2006). We did not find existing survey items for a few constructs and thus propose new items to measure them.

Recommended qualitative measures of organizational and contextual factor constructs. We recommend document reviews to obtain information on quality improvement initiatives that partnerships can access in their states and communities. In addition, qualitative interviews with selected respondents, such as directors of quality initiatives and local CCR&Rs, can yield more in-depth information than can be collected through a survey.

B. Measuring organizational factors

Many organizational factors can either facilitate or pose barriers to establishing and sustaining ECE partnerships. Organizational culture and leadership support for the partnerships among partnership grantees and child care partners will influence the amount of support they receive. The extent to which the partnering organizations have shared goals and mutual respect and the quality of their relationships also can influence partnerships. The organizational infrastructure and systems in place to support continuous quality improvement within each organization also influence partnerships. Organizations that already have a culture and system that supports regular self-assessment and development of improvement plans will be better prepared that those without these systems to involve outside partners in this work.

Organizational culture and leadership promoting the partnerships. To measure organizational culture and leadership support for the partnerships, we recommend the Implementation Climate Scale developed by Panzano and colleagues as part of the Innovation, Diffusion, and Adoption Research Project (Panzano and Roth 2006; Panzano et al. 2012) and described in Chapter IV. We also considered the Organizational Social Context (OSC) scale (Glisson et al. 2008a, 2008b) and Dickinson and Painter's Staff Retention Survey (Dickinson and Painter 2009). Based on our literature review findings, however, we decided that items measured in the Implementation Climate Scale are more relevant to early care and education partnerships. In addition, this scale has far fewer items and will be less burdensome for partnership staff to complete.

Shared goals, relationship quality, and mutual respect. We identified several strategies for measuring the extent of shared goals, relationship quality, and mutual respect among partners. To assess the extent of shared goals, we recommend using an item adapted from the Head Start/Child Care Partnership Study and the I-PIECE study that asks respondents to identify the three most important goals of the partnership (Appendix G, Table G.1). Respondents for this item include grantee directors, child care center directors, and family child care providers. Responses can be compared to assess the extent of goal alignment across partners. To assess partner relationship quality and mutual respect, we identified two survey items used in the Head Start/Child Care Partnership Study and modified them slightly so that the same items can be used with both partnership grantee and child care partner staff. We recommend using these items with partnership grantee directors, child care center directors, and family child care providers. They could also be used with other partnership staff, such as specialists who provide quality improvement support, and child care teachers. As an alternative, or in addition to these items, we also recommend using the Working Together Survey discussed in Chapter IV (Chrislip and Larson 1994).

Systems to support continuous quality improvement. To address use of self-assessment and quality improvement plans, two aspects of systems to support continuous quality improvement, we recommend items from the Baby FACES 2009 program director self-administered questionnaire (Appendix G, Table G.2). These items, with slight modifications for child care centers and family child care homes, ask about the use of self-assessment and use of improvement plans. We found very few measures of processes for ongoing monitoring; most measures are about annual staff reviews. We recommend including two items on staff reviews from the Early Learning Initiative Seeds to Success Family Child Care Provider interview, as

well as a new measure to assess the process for ongoing monitoring of quality in parallel with the structure of the items adapted from the Baby FACES 2009 and 2011 program director self-administered questionnaire. We also recommend several items from the Survey of Early Head Start Programs director survey about conducting classroom and family child care home quality assessments and using the results for program improvement.

C. Measuring contextual factors

Also influencing the partnerships are contextual factors at the national, state, and local levels. National initiatives can influence partnerships and affect the resources available to support them. For example, partnership grantees might view partnerships as potentially putting their grants at risk if these settings are reviewed as part of the Head Start DRS. States with RTT-ELC grants might have more quality improvement resources available than other states. At the state level, quality improvement supports through a QRIS or other initiative might be available. State subsidy policies, such as eligibility and redetermination rules, may affect how partnerships are financed. The supply of infant-toddler care in the community might influence the number of partnerships that can be formed and the pace of partnership development.

National and state contextual factors. To measure these contextual factors, we recommend document reviews as the primary data collection method to learn as much as possible about each system's policies, standards, regulations, and supports offered. Chapter II describes the documents we recommend reviewing to capture information on national- and state-level early childhood systems that may influence the partnerships. In addition, semi-structured interviews may be needed to fill in gaps in the information available on state-level early childhood systems. Informants for these interviews may include CCDF administrators, child care licensing administrators, QRIS managers, Head Start State Collaboration office leads, and CCR&R staff. If interviews or focus groups with partnership staff are conducted, they could provide insights about contextual issues. Potential topics for these interviews are discussed in Chapter II.

Local contextual factors. In addition, to these topics, interviews with CCR&R staff can provide additional information on the local supply of infant and toddler child care, including providers that accept subsidies and accommodate flexible and nonstandard work schedules. If feasible, focus groups with parents also could provide an important perspective on the supply of infant and toddler child care for low-income families. Box V.1 lists interview and focus group topics, based on interview protocols drawn from the Study of Community Strategies for Infant-Toddler Care.

Box V.1. Proposed topics for qualitative data collection to measure local contextual factors

Supply and quality of infant and toddler care

- Types of child care arrangements low-income families typically use for infants and toddlers
- Typical number of hours per week infants and toddlers from low-income families spend in care
- Whether supply of infant and toddler care is sufficient to meet families' needs
- Adequacy of supply during nonstandard and flexible work schedules
- Factors that influence families' choice of arrangements (preferences, type of care, cost of care)
- Whether families have difficulty finding infant and toddler care
- Perceived quality of infant and toddler care
- Major barriers faced by low-income families seeking infant and toddler care

Resource and referral services

- Description of basic resource and referral services
- Availability of specialized services for families receiving Temporary Assistance for Needy
- Families or child care subsidies
- Availability of specialized services for infants and toddlers
- Efforts to help parents identify and select good-quality arrangements
- Referrals to specialized services for infants and toddlers such as Part C, Early Head Start, home visiting, or parenting programs

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VI. RECOMMENDATIONS FOR PRETESTING SURVEY INSTRUMENTS AND QUALITATIVE PROTOCOLS

As noted in Chapters II through V, not all constructs in the theory of change can be adequately measured using measures drawn from previous data collection efforts. We have recommended new items to cover these gaps. We have developed these new items based on findings from the literature review (Del Grosso et al. 2014) whenever possible, and have drawn ideas for phrasing and language from prior research on Early Head Start and child care. Some new items were developed with input from expert consultants. For all new and adapted items, users will have to assess the measures' reliability and validity for their intended purpose. After these decisions have been made, a final step in the measurement development process involves pretesting all new and adapted measures.

The iterative pretesting process that we recommend is designed to ensure that (1) survey items and qualitative interview and focus group questions are understandable and use language familiar to respondents, (2) survey items and qualitative interview and focus group questions are understood by and function similarly for diverse respondents, (3) qualitative interview and focus group questions elicit fully elaborated responses, and (4) response categories for survey items are adequate to capture typical responses. The pretest also will inform the best order of questions and items within the larger data collection protocol or instrument and will provide an estimate of how long data collection will take. Using the results from the pretest, survey instruments and qualitative interview and focus group protocols can be finalized and used in data collection. In the rest of this chapter, we describe our recommended approach to pretesting.

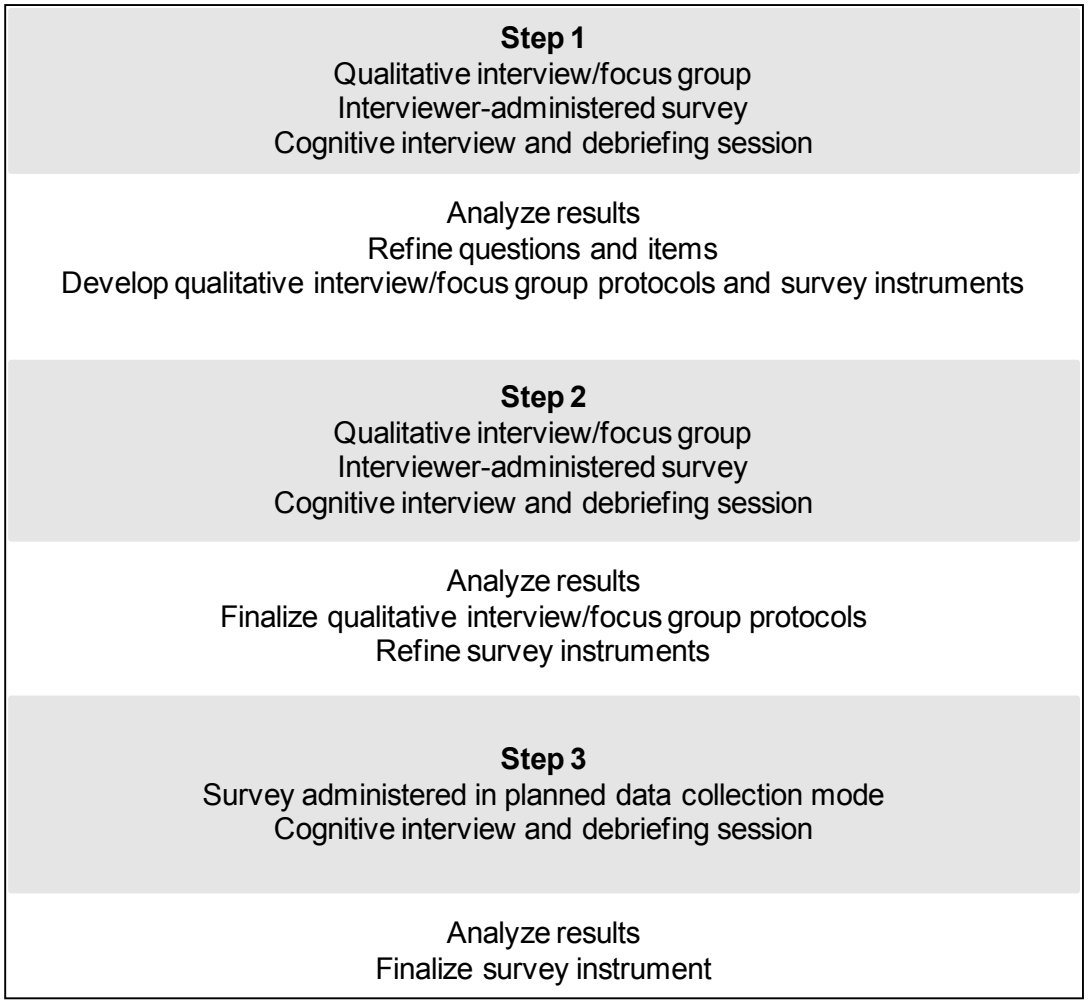
A. An iterative approach to pretesting

To accomplish the stated goals for the pretest, we propose an iterative approach, following the model of the Head Start Family Voices study (Aikens et al. 2014; Figure VI.1). Measures are pretested and revised, the complete protocols and survey instruments are pretested on a small number of respondents with revisions made as needed, and, finally, the protocols and instruments are tested in what is considered to be their final form. For conceptual clarity, the process is displayed in Figure VI.1 as three steps, but in practice these steps flow together and can be condensed as needed in response to time and resource constraints.

During each iteration of the pretest, we recommend using cognitive interviewing to help assess how respondents think about the questions and items and how their thinking shapes responses (Willis 2005). In addition, we recommend asking respondents to identify questions that were difficult to understand or not appropriate. Data collectors also should be asked to reflect on questions and items that respondents had difficulty responding to or that required additional explanation. Between each step, we recommend analyzing data from pretest and cognitive interviews to identify needed revisions. In this way, the findings that emerge at each step will shape the information collected during the next round of data collection.

The types of respondents targeted for pretesting will vary by construct, data collection method, and purpose. Survey items and qualitative interview and focus group questions should be pretested by targeted respondents, as described in Chapters II through V. Many of the items

Figure VI.1. Iterative approach to pretesting



and questions would include versions for several types of respondents, including partnership grantee directors, child care center directors, family child care providers, child care center teachers, and other key staff (such as those who provide quality improvement support to child care providers). For the other early childhood systems, we are only proposing qualitative data collection methods. Therefore, we will only need to pretest qualitative interview protocols with them through the third step of the process.

1. Pretesting proposed measures with a diverse population of respondents

The first step involves pretesting the subset of measures identified as relevant for the intended data collection purpose. We recommend including a diverse population of respondents, reflecting the characteristics of the ultimate sample targeted for data collection. For Early Head Start–child care partnerships, it will be especially important to pretest items with families and family child care providers from diverse language and cultural backgrounds. Developing Spanish-language questions and items early in the process allows these measures to be tested and refined and ensures that changes to each version (English and Spanish) of the measures are carried through to the other.

As the first box in Figure VI.1 shows, pretest activities would involve a qualitative interview with targeted respondents, followed by an interviewer-administered survey. After these activities have been completed, the interviewer conducts the cognitive interview and debriefing session with the respondents. Because many survey items and qualitative interview and focus group questions cover the same constructs, we suggest pretesting survey items and qualitative protocols together, grouped within construct and respondent type. We also recommend beginning with the qualitative interview or focus group questions, followed by the newly developed survey items. This approach allows respondents to participate in interviews and focus groups without being influenced by the language and response categories in the survey items. It also can provide information to inform possible additions or revisions of survey item response categories.

It is possible that combining the qualitative protocol and survey item pretest will result in a long pretest session. If this is the case, we recommend administering one common set of questions and items to all respondents of a given type, but administering subsets of questions only to some. For example, if there are new items for families that fall conceptually into three groups (A, B, and C), and we consider group A to be most vital, we might split pretest families into two groups and administer sets A and B to one group and sets A and C to another group.

After these activities, we recommend analyzing findings from the pretest and using the information to revise the qualitative interview and focus group questions and the survey items. If time and resources permit, we recommend repeating the first step.

2. Pretesting revised items and questions incorporated into full survey instruments and qualitative protocols

Next, we recommend pretesting all the survey instruments and qualitative protocols to continue refining the individual questions and items and to ensure that the content of the protocols and instruments flows together and is not too long. Pretesting the full survey instrument and qualitative protocols also helps identify redundancies across questions. As Figure VI.1 shows, the pretest activities will take longer than in previous rounds and will consist of a qualitative interview, followed by a survey and a cognitive interview and debriefing session.

Based on findings from the earlier iteration of the pretest, the qualitative interview and focus group protocols can be finalized. We recommend refining the survey instrument in response to the findings and preparing the full survey instruments to reflect the method and mode that will be used in data collection. For example, if the survey will be web based, at this stage the web-based version of the instrument should be developed and prepared for pretesting.

3. Pretesting the final survey instrument using the mode of administration planned for data collection

Last, we recommend that the pretest activities include a survey, followed by a cognitive interview and debriefing session. We recommend pretesting the full survey instrument using the same method and mode that will be used in data collection so respondents can provide feedback about their experiences with the instrument and the mode of administration. The findings from the pretest will be used to make a final round of revisions to the instrument and to refine the administration process to ensure data are collected efficiently and in a mode easy for respondents to access. If needed, the second and third steps could be combined.

B. Conclusions

This report provides recommended measurement approaches for Early Head Start–child care partnerships that will facilitate data collection that can begin to fill the knowledge gap about these partnerships. It provides a roadmap for measuring all aspects of the partnerships—including inputs, activities, outcomes, and contextual factors—for performance measurement, research, and evaluation. It identifies data elements, data collection methods, possible respondents, and possible measures that could be used to collect information on the partnerships and recommends an approach to combining possible measures into fully developed and pretested data collection protocols and instruments.

We developed this report with a broad range of stakeholders in mind, including researchers, administrators, and practitioners. Our aim was to provide a roadmap to data collection and to learning how to implement high quality partnerships that produce positive outcomes for children, families, partnerships, and communities. Finally, the report will inform the evaluation design and data collection plan for the Study of Early Head Start–Child Care Partnerships.

