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Paths to QUALITY: A Child Care Quality Rating System for Indiana. Phase 2 Evaluation Methods and Measures

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Paths to QUALITY™ Evaluation Technical Manual:
Phase 2 Evaluation Methods and Measures
Technical Report No. 5

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September 2013
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We also thank the child care providers, children, and parents who are participating in the PTQ evaluation research. To the extent this evaluation benefits child care in Indiana, those in child care centers, homes, and ministries are the most important contributors and beneficiaries.
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Overview of Phase 2: Paths to QUALITY Evaluation

Introduction

In January 2008, the Bureau of Child Care of the Indiana Family and Social Services Administration launched a statewide child care quality rating system (QRIS), Paths to QUALITY™ (PTQ). Each level includes specific quality standards that must be met in order for that level to be awarded. The quality levels are labeled:

Level 1 – Health and Safety
Level 2 – Learning Environment
Level 3 -- Planned Curriculum
Level 4 – National Accreditation

In 2011, Purdue University with support from the Bureau of Child Care, completed a comprehensive evaluation of the implementation and early effectiveness of PTQ. The results from that Phase 1 evaluation have been summarized and disseminated in three technical reports, four research briefs, two research articles, and a series of stakeholder meetings throughout Indiana by the Purdue Evaluation team and PTQ partner organizations (Anderson & Elicker, 2012 a, b, c, and d; Elicker, Langill, Ruprecht, & Kwon, 2007; Langill et al., 2009; Elicker et al., 2011; Elicker et al., 2013).

The purpose of this technical report is to provide a detailed overview of the research design, procedures, and measures that will be used in the new Phase 2 evaluation of Indiana Paths to QUALITY. This is the current plan as the report is written in September 2013. Any revisions or modifications after the publication of this report may result in differences in the methodology actually used.

The Phase 2 evaluation comprises three studies: a provider study, a study of children in the CCDF voucher program, and a statewide parent survey. The evaluation will examine in depth the effectiveness of the now fully-operational PTQ system in meeting three primary goals: 1) helping Indiana child care providers improve the quality of care and education they offer young children and families; 2) benefitting children from low income families in their development, learning, and readiness for school; and 3) making parents aware of PTQ and its child care quality information, so they use PTQ when making their child care choices. The Phase 2 evaluation research will be completed and results disseminated during a four-year contract period from October 1, 2012 through September 30, 2016.
What questions will the Paths to QUALITY™ Phase 2 evaluation research answer?

1. Is PTQ effective at providing training/technical assistance (T/TA) to diverse Indiana child care providers that meets their needs and helps them advance to higher quality levels?

2. Are Indiana young children who are at-risk for early school failure gaining access to high quality child care within PTQ?

3. Does participation in higher PTQ-rated child care improve children’s development, early learning, and readiness for school?

4. Are parents of prekindergarten children in the general public aware of PTQ, and do they use it to inform their child care decisions?

What are the sources of evaluation data?

1. Eleven focus groups have been conducted with 58 providers 5 strategic Indiana regions.

2. A series of face-to-face and phone interviews will be completed with a sample of 180 PTQ providers stratified by type of care and PTQ level in the 5 selected regions. Interviews will be completed with each provider over 2 years, every 6 months, for a total of 5 interviews.

3. A combination of short phone interviews and online surveys will be completed with the PTQ quality mentors and advisors who are working with these 180 providers. Interviews will be completed with each mentor/advisor over 2 years, every 6 months, for a total of 5 interviews.

4. Child development assessments will be completed with a random sample of 240 children who are receiving CCDF vouchers in the 5 selected regions with Level 1, Level 3, and Level 4 PTQ providers, plus non-PTQ providers. Each child will be assessed 3 times over 2 years to follow their development and how it relates to their engagement with PTQ-rated child care. The child development measures include:

   - Cognitive Development--Infants Toddlers (0-36 months): Mullen Scales of Early Learning


   - Language Development--Infants Toddlers (0-36 months): Mullen Scales of Early Learning
• Language Development-Preschool Age Children (3-5 years): Peabody Picture Vocabulary Test – 4

• Social Emotional Development-Infants Toddlers (0-36months): Brief Infant Toddler Social and Emotional Assessment

• Social Emotional Development-Preschool Age Children (3-5 years): Social Competence and Behavior Evaluation

5. During each child development assessment, a Purdue observer will also rate the quality of interactions in the child care setting using the appropriate CLASS measure.

6. To meet an Indiana legislative mandate, we will assess family engagement with parents and providers at the time of each child development assessment. Parents will be interviewed every 6 months to update child care information.

7. Statewide telephone interviews with a random sample of 660 parents of children under 6 years in the Indiana general public will be conducted to assess parent awareness of PTQ, what factors they use in selecting child care, and whether a provider’s PTQ quality level is a part of their decision-making process when selecting child care for their child.
Figure 1. Logic Model for Longitudinal Child Outcome Study

**Inputs**
- PTQ system
- PTQ providers
- Low-income families that need child care
- Money

**Outputs**

**Activities**
- CCR&Rs refer parents to higher quality providers in PTQ
- Providers move up PTQ system
- Low-income parents learn about and enroll children in PTQ providers

**Participation**
- # of PTQ providers in low-income communities increases
- Providers serving low-income families increase their PTQ level
- More CCDF eligible children enroll with PTQ providers
- Low-income children spend more time with higher rated PTQ providers

**Outcomes**

**Short term**
- More higher rated PTQ providers are available to parents
- Providers T/TA helps providers increase quality of child care low-income children

**Medium Term**
- Parents choose higher rated PTQ providers
- More higher rated PTQ providers are available to low-income families
- Low-income children show larger gains in language, cognitive, and social emotional development when they are in higher PTQ rated care

**Long Term**
- More high quality child care is available to parents in low-income communities
- Children who spend more time in higher rated PTQ care experience greater gains in language, cognitive, and social emotional outcomes
- Low-income children in higher PTQ rated providers enter kindergarten with higher levels of school readiness
- Low-income children remain with higher rated PTQ providers for longer spells of time

**Evaluation Questions**
1. Are Indiana young children who are at highest risk for early school failure gaining access to high quality child care within the PTQ system?
2. Does participation in higher PTQ-rated child care improve children’s development, early learning, and readiness for school?
Figure 2: Logic Model for Longitudinal Provider Advancement Study

**Inputs**
- CCR&R Mentors
- IAEYC Advisors
- Money
- PTQ

**Outputs**
- T/TA Activities
  - Trainings
  - Relationship based Technical Assistance
  - Establishes & Maintains Mentoring Relationship
  - PTQ Incentives (e.g., materials, cash awards)
- Participation
  - Licensed Family Child Care Homes
  - Licensed Child Care Centers
  - Registered Ministries

**Outcomes**

<table>
<thead>
<tr>
<th>Short term</th>
<th>Medium Term</th>
<th>Long Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs utilize technical assistance provided by PTQ.</td>
<td>Motivated programs follow PTQ standards, increase and maintain high quality care.</td>
<td>Positive child cognitive, language, and social emotional outcomes.</td>
</tr>
<tr>
<td>More programs become accredited.</td>
<td>Low quality and/or unmotivated programs either improve quality of care or close.</td>
<td>Children experience higher quality care.</td>
</tr>
</tbody>
</table>

**Evaluation Questions**
- What amount of time was invested in technical assistance? What are the characteristics of the mentors and advisors?
- What sources of training/technical assistance are used?
- What are the unique characteristics of the providers? How do providers’ attitudes about PTQ, professional attitudes and level of engagement vary?
- How do T/TA needs vary for diverse providers (type of care, level, etc.)? What are the best predictors of provider advancement or stalling in PTQ? Attitudes? Motivation? Quality and amount of T/TA?
- What types and amounts T/TA are needed by each type of provider at each level? Are some T/TA approaches more effective in helping improve quality and advance levels?
Paths to QUALITY Questions and Research Design

Five regional areas are included in the Phase 2 evaluation: (1) Indianapolis and surrounding counties; (2) Lake, Porter and LaPorte counties; (3) Lafayette and surrounding counties; (4) Evansville and surrounding counties; and (5) Fort Wayne and surrounding counties. These regions include a mix of urban and rural areas that contain a variety of provider types, PTQ levels, and an adequate sample of families receiving CCDF vouchers to examine the proposed research questions. The Phase 2 evaluation research will be completed and results disseminated during a four-year contract period, from October 1, 2012 through September 30, 2016. Table 1 outlines the evaluation schedule.

The Phase 2 PTQ evaluation will be conducted using rigorous research methods to answer four main questions and a number of sub-questions:

Main Evaluation Questions

1. Is PTQ effective at providing training/technical assistance (T/TA) to diverse Indiana child care providers that meets their needs and helps them advance to higher quality levels?

2. Are Indiana young children who are at-risk for early school failure gaining access to high quality child care within PTQ?

3. Does participation in higher PTQ-rated child care improve children’s development, early learning, and readiness for school?

4. Are parents of prekindergarten children in the general public aware of PTQ and do they use it to inform their child care decisions?

Data collection in this evaluation project will be carried out over approximately three years. A series of four studies has been planned to address the research questions. The studies include:

1. Study 1: Child Care Provider Focus Group Study
2. Study 2: Longitudinal Child Outcome Study
3. Study 3: Longitudinal Provider Advancement Study
4. Study 4: Statewide Parent Survey

First, in Study 1, a total of 11 focus group interviews were completed in the 5 evaluation regions at central locations, such as churches or public library spaces during April, May and June 2013. A total of 58 providers participated (22 family home child care providers, 22 center directors, and 14 ministry directors). The interviews were semi-structured, and participants were encouraged to discuss with researchers and with each other their experiences, satisfactions, and frustrations with PTQ. A report on the findings is forthcoming (Ruprecht, Langill & Elicker, 2013).
Second, in preparation for Study 2, the Longitudinal Child Outcome Study, lead staff members and data collectors received training on the Class Assessment Scoring System Pre-K (CLASS: Pianta, La Paro, & Hamre, 2008) and Toddler (La Paro, Hamre, & Piantia, 2012). Training on using CLASS measures in family home setting as well as the administration of child assessment measures is being conducted. Additional survey instruments were selected or created for Study 2. Data collection will begin November 2013.

Third, using data from Study 1 (focus group interviews) evaluation measures were developed and field tested for Study 3, the Longitudinal Provider Advancement Study. Data collectors were trained on administering interviews with child care directors and PTQ Mentors and Quality Advisors.

The PTQ Evaluation Data Advisory Committee including key PTQ partners and stakeholders was convened. The evaluation research plan was reviewed and refined with input from this committee, and preliminary results will be presented during each year of the evaluation.
<table>
<thead>
<tr>
<th>General Activities</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Recruit participants and conduct 12 focus groups statewide</td>
<td>April-June 2013</td>
</tr>
<tr>
<td>Train data collectors on interview and assessment protocols</td>
<td>Mar. 2013-Sept. 2013</td>
</tr>
<tr>
<td>Complete Provider Focus Group Report</td>
<td>Sept. 30, 2013</td>
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<table>
<thead>
<tr>
<th>Provider Advancement Study</th>
<th>Timeline</th>
</tr>
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<tbody>
<tr>
<td>Recruit participants and complete Interview 1 with random sample of 180 PTQ providers statewide</td>
<td>Oct. 2013-Feb. 2014</td>
</tr>
<tr>
<td>Complete 180 Interview 2 with provider advancement study participants</td>
<td>April 2014-Aug. 2014</td>
</tr>
<tr>
<td>Collect and analyze online survey data from PTQ quality mentors/advisors Interview 2</td>
<td>April 2014-Aug. 2014</td>
</tr>
<tr>
<td>Complete 180 Interview 3 with provider advancement study participants</td>
<td>Oct. 2014-Feb. 2015</td>
</tr>
<tr>
<td>Collect and analyze online survey data from PTQ quality mentors/advisors Interview 3</td>
<td>Oct. 2014-Feb. 2015</td>
</tr>
<tr>
<td>Complete 180 Interview 4 with provider advancement study participants</td>
<td>April 2015-Aug.2015</td>
</tr>
<tr>
<td>Collect and analyze online survey data from PTQ quality mentors/advisors Interview 4</td>
<td>April 2015-Aug. 2015</td>
</tr>
<tr>
<td>Complete 180 Interview 5 with provider advancement study participants</td>
<td>Oct. 2015-Feb. 2016</td>
</tr>
<tr>
<td>Collect and analyze online survey data from PTQ quality mentors/advisors Interview 5</td>
<td>Oct. 2015-Feb. 2016</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Outcome Study</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Recruit 240 participants and complete Time 1 child/parent and child care assessment for child study</td>
<td>Nov. 2013-April 2014</td>
</tr>
<tr>
<td>Complete 240 parent initial phone interviews Time 1</td>
<td>Nov. 2013-April 2014</td>
</tr>
<tr>
<td>Complete 240 parent phone tracking interviews Time 2</td>
<td>May-Dec. 2014</td>
</tr>
<tr>
<td>Complete Time 2 child care assessment and Time 3 parent interviews for child study</td>
<td>Nov. 2014-April 2015</td>
</tr>
<tr>
<td>Complete 240 parent phone tracking interviews Time 4</td>
<td>May-Dec. 2015</td>
</tr>
<tr>
<td>Complete Time 3 child care assessment and Time 5 parent interviews for child study</td>
<td>Nov. 2015-April 2016</td>
</tr>
</tbody>
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Phase 2 Evaluation Data Collection Procedures

This section includes an overview of the typical process used in the recruitment, enrollment, and quality rating for participating child care providers.

PTQ Recruitment

Local child care resource and referral agencies in each region recruit child care providers to participate in the Paths to QUALITY program using existing communication and marketing channels, such as presentations at community meetings and brochures at community events.

PTQ Enrollment and Rating

The following section describes how providers are enrolled in PTQ, the rating process, and how providers may advance through the system. The current PTQ logic model is shown in Figure 1.

1. Providers provide basic information about who they are, how to contact them, and details about their child care operation.

2. Provider is assigned Level 1 rating based on compliance with licensing regulations (licensed centers and family child care homes) or voluntary certification (registered ministries).

3. Providers may select a Mentor/Advisor to assist them through the PTQ process and to provide technical assistance.

4. Provider meets all criteria for a level.

5. The PTQ specialist makes a request for a rating visit.

6. A staff person from The Consulting Consortium company (independent contractor with state government) visits the facility and rates them on a level between 1 and 4.

7. Level rating is shared with the child care facility, and they receive a certificate, non-cash award from the State (cash awards are given only to those who meet and maintain level 4), and a sticker to place on their door indicating their current Paths to QUALITY level.

8. Once a provider receives a rating, the provider has 90 days to make adjustments they need to achieve the higher rating. For example, if a Level 1 provider requests a rating for a Level 2, and the rater finds that there are requirements the provider still needs to fulfill, the provider has 90 days to meet those requirements and achieve the Level 2 rating.
9. A follow-up visit occurs within 12 months of the initial visit to ascertain whether the PTQ level has changed.
10. A child care facility may ask to have a level increase after six months of their last rating level was issued.

11. Data from the initial visit are recorded in a central database operated by the State, and any follow-up activity is tracked.
Phase 2 Evaluation Methods and Measures Manual
Study 1: Child Care Provider Focus Group Study

Summary of Study
Eleven focus groups were completed in the five evaluation regions (Indianapolis and surrounding counties; Lake, Porter and LaPorte counties; Lafayette and surrounding counties, Evansville and surrounding counties, and Fort Wayne and surrounding counties) during the spring of 2013. A total of 22 family home child care providers, 22 center directors, and 14 ministry directors participated. The interviews were semi-structured, and participants were encouraged to discuss with researchers and with each other their experiences, satisfactions, and frustrations with PTQ.

Research Questions
1. Why did you decide to join Paths to QUALITY?
   - What did you initially hope to gain by joining PTQ? Have you gained those things?
   - Why did you make the decision to stay on PTQ?

2. Depending on your current PTQ level, how do you feel about advancement? How important is it to you to move up a level?
   - How hard will it be to move up? What are the challenges?
   - If there are no plans to move up, why not?
   - How has your mentor helped you with advancement?
   - What kind of support do you have to advance to the next level? What kind of support do you wish you could have to advance to the next level?

3. What do you need to advance?
   - How difficult/easy will it be for you to advance?

4. Now, we want to talk about how being on PTQ may have impacted your child care.
   - What changes have you seen in yourself or your staff as a result of participating in PTQ?
   - How has PTQ changed the care you/staff are giving children?
   - What parts of PTQ made the biggest impact in changing the care you/your staff give to children?
   - How has PTQ affected families?
   - How have you engage families or oriented them to PTQ?
   - How do you oriented staff to PTQ?

5. If you were in charge of PTQ, what would you change?
Focus Group Sample Description
PTQ-rated child care providers were recruited in the five evaluation regions through the local child care resource and referral agencies. Staff at these agencies recommended providers at each PTQ level whom they thought would be open to sharing their ideas and opinions about PTQ. The sample consisted of a total of 58 child care providers participating in the PTQ system at levels 1, 2, 3 or 4 (See Table 2).

Table 2. Focus Group Participants by PTQ Level and Type of Care

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Total</th>
</tr>
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<tbody>
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<td>FCCH</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td>22</td>
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<tr>
<td>LCC</td>
<td>3</td>
<td>4</td>
<td>8</td>
<td>7</td>
<td>22</td>
</tr>
<tr>
<td>RM</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>12</td>
<td>23</td>
<td>15</td>
<td>58</td>
</tr>
</tbody>
</table>

Data Collection
Focus group interviews were conducted in each of the five identified areas at neutral locations such as university conference rooms, public library spaces, or churches. The interviews were conducted by two or three members of the Purdue research team. The interviews were semi-structured, and participants were encouraged to openly and honestly discuss with researchers and with each other their experiences with Paths to QUALITY and the support they received through program sponsored resources and assistance. Each focus group interview took approximately two hours and was recorded and transcribed for further analysis.

The following data collection procedures were followed:

Participants signed consent forms and completed a short survey on demographic information (see Attachments A and B).

1. Welcome
   Good evening and welcome to our session. Thanks for taking the time to join us to talk about Paths to QUALITY. My name is ___________ and assisting me is ________________. We are with Purdue University.

2. Overview of topic
   We have been asked by the state to get some information from child care providers about their experiences in Paths to QUALITY. We want to know what you like, what you don’t like, and how the program can be improved. We are having discussions like this with several groups around the state. We need you input and want you to share your honest and open thoughts with us. You were invited because you are participating in Paths to QUALITY.
3. Ground rules
   There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Everyone’s experiences and opinions are important. Speak up whether you agree or disagree. Keep in mind that we’re just as interested in negative comments as positive comments, and at time the negative comments are the most helpful.

   You’ve probably noticed the microphone. We’re audio recording the session because we don’t want to miss any of your comments. People often say very helpful things in these discussions and we can’t write fast enough to get them all down. We will be on a first name basis tonight, and we won’t use any names in our reports. You may be assured of complete confidentiality. We want for you to feel comfortable sharing when sensitive issues come up. The reports will go back to the state to help improve Paths to QUALITY. We won’t identify anyone by name in our report.

   We ask that you turn off your phones. If you cannot and if you must respond to a call, please do so as quietly as possible and rejoin the group when you can.

   Well, let’s begin. We’ve placed name cards on the table in front of you to help us remember each other’s names. Let’s find out more about each other by going around the table. Tell us your name and a little about your child care program.

4. Focus Group Questions

5. Conclusion
   a. Review purpose and ask if anything has been missed
   b. Thanks and dismissal
Study 2: Longitudinal Child Outcome Study

Summary of Study

The goal of the child outcomes study is to describe the development and school readiness of children from low income families over two years and to determine if amount and quality of child care received is linked to children’s growth during that time period. In addition, the study is designed to answer questions as mandated by the Indiana State Legislature regarding family engagement and the school readiness of children who have experienced child care in Indiana centers and homes rated Level 3 or Level 4 by PTQ.

A total of 240 children will be randomly selected from the state’s database for the Child Care Development Fund (CCDF; a federally-funded program that provides child care vouchers to low income families.) The 240 children (80 infants/toddlers; 160 preschoolers) will be stratified by child age (1-3 yrs; or 3-5 yrs) and PTQ-rated quality level (Level 1, 3 and 4 providers.) Also included in this sample will be 40 preschool children ages 3-5 yrs whose provider is not enrolled in PTQ, but who receive CCDF vouchers. Children will be assessed at three separate time periods over the two-year data collection period, for a total of 720 child development assessments. During these child assessment visits, teacher-child interactions will be observed in the facilities where these children are receiving care. Parents of the children will be interviewed to assess parents’ engagement in child care and to track the families’ use of child care and CCDF vouchers.

Research Questions

1. Does participation in higher PTQ-rated child care improve children’s development, early learning, and readiness for school?

2. Are Indiana young children who are at-risk for early school failure gaining access to high quality child care within PTQ?

Evaluation Sample Selection

A stratified, randomly-selected child sample will be drawn from the state supplied CCDF voucher list in the five targeted regions within Indiana. The total child sample will be 240 children (80 infants/toddlers; 160 preschoolers) receiving CCDF subsidies. A total of 200 children enrolled in Level 1, 3, and 4 PTQ programs plus 40 preschool children who are not enrolled in PTQ providers but are receiving CCDF vouchers will be selected. Child care providers will be included in the research based on the place where the focal child currently attends child care.

Families will be contacted via letter or email to explain the study and to gain permission to contact them for inclusion (Appendix C). Parents will be able to opt out of the evaluation by
either calling a toll-free number or by emailing the Purdue research team. Parents will be asked to read, discuss, and sign the informed consent form (Appendix D) prior to the researcher contacting the child care provider to conduct the child assessment. Once parent consent is received, the current child care provider will be contacted via telephone and asked to participate. The director/owner and child care teachers will be mailed consent forms and will be asked to read, discuss, and sign consents prior to the evaluation visit. (Appendix E and F).

**Data Collection**

The PTQ level will be verified with the child care provider as well as the duration of the child’s enrollment. Child care data collection visits will last approximately 4 hours and will consist of a global assessment of teacher-child interaction quality and specific measures of the child’s cognitive, language, and social-emotional development. Child care providers will be asked to complete two brief questionnaires regarding their level of parental engagement (see Appendix G) and their education and training levels (see Appendix H).

Parents will be interviewed five times during the course of the study. They will be asked to complete an initial brief telephone survey (Appendix I) and subsequent telephone interviews every 6 months to update the status on the child’s care arrangements, reasons for changing/staying with the current child care provider, their level of engagement with the child care program, and their status in the CCDF voucher program (see Appendix J).

**Measures**

**Child Assessment Measures**

*Infants’ and Toddlers’ Cognitive and Language Development:* For children under age three, the Mullen Scales of Early Learning will be used to assess cognitive and language skills (Mullen, 1995). The Mullen uses both observation of the child in the natural environment and one-on-one assessment of specific skills in fine motor, visual reception, receptive language, and expressive language skills. Administration time for the Mullen is approximately 20 minutes and will be completed by the data collector at each of the three child data collection time points. The data collector will conduct the Mullen assessment with the child during the data collection visit, after the child has the opportunity to become familiar and comfortable with the data collector. The assessment will take place either directly in the classroom or in an area where the child care provider has visual contact with the data collector.

*Infants’ and Toddlers’ Social and Emotional Development:* Social emotional skills for children under the age of three will be assessed using the Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan & Carter, 2002). The BITSEA is a 60 item questionnaire that assesses a young child’s social competence and problem behaviors. Child care providers will respond to each question by indicating whether a behavior is not true, somewhat true, very true, or no opportunity to observe. Child care teachers will complete this for each child enrolled in the study, and completion time averages about 15 minutes per child and will be administered...
at each of the three data collection time points. The BITSEA will be distributed to the child care providers on the day of the data collection visit, and the data collector will collect the forms at the conclusion of the visit.

**Preschoolers’ Cognitive and Language Development:** For children ages 3-6, the Peabody Picture Vocabulary Test-4 (PPVT-4; Dunn & Dunn, 1997) will be used to assess language skills, and the Bracken School Readiness Assessment-Third Edition (Bracken, 2007) will be used to assess cognitive skills. Both assessments are administered directly, one-on-one with the child. The PPVT-4 asks children to point to a picture given a word prompt by the data collector. Administration time is approximately 15 minutes. The Bracken measures color recognition, numbers/counting, size comparisons, and shapes. Administration time is approximately 15 minutes. The data collector will conduct the PPVT-4 and Bracken assessments with the child during the data collection visit after the child has the opportunity to become familiar and comfortable with the data collector. The assessment will take place either directly in the classroom or an area where the child care provider has visual contact with the data collector. Both assessments will be administered by the data collector at each data collection time point.

**Preschoolers’ Social and Emotional Development:** Social emotional skills for the 3- to 5-year old children will be assessed using the Social Competence Behavior Evaluation (SCBE; Lafreniere & Dumas, 1996). The SCBE is a 30 item scale that assesses social competence and problem behaviors in children ages 3-6 years. Child care providers respond to each question by checking whether a behavior occurs never, sometimes, often, or always, or cannot evaluate. Child care teachers will complete this for each child enrolled in the study at each data collection time point, and completion time averages about 10 minutes per child. The SCBE will be distributed to the child care providers on the day of the data collection visit and the data collector will collect the forms at the conclusion of the visit.