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APPENDIX A

THEORY OF CHANGE FOR THE STUDY OF EHS-CHILD CARE PARTNERSHIPS

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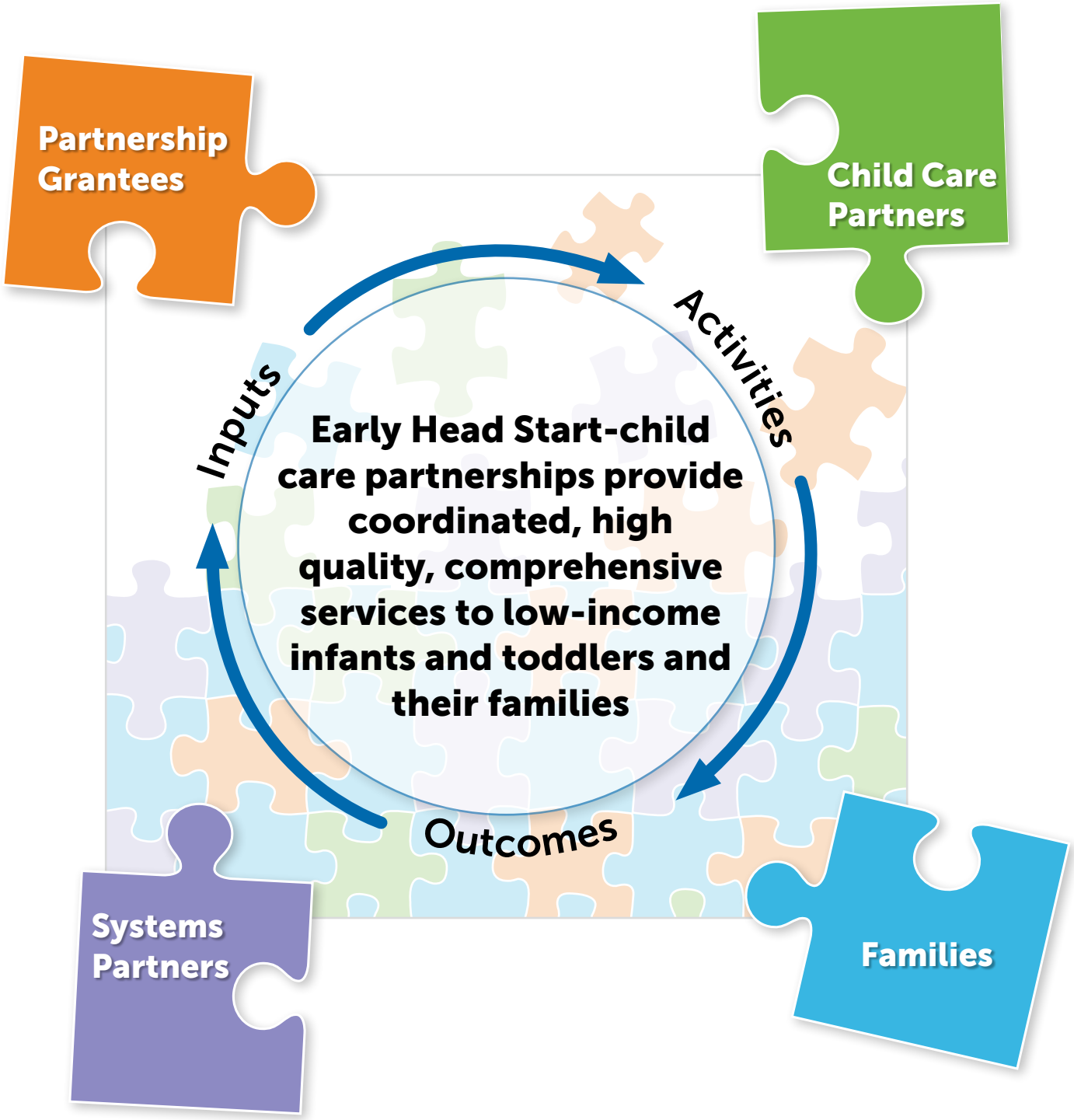
Theory of Change for the **Study of EHS-Child Care Partnerships**



INPUTS

Partnership Grantees

- Partnership grantee type and prior service delivery experience
- Program size
- Motivation to partner and readiness to change
- Attitudes toward and experience with collaboration
- Knowledge and linkages to community child care providers
- Qualified staff to provide QI support to child care providers

Child Care Partners

- Child care partner type (family child care or center), size, and regulatory status
- Hours of operation
- Age range of children served; ability to care for sibling groups
- Child care partner experience and staff credentials
- Motivation to partner and readiness to change
- Attitudes toward and experience with collaboration
- Openness to complying with the HSPPS
- Participation in QRIS or other QI initiatives

Families

- Socioeconomic and demographic characteristics
- Child care needs and preferences (family configuration, work schedules, transportation, culture, language)
- Motivation to participate in partnership programs
- Eligibility for EHS and CCDF subsidies

Systems Partners
(National, State, Local)

- Policies, regulations, and standards (HSPPS, child care licensing, QRIS, other state initiatives)
- Funding (EHS grant funds, CCDF subsidies, other sources)
- QI supports (Head Start and OCC T/TA, QRIS, CCDF quality set aside, accreditation, other initiatives)
- Professional development (community colleges and other institutions of higher education)

ACTIVITIES

Partnership Programs: Partnership Development

- Partnership grantees actively recruit partners and child care providers express interest in partnering

Partners jointly:

- Discuss and clarify partnership expectations
- Develop partnership agreements (contract, MOU), including funding arrangements

Partnership Programs: Partnership Operation

Partners jointly:

- Assess strengths and needs of each partner
- Develop QI plans to achieve HSPPS compliance
- Seek other QI opportunities
- Monitor implementation of QI plans and HSPPS compliance
- Facilitate networking among infant-toddler service providers
- Assess partnership quality
- Regular communication to ensure continuity of care and smooth transitions for children
- Recruit and enroll families
- Implement family partnership agreements; provide families with comprehensive services and referrals
- Provide flexible, high-quality child care that meets families' needs
- Facilitate continuity of care and transitions between settings
- Provide direct QI support and supplemental materials
- Provide training and support to staff working in the partnership

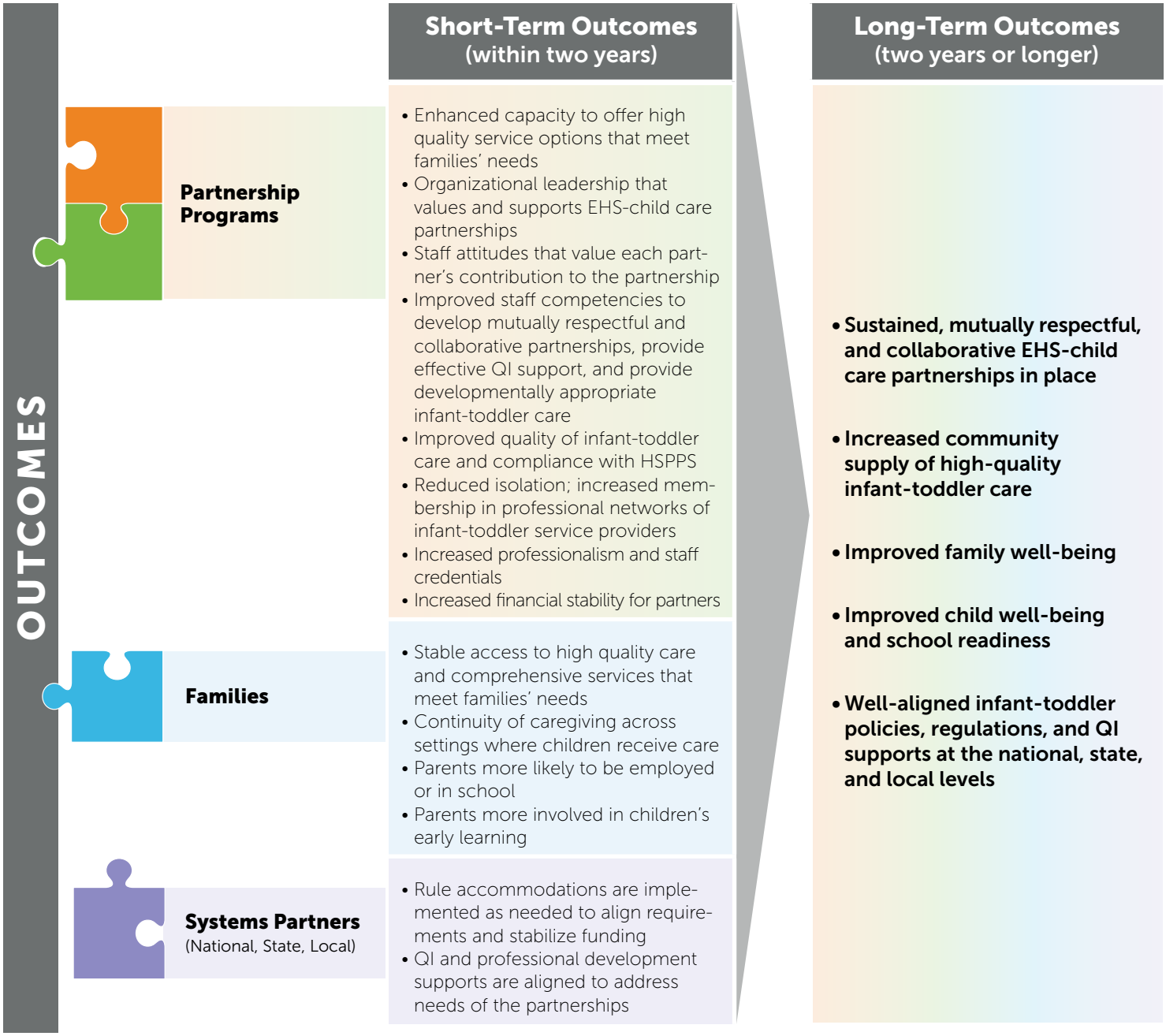
Families

- Enroll in EHS and child care subsidy program
- Communicate child care needs and preferences and select child care arrangements
- Develop and implement family partnership agreements
- Maintain communication with partnership programs for continuity of care and smooth transitions for children

Systems Partners
(National, State, Local)

- Identify rule misalignment challenges and consider rule accommodations to support partnerships
- Coordinate with partners to provide QI and professional development

CCDF=Child Care & Development Fund
EHS=Early Head Start
HSPPS=Head Start Program Performance Standards
MOU=Memorandum of Understanding
OCC=Office of Child Care
QI=Quality Improvement
QRIS=Quality Rating & Improvement System
T/TA=Training & Technical Assistance



Organizational Factors (partnership programs)

- Years of operation and staff stability
- Organizational culture and leadership promoting the partnerships
- Shared goals, relationship quality, and mutual respect between partners
- Systems to support continuous QI

Contextual Factors

- Local: Type and supply of infant-toddler child care for low-income families
- State: Supports for QI (QRIS, CCDF quality dollars, etc.); policy environment
- National: Initiatives such as Head Start Designation Renewal System, President's Early Learning Initiative, Race to the Top-Early Learning Challenge

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APPENDIX B

CONSTRUCTS MEASURED IN PAST DATA COLLECTION EFFORTS

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Table B.1. Constructs measured in past data collection efforts

Construct	Data source	Instrument	Item
Inputs: Partnership grantees			
Grantee type and prior service delivery experience	FY2014 PIR		Agency type. Community action agency (CAA), school system, charter school, private or public nonprofit (non-CAA) such as a church or nonprofit hospital, private or public for-profit organization such as for-profit hospitals, government agency (non-CAA), tribal government or consortium (American Indian or Alaska Native).
	FY2014 PIR		Agency affiliation. Secular or nonreligious agency, a religiously affiliated agency or organization providing essentially secular services.
	FY2014 PIR		Agency description. Grantee that directly operates program and has no delegates; grantee that directly operates programs and delegates service delivery; grantee that maintains central office staff only and operates no program directly; grantee that delegates all of its programs, operates no programs directly, and maintains no central office staff; delegate agency.
	FY2014 PIR		A.14. Total cumulative enrollment. Include all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit. Include all pregnant women who have been enrolled in the program and received Early Head Start services. (Can also be broken out by age of child, funding source, program option, and type of eligibility.)
Knowledge and linkages to community child care providers	FY2014 PIR		A.10. Funded enrollment at child care partner. The number of funded enrollment positions at center-based child care partners with whom the program has formal contractual arrangements. Child care partners are child care centers that provide services to enrolled children that meet the HSPPS.
	Baby FACES	Program director interview, 2009	C.3b. What percentage of enrolled children are served through these partnerships?
	Baby FACES	Program director interview, 2009	C.5 For each partner, do you currently serve children in this partnership? C.5a. What is the main reason why you are not currently serving children and their families through this partner? (1) Inadequate quality (2) A lack of slots available (3) Funding issues (4) Some other reason, specify.
	Baby FACES	Program director interview, 2011	C.5. Do you currently serve children though each of your child care partnerships? (1) Yes, all partners serve children, (2) Some but not all partners serve children, (3) No, partners don’t serve children, (4) Don’t know.

Table B.1 (continued)

Construct	Data source	Instrument	Item
Inputs: Partnership grantees (cont'd)			
	Baby FACES	Program director interview, 2011	IC.11b/IC.11c. Does your program do any of the following to provide child care to families who need it? (b) Provide Early Head Start child care through community partners and (c) Provide referrals to non-Early Head Start child care.
	Baby FACES	Program director self-administered questionnaire , 2009	D.I4. Program Implementation Rating Scale, Child Development Cornerstone, Child care. Mark only one: 1 (Low). Program assists few or no families in making child care assessments. 2. Program assists some families by providing some child care directly, providing referrals to other providers, and/or helping families apply for subsidies. 3. Program assists most families by providing some child care directly, providing referrals to other providers, and/or helping families apply for subsidies. When the program refers families to other providers, program staff makes an initial assessment of the quality of care. 4. Program assists nearly all families by providing child care directly, providing referrals to other providers, and/or helping families apply for subsidies. Program staff assesses the quality of child care before making outside referrals and monitors quality regularly. 5 (High). Program assists all families by providing child care directly, providing referrals to other providers, and/or helping families apply for subsidies. Staff assesses the quality of child care before making outside referrals and monitors quality regularly. If necessary, the program provides training and support to outside child care providers to improve quality of care.
Inputs: Families			
Socioeconomic and demographic characteristics	FY2014 PIR		A.24. Ethnicity. Number of children/pregnant women who are of: (a) Hispanic or Latino origin, (b) non-Hispanic or non-Latino origin.
	FY2014 PIR		A.25. Race. Number of children/pregnant women who are: (a) American Indian or Alaska Native, (b) Asian, (c) Black or African American, (d) Native Hawaiian or other Pacific Islander, (e) White, (f) Biracial/Multiracial, (g) Other–explain, (h) Unspecified–explain.
	FY2014 PIR		A.26. Primary language of family at home. Number of children/pregnant women who speak: (a) English, (b) Spanish, (c) Native Central American, South American, and Mexican Languages, such as Mixteco or Quichean, (d) Caribbean languages such as Haitian-Creole or Patois, (e) Middle Eastern and South Asian languages such as Arabic, Hebrew, Hindi, Urdu, or Bengali, (f) East Asian languages such as Chinese, Vietnamese, and Tagalog, (g) Native North American or Alaska Native languages, (h) Pacific Island languages such as Palauan and Fijian, (i) European and Slavic languages such as German, French, Italian, Croatian, Yiddish, Portuguese, and Russian, (j) African languages such as Swahili and Wolof, (k) Other languages including American Sign Language–Specify, (l) Unspecified, language is not known or parents declined identifying the home language.

Table B.1 (continued)

Construct	Data source	Instrument	Item
Inputs: Families (cont'd)			
	FY2014 PIR		C.35. Number of families. Number of families at enrollment: (a) Of these, the number of two-parent families, (b) Of these, the number of single-parent families.
	FY2014 PIR		C.36. Employment. Of the number of two-parent families, the number of families in which: (a) Both parents/guardians are employed, (b) One parent/guardian is employed, (c) Both parents/guardians are not working (e.g., unemployed, retired, or disabled).
	FY2014 PIR		C.37. Employment. Of the number of single-parent families, the number of families in which: (a) The parent/guardian is employed, (b) The parent/guardian is not working (e.g., unemployed, retired, or disabled).
	FY2014 PIR		C.43. Job training/school. Of the number of two-parent families, the number of families in which: (a) Both parents/guardians are in job training or school, (b) One parent/guardian is in job training or school, (c) Neither parent/guardian is in job training or school.
	FY2014 PIR		C.44. Job training/school. Of the number of single-parent families, the number of families in which: (a) The parent/guardian is in job training or school, (b) The parent/guardian is not in job training or school.
	FY2014 PIR		C.45. Parent/guardian education. Of the total number of families, the highest level of education obtained by the child's parents/guardians: (a) An advanced degree or baccalaureate degree, (b) An associate degree, vocational school, or some college, (c) A high school graduate or GED, (d) Less than high school degree.
	Baby FACES	Program director interview, 2009	A.9. Do any of your families speak a language other than English? A.9a. If yes, what languages? Spanish, French, Cambodian (Khmer), Chinese (Cantonese/Mandarin), Haitian Creole, Hmong, Japanese, Korean, Vietnamese, Arabic, Other–Specify.
	Baby FACES	Parent interview, 2009	HH.32. In what country were you born?
	Baby FACES	Parent interview, 2009	B.1. Is any language other than English spoken in your home? B.2. What other languages are spoken in your home?
	Baby FACES	Parent interview, 2009	Employment. Series starting with H.16. During the past week, did [the child's mother] work at a job for pay or income, including self-employment?
	Baby FACES	Parent interview, 2009	Education. Series starting with H.23. The next questions are about your past education and the kinds of educational activities you may take part in now. We will talk about degree program and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills. What is the highest grade or year of school that you completed?