**Caregiver-Child Interactions**

Overall global quality of caregiver-child interactions will be assessed using the Classroom Assessment Scoring System, using the CLASS-Toddler version, the CLASS Pre-K version, or the CLASS-Family Child Care Home version (LaParo, Hamre, & Pianta, 2012; Pianta, Hamre, & LaParo, 2008) depending on the setting and the age of the child. The CLASS measure is an observational tool used by the data collector to rate the quality of adult-child interactions in the child care environment. Observations are conducted on an average child care day, typically in the mornings and last approximately two hours. During a two hour period the data collector will observe the caregiver-child interactions in four, 15-minute intervals followed by a 10 minute recording time. Each CLASS tool measures teacher-child interactions in the following way:

The Toddler CLASS assesses interactions in two broad domains, with several indicators under each domain. The Emotional and Behavioral Support domain includes the positive climate, negative climate, teacher sensitivity, regard for child’s perspective, and behavior guidance in
the classroom. The Engaged Support for Learning includes the teacher’s ability to facilitate learning and development, quality of feedback, and language modeling present in the classroom.

The Pre-K CLASS assesses interactions in three broad domains, with several indicators under each domain. The Emotional Support domain includes positive climate, negative climate, teacher sensitivity, and regard for student perspectives. The Classroom Organization domain measures behavior management, productivity, and instructional learning formats. The Instructional Support domain measures concept development, quality of feedback, and language modeling.

For children who are assessed in licensed family child care homes, an adaptation of the CLASS developed at the University of Washington will be used (Joseph et al., 2011). The family child care version of the CLASS employs a combination of the Pre-K and the Toddler versions, depending on the ages of children observed.

**Parent Survey**

The Purdue research team created a survey that will be administered five times during the data collection period to track parent’s involvement with CCDF, reasons if they are longer participating, amount of time their child spends in child care, the number of providers used and their PTQ level, and parent engagement activities. Interviews will be conducted via telephone. (See Appendices I and J.)

**Child Care Provider Survey**

The Purdue research team created a child care provider survey to administer at each of the three child assessment data collection timepoints. The child care provider will be interviewed to determine the length of time the child has been enrolled with the provider and the level of parent engagement opportunities offered by the provider. Interviews will be conducted at the time of the child assessment data collection visits. (See Appendix G.)

**Training of Data Collectors**

Key project staff and data collectors attended Teachstone CLASS observation training for Pre-K and Toddler CLASS measures to gain in-depth knowledge of the CLASS domains and dimensions and how to code classrooms using the CLASS measure. Data collectors completed reliability certification for each measure through Teachstone, obtaining at least 80% reliability with video coding certification and will be asked to recertify each year of the evaluation. The Family Child Care CLASS training will be completed with each data collector.

Additional training will be conducted with each data collector on each of the child measures in child care classrooms. Each data collector will demonstrate competency in administering the child assessments with a Purdue researcher.
### Paths to QUALITY Evaluation:
Child Outcome Study Measures

<table>
<thead>
<tr>
<th>Construct</th>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1-3 year olds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive development</td>
<td>Mullen Scales of Early Learning</td>
<td>Measures visual reception, fine motor, expressive language, and receptive language skills in young children. Gives a composite early learning score.</td>
</tr>
<tr>
<td>Social emotional development</td>
<td>Brief Infant Toddler Social Emotional Assessment</td>
<td>A 60 item teacher report on child’s social emotional development. The measure produces two subscales, social competence and problem behaviors.</td>
</tr>
<tr>
<td><strong>3-5 year olds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School readiness measure</td>
<td>Bracken School Readiness Assessment</td>
<td>Measures comprehension of concepts such as colors, letters, numbers/counting, size/comparison, and shapes.</td>
</tr>
<tr>
<td>Language development</td>
<td>Peabody Picture Vocabulary Test</td>
<td>Measures receptive language skills in preschoolers</td>
</tr>
<tr>
<td>Social emotional development</td>
<td>Social Competence Behavior Scale</td>
<td>A 30 item teacher report on child’s social competence. There are three subscales: anxiety/withdrawal, social competence, and anger/aggression.</td>
</tr>
</tbody>
</table>
Study 3: Longitudinal Provider Advancement Study

Summary of Study

A total of 180 child care providers enrolled in the PTQ program and who have been assigned a quality level will be interviewed about the training and technical assistance that they have utilized while in PTQ, the advantages and disadvantages of participating in PTQ, obstacles and challenges of participating in PTQ, and the aspects of PTQ that have assisted them in PTQ. A combination of face-to-face and phone interviews will be completed with a random sample of PTQ providers stratified by type of care (family child care providers, licensed child care center directors, and registered ministry directors) and PTQ level in the selected regions.

Research Questions

1. Is PTQ effective at providing training/technical assistance (T/TA) to diverse Indiana child care providers that meets their needs and helps them advance to higher quality levels?

2. How is participation in PTQ advantageous (or disadvantageous) for child care providers?

3. What are the best predictors of provider advancement in PTQ?

4. How do T/TA needs vary for different types of child care providers and for providers at different PTQ-rated levels?

Evaluation Sample Selection

A stratified randomly-selected child care provider sample will be drawn from a list of providers enrolled in the PTQ system in five selected areas within Indiana. The total sample will consist of 180 child care providers (60 family child care providers, 60 licensed child care centers, and 60 registered ministries) participating in the PTQ system at levels 1, 2, or 3 (30 providers from each level). If there are insufficient numbers of any type of child care provider or any PTQ level enrolled in the PTQ system in a particular area, additional providers of other types or levels will be sampled in that area. At the time of the first interview the director/owner will be given the consent form and will be asked to read, discuss, and sign the consent. (Appendix K).

Each provider participating in PTQ has a PTQ Mentor or PTQ Quality Advisor who provides technical assistance and support. Each provider’s Mentor or Quality Advisor will also be interviewed about the provider’s motivations within the PTQ system and obstacles and challenges the provider participating in PTQ. At the time of the first interview the director/owner will be given the consent form The Mentor or Quality Advisor will be emailed the consent prior to the first interview and will be asked to read, discuss, and sign the consent. (Appendix L).
Data Collection

Prior to each interview, data about PTQ level, training and technical assistance received by each provider, and PTQ advancement information will be gathered from a state central system. Child care provider interviews will be completed with the center director or family child care owner. Interviews will be completed every 6 months with each provider for a total of 5 interviews. The initial and final interviews will be conducted in person and the remaining 3 interviews will be conducted via phone. Immediately after completing each provider interview, the PTQ mentors and advisors who are working with the each provider will be interviewed or surveyed. Interview 1 will be completed over the phone and interviews 2, 3, 4, and 5 consist of an online survey.

Measures

State Central Database: The state of Indiana Bureau of Child Care houses a state central database that tracks each provider’s activities within the PTQ system. PTQ partners who work with the providers providing technical assistance and PTQ raters who visit and rate providers on PTQ level standards enter data into the system. Purdue researchers will use this database to summarize and track advancement in the PTQ system and the type and dosage (number of contacts and hours) with PTQ partners. See Appendix M.

Child Care Provider Interviews: Based on questions posed by the evaluation advisory committee and an examination of the major themes that emerged in the child care provider focus groups, the Purdue evaluation team created a series of interviews to be completed with child care center directors and family child care home owners. Interviews 1 and 5 are face to face interviews that consist of combination of structured- and open-ended questions to examine the challenges, motivations, and perceptions of advancement in the PTQ program. Interviews 2, 3, and 4 are phone interviews designed to focus on aspects of advancement in the PTQ program and the provider-mentor relationships. To assess providers’ attitudes toward change and advancement in PTQ, an adaptation of the Stage of Change Scale 1.0 (Peterson & Valk, in press) was created for child care providers to complete. See Appendix N.

PTQ Mentor and Quality Advisor Interview and Surveys: The Purdue evaluation team created a series of surveys to be completed by the PTQ Mentors and Quality Advisors who work with each child care provider. Interview 1 will be a phone interview focusing on determining the providers’ motivation, interest in advancement in PTQ program, and effective techniques using with providers. Interviews 2, 3, 4 and 5 will focus on tracking providers’ motivation and aspects of the provider-mentor relationships. PTQ Mentors and Quality Advisors will also complete the Stage of Change Scale 1.0 (Peterson & Valk, in press) was created for child care providers. See Appendix O.
Training of Data Collectors

Training will be conducted with each data collector on administering provider and Mentor/Quality Advisor interviews. Each data collector will demonstrate competency in conducting interviews with a Purdue researcher.

Study 4: Statewide Parent Survey

Summary of Study

Statewide telephone interviews with a random sample of 660 parents of children under 6 years in the Indiana general public will be conducted during Year 3 of the Phase 2 evaluation. Questions will assess parents’ awareness of PTQ, the factors they use in selecting child care, whether a provider’s PTQ level would be part of the decision making process in selecting child care, and the impact of PTQ on their employment.

Research Questions

1. Are Indiana parents with young children aware of PTQ? Are they using PTQ to inform their child care choices?
   a. Do parents in the general public know about PTQ?
   b. How did those who know learn about PTQ?
   c. Are parents whose children are currently placed with PTQ providers satisfied with the quality of care and education their children are getting?
   d. Do parents intend to use PTQ Levels ratings to inform their future child care decisions?
   e. Are parents willing to pay more for higher PTQ-rated care?
   f. How does PTQ impact parent’s employment?
Project Contact Information

To learn more about Indiana Path to QUALITY program:

PTQ website: www.in.gov/fssa/carefinder/2554.htm

Melanie Brizzi, Indiana Child Care Administrator
MelanieBrizzi@fssa.IN.gov
Bureau of Child Care
Family and Social Services Administration

For more information about the Purdue evaluation of Paths to QUALITY program, contact:
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Director, PTQ Evaluation
Associate Professor
Human Development and Family Studies
Purdue University
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1200 W. State St.
West Lafayette, IN 47907-2055
elickerj@purdue.edu
Voice: 765-494-2938
Fax-765-494-0503

Paths to QUALITY Evaluation Briefs and Technical Reports:
http://www.cfs.purdue.edu/cff/publications/publications.html
References

Anderson, T. & Elicker, J. (2012a). Paths to QUALITY evaluation report #1: Key findings. West Lafayette, IN: Purdue University, Center for Families.

Anderson, T. & Elicker, J. (2012b). Paths to QUALITY evaluation report #2: Does Paths to QUALITY produce quality care and education for Indiana’s young children? West Lafayette, IN: Purdue University, Center for Families.

Anderson, T. & Elicker, J. (2012c). Paths to QUALITY evaluation report #3: Does Paths to QUALITY benefit Indiana’s child care providers? West Lafayette, IN: Purdue University, Center for Families.


Appendices

Appendix A: Focus Group Child Care Provider Consent Form
Appendix B: Focus Group Participant Demographic Survey
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APPENDIX A:
RESEARCH PARTICIPANT CONSENT FORM
(Center Director or Child Care Home Provider)
Evaluation of Indiana Paths to QUALITY™ Child Care Quality Rating System – Phase 2
Dr. James Elicker, Principal Investigator
Purdue University, Human Development and Family Studies

Purpose of Research
The purpose of this research is to evaluate the effectiveness of the statewide voluntary child care quality rating system, Paths to QUALITY (PTQ), implemented by the Child Care Bureau of the Indiana Family and Social Services Administration.

Specific Procedures to be Used
Researchers will invite child care center directors or a family child care home providers who are enrolled in the Paths to QUALITY system. If you agree to participate, you will attend a focus group interview with approximately 7 other child care directors or family child care providers who participating in Paths to QUALITY. During the focus group interview, you will be asked to complete a short survey about your previous education and training. This survey includes questions that ask about your experiences with the PTQ system. As a group, you will be asked to discuss questions about your experiences in Paths to QUALITY. The group interview will be recorded. You will be given an opportunity to ask questions regarding this evaluation research. All of the audio recordings and other information collected during the group interview will be kept in secure storage by the research team from Purdue University.

Duration of Participation
The duration of your participation will be approximately 90 minutes, which includes introductions, completing the short survey, and participating in the group discussion.

Risks to the Individual
The risks to participating in this research study are minimal and are no more than you would encounter in everyday life. There is small risk that you will be uncomfortable with the focus group questions. However, if at any time you are uncomfortable with any of the questions, you can either decline to answer a question or you may withdraw from the research without any coercion from the Purdue research staff. Also, even though we will ask participants to keep each other’s statements confidential, in focus group research researchers cannot guarantee the confidentiality of each participant, because researchers cannot control what participant might share outside of the research environment.

Benefits to the Individual
There are no direct benefits to you or your center or family child care home. Your participation in this study may help Indiana understand the effectiveness of the PTQ system for providers and may suggest ways for PTQ to improve the overall quality of child care in Indiana and in your community.

Participant’s initials __________________ Date ___________ Researcher’s initials __________________ Date ___________
**Compensation**
You will receive $25 cash for participating in this focus group interview. You will be asked to complete and sign a Participant Payment Disclosure Form upon the receipt of the payment, documenting that you received this payment.

**Confidentiality**
All information collected in this research will be kept confidential. Only the Purdue research team will have access to the information gathered, and all identifying information will be removed so that participants cannot be identified. Focus group interviews will be audio recorded. Detailed notes will be taken in the interviews and individual providers will be assigned number codes so that identifying information is removed from their interviews. The Principal Investigator will maintain all files identifying individual child care center directors or family child care home providers. These files will be stored in a locked filing cabinet in the Purdue research office and will be maintained for a period of 3 years. The project's research records may be reviewed by sponsor Indiana Family and Social Services Administration and departments at Purdue University responsible for regulatory and research oversight. Also, even though we will ask participants to keep each other's statements confidential, in focus group research researchers cannot guarantee the confidentiality of each participant, because researchers cannot control what a participant might share outside of the research environment.

**Voluntary Nature of Participation**
You do not have to participate in this research project. If you agree to participate you may withdraw your participation at any time without penalty.

**Contact Information:**
If you have any questions about this research project, you can contact Dr. James Elicker, 765-494-2938. If you have concerns about the treatment of research participants, you can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor-Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

____________________________________________  ___________________________
Participant’s Signature                                                                                  Date

____________________________________________                          _____________________________
Participant’s Name                                                                                       Name of Child Care Program

____________________________________________                                                 _____________________________
Researcher’s Signature                                                                                  Date
Appendix B: Focus Group Participant Demographic Survey

1. What is the highest level of education you have completed so far? (Check only one):
   - [ ] Less than high school diploma
   - [ ] High school diploma (or GED)
   - [ ] Some college credits, but no degree
   - [ ] Child Development Associate Credential
   - [ ] Associate degree (2 yr.) (Major: ____________)
   - [ ] Bachelor degree (4 yr.) (Major: ____________)
   - [ ] Masters degree (Major: ______________)
   - [ ] Doctorate degree (Major: _____________)

2. Do you belong to any early childhood professional organizations? (Check each organization, if you are a member):
   - [ ] IAEYC (Indiana Association for the Education of Young Children
   - [ ] NAEYC (National Association for the Education of Young Children
   - [ ] ACEI (Association for Childhood Education International)
   - [ ] NAFCC (National Association for Family Child Care)
   - [ ] CEC (Council for Exceptional Children)
   - [ ] My local Community Child Care Provider Organization or Network
   - [ ] Any other Professional Organization (Name of organization: _____________)

3. How many early childhood conferences (one day or more) have you attended in the past two years? (Check only one):
   - [ ] None
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] More than 4

4. Approximately how many total training hours have you completed during the past 12 months? (total contact hours in attendance at workshops, conferences, classes, etc.) (Check only one):
   - [ ] None
   - [ ] Less than 12 hours
   - [ ] 12 to 23 hours
   - [ ] 24 to 50 hours
   - [ ] 51 to 75 hours
   - [ ] More than 75 hours
Appendix C: Child Outcome Study Parent Letter

Name
Address
City, State, ZIP

Dear Family:

Purdue University has been contracted by the Bureau of Child Care to evaluate the Paths to QUALITY (PTQ) child care rating and improvement program. We have been working with Purdue for the past five years to better understand how PTQ works for families and child care providers in Indiana.

Purdue is looking for families whose children are currently enrolled in child care. They are interested in studying the development of those children over the next two years, to see how young children’s language, social, and thinking skills change over time, if they are ready for school, and how child care providers may help children get ready for kindergarten. Purdue researchers will visit the children at their child care provider and conduct some fun developmental tests. They also want to speak to the children’s families about their child care arrangements and how they change over time.

Purdue is seeking permission to contact you about your child participating this research over the next two years. Purdue will randomly choose families for participation. You and your child may or may not be selected to participate, and you can decide to participate in this research if you want to. The Bureau of Child Care will not know who is asked to participate in this research, and your decision about whether or not to participate will not affect your benefit status with the state in any way.

If you do not wish to be contacted at all, please call the Purdue University research team at 1-855-370-0002 and ask to not be contacted OR send an email to ptq@purdue.edu and state you do not wish for your child to take part in this research. Please contact us by DATE so that we can remove your name from the potential list of families interested in participating. Please note that you can still decline to participate if Purdue University contacts you, even if you do not call or email now.

Thank you.

Melanie Brizzi
Bureau of Child Care
Appendix D: Child Outcome Study Parent Consent Form

RESEARCH PARTICIPANT CONSENT FORM
(Parent Consent - Child Longitudinal Study)
Evaluation of Indiana Paths to QUALITY™ Child Care Quality Rating System – Phase 2
Dr. James Elicker, Principal Investigator
Purdue University, Human Development and Family Studies

Purpose of Research
The purpose of this research is to evaluate the effectiveness of the statewide voluntary child care quality rating system, Paths to QUALITY (PTQ), implemented by the Child Care Bureau of the Indiana Family and Social Services Administration.

Specific Procedures to be Used
Researchers will randomly select families that receive CCDF vouchers who are enrolled in PTQ Levels 1, 3 and Level 4, or in centers not participating in PTQ. You will be contacted via a letter from the Bureau of Child Care explaining the study and will be given the choice to not participate. If you decide to participate, a researcher from Purdue University will contact you and ask to schedule a visit to your child’s classroom/home provider so that a series of child assessments can be completed. Once you agree to participate, a member of the Purdue research team will schedule a visit to your child’s center or child care home to complete the initial child assessments. The assessments will consist of observing teacher child interactions and language and cognitive skills of your child. The assessments and observation will last approximately 4 hours. Assessments will be completed each year for 2 years, for a total of 3 child assessments. We will also ask you questions over the telephone regarding your child care arrangements and about your participation in CCDF. You will be given an opportunity to ask questions regarding the evaluation research. All the information collected during the observation will be kept in secure storage by the research team at Purdue University.

Duration of Participation
The duration of your child’s participation will be approximately 4 hours at each data collection visit over a three year period, including 30-60 minutes of developmental testing with your child, and about 3 hours of observation of all the adults and children. Child assessments will be completed each year for 2 years, for a total of 3 child assessments in your child’s child care center or family child care home. You will complete a 15 minute phone interview every six months, for a total of 6 phone interviews during the 2 years. This is a total time of 1 ½ hours over a 2 year period.

Risks to the Individual
The risks to participating in this research study are minimal and are no more than you would encounter in everyday life. There is small risk that you will be uncomfortable with the interview questions. However, if at any time you are uncomfortable with any of the questions, you can either decline to answer a question or you may withdraw from the research without any coercion from the Purdue research staff. There is minimal risk that participants (children) will be uncomfortable with the assessment. If at any time a child seems uncomfortable or appears to wish to stop, the research assistant will discontinue the assessment. Children will be told they can rejoin their teacher and the child care group at any time if they want to stop. If observations or assessments are perceived to be disruptive or upsetting to the children, the observation or assessment will be suspended.

_______ Participant’s initials  Date__________

_______ Researcher’s initials  Date__________
Benefits to the Individual
There are no direct benefits to you or your center or family child care home. Your participation in this study may help Indiana understand the effectiveness of the PTQ system for providers and may suggest ways for PTQ to improve the overall quality of child care in Indiana and in your community.

Compensation
You will receive $25 for each Purdue visit that is made to gather the child assessment and observation data. If your child remains in the study for the entire duration of the study, you could receive up to $75. You will be asked to complete and sign a Participant Payment Disclosure Form upon the receipt of the payment, documenting that you received this payment.

Confidentiality
All information collected in this research will be kept confidential. Only the Purdue research team will have access to the information gathered, and all identifying information will be removed so that participants cannot be identified. Interviews will not be audio-recorded. The Principal Investigator will maintain all files identifying individual children and child care providers. These files will be stored in a locked filing cabinet in the Purdue research office and will be maintained for a period of 3 years. The project’s research records may be reviewed by sponsor Indiana Family and Social Services Administration and departments at Purdue University responsible for regulatory and research oversight.

Voluntary Nature of Participation
You do not have to participate in this research project. If you agree to participate you may withdraw your participation at any time without penalty. Participation or non-participation in the study will not affect the status of the child care facility.

Contact Information:
If you have any questions about this research project, you can contact Dr. James Elicker, 765-494-2938. If you have concerns about the treatment of research participants, you can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor-Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

____________________________________________                           ___________________________
Participant’s Signature                                                                 Date

____________________________________________                          _____________________________
Participant’s Name                                                                                  Name of Child Care Program

__________________________________________________________                          _____________________________
Researcher’s Signature                                                                                  Date
APPENDIX E: RESEARCH PARTICIPANT CONSENT FORM
(Director or Child Care Home Owner: Child Longitudinal Study)
Evaluation of Indiana Paths to QUALITY™ Child Care Quality Rating System – Phase 2
Dr. James Elicker, Principal Investigator
Purdue University, Human Development and Family Studies

Purpose of Research
The purpose of this research is to evaluate the effectiveness of the statewide voluntary child care quality rating system, Paths to QUALITY (PTQ), implemented by the Child Care Bureau of the Indiana Family and Social Services Administration.

Specific Procedures to be Used
Researchers will randomly select families that receive CCDF vouchers who are enrolled in PTQ Levels 1, 3 and Level 4, or in child care centers not participating in PTQ. Upon receiving parental consent, we will contact you and ask to schedule a visit to the selected child’s classroom/home provider so that a series of child assessments can be completed. Once you agree to participate, a member of the Purdue research team will schedule a visit to your center or child care home to complete the initial child assessments. The assessments will consist of observing teacher child interactions and language and cognitive skills of the selected child(ren). The assessments and observation will last approximately 4 hours. Assessments will be completed each year for 3 years, for a total of 3 child assessments. You will also be asked to complete a short survey regarding parent engagement. The survey should 15 minutes to complete. You will be given an opportunity to ask questions regarding the evaluation research. All the information collected during the observation will be kept in secure storage by the research teach at Purdue University.

Duration of Participation
The duration of your participation will be approximately 4 hours at each of 3 data collection visit over a two year period. Child assessments will be completed every 12 months, for a total of 3 child assessments.

Risks to the Individual
The risks to participating in this research study are minimal and are no more than you or the children would encounter in everyday life. There is small risk that you will be uncomfortable with the interview questions. However, if at any time you are uncomfortable with any of the questions, you can either decline to answer a question or you may withdraw from the research without any coercion from the Purdue research staff. In addition, if the research assistant believes that children are being abused or neglected while in the classroom, she is required to report such incidences to the proper authorities as mandated by Indiana law.

Benefits to the Individual
There are no direct benefits to you or your center or family child care home. Your participation in this study may help Indiana understand the effectiveness of the PTQ system for providers and may suggest ways for PTQ to improve the overall quality of child care in Indiana and in your community.

_________ Participant’s initials  Date___________

_________ Researcher’s initials  Date___________
Compensation
You will receive $25 for each visit that is made to gather the child assessment and observation data. If the child remains in your care for the entire duration of the study, you could receive up to $75. You will be asked to complete and sign a Participant Payment Disclosure Form upon the receipt of each payment, documenting that you received this payment.

Confidentiality
All information collected in this research will be kept confidential. Only the Purdue research team will have access to the information gathered, and all identifying information will be removed so that participants cannot be identified. The Principal Investigator will maintain all files identifying individual child care center directors or family child care home providers. These files will be stored in a locked filing cabinet in the Purdue research office and will be maintained for a period of 3 years. The project's research records may be reviewed by sponsor Indiana Family and Social Services Administration and departments at Purdue University responsible for regulatory and research oversight.

Voluntary Nature of Participation
You do not have to participate in this research project. If you agree to participate you may withdraw your participation at any time without penalty. Participation or non-participation in the study will not affect the status of the child care facility.

Contact Information:
If you have any questions about this research project, you can contact Dr. James Elicker, 765-494-2938. If you have concerns about the treatment of research participants, you can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor-Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

__________________________  ___________________________
Participant’s Signature  Date

__________________________  ___________________________
Participant’s Name  Name of Child Care Program

__________________________  ___________________________
Researcher’s Signature  Date
APPENDIX F: RESEARCH PARTICIPANT CONSENT FORM
(Child Care Teacher: Child Longitudinal Study)
Evaluation of Indiana Paths to QUALITY™ Child Care Quality Rating System – Phase 2
Dr. James Elicker, Principal Investigator
Purdue University, Human Development and Family Studies

Purpose of Research
The purpose of this research is to evaluate the effectiveness of the statewide voluntary child care quality rating system, Paths to QUALITY (PTQ), implemented by the Child Care Bureau of the Indiana Family and Social Services Administration.