Table B.1 (continued)

Construct	Data source	Instrument	Item
Inputs: Families (cont'd)			
	Baby FACES	Parent interview, 2009	Income. Series starting with U.4. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.
Inputs: Others early childhood systems			
Funding (partnership grant funds, CCDF subsidies, other sources)	FY2014 PIR		A.2. Funded Head Start or Early Head Start Enrollment. Number of children/pregnant women in: (a) Head Start/Early Head Start funded enrollment, as identified on NOA, (b) Funded enrollment from nonfederal sources—that is, state, local, or private, (c) Funded enrollment from the MIECHV Grant Program, for Early Head Start services.
	Baby FACES	Program director interview, 2009	A12. What percentage of children enrolled in your program receive a child care subsidy?
Short-term outcomes: Partnerships			
Improved quality of infant-toddler care and compliance with HSPPS	Baby FACES	Classroom observation	Infant/Toddler Environment Rating Scale–Revised (ITERS-R; Harms et al. 2003)
	Baby FACES	Classroom observation	Classroom Assessment Scoring System-Toddler (CLASS-T; La Paro et al. 2012)
	Baby FACES	Classroom observation	Child-to-adult ratio
	FY 2014 OHS Monitoring Protocol		Child Health and Safety Key Indicator #3–Safe physical environments. 3.1. Facilities used for center-based program options, home-based group socialization activities, or family child care comply with state and local licensing requirements. 3.2. The program ensures that sufficient equipment, toys, materials, furniture, and facilities are provided and are age-appropriate, safe, and supportive of the abilities and developmental level of each child. 3.3. The program has adequate usable indoor and outdoor space. 3.4. The program ensures the safety and security of children by keeping facilities, materials, and equipment well maintained, clean, and in good repair.

Table B.1 (continued)

Construct	Data source	Instrument	Item
Short-term outcomes: Partnerships (cont'd)			
	FY 2014 OHS Monitoring Protocol		Child Health and Safety Key Indicator #4–Healthy practices and routines. 4.1. Staff, volunteers, and children wash their hands with soap and running water. 4.2. Spilled bodily fluids are cleaned up and disinfected immediately according to professionally established guidelines. 4.3. The program adopts sanitation and hygiene practices for diapering that adequately protect children's and staff's health and safety. 4.9. All infant and toddler toys are sanitized regularly.
	FY 2014 OHS Monitoring Protocol		Child Health and Safety Key Indicator #5–Appropriate group sizes and supervision. 5.1. The program ensures it maintains appropriate class and group sizes based on the predominant age of the children. 5.2. The program ensures that no more than eight children are placed in an infant and toddler space, and that no more than four children are assigned to each teacher. 5.3. The program arranges outdoor play areas at center-based programs to prevent children from getting into unsafe or unsupervised areas. The program also ensures that children en route to play areas are not exposed to vehicular traffic without supervision. 5.4. The program ensures that children are released only to a parent, legal guardian, or other individual as designated by the parent or legal guardian. 5.5. No children are left alone or unsupervised while under the care of the program.
	FY 2014 OHS Monitoring Protocol		Child Development and Education Key Indicator #4–Quality teaching and learning. 4.1. The program hires teachers with the required qualifications, training, and experience. 4.2. The program ensures that family child care providers have the required qualifications, training, and experience. 4.3. The program ensures that all full-time Head Start employees who provide direct education services to children have professional development plans that are evaluated regularly to assess their impact on teacher and staff effectiveness. 4.4. The program ensures that home visitors have the required qualifications, training, and experience. 4.5. When the majority of children speak the same language, at least one classroom staff member or home visitor who interacts regularly with the children speaks their language.
Increased professionalism and staff credentials	Baby FACES	Program director interview, 2011	F.1. Do your Early Head Start program staff have individual career or professional development plans?
	Baby FACES	Program director self-administered questionnaire, 2009	A.4. For each job title (directors/assistant directors, managers/supervisors, teachers/primary caregivers, and home visitors), please record the number of staff holding each degree.
	Baby FACES	Program director self-administered questionnaire, 2009	A.8. For each position (directors/assistant directors, managers/supervisors, teachers/primary caregivers, and home visitors), please record the percentage of your program staff that has increased their credentials since they were hired.

Table B.1 (continued)

Construct	Data source	Instrument	Item
Short-term outcomes: Families			
Parents more likely to be employed or in school	Baby FACES	Parent interview, 2009	See employment and education under the inputs section, above.
Parents more involved in children's early learning	Baby FACES	Parent interview, 2009	C.28a, C.28c, C.28e–i. In the past year, how often have you or other family members participated in the following activities at the program? For each one, tell me if you did not participate at all or if you participated once or twice, or three or more times. (a) Attend group activities for parents and their children, (c) Attend parent education meetings or workshops on raising children, (e) Volunteered in an Early Head Start classroom, (f) Attended an Early Head Start social event, (g) Participated on the program's policy council, (h) Volunteered to help out at the program or served on a committee, but not in a classroom or on the policy council, (i) Take part in center activities in some other way–Specify.
	FY 2014 OHS Monitoring Protocol		Family and Community Engagement Key Indicator #3–Parents as their child's educators. 3.1. The program encourages parents to be full partners in the education of their children; parent is invited to no fewer than two parent-teacher conferences and home visits per year. 3.2. The program increases families' access to materials, services, and activities critical to family literacy development, including interactive literacy activities for parents and their children, training for parents on how to be their children's primary teachers, and education and resources that lead to economic self-sufficiency and financial literacy.
	FY 2014 OHS Monitoring Protocol		Family and Community Engagement Key Indicator #2–Parent-child relationships. 2.1. The program provides educational opportunities for parents to enhance their parenting skills that include understanding the educational and developmental needs of their children, and sharing concerns and observations about their children with program staff. 2.2. Program staff educate parents about how to strengthen and nurture supportive environments and relationships in the home and at the program, identify appropriate responses to children's behaviors, encourage parents to share concerns and observations about their children's mental health, and share observations with parents regarding their children's behavior and development. 2.3. The program makes provisions for mental health program services for parents and staff that include staff and parent education on mental health issues, on-site mental health consultation with mental health professionals, and activities promoting children's mental wellness.

Table B.1 (continued)

Construct	Data source	Instrument	Item
Short-term outcomes: Families (cont'd)			
	Baby FACES	Program director self-administered questionnaire, 2009	D. Program Implementation Rating, II. Family Development Cornerstone, 4. Parent involvement. Programs rank implementation from a low of 1, where few parents are involved in planning or carrying out program activities, to a high of 5, where (1) almost all parents are involved in some capacity, (2) the program strongly encourages families to become involved in the program as decision makers, leaders, volunteers, and staff members, (3) the program provides many opportunities for involvement in policy groups and other volunteer activities, (4) the program also makes special efforts to involve fathers, and (5) of the families with fathers or father figures, many participate in planning or are otherwise involved in program activities.
Long-term outcomes			
Improved family well-being	Baby FACES	Parent questionnaire, 2009 and 2010	The Center for Epidemiologic Studies Depression Scale–Short Form
	Baby FACES	Parent questionnaire, 2009 and 2010	The Parenting Stress Index–Short Form
	Baby FACES	Parent questionnaire, 2009 and 2010	The Family Environment Scale, Family Conflict Subscale
	Baby FACES	Parent questionnaire, 2009 and 2010	The Parenting Alliance Measure
Improved child well-being and school readiness	Baby FACES	Parent questionnaire, 2009 and 2010	MacArthur-Bates Communicative Development Inventories–Infant Short Form
	Baby FACES	Parent questionnaire, 2009 and 2010	Ages & Stages Questionnaires, Third Edition
	Baby FACES	Parent questionnaire, 2009 and 2010	Behavior Problems Index
	Baby FACES	Parent questionnaire, 2009 and 2010	The Brief Infant Toddler Social Emotional Assessment
	Baby FACES	Parent interview, 2009 and 2010 b	F.1. Overall, would you say your child's health is (1) Excellent, (2) Very good, (3) Good, (4) Fair, or (5) Poor?
	Baby FACES	Direct child assessment	Child height and weight

Table B.1 (continued)

Construct	Data source	Instrument	Item
Organizational factors			
Years of operation and staff stability	FY2014 PIR		B.1. Total number of staff members, regardless of the funding sources for their salaries or number of hours worked. B.1b. Of these, the number of staff who left since last year's PIR was reported. B.1b.1. Of these, the number who were replaced.
	FY2014 PIR		B.16. The number of classroom teachers who left the program during the year.
	FY2014 PIR		B.18. Number of classroom vacancies in the program that remained unfilled for a period of three months or longer.
	FY2014 PIR		B.19. Number of classroom teachers hired during the year due to turnover.
	FY 2014 PIR		B.20, B.22, and B.23. Home-based visitor turnover. Same items as B.16, B.18 and B.19, respectively, but for home-based visitors instead of classroom teachers.
	Baby FACES	Program director interview, 2009 and 2011	E.8, E.9, E.10a. How many home visitors/teachers or caregivers/coordinators or managers left your Early Head Start program during the past 12 months?
	Baby FACES	Program director interview, 2011	E.11b. Has the director left the program in the past 12 months?
	Baby FACES	Program director interview, 2011	E.12a. Are there currently any unfilled full-time staff positions? E.12b. How many full-time positions are unfilled? E.12c. Which positions? Mark all that apply: (1) Director (2) Manager/supervisor (3) Teacher/caregiver (4) Home visitor (5) Other–Specify (6) Don't know.
	Baby FACES	Program director interview, 2009	E.13. What is the average length of time a staff position goes unfilled?
	Baby FACES	Program director interview, 2009	E.3. How often are you able to retain people whom you think of as highly qualified?
	Baby FACES	Program director interview, 2009	E.4. Do you have difficulty retaining frontline staff once they have obtained a higher credential?
	Baby FACES	Program director interview, 2009	E.5. What is the average length of time a staff member stays at your Early Head Start program once they have earned a higher credential? Number of days/months/years.

Notes: Some constructs covered by Baby FACES will be addressed by variables derived from multiple items.

PIR = Program Information Report; MOU = memorandum of understanding; CCDF = Child Care and Development Fund; QI = quality improvement; HSPPS = Head Start Program Performance Standards; IFPA = individualized family partnership agreement; OHS = Office of Head Start.

[a]Very similar, but not identical, questions are asked in the 2009 program director interview.

[b]The Baby FACES parent interview includes numerous other questions about children's health, including questions about hospitalizations, ear infections, and hearing and speech difficulties.

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APPENDIX C

OVERVIEW OF STUDIES AND INSTRUMENTS REVIEWED FOR THE REPORT

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As described in Chapter I, we reviewed data collection instruments from past national data collection efforts and studies of early childhood partnerships to identify data elements, data collection methods, possible respondents, and possible measures. Tables C.1 through C.10 provide information on the studies we reviewed for this report.

Table C.1. Early Head Start Family and Child Experiences Study (Vogel et al. 2011)

Funder	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation
Purpose	The goal of this study is to provide data on the experiences of children and families in Early Head Start.
Design	Longitudinal descriptive study of Early Head Start
Sample size and unit of analysis	89 Early Head Start programs and 976 parents of children who were in two age cohorts in spring 2009: (1) 194 newborns, which included pregnant women and children up to 8 weeks old; and (2) 782 1-year-olds, which included children ages 10 to 15 months.
Location	National
Data collection methods/ instruments reviewed	Data sources included (1) direct child assessments and videotaped parent-child interactions at ages 2 and 3 years; (2) telephone surveys with parents, teachers, home visitors, and Early Head Start program directors; (3) observations of the home environment, home visits, and child care settings; and (4) ongoing reports of program services families and children receive. For this report, we reviewed the 2009 parent and program director interview instruments, the 2009 program director questionnaire, the 2010–2012 parent interview instrument, and the 2011 program director interview instrument.

Table C.2. Evaluation of the Early Learning Initiative, Baseline Implementation Study (Del Grosso et al. 2008; Paulsell et al. 2008)

Funder	Bill & Melinda Gates Foundation
Purpose	The overall study was designed to (1) provide information for continuous improvement in the services offered in the demonstration communities, (2) provide information to inform state policy and the development of best practices, and (3) assess the effects of long-term investment in early learning systems. The baseline implementation study was designed to describe the demonstration communities at baseline and the Early Learning Initiative planning process that took place in the communities.
Design	Implementation study
Sample size and unit of analysis	The sample for the Survey of Early Learning Initiative Community Service Providers included 26 community service providers in White Center and 31 in East Yakima, Washington.
Location	White Center and East Yakima, Washington
Data collection methods/ instruments reviewed	The baseline study included three main data sources: (1) a baseline site visit to East Yakima; (2) a network survey fielded in conjunction with the site visit; and (3) observations of licensed child care settings, center director/family child care provider interviews, and lead teacher surveys. The Survey of Early Learning Initiative Community Service Providers was reviewed for this report.

Table C.3. Evaluation of the Early Learning Initiative, Seeds to Success Study (Boller et al. 2010)

Funder	Bill & Melinda Gates Foundation
Purpose	The overall study was designed to (1) provide information for continuous improvement in the services offered in the demonstration communities, (2) provide information to inform state policy and the development of best practices, and (3) assess the effects of long-term investment in early learning systems. The Seeds to Success Modified Field Test was designed to determine whether the coaching model and financial incentives implemented as part of Seeds affected the quality of services provided by participating child care businesses (in both family home and center settings), compared to those businesses that did not receive Seeds. The study tested a streamlined version of the Washington State Department of Early Learning child care quality rating and improvement system.
Design	Impact and implementation study
Sample size and unit of analysis	52 family child care providers and 14 child care centers
Location	White Center and East Yakima, Washington
Data collection methods/ instruments reviewed	Data sources for the Seeds impact study included (1) classroom observations, (2) self-administered questionnaires for center directors and lead and assistant teachers, and (2) interviews with family child care providers. Data sources for the implementation study included (1) qualitative interviews and focus groups with site coordinators, coaches, and child care staff conducted during site visits; and (2) service use data collected by coaches and site coordinators. We reviewed the self-administered questionnaires for center directors and lead and assistant teachers for this report.

Table C.4. Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II (Bromer et al. 2013)

Funder	W. Clement & Jessie V. Stone Foundation
Purpose	The study was designed to (1) describe a variety of agency approaches to supporting home-based child care providers and agency specialists' experiences delivering support services to providers, and (2) examine how staff training helps agencies improve the quality of support services to providers.
Design	Implementation study
Sample size and unit of analysis	8 agency specialists who participated in the training program; six program directors from the agencies where the agency specialists worked; 10 home-based child care providers who received services from an agency specialist in the training program, including eight licensed family child care providers and two license-exempt family, friend, and neighbor caregivers
Location	Chicago, Illinois
Data collection methods/ instruments reviewed	The study included four data sources: (1) qualitative interviews with agency specialists, (2) qualitative interviews with program directors, (3) qualitative interviews with home-based care providers, and (4) video observations of specialists' visits with providers. For this report, we reviewed the protocol used for interviews with the agency specialists.

Table C.5. Head Start/Child Care Partnership Study (Schilder et al. 2009)

Funder	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.
Purpose	The goal of this study is to determine whether partnerships between child care and Head Start leads to improvements in the quality of care.
Design	Matched comparison group design.
Sample size and unit of analysis	66 classrooms representing 63 child care centers and a total of 673 children from these centers; 135 family child care homes.
Location	Ohio
Data collection methods/ instruments reviewed	Data sources included (1) observational data from child care centers and family child care homes, (2) survey data from child care center directors and family child care providers, (3) child assessments, and (4) data collected through focus groups with state-level child care and Head Start directors. For this report, we reviewed the Child Care Partner Questionnaire, Family Child Care Partner Questionnaire, and the Head Start Partnership Questionnaire.

Table C.6. Investigation of Partnerships in Early Childhood Education (Sandfort et al. 2001; Selden et al. 2006)

Funder	Charles Stewart Mott Foundation.
Purpose	The study examined variations within interagency collaborations and their impact on management and program outcomes.
Design	Comparative case study design.
Sample size and unit of analysis	20 sites participated in the study; the study did not report on the number of staff who completed the early childhood education management survey.
Location	New York and Virginia
Data collection methods/ instruments reviewed	Data sources included (1) qualitative interviews, (2) surveys, (3) structured observations, (4) structured assessments of clients, and (5) document analysis. For this report, we reviewed the Early Childhood Education Management Survey.

Table C.7. National Survey of Early Care and Education (National Survey of Early Care and Education Project Team 2013)

Funder	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation
Purpose	The goal of the NSECE is to document the nation's current utilization and availability of early care and education, to better understand whether the needs and preferences are being served given provider's offerings and constraints.
Design	Multistage probability design The study comprises four coordinated nationally representative surveys of (1) households with children under 13, (2) home-based providers, (3) center-based providers, and (4) classroom staff working in centers.
Sample size and unit of analysis	755 clusters; 11,600 households with children under 13; 12,200 formal providers of care (8,200 centers and 4,000 home-based providers); 2,000 informal home-based providers; 5,600 classroom staff members of the ECE workforce from 5,600 center-based programs.
Location	National
Data collection methods/ instruments reviewed	Data sources included a household survey, home-based provider survey, center-based provider survey, and a workforce provider survey. We reviewed all instruments for this report.

Table C.8. Study of Child Care Choices for Low-Income Working Families (Chaudry et al. 2011)

Funder	U.S. Department of Health and Human Services, Administration for Children and Families and the Annie E. Casey Foundation
Purpose	The study examines the factors involved in the child care choices of low-income working families in two urban communities.
Design	Implementation study
Sample size and unit of analysis	86 families, including 43 from Providence, Rhode Island, and 43 from Seattle-White Center, Washington
Location	Providence, Rhode Island, and Seattle-White Center, Washington
Data collection methods/ instruments reviewed	Data sources included two rounds of qualitative interviews with families. We reviewed the protocols from both rounds of interviews for this report.

Table C.9. Study of Community Strategies for Infant-Toddler Care (Paulsell et al. 2003)

Funder	U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau and the Ewing Marion Kauffman Foundation
Purpose	The study described the collaborative community initiatives and partnerships designed to improve low-income families' access to good-quality infant-toddler care.
Design	Implementation study
Sample size and unit of analysis	Not reported
Location	El Paso County, Colorado; Kansas City, Kansas; Sedalia, Missouri; and Buncombe County, North Carolina
Data collection methods/ instruments reviewed	Data sources included (1) qualitative interviews with state and local child care administrators, state early childhood staff, local child welfare administrators, child care resource and referral staff, staff from local quality initiatives, child care center directors, family child care providers, child care center teachers, Part C providers, child care network coordinators, Early Head Start directors, and ACF regional staff; (2) focus groups with parents and child care center providers; and (3) observations of infant-toddler classrooms and family child care homes. For this report, we reviewed the child care resource and referral agency director interview guide, the state child care administrator interview guide, the local child care administrator interview guide, and the child care coordinators interview guide.

Table C.10. Survey of Early Head Start Programs (Vogel et al. 2006)

Funder	U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation
Purpose	The goal of this survey was to provide a "snapshot in time" of the program enrollment and service delivery activities of all Early Head Start programs.
Design	Implementation study
Sample size and unit of analysis	748 Early Head Start programs completed the survey; 17 programs participated in site visits.
Location	National
Data collection methods/ instruments reviewed	Data sources included (1) a survey of all Early Head Start programs, and (2) site visits to collect more in-depth information from a purposely selected sample of 17 programs. For this report, we reviewed the survey instrument.

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APPENDIX D

RECOMMENDED ADAPTED AND NEW SURVEY ITEMS FOR MEASURING INPUT CONSTRUCTS IN THE THEORY OF CHANGE

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Table D.1. Recommended survey items for measuring partnership grantee and child care partner inputs: Motivation to partner and readiness to change

Respondent(s)	Item	Response categories	Source
Motivation to partner			
Partnership grantee director; child care center director; family child care provider	Improve the quality of infant-toddler care and education	Please rate each reason for forming the partnership from 1 to 5: 1 = not sure, 2 = not at all important, 3 = not important, 4 = somewhat important, and 5=very important	Adapted from the Head Start/Child Care Partnership Study, Child Care Partnership Questionnaire; I-PIECE Study, Early Childhood Education Management Survey
	Increase families' access to full-day, full-year care		
	Better meet families' child care needs (such as location, hours of care, type of care)		
	Increase families' access to comprehensive services		
	Increase continuity of care for children		
	Gain access to new funding and other resources		
	Use resources more efficiently		
	Link to other early care and education resources in the community		
	Improve access to training for staff		
	Improve staff compensation		
	Other (specify)		

I-PIECE = Investigation of Partnerships in Early Childhood Education.

Table D.2. Recommended survey items for measuring partnership grantee and child care partner inputs: Attitudes toward and experience with collaboration

Respondent(s)	Item	Response categories	Source
Prior experience with service delivery partnerships			
Partnership grantee director; child care center director; family child care provider	In the past three years, have you participated in an early childhood partnership to provide direct services to children and families?	Yes; No; Don't know	New item
	[IF YES] What kind of organization did you partner with?	Check all that apply: Head Start; Early Head Start; Child care center; Family child care home; Public Pre-K program; Other (specify)	New item
Partnership grantee director; child care center director; family child care provider	Did you have a written partnership agreement in place for that partnership?	Yes; No; Don't know	New item
Partnership grantee director; child care center director; family child care provider	Is the partnership still in place?	Yes; No; Don't know	New item
Partnership grantee director; child care center director; family child care provider	[IF THE PARTNERSHIP ENDED] Why did the partnership end?	Check all that apply: Loss of funding; Too few eligible children; Resources were not sufficient to provide the required services; Requirements for services were too burdensome; Other problems with the partnership; Other (specify); Don't know	New item
Prior experience with collaborative relationships			
Partnership grantee director; child care center director; family child care provider	Do you collaborate with other services providers in your community in the following ways?	Check all that apply: Participate in a community collaborative group; Hold joint training for staff; Meet for joint planning; Develop joint program materials; Share costs; Make referrals; Receive referrals; Share information about clients; Other (specify); Don't know	Adapted from the Evaluation of the Early Learning Initiative, Survey of Early Learning Initiative Community Service Providers

Table D.3. Recommended survey items for measuring partnership grantee and child care partner input: Qualified staff to provide quality improvement support to child care partners

Respondent(s)	Item	Response categories	Source
Competencies of staff to provide support to child care partners			
QI staff	Have you participated in any training or professional development that specifically addresses your work with child care providers?	No, I have not participated in any training that specifically addresses work with child care providers; Yes. Please specify the topic of the training, when you took this training, and who offered the training.	Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	Please indicate how important you feel the following areas are for your work with child care providers: Adult learning theory Communication skills Listening skills Organization and case management Understanding child care Family systems theory How to work with families and family support Coaching and consultation models Home visiting Child development across the age span (0 to 8) Infant toddler development Preschool development Developing a business and business management Working with mixed age groups Other (specify)	Rate items on a five-point scale: very important, somewhat important, not important, not at all important, not sure.	Adapted from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
Competencies of staff to provide support to child care partners (cont'd)			
QI staff	How long have you been working with child care providers?	Less than 1 year; 1–2 years; 3–5 years; More than 5 years; Don't know	Adapted from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey

Table D.3 (continued)

Respondent(s)	Item	Response categories	Source
QI staff	Have you ever been a center-based child care provider?	Yes; No	Adapted from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	Have you ever been a home-based or family child care provider?	Yes; No	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	Before your current position, what was your previous job? If you had more than one job, please report the job in which you worked the most hours.	Agency consultant or staff similar to my job now; Child care center or preschool teacher; Child care center or preschool director; Family child care provider; Other (specify)	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	How long did you hold it?	Less than 1 year; 1–2 years; 3–5 years ; More than 5 years; Don't know	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
Competencies of staff to provide support to child care partners (cont'd)			
QI staff	Before your previous job, what was your position? If you had more than one job, please report the job in which you worked the most hours.	Agency consultant or staff similar to my job now; Child care center or preschool teacher; Child care center or preschool director; Family child care provider; Other (specify)	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey

Table D.3 (continued)

Respondent(s)	Item	Response categories	Source
QI staff	How long did you hold it?	Less than 1 year; 1–2 years; 3–5 years; More than 5 years; Don't know	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	Which option best describes the highest level of education you have completed?	Choose one: High school/GED; Some college; Associate's degree; Bachelor's degree; Some graduate school courses; Master's degree (for example, M.A., M.S., M.Ed., MSW); Professional or doctoral degree (for example, Ph.D., Ed.D.); Other (specify)	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	What is the area of study or department of the highest degree you hold?	Child development or developmental psychology; Early childhood education; Elementary education; Other (Specify)	Adapted from the Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
QI staff	Have you had any graduate-level coursework in child development or early childhood development?	Yes; No	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
Competencies of staff to provide support to child care partners (cont'd)			
QI staff	Do you hold any early childhood development credentials or certifications?	Yes; No	The Evaluation of the Erikson Institute Family Child Care Specialist Training Program Phase II, Family Child Care Specialist Pre-Program Survey
	[IF YES] Please specify type of program.	CDA; State-awarded preschool, infant/toddler, family care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements; Other (specify)	New item

QI = quality improvement; GED = General Educational Development; CDA = Child Development Associate.

Table D.4. Recommended survey items for measuring partnership grantee and child care partner inputs: Child care partner type, size, and regulatory status

Respondent(s)	Item	Response categories	Source
Child care partner type			
Partnership grantee director	Number of child care partners (by provider type: child care centers, family child care homes, group child care homes) that enrolled children in partnership slots at any time during the reporting period	Number of child care centers; Number of family child care homes	New item
Child care partner size			
Partnership grantee director	For each child care partner, report the total enrollment capacity of the provider at the time the Head Start PIR was reported	Total enrollment capacity	New item
Child care partner regulatory status			
Partnership grantee director	For each category, report the number child care providers at the time the Head Start PIR was reported: License exempt according to state and local regulations Hold a current license, with no areas of noncompliance Hold a current license but have one or more areas of noncompliance With a suspended or revoked license	Number of child care providers	New item

PIR = Program Information Report.

Table D.5. Recommended survey items for measuring partnership grantee and child care partner inputs: Age range of children served and ability to care for sibling groups

Respondent(s)	Item	Response categories	Source
Age range of children served			
Partnership grantee director	For each child care partner, report the cumulative enrollment by child age. Include all children who have been enrolled with the provider and have attended at least one class. Use the age of the child at the time of enrollment according to the date used by the local school system in determining eligibility for public school.	Number of children under 1 year; Number of children: 1 year old; Number of children: 2 years old; Number of children: 3 years old; Number of children: 4 years old; Number of children: 5 years old; Number of children: 6 years old and older	Adapted from the Head Start FY2014 PIR

PIR = Program Information Report.

Table D.6. Recommended survey items for measuring partnership grantee and child care partner inputs: Child care partner experience and staff credentials

Respondent(s)	Item	Response categories	Source
Child care staff credentials			
Partnership grantee director	For each child care partner, total number of infant and toddler child development staff by position (classroom teachers/assistant teachers/family child care provider)	Number of staff by position	Adapted from the Head Start FY2014 PIR
Partnership grantee director	Number of infant and toddler child development staff with advanced degrees in: Early childhood education and focus on infant and toddler development Any field and coursework equivalent to a major in early childhood education, with experience teaching infants and/or toddlers	Number with advanced degrees in early childhood education and focus on infant and toddler development; Number with advanced degrees in any field and coursework equivalent to a major in early childhood education, with experience teaching infants and/ or toddlers	
Partnership grantee director	Number of infant and toddler child development staff with a baccalaureate in: Early childhood education, with a focus on infant and toddler development Any field and coursework equivalent to a major in early childhood education, with experience teaching infants and/ or toddlers	Number with a baccalaureate in early childhood education and focus on infant and toddler development; Number with a baccalaureate in any field and coursework equivalent to a major in early childhood education, with experience teaching infants and/ or toddlers	Adapted from the Head Start FY2014 PIR
Partnership grantee director	Of infant and toddler child development staff with the above baccalaureate degrees, the number enrolled in advanced degree programs in early childhood education/in field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development (classroom teachers/assistant teachers/family child care provider)	Number with the above baccalaureate degrees and enrolled in advanced degree programs in early childhood education/in field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development (classroom teachers/assistant teachers/family child care provider)	Adapted from the Head Start FY2014 PIR

Table D.6 (continued)

Respondent(s)	Item	Response categories	Source
Child care staff credentials (cont'd)			
Partnership grantee director	Number of infant and toddler child development staff with an associate degree in: Early childhood education, with a focus on infant and toddler development A field related to early childhood education and coursework equivalent to a major in early childhood education, with experience teaching infants and toddlers	Number with an associate degree in early childhood education, with a focus on infant and toddler development; Number with an associate degree in a field related to early childhood education and coursework equivalent to a major in early childhood education, with experience teaching infants and toddlers	Adapted from the Head Start FY2014 PIR
Partnership grantee director	Of infant and toddler child development staff with the associate degrees above, the number enrolled in a baccalaureate program in early childhood education or in any field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development (classroom teachers/assistant teachers/family child care provider)	Number with the associate degrees above and enrolled in a baccalaureate program in early childhood education or in any field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development (classroom teachers/assistant teachers/family child care provider)	Adapted from the Head Start FY2014 PIR
Partnership grantee director	Number of infant and toddler child development staff with a CDA credential or state-awarded preschool, infant/toddler, family care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements	Number of infant and toddler child development staff with a CDA credential or state-awarded preschool, infant/toddler, family care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements	Adapted from the Head Start FY2014 PIR
Partnership grantee director	Of the infant and toddler child development staff with above CDA credentials, the number enrolled in: Baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development Associate degree program in early childhood education or related field and coursework equivalent to a major in childhood education, with a focus on infant and toddler development	Number with above CDA credentials and enrolled in a baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development; Number with above CDA credentials and enrolled in an associate degree program in early childhood education or related field and coursework equivalent to a major in childhood education, with a focus on infant and toddler development	Adapted from the Head Start FY2014 PIR

Table D.6 (continued)

Respondent(s)	Item	Response categories	Source
Child care staff credentials (cont'd)			
Partnership grantee director	Of the infant and toddler development staff, the number having none of the above qualifications	Number having none of the above qualifications	Adapted from the Head Start FY2014 PIR
Partnership grantee director	Of the infant and toddler child development staff with none of the above qualifications, the number enrolled in: Baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development An associate degree program in early childhood education or in a related field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development Any type of CDA credential or state-awarded preschool, infant/toddler, family care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	Number with none of the above qualifications and enrolled in a baccalaureate degree program in early childhood education or in any field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development; Number with none of the above qualifications and enrolled in an associate degree program in early childhood education or in a related field and coursework equivalent to a major in early childhood education, with a focus on infant and toddler development; Number with none of the above qualifications and enrolled in any type of CDA credential or state-awarded preschool, infant/toddler, family care, or home-based certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	Adapted from the Head Start FY2014 PIR

CDA = Child Development Associate; PIR = Program Information Report.

Table D.7. Recommended survey items for measuring partnership grantee and child care partner input: Openness to complying with the HSPPS

Respondent(s)	Item	Response categories	Source
Knowledge of the HSPPS			
Child care center director; family child care provider; child care teacher	Have you received guidance on implementing the HSPPS?	Yes; No; Don't know	Adapted from qualitative interview questions from the Study of Community Strategies for Infant-Toddler Care
	[IF YES] What kind of guidance did you receive?	Training; Written materials; Classroom observation and feedback; On-site coaching; Other (specify)	Adapted from qualitative interview questions from the Study of Community Strategies for Infant-Toddler Care
Child care center director; family child care provider; child care teacher	How would you rate your knowledge of the HSPPS?	I have the information I need about the HSPPS to be able to implement them in my classroom/center/ home; I have the information I need about the HSPPS but have difficulty knowing how to implement them in my classroom/center/home; I do not have the information I need about the HSPPS; Don't know	New
Progress toward complying with HSPPS			
Child care center director; family child care provider; child care teacher	How would you rate your classroom's/center's/home's implementation of the HSPPS?	My classroom/center/home already meets the HSPPS; My classroom/center/home already meets most of the HSPPS, and we are striving toward meeting all standards; I think it will be difficult for my classroom/center/home to meet the HSPPS, but we are striving to meet as many standards as possible; I think it will be difficult for my classroom/center/home to meet the HSPPS and, as a result, we are not attempting to meet all standards	New item

HSPPS = Head Start Program Performance Standards.