Specific Procedures to be Used
Researchers will randomly select families that receive CCDF vouchers who are enrolled in PTQ Levels 1, 3 and Level 4, or in centers not participating in PTQ. Upon receiving parental consent, we will contact your child care director/owner and ask to schedule a visit to the selected child’s classroom/home provider so that a series of child assessments can be completed. Once the child care director/owner agrees to participate, a member of the Purdue research team will schedule a visit to your center or child care home to complete the initial child assessments. The assessments will consist of observing teacher child interactions and language and cognitive skills of the selected child(ren). The assessments and observation will last approximately 4 hours. Assessments will be completed each year for 3 years, for a total of 3 child assessments. We will also ask you questions related to your education and training experience in early child care. You will be given an opportunity to ask questions regarding the evaluation research. All the information collected during the observation will be kept in secure storage by the research team at Purdue University.

Duration of Participation
The duration of your participation will be approximately 4 hours at each of 3 data collection visits over a two year period. Child assessments will be completed every 12 months, for a total of 3 child assessments.

Risks to the Individual
The risks to participating in this research study are minimal and are no more than you or the children would encounter in everyday life. There is small risk that you will be uncomfortable with the interview questions. However, if at any time you are uncomfortable with any of the questions, you can either decline to answer a question or you may withdraw from the research without any coercion from the Purdue research staff. In addition, if the research assistant believes that children are being abused or neglected while in the classroom, she is required to report such incidences to the proper authorities as mandated by Indiana law.

Benefits to the Individual
There are no direct benefits to you or your center or family child care home. Your participation in this study may help Indiana understand the effectiveness of the PTQ system for providers and may suggest ways for PTQ to improve the overall quality of child care in Indiana and in your community.

Participant’s initials            Date
Researcher’s initials            Date

_______ Participan’s initials     Date________

_______ Researcher’s initials     Date________
Compensation

Your center or child care home will receive $25 for each visit that is made to gather the child assessment and observation data. If the child remains in your care for the entire duration of the study, you could receive up to $75. You will be asked to complete and sign a Participant Payment Disclosure Form upon the receipt of the payment, documenting that you received this payment.

Confidentiality

All information collected in this research will be kept confidential. Only the Purdue research team will have access to the information gathered, and all identifying information will be removed so that participants cannot be identified. Interviews will not be audio-recorded. The Principal Investigator will maintain all files identifying individual child care center directors or family child care home providers. These files will be stored in a locked filing cabinet in the Purdue research office and will be maintained for a period of 3 years. The project's research records may be reviewed by sponsor Indiana Family and Social Services Administration and departments at Purdue University responsible for regulatory and research oversight.

Voluntary Nature of Participation

You do not have to participate in this research project. If you agree to participate you may withdraw your participation at any time without penalty. Participation or non-participation in the study will not affect the status of the child care facility.

Contact Information:

If you have any questions about this research project, you can contact Dr. James Elicker, 765-494-2938. If you have concerns about the treatment of research participants, you can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor-Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

____________________________________________                           ___________________________
Participant’s Signature                                                                 Date

____________________________________________                      _____________________________
Participant’s Name                                                                                   Name of Child Care Program

______________________________________________________                                         _____________________________
Researcher’s Signature                                                                               Date
APPENDIX G: Child Outcome Study Child Care Provider Questions

1. Provider Name:__________________________________________________________

2. Provider Type:
   - [ ] Licensed child care center  [ ] Family child care home
   - [ ] Registered ministry  [ ] Other: __________________________

3. PTQ Level: __________________________

4. How long has {CHILD} been enrolled at your facility?
   __________________________

Parent Engagement: Parent Communication

1. Please check which methods you use and how often you use them.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Contact sheets/Daily sheets</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>b. Conversations at drop off/pick up</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
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<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>c. Website</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>d. Text messages</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
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<td></td>
<td>☐ Monthly</td>
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<tr>
<td></td>
<td>☐ Never</td>
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<tr>
<td>e. Email messages</td>
<td>☐ Daily</td>
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<td></td>
<td>☐ Weekly</td>
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<td></td>
<td>☐ Monthly</td>
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<td></td>
<td>☐ Never</td>
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<tr>
<td>f. Facebook or other social media</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
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<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
</tbody>
</table>
Parent Involvement

2. Which of these social activities do you offer for families to be involved in the child care program?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Potlucks/picnics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Special holiday programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Special theme-related parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Family fun nights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Volunteering for field trips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Other: _______________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How do you (or your program) involve families in different aspects of your child care program?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do you regularly (at least two times/year) ask parents for their</td>
<td></td>
<td></td>
</tr>
<tr>
<td>opinions and ideas for improving your program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does your program have a written plan for improvement based at</td>
<td></td>
<td></td>
</tr>
<tr>
<td>least in part on ideas from families?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
c. Do you have an intake process that helps you learn about the
   needs and preferences of the child’s family, including those
   related to culture? (i.e., at enrollment)

d. Does your program share assessment or developmental
   screening results about their child with families?

e. Does your program provide individual plans for children
   transitioning between classrooms and to kindergarten?

3.1 (Please answer this question if you checked “YES” to the question 3d) which
   assessments/developmental screens do you use?
APPENDIX H: Child Outcome Study Child Care Teacher/Provider

Training and Education Survey

1. What is the highest level of education you have completed so far? (Check only one):

☐ Less than high school diploma
☐ High school diploma (or GED)
☐ Some college credits, but no degree
☐ Child Development Associate Credential
☐ Associate degree (2 yr.) Major: ____________________________________________
☐ Bachelor degree (4 yr.) Major: ____________________________________________
☐ Masters degree: Major: _________________________________________________
☐ Doctorate degree: Major: _______________________________________________

2. Do you have a CDA?
☐ Yes  ☐ No

   a. If no, are you currently working on your CDA?
      ☐ Yes  ☐ No

   b. If “yes” where are you taking your CDA courses?
      i. ________________________________________________________________
      ii. Is this a…. ☐ Formal ☐ Informal

3. Do you belong to any early childhood professional organizations? Check each organization, if you are a member:

☐ IAEYC (Indiana Association for the Education of Young Children
☐ NAEYC (National Association for the Education of Young Children
☐ ACEI (Association for Childhood Education International)
☐ ACSI (Association of Christian Schools International)
☐ NAFCC (National Association for Family Child Care)
☐ CEC (Council for Exceptional Children)
☐ ITSI (Infant Toddler Specialists of Indiana)
☐ My local Community Child Care Provider Organization or Network
☐ COA (Council on Accreditation)
☐ IHSA (Indiana Head Start Association)
☐ NHSA (National Head Start Association)
☐ Any other Professional Organization (Name of organization: _________________________________________________________________)
4. How many early childhood conferences (one day or more) have you attended in the past two years? Check only one.

☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ More than 4

5. Approximately how many total training hours have you completed during the past 12 months? (total contact hours in attendance at workshops, conferences, classes, etc.) Check only one.

☐ None
☐ Less than 12 hours
☐ 12 to 23 hours
☐ 24 to 50 hours
☐ 51 to 75 hours
☐ More than 75 hours

6. How many years have you worked in child care total, including time spent in another position such as teacher, etc?
APPENDIX I: Child Outcome Study Parent Survey – Initial

A. Demographic Questions
1. What is the child’s full name? ______________________________________________________

2. What is the child’s gender? ☐ Male ☐ Female

3. What is the child’s date of birth? __ __/ __/ __ __ __ __ __ __ __

4. Is {CHILD} of Hispanic or Latino descent? ☐ Yes ☐ No

5. Which best describes your child’s race?
   ☐ White ☐ Black or African American
   ☐ Asian/Pacific Islander ☐ American Indian and Alaska Native
   ☐ Native Hawaiian/Other Pacific Islander ☐ Two or more races

6. Has your child been diagnosed with a disability by a medical professional (i.e., doctor, nurse, nurse practitioner, etc.)?
   ☐ Yes ☐ No

7. What is your relationship to the child?
   ☐ Biological mother
   ☐ Biological father
   ☐ Grandparent
   ☐ Other family member
   ☐ Foster parent
   ☐ Other: ______________________________

8. How long have you been receiving CCDF vouchers to help pay for child care?
   ______________________________
   (verify with CCDF database)

9. Are you receiving any other assistance to help pay for child care besides CCDF?
   ☐ Yes ☐ No

10. If “yes” to #9, what other type of assistance are you receiving to help pay for child care?
B. Child Care Arrangements

1. What is the name of the {CHILD’s} child care provider?
________________________________________________________________________

2. Do you know if your provider is on Paths to QUALITY?
☐ Yes  ☐ No

3. How long has {CHILD} been attending {NAME OF PROVIDER}? (record in months)
________________________________________________________________________

VERIFY with CCDF database

4. On average, how many hours per week does {CHILD} attend {NAME OF PROVIDER}? 
________________________________________________________________________

5. Do you use any other child care throughout the week?
☐ Yes  ☐ No

6. If YES to #5, how many other child care arrangements do you have? ________________
   a. What is the name of the provider?
      i. CODE: LCC, FCCH, RM, Kin/Kith Care
      ii. CODE: PTQ Level, If applicable
      iii.

7. Why did you choose {NAME OF PROVIDER} as your child care provider? {OPEN ENDED or PROVIDE CHOICES?}
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________
________________________________________________________
C. Parent Engagement Questions – Parent Questions

Please answer these questions about the opportunities your child care provider offers for parent involvement and how you communicate with each other.

1. I’m going to read different ways that your provider may communicate with you. Please indicate if your provider communicates with you either daily, weekly, monthly, or never.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teacher/provider sends home contact sheets/daily sheets</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>b. Teacher/provider talks to me at drop off/pick up</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>c. Teacher/provider updates website</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>d. Teacher/provider text messages information</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>e. Teacher/provider emails messages</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>f. Teacher/provider posts pictures and information on Facebook or other social media</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>g. Teacher/provider provides folders/notebook where you write notes back and forth to the provider</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>h. Provider sends home a newsletter</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>i. There is a parent board posted in the center/family child care home that I read for information</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>j. Teacher/provider shares written suggestions about activities I can complete at home with my child</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
</tbody>
</table>
2. I’m going to ask you some questions about how often your child care provider shares information or activities with you. Please tell me if your provider shares the following types of information often, sometimes, or not at all.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Often</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides information to you about what your child is learning.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps you understand what to expect from your child at each age and stage.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides information about your child’s developmental assessment or screening results.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides workshops, materials, or advice about how to help [CHILD] learn at home.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands the needs of families who don’t speak English.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invites you to volunteer at the school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides information on community services to help [CHILD] or your family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is open to your ideas and participation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Now, I’m going to ask how you communicate with your child care provider. How often do you do the following? Please respond by using either never, rarely, sometimes, or always.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I talk to my child’s teacher/provider about the daily schedule of activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider if I have information to share about my child or if there is a problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider to find out how my child gets along with others at child care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider about his/her difficulties in child care.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I talk with my child’s teacher/provider via phone.</td>
<td></td>
<td></td>
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<tr>
<td>I talk with my child’s teacher/provider via text message.</td>
<td></td>
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<tr>
<td>I talk with my child’s teacher/provider via email.</td>
<td></td>
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<tr>
<td>I talk with my child’s teacher/provider about learning activities I can do at home with my child.</td>
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</tbody>
</table>

4. Since your child has been attending this child care provider, have you....

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>attended a general meeting, for example, an open house, a back-to- school night or other meeting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gone to a regularly-scheduled parent-teacher conference with [CHILD]’s teacher?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attended a class event, such as a play, class party, or other event because of [CHILD]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acted as a volunteer or served on a committee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>volunteered or helped out in [CHILD]’s classroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>observed in [CHILD]’s classroom for at least 30 minutes?</td>
<td></td>
<td></td>
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</tbody>
</table>
Brought in food or materials for special events such as a holiday celebration or special cultural event?

<p>| | |</p>
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helped with field trips or other special events?

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attended parent education meetings or workshops offered by your child care provider?

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participated in fundraising activities?

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Other:

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</table>

5. **During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school?**

<p>| | |</p>
<table>
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</table>

**D. Contact Information**

Now, I’d like to confirm your contact information so that we can continue to keep in touch.

1. What is the best number to reach you? ____________________________

2. What is a backup number to reach you? ____________________________

3. Who else would have your number if we are not able to contact you?

   a. What is their contact number(s)?