Table D.8. Recommended survey items for measuring partnership grantee and child care partner input: Participation in QRIS or other quality improvement initiatives

Respondent[s]	Item	Response categories	Source
Current participation in QRIS or other QI initiatives			
Child care center director; family child care provider	Does your organization have an overall quality rating (for example, accreditation, tiered reimbursement or some other quality rating system)?	Yes; No; Don't know	National Survey of Early Care and Education, Center-Based Provider Questionnaire
	[IF YES] What agency or group provided your quality rating?	NAEYC / NAFCC; Local CCR&R; State or local child care agency; Other (specify)	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Resources available to child care partners through QRIS and QI initiatives			
Child care center director; family child care provider	Please indicate whether any of the following activities are offered by the agency or group that provided your quality rating:	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire
	Observes teachers in the classroom to assess their practice		
	Meets with teachers to provide feedback regarding their teaching practices in the classroom		
	Meets with teachers to discuss how to link the curriculum to children's developmental needs		
	Discusses with teachers strategies to ensure teaching practice is developmentally appropriate		
	Discusses with teachers strategies to ensure a communication- and early literacy-rich curriculum		
	Discusses with teachers strategies to ensure developmentally appropriate emotional and behavioral support		
	Reviews teachers' lesson plans		
	Reviews program data to see how the center is doing with respect to specific goals or objectives		
	Meets with director of this center		

Table D.8 (continued)

Respondent[s]	Item	Response categories	Source
Resources accessed by child care partners through QRIS and QI initiatives			
Child care center director; family child care provider	Have you received any funds from the agency or group that provided your quality rating?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
Child care center director; family child care provider	Does the agency or group that provided your quality rating let you use the funds for whatever purposes you think are necessary, or are the funds earmarked for specific purposes?	Whatever we think necessary; Earmarked; Not sure	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
Child care center director; family child care provider	Have you used the funds for any of the following? Bookshelves Playground equipment Tables and chairs Dress-up materials Science center materials Pretend kitchen Gross motor climbing and play materials Blocks/building materials Music/musical instruments Paper Art supplies Books Other supplies Teacher training Teacher curriculum materials Enhancing salaries of teachers Enhancing teachers benefits Other (specify)	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire

Table D.8 (continued)

Respondent[s]	Item	Response categories	Source
Resources accessed by child care partners through QRIS and QI initiatives (cont'd)			
Child care center director; family child care provider	Separate from direct funds received by your center, has the agency or group that provided your quality rating directly provided the following equipment and supplies for your child care center/family child care home?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	Bookshelves		
	Playground equipment		
	Tables and chairs		
	Dress-up materials		
	Science center materials		
	Pretend kitchen		
	Gross motor climbing and play materials		
	Blocks/building materials		
	Music/musical instruments Paper		
	Curriculum materials		
	Art supplies		
	Books		
	Other (specify)		

CCR&R = child care resource and referral; NAEYC = National Association for the Education for Young Children; NAFCC = National Association of Family Child Care; QI = quality improvement; QRIS = Quality Rating and Improvement System.

Table D.9. Recommended survey items for measuring family input: Child care needs and preferences

Respondent(s)	Item	Response categories	Source
Parental work hours and child care needs			
Parent/primary caregiver	What hours and days of the week do you need care for your child while you work or attend training/education during a typical week?	Choose all that apply: Weekday standard hours (6:00 a.m. to 6:00 p.m.); Weekday evenings and overnights; Weekends	Adapted from qualitative interview protocols from the Study of Child Care Choices of Low-Income Working Families
Parent/primary caregiver	How would you describe hours and days of the week you need care for your child while you work or attend training/education during a typical week?	The days of week and hours I need care for my child are consistent week to week; The days of week and hours I need care for my child vary week to week	Adapted from qualitative interview protocols from the study of Child Care Choices of Low-Income Working Families
Child care needs and preferences			
Parent/primary caregiver	How important are each of the following items when selecting care arrangements for your child? The child care provider is available to care for my child during the days and hours of the week that I work or participate in training or education. The child care provider permits flexible scheduling from week to week. My child is cared for in a child care center. My child is cared for in a home-based setting. The child care setting is at a location that is convenient to my home or work. The child care provider can provide care for my other children ages birth to 5 years. The child care provider can care for my other school-age children (ages 6 to 13 years). The child care provider offers mixed age groups so my child and his or her siblings are cared for in the same group. The child care provider or staff at the center reflect my family's race and ethnicity. The child care provider or staff at the center speak my family's home language. The child care provider or staff at the center share my religious and/or cultural briefs.	Responses include: very important, somewhat important, not important, not at all important, not sure	Adapted from qualitative interview protocols from the study of Child Care Choices of Low-Income Working Families

Table D.10. Recommended survey items for measuring family inputs: Eligibility for Partnership and CCDF subsidies

Respondent(s)	Item	Response categories	Source
Eligibility for CCDF subsidies			
Parent/primary caregiver	(Focusing on your child enrolled in an Early Head Start-child care partnership setting,) Does the child care provider charge you anything directly for the care of your child? Please include charges even if you are later reimbursed.	Yes; no	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	Is the provider paid by someone or someplace else for the care of your child? Do not include payments, reimbursements or vouchers that go directly to you.	Yes; no	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	Who pays them?	Choose all that apply: Early Head Start Welfare or office of employment services Agency for child development Local or community program Community or religious group Family or friend Employer Other Don't know	National Survey of Early Care and Education, Household Questionnaire

CCDF = Child Care and Development Fund.

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APPENDIX E

RECOMMENDED ADAPTED AND NEW SURVEY ITEMS FOR MEASURING ACTIVITY CONSTRUCTS IN THE THEORY OF CHANGE

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Table E.1. Recommended survey items for measuring partnership development activities: Partnerships actively recruit partners, and child care providers express interest in partnering

Respondent(s)	Item	Response categories	Source
Strategies for recruiting child care partners			
Partnership grantee director	How did you recruit child care partners?	Mark all that apply: Competitive RFP process; Community planning process; Discussion with center director/family child care provider; Consultation with local planning council; Consultation with CCR&R; Consultation with QRIS administrators; Conducted quality observations	Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire
Partnership grantee director	Did you recruit child care partners before or during the grant-writing process, or after you received the award?	Mark all that apply: Before or during the grant-writing process; After my agency received the partnership grant award	New item
Partnership grantee director	Did you have any previous experience collaborating with your child care partners?	Mark all that apply: Yes, part of a community collaborative group; Yes, a previous partnership to serve Early Head Start children and families; Yes, participated in joint training; Yes, other; No	New item
Expressions of interest from child care providers			
Child care center director; family child care provider	How did you learn about the opportunity to partner with the partnership grantee?	Mark all that apply: Competitive RFP process; Community planning process; Discussion with partnership director or staff member; Consultation with local planning council; Consultation with CCR&R; Consultation with QRIS administrator	Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire

Table E.1 (continued)

Respondent(s)	Item	Response categories	Source
Expressions of interest from child care providers (cont'd)			
Child care center director; family child care provider	Did you learn about the opportunity to partner with the partnership grantee before or during the grant-writing process, or after you received the award?	Mark all that apply: Before or during the grant-writing process; After my agency received the partnership grant award	New item
Child care center director; family child care provider	Did you have any previous experience collaborating with the partnership grantee?	Mark all that apply: Yes, part of a community collaborative group; Yes, a previous partnership to serve Early Head Start children and families; Yes, participated in joint training; Yes, other; No	New item

CCR&R = child care resource and referral; QRIS = quality rating and improvement system.

Table E.2. Recommended survey items for measuring partnership development activities: Discuss and clarify partnership expectations and develop partnership agreements, including funding arrangements

Respondent(s)	Item	Response categories	Source
Existence of a written agreement			
Partnership grantee director; child care center director; family child care provider	Do you have a written partnership agreement in place for the partnership?	Yes; No; Not yet, but the agreement is in process	Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire and Child Care Partner Questionnaire
Updating the written agreement			
Partnership grantee director; child care center director; family child care provider	Do you regularly update the agreement?	Yes; No	Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire and Child Care Partner Questionnaire
	[IF YES] How often is the agreement updated?	Quarterly; Twice a year; Annually; Other (specify)	Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire and Child Care Partner Questionnaire
Development of the written agreement			
Partnership grantee director; child care center director; family child care provider	Was the agreement developed with input from both the partnership grantee and the child care partner?	Yes; No	Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire and Child Care Partner Questionnaire
	[IF YES] How many meetings did you have to develop the current partnership agreement?	1; 2–3; 4–5; More than 5	Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire and Child Care Partner Questionnaire
Content of the written agreement			
Partnership grantee director; child care center director; family child care provider	Does the agreement specify the amount of funding the child care partner will receive?	Yes; No	
Partnership grantee director; child care center director; family child care provider	Does the agreement specify the amount of funding the child care partner will receive per child?	Yes; No	

Table E.2 (continued)

Respondent(s)	Item	Response categories	Source
Content of the written agreement (cont'd)			
Partnership grantee director; child care center director; family child care provider	Does the agreement specify how much funding is allocated to child care providers for each of the following categories?	Yes; No	
	Care		
	Comprehensive services		
	Quality improvement		
	Administrative requirements		
Partnership grantee director; child care center director; family child care provider	Does the agreement specify how much funding is allocated to partnership grantees for each of the following categories?	Yes; No	
	Comprehensive services		
	Quality improvement		
	Administrative requirements		
Partnership grantee director; child care center director; family child care provider	Does your partnership agreement include the following components?	Yes; No	
	The number of children and families to be served in the partnership		
	Defined procedures for recruitment and enrollment		
	Procedures and timeline for filling partnership slots		
	Eligibility criteria for partnership slots		
	A statement of the partnership's goals		
	Specific actions each partner will take to meet the goals		
	Specific roles and responsibilities for each partner, including plans for delivering comprehensive services		
	Each partner's responsibilities for complying with the HSPPS		

Table E.2 (continued)

Respondent(s)	Item	Response categories	Source
Content of the written agreement (cont'd)			
	Training and technical assistance to be provided by the partnership grantee to child care partners Materials and supplies to be provided by the partnership grantee to child care partners		
	A statement of each party's rights, including the right to terminate the agreement		
Funding arrangements			
Partnership grantee director	How much total funding does your agency receive for Early Head Start-child care partnerships?		
Partnership grantee director	What amount of the total funding is allocated to child care providers?		
Partnership grantee director	What is the amount of funding per child [in child care center slots/family child care slots]?		
Partnership grantee director	Does your agency provide partners with a specific amount of funding each month?	Yes; No	
Partnership grantee director	Do you provide a monthly payment for each partnership slot, even if the slot is empty?	Yes; No	
Partnership grantee director	Does your agency provide partners with additional funds for the following?	Choose all that apply Engaging in quality improvement activities Fulfilling administration requirements Materials such as toys and books Furniture Outdoor play equipment Supplies Facility repairs Curriculum materials Staff training events	

Table E.2 (continued)

Respondent(s)	Item	Response categories	Source
Funding arrangements (cont'd)			
		Staff professional development (such as college courses) Other (*specify*)	
Partnership grantee director	Do child care providers receive additional funds from any other source to offset the cost of care for children in care partnership slots?	Yes; No	
Partnership grantee director	If yes, what are the other sources of funding?	Choose all that apply: Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees; Subsidies paid by state government (vouchers/certificates, state contracts); Grants from county government; Child and Adult Care Food Program funds; Other funds *(specify)*	
Partnership grantee director	If a child in a partnership slot loses subsidy funding, does your agency provide funds to child care partners to offset those funds?	Yes; No	
Child care center director; family child care provider	How much total funding does your agency receive for Early Head Start-child care partnerships?		
Child care center director; family child care provider	What is the amount of funding your agency receives per child [in child care center slots/family child care slots]?		
Child care center director; family child care provider	Do you receive a specific amount of funding each month?	Yes; No	

Table E.2 (continued)

Respondent(s)	Item	Response categories	Source
Funding arrangements (cont'd)			
Child care center director; family child care provider	Do you receive a monthly payment for each partnership slot, even if the slot is empty?	Choose all that apply Engaging in quality improvement activities; Fulfilling administration requirements; Materials such as toys and books; Furniture; Outdoor play equipment; Supplies; Facility repairs; Curriculum materials; Staff training events; Staff professional development (such as college courses); Other (*specify*)	
Child care center director; family child care provider	Do you receive additional funds for the following?	Yes; No	
Child care center director; family child care provider	Do you receive additional funds from any other source to offset the cost of care for children in care partnership slots?	Yes; No	
Child care center director; family child care provider	If yes, what are the other sources of funding?	Choose all that apply: Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees; Subsidies paid by state government (vouchers/certificates, state contracts); Grants from county government; Child and Adult Care Food Program funds; Other funds *(specify)*	
Child care center director; family child care provider	If a child in a partnership slot loses subsidy funding, do you receive funds from the partnership grantee to offset those funds?	Yes; No	

HSPPS = Head Start Program Performance Standards.

Table E.3. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Assess strengths and needs of each partner

Respondent(s)	Item	Response categories	Source
Assess strengths and needs			
Partnership grantee director; child care center director; family child care provider	Does your partnership conduct any classroom or child care quality assessments in partnership centers/homes? By assessments, we mean evaluation tools that measure primary caregiver-child interaction, classroom arrangement, or other indicators of quality of care.	Yes; No	Adapted from the Survey of Early Head Start Programs
	[IF YES] What are the most important classroom/home or child care quality assessments you use?	Mark all that apply: ITERS-R; FCCERS-R; CLASS Infant; CLASS Toddler; Arnett Caregiver Interaction Scale; ELLCO; Other. Specify.	Adapted from the Survey of Early Head Start Programs
Individuals responsible for assessing strengths and needs			
Partnership grantee director; child care center director; family child care provider	[IF YES] Who is responsible for conducting assessments?	Choose the primary person responsible: Partnership grantee education coordinator; Partnership grantee administrator; Partnership grantee child care specialist or liaison; Partnership grantee master teacher; Other (specify)	New item

ITERS-R = Infant/Toddler Environmental Rating Scale–Revised Edition; FCCERS-R = Family Child Care Environment Rating Scale–Revised Edition; CLASS = Classroom Assessment Scoring System; ELLCO = Early Language and Literacy Classroom Observation.

Table E.4. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Develop quality improvement plans to achieve HSPPS

Respondent(s)	Item	Response categories	Source
Whether partners have a formal or informal QI plan and individuals involved in developing the plan			
Partnership grantee director; child care center director; family child care provider	In your partnership, do you have any written documents that specify what your organization needs to do to meet the HSPPS?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] Was this document developed with input from both the grantee and partner?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
Partnership grantee director; child care center director; family child care provider	In your partnership, do you have written procedures (this could be part of a contract of a separate document) regarding monitoring and oversight of services to children in partnership slots?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] Was this document developed with input from both the grantee and partner?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire

HSPPS = Head Start Program Performance Standards.

Table E.5. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Monitor implementation of quality improvement plans and HSPPS compliance

Respondent(s)	Item	Response categories	Source
Whether monitoring occurs			
Partnership grantee director	Do you provide ongoing monitoring of quality of child care provided to children in partnership slots?	Yes; No	Adapted from the Baby FACES, Program Director interview 2011
Frequency of monitoring / modes of monitoring			
Partnership grantee director; child care center director; family child care provider; child care teacher	Please indicate the average number of times someone in an administrative role, such as an education coordinator, administrator, or senior/master teacher from the partnership engages in the following activities during the year with partners: Observes teachers/family child care providers in the classroom/home to assess their practice Conducts classroom/home quality assessments Completes checklists to monitor compliance with the HSPPS Reviews teachers'/family child care providers' teaching plans Reviews program data to see how the center/home is doing with respect to specific goals or objectives Meets with someone in an administrative role to review files	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] Average number of times engaged in the activities in the past year.	Average number of times engaged in the activities selected above in the past year.	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire

Table E.5 (continued)

Respondent(s)	Item	Response categories	Source
Individual responsible for monitoring			
Partnership grantee director; child care center director; family child care provider	Who has primary responsibility for monitoring the implementation of QI plans and HSPPS compliance in the partnerships?	Choose the primary person responsible: Partnership grantee education coordinator; Partnership grantee administrator; Partnership grantee child care specialist or liaison; Partnership grantee master teacher; Other (specify)	New item
Uses of information collected through monitoring			
Partnership grantee director	Based on information collected through monitoring, have you ever determined that improvements were needed?	Yes; No	Adapted from the Survey of Early Head Start Programs
	[IF YES] The last time information collected through monitoring indicated the need for improvement, what steps did you take?	Mark all that apply: Developed written improvement plan; Scheduled follow-up monitoring visit; Provided staff training; Obtained technical assistance; Terminated partnership; Other (specify)	Adapted from the Survey of Early Head Start Programs

HSPPS = Head Start Program Performance Standards; QI = quality improvement.

Table E.6. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Assess partnership quality

Respondent(s)	Item	Response categories	Source
Method for assessing partnership quality			
Partnership grantee director; child care center director; family child care provider	How do you assess the quality of relationships among partners?	Mark all that apply: During regular meetings with lead staff from each partners; Discussions with frontline staff; Staff surveys; Review of partnership agreement; Other (specify)	New item
	[IF YES] How often do you conduct this assessment?	Choose one: Annually; Twice a year; Quarterly; As needed; Other (specify)	New item

Table E.7. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Provide direct quality improvement support and supplemental materials

Respondent(s)	Item	Response categories	Source
Direct QI support			
Partnership grantee director; child care center director; family child care provider	Do you offer training and support to child care partners to improve quality?	Yes; No	New item
Partnership grantee director; child care center director; family child care provider; child care teacher	Please indicate the average number of times someone in an administrative role, such as an education coordinator, administrator, or senior teacher from the partnership grantee engages in the following activities during the year:	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	Meets with teachers to provide feedback regarding their teaching practices in the classroom		
	Meets with teachers/family child care provider to discuss how to link the curriculum to children's developmental needs		
	Discusses with teachers/family child care provider strategies to ensure teaching practice is developmentally appropriate		
	Discusses with teachers/family child care provider strategies to ensure literacy rich curriculum		
	Meets with director of this center		
	[IF YES] Average number of times engaged in the activities in the past year	Average number of times engaged in the activities selected above in the past year	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire

Table E.7 (continued)

Respondent(s)	Item	Response categories	Source
Direct QI support (cont'd)			
Partnership grantee director; child care center director; family child care provider; child care teacher	Has the partnership grantee directly provided the following equipment for the child care center/family child care home/classroom? This could be borrowed equipment.	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	Bookshelves		
	Playground equipment		
	Tables and chairs		
	Dress-up materials		
	Science center materials		
	Pretend kitchen		
	Other (specify)		
Partnership grantee director; child care center director; family child care providers; child care teacher	Has the partnership grantee directly provided the child care center/family child care home/classroom with the following supplies?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Survey
	Paper		
	Curriculum materials		
	Art supplies		
	Books		
	Other (specify)		

QI = quality improvement.

Table E.8. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Provide training and support to staff working in partnerships

Respondent(s)	Item	Response categories	Source
Training received by QI staff			
QI staff	Please indicate whether you have received adequate training or education in the following areas: Adult learning theory Communication skills Listening skills Organization and case management Understanding child care Family systems theory How to work with families and family support Coaching and consultation models Home visiting Child development across the age span (0 to 8) Infant-toddler development Preschool development Developing and managing a business Working with mixed age groups Other (specify)	For each topic, choose one of the following responses: I have received enough training in this area; I have received some but not enough training in this area; I have received no training in this area but would like training in this area; I have received no training in this area and see no need for it.	Adapted from the Evaluation of the Erikson Institute Family Child Care Training Program, Family Child Care Specialist Pre-Program Survey
QI staff	How much support or supervision do you receive at your job for your work with child care partners?	Choose one: I get more than enough support and supervision for this work; I get enough support and supervision for this work; I do not get enough support and supervision for this work; I get no support or supervision for this work.	Adapted from the Evaluation of the Erikson Institute Family Child Care Training Program, Family Child Care Specialist Pre-Program Survey

Table E.8 (continued)

Respondent(s)	Item	Response categories	Source
Training received by QI staff (cont'd)			
Partnership grantee director; child care center director; family child care provider; child care teacher; QI staff	Does the partnership grantee provide education or training to family child care providers/teachers at child care partners either directly or in coordination with a child care resource and referral or another organization?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] During the past year, did the partnership grantee provide the following professional development opportunities to child care center directors/teachers/family child care providers? Workshops at the partnership grantee Workshops at the child care center One-on-one training Coaching, mentoring, or consultation Other (specify)	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] Indicate how many times in the past year the partnership grantee provided each.	Number of times in the past year the partnership grantee provided each activity selected above.	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] When were the professional development opportunities provided?	Mark all that apply: Weekdays, 9:00 a.m.–5:00 p.m.; Weekdays, after 5:00 p.m.; Weekends; Other (specify)	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
Partnership grantee director; child care center director; family child care provider; child care teacher; QI staff	Does the partnership grantee provide funding to child care centers/family child care providers for center teachers/family child care providers to have release time to participate in training?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
Partnership grantee director; child care center director; family child care provider; child care teacher; QI staff	Does the partnership grantee provide funding for child care centers/family child care providers to spend directly on professional development or training for staff?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire

QI = quality improvement.

Table E.9. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Seek other quality improvement opportunities

Respondent(s)	Item	Response categories	Source
Access to other QI opportunities			
Partnership grantee director; child care center director; family child care provider	Does your partnership access other quality improvement supports beyond those funded through the partnership grant?	Yes; No	National Survey of Early Care and Education, Center-Based Provider Questionnaire
	[IF YES] What agency or group provides quality improvement supports?	NAEYC / NAFCC; Local CCR&R; State or local child care agency; Other (specify)	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Resources accessed by child care providers through QRIS			
Child care center director; family child care provider	Have you received any direct funds from an agency or group that provides quality improvement supports?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire
	[IF YES] Does the agency or group that provides quality improvement supports let you use the funds for whatever purposes you think are necessary, or are the funds earmarked for specific purposes?	Whatever we think necessary; Earmarked; Not sure	Adapted from the Head Start/Child Care Partnership Study, Child Care Partner Questionnaire

QI = quality improvement; NAEYC = National Association for the Education for Young Children; NAFCC = National Association of Family Child Care; CCR&R = child care resource and referral.

Table E.10. Recommended survey items for measuring partnership operation activities to assess, monitor, and support quality: Facilitate networking among infant-toddler service providers

Respondent(s)	Item	Response categories	Source
Opportunities for infant-toddler service providers to network; frequency and topics of events			
Partnership grantee director; child care center director; family child care provider; child care teacher; QI staff	Does the partnership grantee hold regular networking group meetings for family child care providers/teachers either directly or in coordination with a child care resource and referral or another organization?	Yes; No	Adapted from the Evaluation of the Erikson Institute Family Child Care Training Program, Family Child Care Specialist Training Program, Participating Supervisors Baseline Telephone Interview
	[IF YES] In the past year, how frequently has the partnership grantee hosted support group meetings?	Choose one: Weekly; Monthly; Quarterly; Annually	New item
Partnership grantee director; child care center director; family child care provider; child care teacher; QI staff	Does the partnership grantee hold peer discussion groups for family child care providers/teachers either directly or in coordination with a child care resource and referral or another organization?	Yes; No	Adapted from the Evaluation of the Erikson Institute Family Child Care Training Program, Family Child Care Specialist Training Program, Participating Supervisors Baseline Telephone Interview
	[IF YES] In the past year, how often has the partnership grantee hosted peer discussion groups?	Choose one: Weekly; Monthly; Quarterly; Annually	New item

QI = quality improvement.

Table E.11. Recommended survey items for measuring partnership operation activities to deliver services to children and families: Recruit and enroll families

Respondent(s)	Item	Response categories	Source
Recruitment			
Partnership grantee director; child care center director; family child care provider	What are the primary ways you recruit families for the partnership?	Mark all that apply: Referrals from community agencies/partner; Referrals from child care partners; Word of mouth; Outreach efforts your staff make in community; Local advertising, such as flyers, newspaper ads, or radio spots; No need to recruit; Other (specify)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Eligibility and enrollment process			
Partnership grantee director; child care center director; family child care provider	Does your partnership have a waiting list?	Yes; No	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	Do you have a formal rating or scoring system based on risk factors or family needs to prioritize enrollment into the partnership?	Yes; No	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
	[IF YES] What factors does the formal rating or scoring system consider?	Mark all that apply: Parent/guardian employment ; CCDF eligibility ; CCDF receipt; Child with special needs; Number of children; Teen mother; Single parent; Language needs; Welfare/TANF; Mental health; Family violence; Substance use; Other (specify)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009

CCDF=Child Care and Development Fund; TANF=Temporary Assistance for Needy Families.

Table E.12. Recommended survey items for measuring partnership operation activities to deliver services to children and families: Provide flexible, high quality care that meets families' needs

Respondent(s)	Item	Response categories	Source
Hours and flexibility of care			
Partnership grantee director; child care center director; family child care provider	What are the primary ways you recruit families for the partnership?	Mark all that apply: Referrals from community agencies/partner; Referrals from child care partners; Word of mouth; Outreach efforts your staff make in community; Local advertising, such as flyers, newspaper ads, or radio spots; No need to recruit; Other (specify)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	Please provide the hours that your entity was open for children last week, beginning with last Monday.	Monday: start time/end time; Tuesday: start time/end time; Wednesday: start time/end time; Thursday: start time/end time; Friday: start time/end time; Saturday: start time/end time; Sunday: start time/end time	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Partnership grantee director; child care center director; family child care provider	Does your entity permit parents to pay for and use varying hours of care each week?	Yes, at their convenience; Yes, from a set schedule of options; Yes, beyond a minimum number of hours; No, services are free; No	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Partnership grantee director; child care center director; family child care provider	How many weeks per year does your entity provide care for children under age 3?	Number of weeks	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Child care needs and preferences			
Partnership grantee director; child care center director; family child care provider	When families enroll in the partnership, do staff ask about their existing child care arrangements?	Yes; No	New item
Partnership grantee director; child care center director; family child care provider	When families enroll in the partnership, do staff ask about their child care needs?	Yes; No	New item

Table E.12 (continued)

Respondent(s)	Item	Response categories	Source
Child care needs and preferences (cont'd)			
	[IF YES] Do staff ask about the following topics?	Yes; No	Adapted from qualitative interview protocols from the study of Child Care Choices of Low-Income Working Families
	The hours and days of the week families need care for their child		
	Whether families need varying hours and days of care each week		
	Whether families prefer to have their child enrolled in a child care center or family child care home		
	The location where families prefer to have their child in care		
	Whether families need a child care arrangement that accommodates children with special needs		
	Whether families prefer a child care arrangement that could accommodate their other children (such as preschool-age children or school-age children needing after-school care)		
	Whether families prefer child care providers that share their race and ethnicity		
	Whether families prefer child care providers that speak their home language		
	Whether families prefer child care providers that share their religious and/or cultural beliefs		

Table E.12 (continued)

Respondent(s)	Item	Response categories	Source
Matching families with child care providers			
Partnership grantee director; child care center director; family child care provider	When families enroll in the partnership, which best describes how families are matched with child care providers?	Choose one: The partnership matches families based on available slots; The partnership matches families based on their needs and preferences for care; Families choose from a list provided by the partnership that includes child care providers' locations; Families choose from a list provided by the partnership that includes information about locations and hours of care offered by the child care providers; Families choose from a list provided by the partnership that includes information about locations and hours of care offered by the child care providers, as well as information about the providers' home language, race/ethnicity, cultural backgrounds, and ability to care for siblings; Families visit child care partners recommended by staff and choose from that group; Other (specify)	New item

Table E.13. Recommended survey items for measuring partnership operation activities to deliver services to children and families: Implement family partnership agreements; provide families with comprehensive services and referrals

Respondent(s)	Item	Response categories	Source
Approach to providing family support services			
Partnership grantee director; child care center director; family child care provider	What are the primary ways you recruit families for the partnership?	Mark all that apply: Referrals from community agencies/partner; Referrals from child care partners; Word of mouth; Outreach efforts your staff make in community; Local advertising, such as flyers, newspaper ads, or radio spots; No need to recruit; Other (specify)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	Do you offer any of the following services to families enrolled in partnership slots? Pediatrician services Adult health care Prenatal care/OB GYN Transportation assistance Disability services for parents Emergency assistance Employment assistance Education or job training Services for drug or alcohol abuse Legal assistance Housing assistance Financial counseling Family literacy services Services for dual-language learners Dental care	Yes; No	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009

Table E.13 (continued)

Respondent(s)	Item	Response categories	Source
Approach to providing family support services (cont'd)			
	[IF YES] For each service you offer, is that service	Choose one for each service offered: Provided directly by partnership grantee staff; Provided directly by child care partner staff; Provided by a referral; Provided on-site by a community partner; Provided off-site by a community partner (other than a child care partner)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	Do you offer any of the following services to families enrolled in partnership slots?	Mark all that apply: Mental health screenings; Mental health assessments; Therapy; Care coordination; Staff consultation or follow-up with families around the results from screenings or assessments; Some other mental health service (specify)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
	[IF YES] For each service you offer, is that service	Choose one for each service offered: Provided directly by partnership grantee staff; Provided directly by child care partner staff; Provided by a referral; Provided on-site by a community partner; Provided off-site by a community partner (other than a child care partner)	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	What proportion of families enrolled in partnership slots has an IFPA?	Number of families with an IFPA	Adapted from Baby FACES, Program Director Self-Administered Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	Who is responsible for developing an IFPA with families?	Choose one: Partnership grantee staff; Child care partner staff; Other (specify)	New item
Partnership grantee director; child care center director; family child care provider	Do children and families enrolled in partnership slots receive home visits?	Yes; No	Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire

Table E.13 (continued)

Respondent(s)	Item	Response categories	Source
Approach to providing family support services (cont'd)			
	[IF YES] Who is responsible for conducting home visits?	Choose one: Partnership grantee staff; Child care partner staff	New item
Approach to providing health, nutrition, social, and other services to children			
Partnership grantee director; child care center director; family child care provider	Do you offer any of the following services to children enrolled in partnership slots?	Yes; No	Adapted from Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire
	Vision screening		
	Hearing screening		
	Dental screening		
	Mental health observation/assessment		
	Developmental screening		
	Speech screening		
	Nutritional screening		
	Lead screening		
	Medical referrals		
	Dental referrals		
	Mental health referrals		
	Social service referrals		
	Physical therapy		
	Speech therapy		
	[IF YES] For each service you offer, is that service	Choose one for each service offered: Provided directly by partnership grantee staff; Provided directly by child care partner staff; Provided by a referral; Provided on-site by a community partner; Provided off-site by a community partner (other than a child care partner)	Adapted from the Baby FACES, Program Director Self-Administered Questionnaire 2009

IFPA = individual family partnership agreements.