   _______________________________________

4. Is there any other way that we can get in contact with you, such as an email address?

   ______________________________________
APPENDIX J: Child Outcome Parent Follow-Up Survey

Parent Survey (Follow-Up Calls)

A. Demographic Questions

1. What is the child’s full name? ________________________________________________

2. What is the child’s date of birth? __ __/ __/ __ __ __ __

3. Has your child been diagnosed with a disability by a medical professional (i.e., doctor, nurse, nurse practitioner, etc.)?
   ☐ Yes ☐ No

4. What is your relationship to the child?
   ☐ Biological mother
   ☐ Biological father
   ☐ Grandparent
   ☐ Other family member
   ☐ Foster parent
   ☐ Other: ______________________________

5. How long have you been receiving CCDF vouchers to help pay for child care?
   __________________________________________
   (verify with CCDF database)

6. Are you receiving any other assistance to help pay for child care besides CCDF?
   ☐ Yes ☐ No

7. If “yes” to #9, what other type of assistance are you receiving to help pay for child care?
   __________________________________________
   __________________________________________
   __________________________________________
B. CCDF Specific Questions

1. Since we last spoke in {MONTH/YEAR}, are you still receiving CCDF vouchers?
   ☐ Yes ☐ No (skip to Question 3)

2. Have you had any interruptions in your benefits since we last spoke?
   ☐ Yes (skip to Question 3) ☐ No (skip to Question #7)

3. If NO to #1 or YES to #2, when did you lose benefits? __ __ / __ __ __ __
   (record month/year when benefits were lost)

   OR...

4. How long have you been off CCDF since we last spoke? (# of MONTHS)?

5. What caused you to lose CCDF benefits?
   ☐ Lack of transportation to renew benefits
   ☐ Couldn’t get time off work to recertify
   ☐ Missed appointment
   ☐ No longer eligible for benefits
   ☐ Other: ________________________________________________________________

6. Why are/were you no longer eligible to receive CCDF vouchers?
   ☐ New job, made more money
   ☐ Other: ________________________________________________________________

7. Are you receiving any other assistance to help pay for child care besides CCDF?
   ☐ Yes ☐ No

8. If “yes” to #7, what other type of assistance are you receiving to help pay for child care?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
C. Child Care Arrangements

1. What is the name of the {CHILD’s} child care provider?
   ________________________________________________________________

2. Do you know if your provider is on Paths to QUALITY?
   ☐ Yes ☐ No

3. How long has {CHILD} been attending {NAME OF PROVIDER}? (record in months)?
   ________________________________________________________________
   VERIFY with CCDF database

4. On average, how many hours per week does {CHILD} attend {NAME OF PROVIDER}?  
   ________________________________________________________________

5. Do you use any other child care throughout the week?
   ☐ Yes ☐ No

6. If YES to #5, how many other child care arrangements do you have?  ________________

7. What is the name of the provider? ___________________________________________

8. Is this provider...
   ☐ Licensed child care center
   ☐ Family child care provider (licensed)
   ☐ Registered ministry
   ☐ Family, friend, or neighbor provider
   ☐ Other: _____________________________________________________________

9. Why did you choose {NAME OF PROVIDER} as your child care provider? {OPEN ENDED or PROVIDE CHOICES?}
### Parent Engagement Questions – Parent Questions

Please answer these questions about the opportunities your child care provider offers for parent involvement and how you communicate with each other.

1. I’m going to read different ways that your provider may communicate with you. Please indicate if your provider communicates with you either daily, weekly, monthly, or never.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teacher/provider sends home contact sheets/daily sheets</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>2. Teacher/provider talks to me at drop off/pick up</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>3. Teacher/provider updates website</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>4. Teacher/provider text messages information</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>5. Teacher/provider emails messages</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>6. Teacher/provider posts pictures and information on Facebook or other social media</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>7. Teacher/provider provides folders/notebook where you write notes back and forth to the provider</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>8. Provider sends home a newsletter</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>9. There is a parent board posted in the center/family child care home that I read for information</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
<tr>
<td></td>
<td>☐ Never</td>
</tr>
<tr>
<td>10. Teacher/provider shares written suggestions about activities I can complete at home with my child</td>
<td>☐ Daily</td>
</tr>
<tr>
<td></td>
<td>☐ Weekly</td>
</tr>
<tr>
<td></td>
<td>☐ Monthly</td>
</tr>
</tbody>
</table>
2. I’m going to ask you some questions about how often your child care provider shares information or activities with you. Please tell me if your provider shares the following types of information often, sometimes, or not at all.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Often</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides information to you about what your child is learning.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helps you understand what to expect from your child at each age and stage.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides information about your child’s developmental assessment or screening results.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides workshops, materials, or advice about how to help [CHILD] learn at home.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands the needs of families who don’t speak English.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invites you to volunteer at the school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides information on community services to help [CHILD] or your family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is open to your ideas and participation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Now, I’m going to ask how you communicate with your child care provider. How often do you do the following? Please respond by using either never, rarely, sometimes, or always.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>I talk to my child’s teacher/provider about the daily schedule of activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider if I have information to share about my child or if there is a problem.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider to find out how my child gets along with others at child care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider about his/her difficulties in child care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider via phone, text message, or email.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I talk with my child’s teacher/provider about learning activities I can do at home with my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Since your child has been attending this child care provider, have you....

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>attended a general meeting, for example, an open house, a back-to-school night or other meeting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gone to a regularly-scheduled parent-teacher conference with [CHILD]’s teacher?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attended a class event, such as a play, class party, or other event because of [CHILD]?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>acted as a volunteer or served on a committee?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>volunteered or helped out in [CHILD]’s classroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>observed in [CHILD]’s classroom for at least 30 minutes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brought in food or materials for special events such as a holiday celebration or special cultural event?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>helped with field trips or other special events?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attended parent education meetings or workshops offered by your child care provider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>participated in fundraising activities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Other:  
| ____________________________________________ |

5. During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school? ____________________________
APPENDIX K: Provider Advancement Study Provider Consent

RESEARCH PARTICIPANT CONSENT FORM

(Center Director or Child Care Home Provider Longitudinal Study)

Evaluation of Indiana Paths to QUALITY™ Child Care Quality Rating System – Phase 2
Dr. James Elicker, Principal Investigator
Purdue University, Human Development and Family Studies

Purpose of Research
The purpose of this research is to evaluate the effectiveness of the statewide voluntary child care quality rating system, Paths to QUALITY (PTQ), implemented by the Child Care Bureau of the Indiana Family and Social Services Administration.

Specific Procedures to be Used
Researchers will randomly select a director or a family child care home owner from the list of providers enrolled in the QRS system. We will contact you if you are selected and asked to complete 5 interviews over a two year period. Interview 1 and interview 5 will be completed at your child care facility and will last approximately 1 hour. Interview 5 will be completed two years after the interview 1. Once you agree to participate a member of the Purdue research team will schedule a visit to your center or child care home to conduct an initial interview. This interview includes questions that ask about your experiences with the PTQ system. Between interviews 1 and 5 you will be contact every 6 months (up to 3 times) to complete a phone interview lasting approximately 30 minutes. You will be given an opportunity to ask questions regarding this evaluation research. All of the information collected during the interviews will be kept in secure storage by the research team from Purdue University.

Duration of Participation
The duration of your participation will be approximately 3 hours and 30 minutes over a two year period. You will complete a total of 5 interviews. Interviews 1 and 5 will take approximately 1 hour each and will be conducted at your child care program. Interviews 2, 3, and 4 will be completed over the phone take approximately 30 minutes each.

Risks to the Individual
The risks to participating in this research study are minimal and are no more than you would encounter in everyday life. There is small risk that you will be uncomfortable with the interview questions. However, if at any time you are uncomfortable with any of the questions, you can either decline to answer a question or you may withdraw from the research without any coercion from the Purdue research staff.

Benefits to the Individual
There are no direct benefits to you or your center or family child care home. Your participation in this study may help Indiana understand the effectiveness of the PTQ system for providers and may suggest ways for PTQ to improve the overall quality of child care in Indiana and in your community.

Participant’s initials ___________________ Date ___________ Researcher’s initials ___________________ Date ___________
**Compensation**
You will receive $25 after participating in the first interview and another $25 after participating in the last interview, for a total of $50. You will be asked to complete and sign a Participant Payment Disclosure Form upon the receipt of the payment, documenting that you received this payment.

**Confidentiality**
All information collected in this research will be kept confidential. Only the Purdue research team will have access to the information gathered, and all identifying information will be removed so that participants cannot be identified. Interviews will not be audio-recorded. Detailed notes will be taken in the interviews and individual providers will be assigned number codes so that identifying information is removed from their interviews. The Principal Investigator will maintain all files identifying individual child care center directors or family child care home providers. These files will be stored in a locked filing cabinet in the Purdue research office and will be maintained for a period of 3 years. The project's research records may be reviewed by sponsor Indiana Family and Social Services Administration and departments at Purdue University responsible for regulatory and research oversight.

**Voluntary Nature of Participation**
You do not have to participate in this research project. If you agree to participate you may withdraw your participation at any time without penalty. Participation or non-participation in the study will not affect the status of the child care facility.

**Contact Information:**
If you have any questions about this research project, you can contact Dr. James Elicker, 765-494-2938. If you have concerns about the treatment of research participants, you can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor-Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

____________________________________________                           ___________________________
Participant’s Signature                                             Date

____________________________________________                      _____________________________
Participant’s Name                                              Name of Child Care Program

____________________________________________                            ___________________________
Researcher’s Signature                                               Date
Purpose of Research
The purpose of this research is to evaluate the effectiveness of the statewide voluntary child care quality rating system, Paths to QUALITY (PTQ), implemented by the Child Care Bureau of the Indiana Family and Social Services Administration.

Specific Procedures to be Used
Researchers will randomly select a director or a family child care home owner from the list of providers enrolled in the QRS system. The selected director or family child care home owner will complete 5 interviews over a two year period. We will contact you if you are mentoring or advising a selected director or family home child care home provider. You will be asked to complete 5 interviews over a two year period. Once you agree to participate a member of the Purdue research team will schedule a phone interview to conduct interview 1. This interview includes questions about your experiences mentoring or advising the selected provider. The interview will take approximately 20 minutes. Interviews 2, 3, and 4 will be a web-based survey taking approximately 10 minutes. Interview 5 will be completed over the phone and will last approximately 20 minutes. You will be given an opportunity to ask questions regarding this evaluation research. All of the information collected during the interviews will be kept in secure storage by the research team from Purdue University.

Duration of Participation
The duration of your participation will be approximately 1 hours and 10 minutes per selected provider over a two year period. You will complete a total of 5 interviews for each of the study participating child care providers you mentor or advisor. Interviews 1 and 5 will take approximately 20 minutes each and will be conducted over the phone. Interviews 2, 3, and 4 will be web-based surveys taking approximately 10 minutes each.

Risks to the Individual
The risks to participating in this research study are minimal and are no more than you would encounter in everyday life. There is small risk that you will be uncomfortable with the interview questions. However, if at any time you are uncomfortable with any of the questions, you can either decline to answer a question or you may withdraw from the research without any coercion from the Purdue research staff.

Benefits to the Individual
There are no direct benefits to you or your center or family child care home. Your participation in this study may help Indiana understand the effectiveness of the PTQ system for providers and may suggest ways for PTQ to improve the overall quality of child care in Indiana and in your community.
Compensation
There is not compensation for your participation.

Confidentiality
All information collected in this research will be kept confidential. Only the Purdue research team will have access to the information gathered, and all identifying information will be removed so that participants cannot be identified. Interviews will not be audio-recorded. Detailed notes will be taken in the interviews and individual providers will be assigned number codes so that identifying information is removed from their interviews. The Principal Investigator will maintain all files identifying individual child care center directors or family child care home providers. These files will be stored in a locked filing cabinet in the Purdue research office and will be maintained for a period of 3 years. The project’s research records may be reviewed by sponsor Indiana Family and Social Services Administration and departments at Purdue University responsible for regulatory and research oversight.

Voluntary Nature of Participation
You do not have to participate in this research project. If you agree to participate you may withdraw your participation at any time without penalty. Participation or non-participation in the study will not affect the status of the child care facility or the child care resource and referral agency.

Contact Information:
If you have any questions about this research project, you can contact Dr. James Elicker, 765-494-2938. If you have concerns about the treatment of research participants, you can contact the Committee on the Use of Human Research Subjects at Purdue University, Ernest C. Young Hall, 10th Floor-Room 1032, 155 S. Grant Street, West Lafayette, IN 47907-2114. The phone number for the Committee's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research project and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

____________________________________________                           ___________________________
Participant’s Signature                                                                                  Date

____________________________________________                          _____________________________
Participant’s Name                                                                                       Name of Child Care Program

____________________________________________
Researcher’s Signature                                                                                   Date
APPENDIX M: Provider Advancement Study State Database Information

Collect following information prior to interview by interview via state central database:

1. Current PTQ Level _____
2. Mentoring state ______
3. Hours of mentoring used _____
4. Hours of mentoring available _____
5. PTQ Mentor or Quality Advisor assigned to provider
   Mentor name: ____________________  NA
   Mentor Organization: ___________________  NA
   Quality Advisor: _____________________  NA
6. How long provider has been enrolled in PTQ? ____ years _____months
7. How long provider spent on each PTQ level?
   a. Level 1 ____ years _____months
   b. Level 2 ____ years _____months
   c. Level 3 ____ years _____months
8. How long current PTQ mentor or PTQ Quality Advisor has been working with provider?
   ____ years _____months
9. How many PTQ mentors and/or Quality Advisors have worked with provider since PTQ enrollment?
   _____number of Mentors  _____number of Quality Advisors
10. How long previous PTQ Mentors and/or Quality Advisors worked with provider?

<table>
<thead>
<tr>
<th>Mentor 1</th>
<th>Years</th>
<th>Months</th>
<th>Quality Advisor 1</th>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor 2</td>
<td>Years</td>
<td>Months</td>
<td>Quality Advisor 2</td>
<td>Years</td>
<td>Months</td>
</tr>
<tr>
<td>Mentor 3</td>
<td>Years</td>
<td>Months</td>
<td>Quality Advisor 3</td>
<td>Years</td>
<td>Months</td>
</tr>
<tr>
<td>Mentor 4</td>
<td>Years</td>
<td>Months</td>
<td>Quality Advisor 4</td>
<td>Years</td>
<td>Months</td>
</tr>
<tr>
<td>Mentor 5</td>
<td>Years</td>
<td>Months</td>
<td>Quality Advisor 5</td>
<td>Years</td>
<td>Months</td>
</tr>
<tr>
<td>Mentor 6</td>
<td>Years</td>
<td>Months</td>
<td>Quality Advisor 6</td>
<td>Years</td>
<td>Months</td>
</tr>
</tbody>
</table>
11. In the past 6 months, list the number of contacts with the mentor, advisor and/or any other specialist providing T/TA (infant toddler specialist, inclusion specialist, etc.).

<table>
<thead>
<tr>
<th>Name of Mentor/advisor/specialist</th>
<th>Position</th>
<th>Type of Contact</th>
<th>Types of assistance</th>
<th>Duration of contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX N: Provider Advancement Study Child Care Provider Surveys
Child Care Provider Interviews 1 and 5

Complete information below before interview:
Name of Child Care Provider:___________________________________________________
Current PTQ Level _____
PTQ Mentor or Quality Advisor assigned to provider
Resource and Referral Mentor name: ____________________  NA
Mentor Organization: __________________      NA
IAEYC Quality Advisor: _____________________    NA

Verify mentor advisor

SCRIPT:
Today I am going to talk to you about your experiences in PTQ. I want to THANK YOU for taking the time to share this information with the Purdue University PTQ Evaluation Team. All information you provide to the Purdue Evaluation Team will be held strictly confidential and will not influence your participation in Paths to QUALITY or any other program. Only your mentor or quality advisor will know you are participating but your responses will not be shared with your PTQ Mentor or Quality Advisor. Your views and experiences will be included with many other providers to summarize providers’ experiences with PTQ and your individual responses will not be identified in any way. Your mentor and quality advisor will also be contacted to share their views on your participation on Paths to QUALITY. Do you have any questions?

FOR FAMILY CHILD CARE HOMES verify which family child care home you are referring to (name and level of home) in case the owner operates multiple sites.

SCRIPT for family homes:
I am going to be asking you about (name of home). I have in my notes that it is currently a level X home, is that correct? When you answer the following questions try to think specifically about experiences you have had with Paths to QUALITY with (name of home).

1. What is your current PTQ level? ___________

2. Do you feel that your current Paths to QUALITY level rating (1, 2, 3, or 4) reflects the true level of quality of the child care you provide?
   Yes   No   Not sure

2a. If no or not sure, what level do you think reflects the true level of quality of the child care you provide and why?
   __________________________________________________________________________
   __________________________________________________________________________
2b. If yes, how so?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3. Do you want to advance to the next level?
   Yes   No   Not sure

3a. If yes, what is the most important reason you want to advance to the next level?
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3b. If no or not sure, why not?
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. How long do you think it will take you to advance to the next level?
   _____ years   _____ months   Not sure   Not planning on pursuing next level
   _____ total months

   NOTE: Convert time to months (i.e. 2 years and 2 months would be 26 months)
5. What obstacles or barriers will you need to overcome to advance to next level?

(If provider says there are no obstacles, probe for reasons why they have not achieved the next level.) Possible probe: In your opinion what has kept you from advancing to the next level?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. How motivated are you to advance to next level?

(SHOW PROVIDER SCALE AND CIRCLE ONE.)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All Motivated</td>
<td>Somewhat Motivated</td>
<td>Motivated</td>
<td>Very Motivated</td>
</tr>
</tbody>
</table>

7. How confident are you that you will advance to the next level?

(SHOW PROVIDER SCALE AND CIRCLE ONE.)

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</thead>
<tbody>
<tr>
<td>Not at All Confident</td>
<td>Somewhat Confident</td>
<td>Confident</td>
<td>Very Confident</td>
</tr>
</tbody>
</table>

8. What has been the most important assistance you have received so far while being on Path to QUALITY? Assistance could be resources to use in your center or family home, mentoring or advising, ideas for your program, incentives, grants that are dependent on Paths to QUALITY participation or level, etc.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
9. What kinds of assistance do you need now?
REPEAT IF NECESSARY: Again, assistance could be resources to use in your center or family home, mentoring or advising, ideas for your program, incentives, grants that are dependent on Paths to QUALITY participation or level, etc.

______________________________________________________________________________
______________________________________________________________________________
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______________________________________________________________________________

10. In the future what kinds of assistance do you think you will need?
REPEAT IF NECESSARY: Again, assistance could be resources to use in your center or family home, mentoring or advising, ideas for your program, incentives, grants that are dependent on Paths to QUALITY participation or level, etc.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

11. What types of trainings would you like to see offered in your area?
Now I am going to ask you about your experiences with your mentor or quality advisor, (insert name of Mentor or Advisor from organization name).

12. Overall, how helpful would you rate the contacts you have had personally as a director or family child care owner with (insert name of mentor)? Contacts could be phone calls, visits, emails, etc.

(SHOW PROVIDER SCALE AND CIRCLE ONE).

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<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not at All Helpful</td>
<td>Somewhat Helpful</td>
<td>Helpful</td>
<td>Very Helpful</td>
</tr>
</tbody>
</table>

13. What would have made these contacts more helpful to you?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

14. Overall, how helpful would you rate these contacts for your staff/assistants?

(SHOW PROVIDER SCALE AND CIRCLE ONE).

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</tr>
</thead>
<tbody>
<tr>
<td>Not at All Helpful</td>
<td>Somewhat Helpful</td>
<td>Helpful</td>
<td>Very Helpful</td>
</tr>
</tbody>
</table>

15. What would have made these contacts more helpful to your staff or assistants?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

16. How would you rate the amount of contact or help you get from your mentor/advisor?

(SHOW PROVIDER SCALE AND CIRCLE ONE).

<table>
<thead>
<tr>
<th>Not enough</th>
<th>About right</th>
<th>Too much</th>
</tr>
</thead>
</table>
17. Is there something specific you wish your mentor/advisor could do for you that s/he hasn’t?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

18. How important is help and support from your mentor in advancing to the next level? (SHOW PROVIDER SCALE AND CIRCLE ONE).

<table>
<thead>
<tr>
<th></th>
<th>1 Not at All Important</th>
<th>2 Somewhat Important</th>
<th>3 Important</th>
<th>4 Very Important</th>
</tr>
</thead>
</table>

19. Overall, how satisfied are you with your mentor or quality advisor? (SHOW PROVIDER SCALE AND CIRCLE ONE).

<table>
<thead>
<tr>
<th></th>
<th>1 Not at All Satisfied</th>
<th>2 Somewhat Satisfied</th>
<th>3 Satisfied</th>
<th>4 Very Satisfied</th>
</tr>
</thead>
</table>

20. What has been the most helpful thing about having a mentor/advisor?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

21. What would you improve about the mentoring process?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
22. What do you think are the three most important things you look for in your relationship with a PTQ mentor or quality advisor?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

23. Overall how would you rate your relationship with your mentor/quality advisor? (SHOW PROVIDER SCALE AND CIRCLE ONE.)

<table>
<thead>
<tr>
<th>1</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Fair</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
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<tr>
<td>4</td>
<td>Very Good</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

Now I am going to ask you some general questions about Paths to QUALITY.

24. In general, how stressful has participating in PTQ been? (SHOW PROVIDER SCALE AND CIRCLE ONE.)

<table>
<thead>
<tr>
<th>1</th>
<th>Not at All Stressful</th>
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<tr>
<td>2</td>
<td>Somewhat Stressful</td>
</tr>
<tr>
<td>3</td>
<td>Stressful</td>
</tr>
<tr>
<td>4</td>
<td>Very Stressful</td>
</tr>
</tbody>
</table>

25. What aspects of PTQ do you find most stressful?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

26. What aspects of PTQ do you find most rewarding?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
27. I am going to say some statements about Paths to QUALITY and I want you to tell me if you Agree, Disagree or Neither agree nor disagree. (SHOW PROVIDER SCALE AND CIRCLE ONE FOR EACH ITEM).

| 27a. PTQ is good for child care in Indiana. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27b. PTQ helps me do a better job. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27c. PTQ takes too much time to meet standards. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27d. PTQ promotes healthy competition among providers. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27e. PTQ gives valuable incentives to providers. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27f. PTQ requires too much paperwork. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27g. PTQ gives me respect from the community. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27h. My current PTQ rating does not accurately reflect my level of child care quality. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27i. PTQ helps keep me and/or my staff/assistants accountable. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27j. PTQ validates the care I am providing children. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27k. PTQ contradicts or goes against the philosophy of my child care. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27l. PTQ gives me respect from other child care providers and/or directors. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
| 27m. PTQ helps market my child care to parents. | 1 Agree | 2 Neither Agree nor Disagree | 3 Disagree |
28. In the next questions I will be asking about some changes you may have made to your child care since beginning Paths to QUALITY. (STAGE OF CHANGE SCALE 1.0).

29. Is there anything else you would like to share with us about your experiences in Paths to QUALITY?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Finally, I want to ask you some questions about your background and training.

30. What is the highest level of education you have completed so far? (CHECK ONLY ONE:)

☐ Less than high school diploma
☐ High school diploma (or GED)
☐ Some college credits, but no degree
☐ Child Development Associate Credential
☐ Associate degree (2 yr.) (Major: ____________)
☐ Bachelor degree (4 yr.) (Major: ____________)
☐ Masters degree (Major: ________________)
☐ Doctorate degree (Major: ________________)

31. Do you have a CDA?

☐ Yes
☐ No

31a. If no, are you currently working on your CDA?

☐ Yes
☐ No

31b. If yes, Where are you taking your CDA Courses?

______________________________________________________________________________
If known check:
☐ Formal
☐ Non-formal
32. Do you belong to any early childhood professional organizations? (CHECK EACH ORGANIZATION, IF PROVIDER IS A MEMBER:)

- IAEYC (Indiana Association for the Education of Young Children)
- NAEYC (National Association for the Education of Young Children)
- ACEI (Association for Childhood Education International)
- ACSI (Association of Christian Schools International)
- NAFCC (National Association for Family Child Care)
- CEC (Council for Exceptional Children)
- ITSI (Infant Toddler Specialists of Indiana)
- My local Community Child Care Provider Organization or Network
- COA (Council on Accreditation)
- IHSA (Indiana Head Start Association)
- NHSA (National Head Start Association)
- Any other Professional Organization (Name of organization: _____________)

33. How many early childhood conferences (one day or more) have you attended in the past two years? (Check only one:)

- None
- 1
- 2
- 3
- 4
- More than 4

34. Approximately how many total training hours have you completed during the past 12 months? (total contact hours in attendance at workshops, conferences, classes, etc.) (Check only one:)

- None
- Less than 12 hours
- 12 to 23 hours
- 24 to 50 hours
- 51 to 75 hours
- More than 75 hours
35. How many years have you worked in child care total, including time spent in another position such as caregiver, teacher, assistant teacher, or aide with children ages birth to 5?

_____ years

THANK YOU for taking the time to share this information with the Purdue University PTQ Evaluation Team. Your views and experiences will be included with many other providers to summarize providers’ experiences with PTQ. All information you provide to the Purdue Evaluation Team will be held strictly confidential.
Child Care Provider Survey---Directors and Family Child Care Home Owner Interviews 2, 3, and 4

Today I am going to talk to you about your experiences in PTQ. Again I want to THANK YOU for taking the time to share this information with the Purdue University PTQ Evaluation Team. Your views and experiences will be included with many other providers to summarize providers’ experiences with PTQ. All information you provide to the Purdue Evaluation Team will be held strictly confidential and will not influence your participation in Paths to QUALITY or any other program. Your responses will not be shared with your PTQ mentor/Quality Advisor. When I say PTQ I am referring to Paths to QUALITY.