Table E.14. Recommended survey items for measuring partnership operation activities to deliver services to children and families: Engage in regular communication to ensure and facilitate continuity of care and smooth transitions for children

Respondent(s)	Item	Response categories	Source
Communication practices			
Partnership grantee director; child care center director; family child care provider; other direct service staff who work with families enrolled in the partnership	Do grantee and child care partner staff meet regularly to discuss services for individual children and families?	Yes; No	Adapted from the Evaluation of the Early Learning Initiative, Survey of Community Service Providers
	[IF YES] What is discussed during these meetings?	Mark all that apply: Family service plans; Child assessment results; Classroom lessons plans; Transition plans; Communication with parents; Coordination with early intervention or other service providers; Other child care arrangements children are in; Transportation for children; Child or family needs or barriers; Other (specify)	New item
Frequency of communication			
Partnership grantee director; child care center director; family child care provider; other direct service staff who work with families enrolled in the partnership	[IF YES] How often do these meetings take place?	Choose one: Every day or almost every day; Every week or almost every week; Once or twice a month; Less than monthly	Adapted from the Evaluation of the Early Learning Initiative, Survey of Community Service Providers

Table E.15. Recommended survey items for measuring activities implemented by families: Enroll in the partnership and child care subsidy program

Respondent(s)	Item	Response categories	Source
Enroll in the partnership			
Parent/primary caregiver	When did your family first start receiving any services through the partnership?	Month/year	Baby FACES, Parent Interview 2009
	Which of the following best describes the kind of care your child receives through the partnership?	Choose one: Center-based services in which Early Head Start services are provided in a child development center; Early Head Start services are provided in a family child care home; Home-based services in which Early Head Start services are provided in your child's home; Both center-based and home-based services such as going to a center several days per week and getting home visits at least monthly; Other (specify)	Baby FACES, Parent Interview 2009
Parent/primary caregiver	When did your child first start attending a child care center or a family child care home?	Month/year	Adapted from Baby FACES, Parent Interview 2009
Enroll in child care subsidy			
Parent/primary caregiver	Does your child care provider charge you anything directly for the care of your child? Please include charges even if you are later reimbursed.	Yes; No	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	Is the provider paid by someone or someplace else for the care of your child? Do not include payments, reimbursements or vouchers that go directly to you.	Yes; No	National Survey of Early Care and Education, Household Questionnaire

Table E.15 (continued)

Respondent(s)	Item	Response categories	Source
Enroll in child care subsidy (cont'd)			
Parent/primary caregiver	Who pays them?	Mark all that apply: Welfare office or employment services; Agency for child development; Partnership; Local or community program; Community or religious group; Family or friend; Employer; Other (specify)	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	In addition to the payments made by (this source/these sources), do you have a co-payment? In other words, do you need to pay the provider yourself with money out of your own pocket?	Yes; No	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	Would you lose your child's spot at this provider if you lost your job or had your hours cut back?	Yes; No	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	Did you work with a local resource and referral agency to find this provider or arrange payment?	Yes; No	National Survey of Early Care and Education, Household Questionnaire
Parent/primary caregiver	Did you work with the partnership grantee to find this provider or arrange payment?	Yes; No	New item

Table E.16. Recommended survey items for measuring activities implemented by families: Communicate child care needs and preferences and select child care arrangements

Respondent(s)	Item	Response categories	Source
Communicate child care needs			
Parent/primary caregiver	When you enrolled in the partnership, did staff ask about your existing child care arrangements?	Yes; No	New item
	When you enrolled in the partnership, did staff ask about your child care needs?	Yes; No	New item
Child care preferences			
	[IF YES] Did they ask you about the following topics? The hours and days of the week you needed care for your child Whether you needed varying hours and days of care each week Whether you preferred to have your child enrolled in a child care center or family child care home The location where you preferred to have your child in care Whether you preferred a child care arrangement that could accommodate your other children (such as preschool-age children or school-age children needing after-school care) Whether you preferred child care providers that shared your race and ethnicity Whether you preferred child care providers that spoke your home language Whether you preferred child care providers that shared your religious and/or cultural beliefs	Yes; No	Adapted from qualitative interview protocols from the Study of Child Care Choices of Low-Income Working Families

Table E.16 (continued)

Respondent(s)	Item	Response categories	Source
Child care selection			
Parent/primary caregiver	When you enrolled in the partnership, which best describes how you selected the location where you child receives care?	Choose one: I chose from a list provided by the partnership; I chose from a list provided by the partnership that provided information about the child care providers; I visited a number of child care providers recommended by the partnership and chose from that group; My child was assigned to a child care provider at enrollment; The partnership did not assist me in selecting a child care arrangement; Other (specify)	New item

Table E.17. Recommended survey items for measuring activities implemented by families: Develop and implement family partnership agreements

Respondent(s)	Item	Response categories	Source
Family goals			
Parent/primary caregiver	Most families have goals or hopes for the future. When you think of you and your family five years from now, how do you hope your lives will be different? Do you hope to: Find a better job or get a better education? Become a better parent? Live in better or more stable housing? Obtain more reliable transportation? Have better health care or access to health care? Have more or better social support, relationships with friends, or involvement in your community? Learn or improve English speaking, reading, and/or writing skills?	Yes; No	Baby FACES, Parent Interview 2010
	From the goals you just mentioned, which of these goals is the most important to you and your family?	List most important goals.	Baby FACES, Parent Interview 2010
Whether family works with partnership to achieve goals			
Parent/primary caregiver	Are you working with the partnership or your child care provider to achieve that goal?	Yes; No	Adapted from Baby FACES, Parent Interview 2010
Whether family has an IFPA			
Parent/primary caregiver	Did you work with partnership staff or your child care provider to develop an IFPA?	Yes; No	New item

Table E.17 (continued)

Respondent(s)	Item	Response categories	Source
Individuals involved in developing IFPAs			
Parent/primary caregiver	[IF YES] Who did you meet with to initially develop the IFPA?	Mark all that apply: Partnership staff, such as a family support specialist; Someone from your child care provider, such as a teacher, center director, or family child care provider	New item
Process for updating IFPAs			
Parent/primary caregiver	Do you meet with someone regularly to review the goals updated in your IFPA?	Yes; No	New item
	[IF YES] Who do you meet with to review your IFPA?	Mark all that apply: Partnership staff, such as a family support specialist; Someone from your child care provider, such as a teacher, center director, or family child care provider	New item
	[IF YES] How often do you meet to review your IFPA?	Choose one: Weekly; Monthly; 3–4 times per year; Once a year	New item

IFPA = individual family partnership agreement.

Table E.18. Recommended survey items for measuring activities implemented by families: Maintain communication with the partnership grantee and child care partners for continuity of care and smooth transitions for children

Respondent(s)	Item	Response categories	Source
Process for maintaining communication with the partnership grantee and child care provider			
Parent/primary caregiver	Do you talk with someone regularly to discuss the services your child is receiving from his or her child care provider and/or the partnership?	Yes; No	New item
	[IF YES] What is discussed during these meetings?	Mark all that apply: Your child's progress ; The types of activities your child is doing during the day; Plans for transitioning your child into a new classroom, center/home, or child care arrangement; Coordination with early intervention or other service providers; Other child care arrangements your child is in; Your transportation needs for your child; Needs and barriers you or your child are facing ; Other (specify)	New item
	[IF YES] Who do you meet with?	Mark all that apply: Partnership staff, such as a family support specialist; Someone from your child care provider, such as a teacher, center director, or family child care provider	New item
	[IF YES] How often do you meet?	Choose one: Weekly; Monthly; 3–4 times per year; Once a year	New item

Table E.19. Recommended survey items for measuring state and local policies and coordination activities: Identify rule misalignment challenges and consider accommodations to support partnerships

Respondent(s)	Item	Response categories	Source
Challenges to partnerships related to rule misalignment			
Partnership grantee director; child care center director; family child care provider	Have any of the following issues been a challenge for your partnership?	Yes; No	New item
	Differences between partnership and CCDF eligibility and eligibility redetermination rules		
	Differences between partnership and CCDF rules related to charging families co-payments		
	Differences between the HSPPS and child care licensing regulations related to adult-child ratios and group sizes		
	Differences between the HSPPS and child care licensing regulations related to staff credentials and professional development		
	Differences between the HSPPS and QRIS standards		
Systems for addressing challenges and considering rule accommodations			
Partnership grantee director; child care center director; family child care provider	[IF YES] Have you been involved in any state-level initiatives to address any of the challenges you identified?	Yes; No	New item

CCDF = Child Care and Development Fund; HSPPS = Head Start Program Performance Standards; QRIS = quality rating and improvement system.

Table E.20. Recommended survey items for measuring state and local policies and coordination activities: Coordinate with partnerships to provide quality improvement and professional development

Respondent(s)	Item	Response categories	Source
Access to QI and professional development resources to support partnerships			
Partnership grantee director; child care center director; family child care provider	Beyond partnership grant funds, have you accessed other resources to support quality and comply with the HSPPS?	Yes No	New item
	[IF YES] What agencies offer these resources?	Mark all that apply: Infant-toddler specialist network; Child care resource and referral; QRIS; Agencies administering scholarship programs for early childhood educators; Accrediting organizations; Family child care networks; Colleges and universities; Other (specify)	New item
Coordination of QI and professional development with partnerships			
Partnership grant director; child care center director; family child care provider	[IF YES] Have you been involved in any state-level initiatives to promote the coordination of QI and professional development resources with partnership?	Yes; No	New item

HSPPS = Head Start Program Performance Standards; QRIS = quality rating and improvement system; QI = quality improvement.

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APPENDIX F

RECOMMENDED ADAPTED AND NEW SURVEY ITEMS FOR MEASURING SHORT AND LONG TERM OUTCOMES IN THE THEORY OF CHANGE

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Table F.1. Recommended survey items for measuring short-term partnership outcomes: Enhanced capacity to offer high quality service options that meet families' needs

Respondent(s)	Item	Response categories	Source
Service options and capacity			
Partnership grantee director	What type of enrollment slots does your partnership offer?	Child care center slots; Family child care slots	New item
	How many funded slots does your partnership have of each type?	Number	New item
	IF GRANTEE OPERATED AN EARLY HEAD START PROGRAM OR A CHILD CARE FACILITY OR NETWORK PRIOR TO RECEIVING THE PARTNERSHIP GRANTS:	Number	New item
	How many funded slots in child care centers did your entity have before the partnership?	Number	New item
	How many funded slots in family child care home did your entity have before the partnership?		
Child care center director; family child care provider	How many infants and toddlers are you licensed to care for?	Number	New item
	How many infants and toddlers were you licensed to care for in the month before the partnership began?	Number	New item
	How many of your current enrollment slots for infants and toddlers are for the partnership?	Number	New item
Operating schedule			
Partnership grantee director; child care center director; family child care provider	What is your partnership's operating schedule?	Full-day, year-round; Part-day, year-round; Full-day, part of year; Part-day, part of year	Baby FACES, Program Director Interview 2009
	Is this the same number of days, more days, or fewer days than before the partnership began?	Same number of days; Fewer days; More days; Don't know	New item
Child care center director; family child care provider	Please provide the hours that your entity was open for children last week, beginning with last Monday.	Start time; End time; Closed on that day	National Survey of Early Care and Education, Center-Based Provider Questionnaire

Table F.1 (continued)

Respondent(s)	Item	Response categories	Source
Operating schedule (cont'd)			
Child care center director; family child care provider	Were your operating hours last Monday the same as another day of the week?	Check all that apply: Tuesday; Wednesday; Thursday; Friday; Saturday; Sunday	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Child care center director; family child care provider	[FOR DAYS NOT SELECTED] Please provide the hours that your entity was open last [DAY OF WEEK]?	Start time; End time; Closed on that day	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Child care center director; family child care provider	Is this the same number of hours per day on average, more hours per day, or fewer hours per day than before the partnership?	Same number of hours per day; More hours per day; Fewer hours per day; Don't know	New item
Flexibility of care			
Partnership grantee director; child care center director; family child care provider	Does your partnership permit families to use child care services on schedules that vary from week to week?	Yes; No; Don't know	National Survey of Early Care and Education, Center-Based Provider Questionnaire
Partnership grantee director; child care center director; family child care provider	Did you have the same policy on allowing varied schedules from week to week before the partnership?	The same policy; Did not allow variation in the weekly schedule; Allowed more variation in the weekly schedule; Don't know	New Item
Partnership grantee director; child care center director; family child care provider	Does your partnership permit families to use varying hours of care each week?	Yes, at their convenience; Yes, from a set schedule of options ; Yes, beyond a minimum number of hours; Yes, up to a maximum number of hours; No	Adapted from the National Survey of Early Care and Education, Center-Based Provider Questionnaire
Partnership grantee director; child care center director; family child care provider	Is this the same level of flexibility, more flexibility, or less flexibility than you allow in using varying hours of care each week before the partnership?	Same level of flexibility; More flexibility; Less flexibility; Don't know	New Item

Table F.1 (continued)

Respondent(s)	Item	Response categories	Source
Flexibility of care (cont'd)			
Partnership grantee director; child care center director; family child care provider	How do you work with families who need care during nonstandard hours? Nonstandard hours include evenings, overnight, and weekends. Do you…	Provide nonstandard hours care at my own site; Refer the family to another entity participating in the partnership ; Refer the family to the partnership grantee for help finding care; Make referrals to other child care providers in the community; Make a referral to the child care resource and referral agency; Direct the family to find care on their own; Other (specify)	Adapted from Baby FACES, Program Director Questionnaire 2009
Partnership grantee director; child care center director; family child care provider	Is this the same strategy you used before the partnership began or a different strategy?	The same strategy; A different strategy	New Item
	[IF A DIFFERENT STRATEGY] Which strategy did you use before the partnership?	Provide nonstandard hours care at my own site; Refer the family to another organization participating in the partnership; Refer the family to Early Head Start for help finding care; Make referrals or other child care providers in the community; Make a referral to the child care resource and referral agency; Direct the family to find care on their own; Other (specify)	New Item

Table F.1 (continued)

Respondent(s)	Item	Response categories	Source
Matching families with child care arrangements that meet their needs			
Parent/primary caregiver	When you enrolled in the partnership, did staff ask about your existing child care arrangements?	Yes; No	New item
Parent/primary caregiver	When you enrolled in the partnership, did staff ask about your child care needs?	Yes; No	New item
	[IF YES] Did partnership staff ask you about the following topics? The hours and days of the week you care for your child Whether you need varying hours and days of care each week Whether you prefer to have your child enrolled in a child care center or family child care home The location where you prefer to have your child in care Whether you need a child care arrangement that accommodates children with special needs Whether you prefer a child care arrangement that could accommodate your other children (such as preschool-age children or school-age children needing after-school care) Whether you prefer child care providers that share your race and ethnicity Whether you prefer child care providers that speak your home language Whether you prefer child care providers that share your religious and/or cultural beliefs	Yes; No	Adapted from qualitative interview protocols from the Study of Child Care Choices of Low-Income Working Families

Table F.1 (continued)

Respondent(s)	Item	Response categories	Source
Matching families with child care arrangements that meet their needs (cont'd)			
Parent/primary caregiver	When you enrolled in the partnership, which best describes how you were matched with a child care provider?	Choose one: The partnership matched my child based on available slots; the partnership matched my child based on my needs and preferences for care; I chose from a list provided by the partnership that listed the locations of the child care providers; I chose from a list provided by the partnership that provided information about locations and hours of care offered by the child care providers; I chose from a list provided by the partnership that provided information about locations and hours of care offered by the child care providers, as well as information about the providers' home language, race/ethnicity, cultural backgrounds, and ability to care for siblings; I visited child care providers recommended by the partnership and chose from that group; Other (specify).	New item

Table F.2. Recommended survey items for measuring short-term outcomes for partnerships: Staff attitudes that value each entity's contribution to the partnership

Respondent(s)	Item	Response categories	Source
Staff attitudes that value each entity's contribution to the partnership			
Partnership grantee director; child care center director; family child care provider; other partnership staff	Individuals involved in the partnership demonstrate mutual respect for each other. I feel my organization is a full partner in this partnership. I feel my voice is heard in the partnership. I feel I can pick up the phone and call other organizations in the partnership. My partner and I have similar goals for our work together. I feel that my partner respects my organization. I feel my partner does not really view my organization as a partner.	Please indicate the degree to which you agree or disagree with the following statements: 1 = not sure, 2 = disagree, 3 = neutral, 4 = somewhat agree, 5 = agree	Adapted from the Head Start/Child Care Partnership Study, Child Care Partnership Questionnaire

Table F.3. Recommended survey items for measuring short-term outcomes for partnerships: Staff competencies to develop mutually respectful and collaborative partnerships, provide effective quality improvement support, and provide developmentally appropriate infant and toddler care

Respondent(s)	Item	Response categories	Source
Staff competencies			
Partnership grantee staff, child care center teacher; family child care provider	Since beginning the partnership, I have gotten better at collaborating with other participating organizations	Strongly disagree, Disagree, Somewhat disagree, Somewhat agree, agree, Strongly agree	New item
	This partnership is based on mutual respect		
	We have tried new ways to enhance the quality of care we provide		
	We receive useful quality improvement strategies and support to implement them from the partnership		
	We receive the support we need to implement the HSPPS.		

HSPPS = Head Start Program Performance Standards.