1. What is your current PTQ level?

2. **If Level 1, 2, or 3**
   - Do you want to advance to the next level?
     - Yes
     - no
     - not sure
   - 3a. If yes, what is the most important reason you want to advance to next level?
   - 3b. If no, why not?

3. **If Level 4**
   - Do you plan on maintaining Level 4 and national accreditation?

4. **If Level 1, 2, or 3**
   - How long do you think it will take you to advance to the next level?
     - _____ years _____ months
     - _____ total months
   - NOTE: Data collector convert time to months (i.e., 2 years and 2 months would be 26 months)

5. **If Level 1, 2, or 3**
   - What obstacles or barriers will you need to overcome to advance to next level?
   
   (If provider says there are no obstacles, probe for reasons why they have not achieved the next level.) Possible probes: In your opinion what is keeping you from pursuing the next level?)

6. **If Level 1, 2, or 3**
   - How motivated are you to advance to next level? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>Not at All Motivated</td>
<td>Somewhat Motivated</td>
<td>Motivated</td>
<td>Very Motivated</td>
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</table>
7. If Level 1, 2, or 3
   How confident are you that you will advance to the next level? (READ RESPONSES AND CIRCLE ONE).

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<tr>
<td></td>
<td>Not at All Confident</td>
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<td>Confident</td>
<td>Very Confident</td>
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</table>

Now I am going to ask you about your experiences with your mentor or quality advisor. (CONFIRM NAME OF MENTOR OR ADVISOR DURING THE PAST 6 MONTHS FROM STATE CENTRAL DATABASE INFORMATION.)

8. In the past 6 months since (insert date), how many contacts have you had with your mentor/quality advisor [insert name of mentor(s)/advisor(s)]? [DEFINE CONTACTS FOR INTERVIEWEES] Contacts could be phone calls, visits, emails, etc.
   a. If provider has trouble, probe by asking, provide ranges: Would you say 0? Would you say between 1-3, 4-6, more than 6?

9. Overall, how helpful would you rate these contacts for you as a director or family child care owner? (READ RESPONSES AND CIRCLE ONE).

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<tr>
<td></td>
<td>Not at All Helpful</td>
<td>Somewhat Helpful</td>
<td>Helpful</td>
<td>Very Helpful</td>
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10. What would have made these contacts more helpful to you?

11. Overall, how helpful would you rate these contacts for your staff/assistants? (READ RESPONSES AND CIRCLE ONE).

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<th>4</th>
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<tbody>
<tr>
<td></td>
<td>Not at All Helpful</td>
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<td>Helpful</td>
<td>Very Helpful</td>
</tr>
</tbody>
</table>

12. What would have made these contacts more helpful to your staff or assistants?

13. If Level 1, 2, or 3
   How important is help and support from your mentor in advancing to the next level? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td></td>
<td>Not at All Important</td>
<td>Somewhat Important</td>
<td>Important</td>
<td>Very Important</td>
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14. Overall, how satisfied are with your mentor or quality advisor? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td></td>
<td>Not at All Satisfied</td>
<td>Somewhat Satisfied</td>
<td>Satisfied</td>
<td>Very Satisfied</td>
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</tbody>
</table>
15. Overall how would you rate your relationship with you mentor/quality advisor? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>1</td>
<td>Poor</td>
<td>2</td>
<td>Fair</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
<td>5</td>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

Now I am going to ask you some general questions about Paths to QUALITY.

16. In general, how stressful has participating in PTQ been? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>1</td>
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<td>2</td>
<td>Somewhat Stressful</td>
</tr>
<tr>
<td>4</td>
<td>Very Stressful</td>
<td></td>
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</tr>
</tbody>
</table>

17. What aspects of PTQ do you find most stressful?

18. What aspects of PTQ do you find most rewarding?

THANK YOU for taking the time to share this information with the Purdue University PTQ Evaluation Team. Your views and experiences will be included with many other providers to summarize providers’ experiences with PTQ. All information you provide to the Purdue Evaluation Team will be held strictly confidential.
APPENDIX O: Provider Advancement Study PTQ Mentor and Quality Advisor Surveys
Interview 1: Phone Interview

THANK YOU for taking the time to share this information with the Purdue University PTQ Evaluation Team. All information you provide to the Purdue Evaluation Team will be held strictly confidential and will not be shared with the child care provider. Your views and experiences will be included with many other mentors and advisors to summarize mentors’ and advisors’ experiences with PTQ and your individual responses will not be identified in any way.

Child Care Provider: ____________________________
Mentor/Quality Advisor: ____________________________

1. In your opinion, how engaged or actively involved has (name of provider) been during mentoring/advising visits? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>Not at All Engaged</td>
<td>Somewhat Engaged</td>
<td>Engaged</td>
<td>Very Engaged</td>
</tr>
</tbody>
</table>

2. In your opinion, how motivated is (name of provider) to advance to next level? (READ RESPONSES AND CIRCLE ONE).

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<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All Motivated</td>
<td>Somewhat Motivated</td>
<td>Motivated</td>
<td>Very Motivated</td>
</tr>
</tbody>
</table>

3. In your opinion, how difficult has it been to mentor or advise (name of provider)? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>Not at All Difficult</td>
<td>Somewhat Difficult</td>
<td>Difficult</td>
<td>Very Difficult</td>
</tr>
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</table>

4. In your opinion, how likely is it that (name of provider) will advance to the next level in the next 6 months? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>Not at All Likely</td>
<td>Somewhat Likely</td>
<td>Likely</td>
<td>Very Likely</td>
</tr>
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</table>

5. What obstacle(s) or barrier(s) do you think will be the hardest for (name of provider) to overcome to advance to next level?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Phase 2 Evaluation Methods and Measures Manual | 78
6. In your opinion, how effective are each of the following training or technical assistance strategies with (name of provider)? I will read the type of technical assistance and then I would like you to rate it from 1-4. 1 being not effective, 2 somewhat effective, 3 effective, and 4 very effective. If the strategy is not applicable for (name of provider) let me know.

<table>
<thead>
<tr>
<th>6a. Formal training:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor/advisor provides on-site group (with staff) or one-on-one formal instruction (e.g., planned presentation)</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>6b. Consultation with directors or owner:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor/advisor has conversations with and provides assistance to the director or owner (informal or formal)</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
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<thead>
<tr>
<th>6c. Consultation with staff:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor/advisor has conversations with and provides assistance to the teaching staff/caregivers (informal or formal)</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
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</table>

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<thead>
<tr>
<th>6d. Direct mentoring:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor/advisor directly works side by side with the teaching staff/caregivers in the child care setting; this could be modeling or working alongside staff to assist teachers/caregivers</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
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<thead>
<tr>
<th>6e. Observation:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
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</thead>
<tbody>
<tr>
<td>Mentor/advisor visits child care, observes for a while and then provides consultation/suggestions</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
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<table>
<thead>
<tr>
<th>6f. Preparation for rater:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor/advisor reviews the readiness checklist and assesses documentation</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
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<thead>
<tr>
<th>6g. Other:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>-8</th>
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<tbody>
<tr>
<td>Please specify:</td>
<td>Not Effective</td>
<td>Somewhat Effective</td>
<td>Effective</td>
<td>Very Effective</td>
<td>N/A</td>
</tr>
</tbody>
</table>
7. How would you rate the amount of contact or help you have been able to provide to (insert provider name) so far? (READ RESPONSES AND CIRCLE ONE).

<table>
<thead>
<tr>
<th>Not enough</th>
<th>About right</th>
<th>Too much</th>
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8. **If mentor/advisor responds not enough ask:**
What prevents you having the kind of contact you would like to have?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. What improvements would you like to see in the mentoring or coaching process?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. How would you rate your overall relationship with (insert provider name)? (READ RESPONSES AND CIRCLE ONE).

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<tbody>
<tr>
<td>1</td>
<td>Poor</td>
<td>2</td>
<td>Fair</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
<td>5</td>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>
11. In the next questions I will be asking about (name of provider) motivation to change. Circle one response for each item. (STAGE OF CHANGE SCALE 1.0)

PTQ Mentor and Quality Advisor Survey

1. What is the highest level of education you have completed so far? (Check only one:)
   - □ Less than high school diploma
   - □ High school diploma (or GED)
   - □ Some college credits, but no degree
   - □ Child Development Associate Credential
   - □ Associate degree (2 yr.) (Major: ____________)
   - □ Bachelor degree (4 yr.) (Major: ____________)
   - □ Masters degree (Major: ____________)
   - □ Doctorate degree (Major: ____________)

1a. Do you have a CDA?
   - □ Yes
   - □ No

2. Do you belong to any early childhood professional organizations? (CHECK EACH ORGANIZATION IN WHICH YOU ARE A MEMBER:)
   - □ IAEYC (Indiana Association for the Education of Young Children)
   - □ NAEYC (National Association for the Education of Young Children)
   - □ ACEI (Association for Childhood Education International)
   - □ ACSI (Association of Christian Schools International)
   - □ NAFCC (National Association for Family Child Care)
   - □ CEC (Council for Exceptional Children)
   - □ ITSI (Infant Toddler Specialists of Indiana)
   - □ My local Community Child Care Provider Organization or Network
   - □ COA (Council on Accreditation)
   - □ IHSA (Indiana Head Start Association)
   - □ NHSA (National Head Start Association)
   - □ Any other Professional Organization (Name of organization: ____________)

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3. How many early childhood conferences (one day or more) have you attended in the past two years? (Check only one):
   - None
   - 1
   - 2
   - 3
   - 4
   - More than 4

4. Approximately how many total training hours have you completed during the past 12 months? (total contact hours in attendance at workshops, conferences, classes, etc.) (Check only one):
   - None
   - Less than 12 hours
   - 12 to 23 hours
   - 24 to 50 hours
   - 51 to 75 hours
   - More than 75 hours

5. How many years have you worked in child care total, including time spent in another position such as caregiver, teacher, assistant teacher, or aide with children ages birth to 5?
   _____ years

6. What other positions have you had in the early childhood care and education field?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

THANK YOU for taking the time to share this information with the Purdue University PTQ Evaluation Team.
Thank you for taking the time to share this information with the Purdue University PTQ Evaluation Team. All information you provide to the Purdue Evaluation Team will be held strictly confidential and will not be shared with the child care provider. Your views and experiences will be included with many other mentors and advisors to summarize mentors’ and advisors’ experiences with PTQ and your individual responses will not be identified in any way.

Child care provider: ____________________________________________
Mentor/Quality advisor: __________________________________________

1. In your opinion, how engaged or actively involved has (name of provider) been during mentoring/advising visits? Check one.

<table>
<thead>
<tr>
<th>1</th>
<th>Not at all engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Somewhat engaged</td>
</tr>
<tr>
<td>3</td>
<td>Engaged</td>
</tr>
<tr>
<td>4</td>
<td>Very engaged</td>
</tr>
</tbody>
</table>

2. In your opinion, how motivated is (name of provider) to advance to next level? Check one.

<table>
<thead>
<tr>
<th>1</th>
<th>Not at all motivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Somewhat motivated</td>
</tr>
<tr>
<td>3</td>
<td>Motivated</td>
</tr>
<tr>
<td>4</td>
<td>Very motivated</td>
</tr>
</tbody>
</table>

3. In your opinion, how difficult has it been to mentor or advise (name of provider)? Check one.

<table>
<thead>
<tr>
<th>1</th>
<th>Not at all difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Somewhat difficult</td>
</tr>
<tr>
<td>3</td>
<td>Difficult</td>
</tr>
<tr>
<td>4</td>
<td>Very difficult</td>
</tr>
</tbody>
</table>

4. In your opinion, how likely is it that (name of provider) will advance to the next level in the next 6 months? Check one.

<table>
<thead>
<tr>
<th>1</th>
<th>Not at all likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Somewhat likely</td>
</tr>
<tr>
<td>3</td>
<td>Likely</td>
</tr>
<tr>
<td>4</td>
<td>Very likely</td>
</tr>
</tbody>
</table>

5. What obstacle(s) or barrier(s) do you think will be the hardest for (name of provider) to overcome to advance to next level?

6. How would you rate your overall relationship with (insert provider name)? Check one.

<table>
<thead>
<tr>
<th>1</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Fair</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
</tr>
<tr>
<td>4</td>
<td>Very good</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

7. What is your current position?
PTQ Mentor
IAEYC Quality Advisor