Table F.4. Recommended survey items for measuring short-term outcomes for partnerships: Reduced isolation; membership in professional networks of infant and toddler service providers

Respondent(s)	Item	Response categories	Source
Reduced isolation and membership in professional networks			
Child care center teacher; family child care provider	I have one or more people to talk with about my work with infants and toddlers	Strongly disagree, Disagree, Somewhat disagree, Somewhat agree, agree, Strongly agree	New item
	I have one or more people to talk with about my relationships with the families of the children I care for		
	I am not able to get together with other family child care providers and discuss my work		
	I belong to a group of family child care providers that supports each other		
	I feel alone and without support in my job.		
	I am part of a network of providers that communicates regularly about problems or questions that come up in caring for infants and toddlers		
	I stay in touch with other family child care providers at least once per week by text, phone, or email		
	I was isolated before becoming part of the partnership		
	I feel less alone in my work since I became part of the partnership		
	I have other providers to contact about questions and for support now that I am part of the partnership		
	I am part of a professional network of providers now that I am part of the partnership		

Table F.5. Recommended survey items for measuring short-term outcomes for partnerships: Financial stability for child care partners

Respondent(s)	Item	Response categories	Source
Financial arrangements of the partnership			
Child care centers director; family child care provider	Do you receive a specific amount of funding from the partnership each month?	Yes, a set amount; No, the amount varies by actual enrollment; Don't know	New item
Child care centers director; family child care provider	Do you receive a specific amount of funding per child each month from the partnership?	Yes; No; Don't know	New item
	[IF YES] Do you receive a monthly payment for each partnership slot you offer, even if the slot is empty?	Yes, I receive a monthly payment per enrollment slot; No, I only receive a monthly payment if the slot is filled.	New item
Child care centers director; family child care provider	Do you receive additional funds for materials, supplies, facility repairs, staff training, professional development, or other costs?	Check all that apply: Materials such as toys and books; Furniture; Outdoor play equipment; Supplies; Facility repairs; Curriculum materials; Staff training events; Staff professional development (such as college courses); Other (specify)	New item
Child care center director; family child care provider	What percentage of children enrolled in partnership slots received a child care subsidy in the previous month?	Percentage	New item
Assessment of financial stability			
Child care center director; family child care provider	How has the partnership affected the financial stability of your child care program/business?	Increased financial stability; Decreased financial stability; Neither increased or decreased financial stability	New item

Table F.6. Recommended survey items for measuring short-term outcomes for partnerships: Caregiver stress related to meeting the HSPPS

Respondent(s)	Item	Response categories	Source
Caregiver control over work			
Child care director; center teacher; family child care provider	How much control do you have over the following things at work: the types of improvements you make to meet the HSPPS?	No control, very little control, a little control, some control, a lot of control	Adapted from the Job Control subscale of the Child Care Worker Job Stress Inventory
	How much control do you have over the following things at work: the types of support you get from the partnership grantee to meet the HSPPS?		
	How much control do you have over the following things at work: the types of daily activities that you do?		
	How much control do you have over the following things at work: when daily activities take place?		
	How much control do you have over the following things at work: how often you work late?		
	How much control do you have over the following things at work: the availability of supplies that you need?		
	How much control do you have over the following things at work: how much you are paid?		
	How much control do you have over the following things at work: when you are paid?		
	How much control do you have over the following things at work: the number of children you care for?		
	How much control do you have over the following things at work: taking time off work when you need it?		
	How much control do you have over the following things at work: taking time by yourself during the work day?		

HSPPS = Head Start Program Performance Standards.

Table F.7. Recommended survey items for measuring short-term outcomes for partnerships: Inequalities across classrooms/levels of support available to staff

Respondent(s)	Item	Response categories	Source
Distribution of partnership slots across classrooms			
Child care center director	How many infant and toddlers classrooms does your center have?	Number	New Item
Child care center director	Do all infant and toddler classrooms have partnership slots?	Yes; No	New item
	[IF NO] How many classrooms have partnership slots?	Number	New item
Allocations of resources across classrooms			
Child care center director	Do classrooms with partnership slots have the same ratios and group sizes as classrooms without partnership slots?	Ratios and group sizes are the same; Ratios and group sizes are different.	New item New item
	[IF DIFFERENT] What is the ratio and group size for classrooms with partnership slots?	Ratio; Group size	New item
	[IF DIFFERENT] What is the ratio and group size for classrooms with no partnership slots?	Ratio; Group size	New item
	[IF DIFFERENT] Do classrooms with partnership slots have different materials, toys, and supplies than classrooms without partnership slots?	Yes; No	New item
	[IF DIFFERENT] Do all infant and toddler teachers participate in the same training sessions, or do teachers in classrooms with partnership slots attend additional training?	All teachers receive the same training; Teachers in partnership classrooms receive additional training.	New item
	[IF DIFFERENT] Do all infant and toddler teachers receive the same professional development opportunities, or do teachers in partnership classrooms receive additional opportunities (such as classes toward an A.A. or B.A. degree)?	All teachers receive the same professional development opportunities; Teachers in partnership classrooms receive additional professional development opportunities.	New item

Table F.8. Recommended survey items for measuring short-term outcomes for families: Access to high quality care comprehensive services that meet families' needs

Respondent(s)	Item	Response categories	Source
Access to comprehensive services			
Parent/primary caregiver	Have you or anyone in your household received [INSERT] from the partnership?	Yes; No	Baby FACES, Parent Interview 2010
	Help finding good child care		
	Help getting to and from work or other places		
	Short-term help getting or paying for things you need in an emergency		
	Help finding a job		
	Education or job training		
	Help finding or paying for housing		
	Counseling on how to manage money		
	Help finding health services		
	Help finding mental health or substance abuse services		
Parent/primary caregiver	Does [CHILD] have an IEP or IFSP?	Yes; No; Don't know	Baby FACES, Parent Interview 2010
Parent/primary caregiver	[IF CHILD HAS IEP/IFSP] Was this plan developed with staff from the partnership, or with some other person or agency?	Partnership staff; Some other person/agency; Don't know	Baby FACES, Parent Interview 2010
Parent/primary caregiver	[IF CHILD HAS IEP/IFSP] Is [CHILD] receiving	None of the services identified in the IEP/IFSP; Some of the services; Most of the services; All of the services identified in the IEP/IFSP?	Baby FACES, Parent Interview 2010
Parent/primary caregiver	[IF CHILD HAS IEP/IFSP] How satisfied are you with those IEP or IFSP services?	Very satisfied ; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied	Baby FACES, Parent Interview 2010

Table F.8 (continued)

Respondent(s)	Item	Response categories	Source
Access to comprehensive services (cont'd)			
Parent/primary caregiver	Does [CHILD] have… Behavioral trouble or difficulty paying attention to learn? Difficulty hearing and understanding speech in a normal conversation? Difficulty seeing objects in the distance or letters on paper? Any physical development issues such as problems with the way (he or she) uses (his or her) arms or legs? A below-normal activity level? Difficulty with speech or communicating? Trouble sleeping because of a breathing problem or sleep apnea? A developmental disability or delay?	Yes; No	Baby FACES, Parent Interview 2010
Parent/primary caregiver	[ASK FOR EACH CHILD PROBLEM = YES] Has [CHILD] been evaluated by a doctor or other health professional because of [FILL]?	Yes; No; Don't know	Baby FACES, Parent Interview 2010
Parent/primary caregiver	[ASK IF CHILD EVALUATED FOR PROBLEM = YES] Did the partnership help you get this evaluation?	Yes; No; Don't know	Baby FACES, Parent Interview 2010

Table F.8 (continued)

Respondent(s)	Item	Response categories	Source
Access to comprehensive services (cont'd)			
Parent/primary caregiver	[ASK IF ANY CHILD PROBLEM = YES] Has [CHILD] ever received [FILL] to help with (his or her) special needs?	Yes; No; Don't know	Baby FACES, Parent Interview 2010
	Speech or language therapy		
	Occupational therapy or OT		
	Physical therapy or PT		
	Vision services		
	Hearing or audiology services		
	Special classes with other children, some or all of whom also had special needs		
Parent/primary caregiver	[ASK IF ANY CHILD PROBLEM = YES] Has [CHILD] or anyone in your household ever received [FILL] to help with [CHILD]'s special needs?	Yes; No; Don't know	Baby FACES, Parent Interview 2010
	Instruction in sign language, cued speech, ASL, or TOCO		
	Social work services		
	Psychological services		
Parent/primary caregiver	[ASK IF ANY CHILD PROBLEM = YES] Has anyone in your household ever received parent support or training to help with [CHILD]'s special needs?	Yes; No; Don't know	Baby FACES, Parent Interview 2010
Parent/primary caregiver	Did the partnership help [CHILD] or your family] get [FILL WITH SERVICE RECEIVED]?	Yes; No; Don't know	Baby FACES, Parent Interview 2010
Number of child care arrangements since enrollment			
Parent/primary caregiver	Since you enrolled in partnership, how many different child care arrangements has your child been in?	Child has been in same arrangement since enrollment; 2 arrangements; 3 arrangements; More than 3 arrangements	New item

Table F.8 (continued)

Respondent(s)	Item	Response categories	Source
Number of child care arrangements since enrollment (cont'd)			
Parent/primary caregiver	[IF 2 OR MORE ARRANGEMENTS] Why did you change child care arrangements? Was it because you	Needed care in a different location; Needed care on a different schedule; Need care for all of my children in one child care arrangement; Preferred a different type arrangement and it became available; Had problems with the child care provider or center; Other reasons (specify)	New item

ASL=American Sign Language: IEP = Individualized Education Program or Plan; IFSP = Individual Family Service Plan; TOCO=Total Communication.

Table F.9. Recommended survey items for measuring short-term outcomes for families: Continuity of caregiving across settings where children receive care

Respondent(s)	Item	Response categories	Source
Communication about caregiving practices			
Parent/primary caregiver	Have you communicated your caregiving preferences to [PARTNERSHIP] with regard to your baby?	Yes; No	New item
Parent/primary caregiver	Does [PARTNERSHIP] use the same approach you do at home to the following practices with regard to your infant/toddler?	Yes; No	New item
	Feeding schedule		
	Types of foods offered		
	Diapering/toileting schedule		
	Approach to behavior management		
	Use of a pacifier or soft object for comfort		

Table F.10. Recommended survey items for measuring short-term outcomes for other early childhood systems

Respondent(s)	Item	Response categories	Source
Rule accommodations are implemented as needed to align requirements and stabilize funding			
Partnership grantee director; child care center director; family child care provider	Since the partnership began, are you aware of changes at the local, state, or national level to align the following:	Yes; No; Don't know	New item
	Differences between partnership and CCDF eligibility		
	Differences between partnership and CCDF eligibility redetermination rules		
	Differences between HSPPS and child care licensing standards related to child-adult ratios and group sizes		
	Differences between HSPPS and child care licensing standards related to staff credentials and professional development		
	Differences between HSPPS and QRIS standards		
	[IF YES] Is this change an exception for partnerships, or does it apply to all child care providers?	An exception for partnerships; Applies to all early care and education providers	New item
QI and professional development supports are aligned to address needs of the partnerships			
Partnership grantee director; child care center director; family child care provider	Do any of the following initiatives provide services designed to help partnership comply with the HSPPS?	Yes; No; Don't know	New item
	Infant-toddler specialist network		
	Child care resource and referral		
	QRIS		
	Agencies administering scholarship programs for early childhood educators		
	Accrediting organizations		
	Family child care networks		
	Colleges and universities		
	Other (specify)		
	[IF YES] Has your partnership accessed the services?	Yes; No; Don't know	New item

CCDF= Child Care and Development Fund; HSPPS = Head Start Program Performance Standards; QRIS = quality rating and improvement system.

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APPENDIX G

RECOMMENDED ADAPTED AND NEW SURVEY ITEMS FOR MEASURING ORGANIZATIONAL AND CONTEXTUAL FACTORS IN THE THEORY OF CHANGE

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Table G.1. Recommended survey items for measuring organizational factors: Shared goals, relationship quality, and mutual respect between partners

Respondent(s)	Item	Response categories	Source
Shared goals			
Partnership grantee director; child care center director; family child care provider	Please rate each goal for the partnership from 1 to 5: Improve the quality of infant-toddler care and education Increase families' access to full-day, full-year child care Better meet families' child care needs (such as location, hours of care, type of care) Increase families' access to comprehensive services Increase continuity of care for children Gain access to new resources (such as funding, training, materials, and supplies) Other (specify) Don't know	1 = not sure, 2 = not at all important; 3 = not important, 4 = somewhat important; 5 = very important	Adapted from the Head Start/Child Care Partnership Study, Child Care Questionnaire and I-Piece Study, Early Childhood Education Management Survey
Relationship quality			
Partnership grantee director; child care center director; family child care provider; other partnership staff	The partnership has: A shared partnership philosophy and vision An agreement about curriculum/educational approach Agreements or plans that help guide the partnership's work Processes for ensuring child care staff have a good understanding of the HSPPS Procedures for resolving conflicts or differences across partners Well-defined roles and responsibilities	Yes; No; Don't know	Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire

Table G.1 (continued)

Respondent(s)	Item	Response categories	Source
Relationship quality (cont'd)			
	Staff that are prepared for their responsibilities		
	Good communication across organizations		
	Staff that are involved in all phases of the partnership		
	Procedures to manage finances as part of the partnership		
Mutual respect between partners			
Partnership grantee director; child care center director; family child care provider; other partnership staff	Individuals involved in the partnership demonstrate mutual respect for each other.	Please indicate the degree to which you agree or disagree with the following statements: 1 = not sure, 2 = disagree, 3 = neutral, 4 = somewhat agree, 5 = agree	Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire
	I feel my organization is a full partner in this partnership.		
	I feel my voice is heard in the partnership.		
	I feel I can pick up the phone and call my partner.		
	I feel that my partner respects my organization.		
	I feel my partner does not really view my organization as a partner.		

Table G.2. Recommended survey items for measuring organizational factors: Systems to support continuous improvement

Respondent(s)	Item	Response categories	Source
Self-assessment			
Partnership grantee director; child care center director; family child care provider	Please indicate the response that best reflects your organization's use of self-assessment.	The organization has not planned or conducted an annual self-assessment	Adapted from Baby FACES, Program Director Self-Administered Questionnaire, 2009
		The organization plans to conduct an annual self-assessment, but it has not taken steps toward implementing that plan	
		The organization has conducted a self-assessment in the past 12 months, but the process needs to be formalized and documented	
		The organization has conducted a self-assessment in the past 12 months and documented the results. The process involved [a broad range of staff, parents, and community members/staff and parents/parents].	
		The organization has conducted a self-assessment in the past 12 months and documented the results. The process involved [a broad range of staff, parents, and community members/staff and parents/parents]. The results have been used to make improvements.	
Use of improvement plans			
Partnership director; child care center director; family child care provider	Please indicate the response that best reflects your organization's goals, objectives, and plans for quality improvement.	The organization has no plan for developing written goals, objectives, and plans for quality improvement.	Adapted from Baby FACES, Program Director Self-Administered Questionnaire, 2009

Table G.2 (continued)

Respondent(s)	Item	Response categories	Source
Use of improvement plans (cont'd)			
		The organization intends to develop written goals, objectives, and plans for quality improvement but has not done so.	
		The organization has developed goals, objectives, and plans for quality improvement. However, some of the goals and plans need to be updated.	
		The organization has developed goals, objectives, and plans for quality improvement. These goals and plans have been updated in written form.	
		The organization has developed written goals, objectives, and plans for quality improvement. All written goals and plans are detailed, thorough, and up-to-date, and were developed in consultation with [the program's policy council, advisory committee(s), staff, parents, and other community members/staff and parents/parents].	
Process for ongoing monitoring			
Partnership grantee director; child care center director; family child care provider	Please indicate the response that best reflects your organization's process for ongoing monitoring.	The organization has no set process for ongoing monitoring.	New item
		The organization intends to develop a process for ongoing monitoring but has not yet done so.	

Table G.2 (continued)

Respondent(s)	Item	Response categories	Source
Process for ongoing monitoring (cont'd)			
		The organization has a plan for ongoing monitoring, but the plan is not followed as written.	
		The organization has a plan for ongoing monitoring that is followed as written.	
		The organization has a plan for ongoing monitoring that is followed as written. Results of the monitoring process are used to feed back into revised goals and plans for quality improvement.	
Staff review			
Partnership grantee director; child care center director; family child care provider	Do you conduct an annual performance review of your staff?	Yes; No	Seeds to Success Modified Field Test, Family Child Care Provider interview
Partnership grantee director; child care center director; family child care provider	Do families provide feedback on employee performance?	Yes; No	Seeds to Success Modified Field Test, Family Child Care Provider interview
Classroom/family child care home observation			
Partnership grantee director quality improvement staff; child care center director; family child care provider	Do you conduct any classroom/family child care home quality assessments in your center/child care center/ family child care home?	Yes; No	Survey of Early Head Start Programs
	[IF YES] Based on a quality assessment, have you ever determined that improvements were needed?	Yes; No	Survey of Early Head Start Programs

Table G.2 (continued)

Respondent(s)	Item	Response categories	Source
Classroom/family child care home observation (cont'd)			
Partnership grantee director; quality improvement staff; child care center director; family child care provider	The last time an assessment indicated the need for improvement, what steps did you take?	Yes; No	Survey of Early Head Start Programs
	Developed written improvement plan		
	Scheduled follow-up assessment		
	Provided staff training		
	Obtained technical assistance		
	Terminated partnership		
	Something else (specify)		

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